MACSIS Remittance Data Dictionary

Data Element Name	*Alternate Field Name*	*Description*	*Type*	*RA*	*RJ*	*835*	*ERA Field*	*Source Variable*
Additional Payee ID	Vendor Number	The MACSIS-assigned number used to identify the organization where checks should be remitted. This number will be the same as the UPI number in most cases; however it may be different if the agency is a subsidiary of another organization. The vendor-level NPI also prints next to this label on the paper remittance advice reports. See "National Provider Identifier - Vendor-Level" for more information.	A	Y	Y	1000B/ REF02	3	CAVENDOR$
Adjustment Amount	Allowed Amount, Copayment Amount, Deductible Amount, Other Carrier Amount, Withhold Amount, Not Covered Amount	The amount of the reduction on a claim.	N	Y	N	2110/ CAS03, CAS06, CAS09	29,32, 35,38, 41,42	CBALLOWED CBCOPAY CBDEDUCT CBOCAMT CBWITHHOLD CBNOTCOV
Adjustment Reason Code – 835	n/a	The national standard code denoting the reason why there was a reduction in payment on a claim. Refer to the	A	Y	Y	2110/ CAS02, CAS05, CAS08	N	Derived based on Adjustment Reason Code – MACSIS via crosswalk table. For

Data Element Name	*Alternate Field Name*	*Description*	*Type*	*RA*	*RJ*	*835*	*ERA Field*	*Source Variable*
		Washington Publishing Company for the national code list.						claims reversed through the ODJFS "Double Loop" process, the 835 Adjustment Reason Code is determined via a crosswalk provided by ODJFS.
Adjustment Reason Group – 835	n/a	The national standard code denoting the general category of payment adjustment. See Claim Adjustment Group Codes for a list.	A	Y	N	2110/ CAS01	N	Derived based on Adjustment Reason Code – MACSIS via crosswalk table.
Adjustment Reason Code – MACSIS	Allowed Reason Code, Copayment Reason Code, Deductible Reason Code, Other Carrier Reason Code, Not Covered Reason Code, Adjustment Reason Code	A MACSIS-specific code denoting the reason why there was a reduction in payment on a claim. Refer to Diamond Reason Codes for a list.	N	Y	N	See Reason Code – 835	30,33, 36,39, 43,49	CBALLOWRSN$ CBCOPAYRSN$ CBDEDUCTRSN$ CBOCRSN$ CBNOTCOVRSN$ CBADJUSTRSN$
Adjustment Reason Code Description – MACSIS	Allowed Reason Description, Copayment Reason Description,	The description of the MACSIS-specific code denoting the reason why there was a reduction in payment on the claim.	N	N	N	N	31,34, 37, 40, 44	FGDESC$

Data Element Name	*Alternate Field Name*	*Description*	*Type*	*RA*	*RJ*	*835*	*ERA Field*	*Source Variable*
	Deductible Reason Description, Other Carrier Reason Description, Not Covered Reason Description							
Adjustment Remark Code	n/a	The national standard code providing informational only remarks regarding an adjustment. Not all adjustments will have a related remark code. Refer to the Washington Publishing Company for the national code list.	A	Y	Y	2110/ LQ02	N	Derived based on Adjustment Reason Code – MACSIS via crosswalk table. For claims reversed through the ODJFS "Double Loop" process, the Remark Code is determined via a crosswalk provided by ODJFS.
Allowed Amount	n/a	The amount of the agency's contracted rate for the service being remitted.	N	N	N	Diff Between Charge and Allowed Amount is reported in 2110/ CAS03, CAS06,	29	CBALLOWED

Data Element Name	*Alternate Field Name*	*Description*	*Type*	*RA*	*RJ*	*835*	*ERA Field*	*Source Variable*
						CAS09		
Board-Specific Data	n/a	This field contains several concatenated data elements for inclusion on the ERA file. The data elements include Batch Number, Modifiers 2-4 and board-specific data.	A	N	N	N	65	Varies by Board; default is CABATCH$ (ln 9), CBMODIFIER$, (ln 2) CBMODIFIER2$ (ln 2) CBMODIFIER3$ (ln 2) CBMODIFIER4$ (ln 2)
Charge Amount	Billed Amount	The amount billed from the agency for the service being remitted.	N	Y	N	2110/ SVC02	28	CBBILLED
Check Number	AP Check Number	The number of the check as assigned within MACSIS during the accounts payable update process. This number in no way relates to any check numbers assigned by county auditors for disbursement of funds.	N	N	N	N	19	FJCHECKNO$
CHPS Indicator	Children's Health Insurance Program Indicator	Positions 6-9 of this field will contain "CHIP", if the client is enrolled in the Children's Health Insurance Program.	A	N	N	N	11	ABMSTAT$
Claim Filing Indicator	n/a	The insurance plan code under which the claim was adjudicated. See Claim Filing Indicator Codes for a list.	A	Y	Y	2100/ CLP06	N See Mcd Flag	Based on medical definition in MACSIS (MEDEF)

