MACSIS 835 Reversal Report
Documentation

I. Purpose of Report

To report claims which were either manually reversed by a Board or reversed through the ODJFS "Double Loop" adjudication process for a particular Provider. Reversed claim transactions are included on the federally-mandated 835 Health Care Claim/Payment Advice electronic file. This report is provided to Boards for disbursement to their Providers as a courtesy to Providers. It is not required under HIPAA. See a diagram of the ODJFS "Double Loop" Process for more information.

II. Report Print Image File Name

RJ.bbbxxxxx.julyy where:

- "bbb" is the responsible board number and type (ex., 25B for Franklin)
- "xxxxx" is the Provider's MACSIS-assigned Unique Provider Identifier (UPI)
- "jul" is the three byte julian date representing the date when the report was created
- "yy" is the year the report was created

III. Frequency

This report is generated by Provider (UPI) by responsible Board and disbursed to the Board along with the 835 and ERA electronic files every Monday for Providers whose claims finalized in MACSIS the prior Monday. The Board is responsible for disbursing the report to their Providers.

IV. Inclusion/Exclusion Criteria

All claims reversed and finalized in MACSIS one week prior will be included on the report. These claims will have a MACSIS Reversal Indicator equal to "R", a MACSIS Processing Status of "P" (Paid) or "F" (Finalized) and an 835 Claim Status Code of "22".

V. Sort Order

Reversed claim transactions are grouped by patient and print in ascending order by the MACSIS Universal Client Identifier (UCI). Within UCI, transactions appear in MACSIS claim number order within date of service. If more than one error code was returned by ODJFS, it will print as a separate line under each claim.

VI. Subtotals

Base level subtotals are provided by UCI as well as report level subtotals. A summary of the number of claims and adjustment amounts by 835 Claim Adjustment Reason k Code is also provided at the end of the report. This is so providers can assess the total amount of dollars reversed by reason for reversal. The 835 Claim Adjustment Reason and Remark Codes are determined by the ODJFS Error Code based on a crosswalk provided by ODJFS

VII. Data Dictionary

For a complete list and explanation of the data elements appearing on the report, see the Remittance Data Dictionary.