

**INTERCHANGE CONTROL HEADER**

ISA\*00\* \*00\* \*ZZ\*DELAB \*ZZ\*01418 \*030715\*1042\*U\*00401\*000000001\*0\*T\*:

Interchange  
Sender ID Comp Code

Interchange  
Receiver ID (UPI)

**FUNCTIONAL GROUP HEADER**

GS\*HP\*DELAB\*01418\*20030715\*1042\*1\*X\*004010X091A1

Appl  
Sender ID  
(Comp Code)

Appl  
Receiver  
ID (UPI)

**REMITTANCE HEADER LEVEL**

ST\*835\*000000001  
BPR\*H\*28.25\*C\*NON\*\*\*\*\*20030715  
TRN\*1\*N21B001418.03196\*1311234567  
REF\*EV\***CLEARINGHOUSE**  
DTM\*405\*20030708

Amount is always positive, a “C” is a credit, a “D” is a Debit

REF segment only valued if receiver is not the payee

**LOOP 1000A PAYER IDENTIFICATION**

N1\*PR\*DELAWARE-MORROW MH & RS BD  
N3\*40 N. SANDUSKY STREET SUITE 301  
N4\*DELAWARE\*OH\*43015

Pay-To  
Provider NPI

**LOOP 1000B PAYEE IDENTIFICATION**

N1\*PE\*MORROW COUNTY COUNCIL ON ALCOHOL AND DRUGS INC\***XX\*1000000014**  
N3\*950 MEADOW DRIVE SUITE C  
N4\*MT GILEAD\*OH\*43338  
REF\***PQ\*1418** ← MACSIS Vendor Number; Will continue to be valued during transition period

**LOOP 2000 PROVIDER SUMMARY INFORMATION**

LX\*1

Medicaid Claims will have a “MC”, Non-Medicaid=”13”

**LOOP 2100 CLAIM PAYMENT INFORMATION**

CLP\*PCN0123456789\*1\*55.99\*55.99\*0\*13\*0000000032367210\*11  
NM1\*QC\*1\*DOE\*JOHN\*A\*\*\*MI\*5543589  
NM1\*82\*2\*A0D COUN-MOR\*\*\*\*\***XX\*1000000022** ← Billing Provider NPI

**LOOP 2110 SERVICE PAYMENT INFORMATION**

SVC\*ZZ:A023000:HA:HD:HH:HJ\*55.99\*55.99\*1  
DTM\*472\*20030701  
REF\*6R\*PCN0123456789 ← Provider-assigned value = 837P, Loop 2400, REF02 or first 30 char of 837P, Loop 2300, CLM01

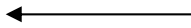
**LOOP 2100 CLAIM PAYMENT INFORMATION**

CLP\*ABC000000001\*22\*-15.99\*-15.99\*0\*MC\*0000000058960550\*11  
NM1\*QC\*1\*DOE\*JANE\*T\*\*\*MI\*5543590  
NM1\*82\*2\*A0D COUN-MOR\*\*\*\*\***XX\*1000000022** ← Billing Provider NPI  
NM1\*PR\*2\*14539\*\*\*\*\*PI\*INS1023200 **GRP00001** **DOE CHARLES** ← Policy, Group and Insurance

**LOOP 2110 SERVICE PAYMENT INFORMATION**

SVC\*ZZ:A012000\*-15.99\*-15.99\*-1  
DTM\*472\*20000114  
CAS\*CR\*23\*0\*0  
REF\*6R\*ABC000000001  
LQ\*HE\*M43

Provider-assigned value = 837P, Loop 2400,  
REF02 or first 30 char of 837P, Loop 2300,  
CLM01 (same value as 835, Loop 2100, CLP01)



Billing Provider NPI



PBL\*100000022\*19990630\*WO\*12.75

Reconciliation Adjustment



**TRANSACTION SET TRAILER**

SE\*30\*0000000001

**FUNCTIONAL GROUP TRAILER**

GE\*1\*1

**INTERCHANGE CONTROL TRAILER**

IEA\*1\*000000001