Data Element Name	*Alternate Field Name*	*Description*	*Type*	*RA*	*RJ*	*835*	*ERA Field*	*Source Variable*
Claim Status – 835	n/a	A national standard code which identifies the status of a claim as assigned by the payer. See Claim Status Codes for a list.	A	Y	Y	2100/ CLP02	N	Derived from Claim Status – MACSIS
Claim Status – MACSIS	n/a	An indicator denoting the MACSIS adjudication status of the claim. Allowable values include: A=Adjustment, D=Denied, P=Payable	A	N	N	See Claim Status - 835	26	CBLCAIMSTAT$
Client Gender	Sex	The gender of the client. "M" for male and "F" for female. 'U" for unknown will exist on pseudo-client enrollment records (i.e., used to record non-client specific services).	A	Y	Y	N	15	CASEX$
Corrected Priority Payer Information - Carrier	Carrier ID 1 Carrier ID 2	The third party insurance carrier(s) for the claim according to ODJFS' records.	A	N	Y	2100/ NM103 (NM101= PR)	53-54	RRCARRIERID1$ RRCARRIERID2$
Corrected Priority Payer Information - Group	Group 1 Group 2	The insured group identification number for the third party insurance.	A	N	Y	2100/ NM109 (NM101= PR) Pos 16-27	57-58	RRGROUP1$ RRGROUP2$
Corrected Priority Payer Information – Name	Insured 1 Insured 2	The subscriber of the third party insurance according to ODJFS' records.	A	N	Y	2100/ NM109 (NM101= PR) Pos 28-42	59-60	RRINSURED1$ RRINSURED2$
Corrected Priority Payer Information -	Policy 1 Policy 2	The client's third party insurance policy number	A	N	Y	2100/ NM109	55-56	RRPOLICY1$ RRPOLICY2$

Data Element Name	*Alternate Field Name*	*Description*	*Type*	*RA*	*RJ*	*835*	*ERA Field*	*Source Variable*
Policy Number		according to ODJFS' records.				(NM101= PR) Pos 1-15		
County of Residence	n/a	The county of the client's primary residence at the time the service was provided. This field will contain OUTSTATE if primary residence is out-of-state or UNKNOWN if unknown.	A	N	N	N	12	ABREP$
Date of Birth	Client Date of Birth	The date of birth of the client as recorded in MACSIS.	N	Y	Y	N	9	AADOB$
Fund Source Code	n/a	This is a code which identifies the source of funds used to pay for the service being remitted. This field is valued by the Board and is optional.	A	N	N	N	63	Varies by Board
Fund Source Description	n/a	The description associated with the fund source code. This field is valued by the Board and is optional.	A	N	N	N	64	Varies by Board
JFS Error Code 1-3	Error Code 1 Error Code 2 Error Code 3	A code denoting the error which caused the claim to be reversed through the ODJFS "Double Loop" process. See ODJFS Errors Returned From Double Loop for a list of the codes and descriptions.	A	N	Y	Loop 2100 (NM101= PR) is created if ODJFS error code is "218" (Other Ins	50-52	RRERROR1$ RRERROR2$ RRERROR3$

Data Element Name	*Alternate Field Name*	*Description*	*Type*	*RA*	*RJ*	*835*	*ERA Field*	*Source Variable*
						Coverage)		
Line Number	n/a	This is a sequential number assigned to each service line on a claim. Most often the value will be "1". A number higher than 1 will be present on adjusted claims.	A	Y	Y	N	47	CBLINE$
Line of Business	n/a	Identifies if the client was enrolled in a Medicaid (MCD) or Non-Medicaid (NON) plan at the time of the service being remitted.	A	N	N	N	14	CALOB$
Medicaid Flag	n/a	This is a MACSIS-defined indicator which contains a value of "M" if a claim is reimbursed via Medicaid and "N" for non-Medicaid reimbursement. This value is derived from the medical definition in MACSIS.	A	N	N	See Claim Filing Indicator	46	Based on medical definition in MACSIS (MEDEF)
Medicaid Number	Medicaid Recipient Number	The client's Medicaid Recipient Number active at the time of the service being remitted.	A	Y	Y	N	10	ABUDEF1$
Member ID	Universal Client Identifier (UCI)	The number assigned to the client during enrollment in MACSIS.	A	Y	Y	2100/ NM109 (NM101= QC)	5	CASUBNO$
Member Plan	Plan Code	The "benefit" plan assigned to the client at the time of the service being remitted.	A	Y	Y	N	13	CAPLANCODE$

Data Element Name	*Alternate Field Name*	*Description*	*Type*	*RA*	*RJ*	*835*	*ERA Field*	*Source Variable*
		Positions1-2 denote the type of service (AD=Alcohol and Drug, MH=Mental Health, DF=Dual-Funded). Positions 3-5 denote the line of business (MCD=Medicaid, NON=Non-Medicaid). Positions 6-7 denote the county code of the board who is responsible for the client. Positions 8-10 are reserved for local board use.						
Modifier 1-4	n/a	The national standard modifier codes provided during claim submission, which further clarify or improve the reporting accuracy of the associated procedure code. Refer to codes and related documents for both MH and AOD modifier code tables.	A	Y	Y	2110/ SVC01-3 through SVC01-6	23 – First Mdfr 65 – 2nd-4th Mdfr	CBMODIFIER$ CBMODIFIER2$ CBMODIFIER3$ CBMODIFIER4$
National Provider Identifier – Provider Level	n/a	The 10-digit Type-2 National Provider Identifier (NPI) assigned by the National Plan and Provider Enumeration System (NPPES) to identify the provider organization or sub-part billing for a service. Required on all standard EDI transactions before May 23, 2007.	A	Y	Y	2100/ NM109 and PLB01	N	PANATLID$
National Provider	n/a	The 10-digit Type-2 National	A	Y	Y	1000B/	N	FENATLID$

Data Element Name	*Alternate Field Name*	*Description*	*Type*	*RA*	*RJ*	*835*	*ERA Field*	*Source Variable*
Identifier – Vendor Level		Provider Identifier (NPI) assigned by the National Plan and Provider Enumeration System (NPPES) to identify the provider organization or sub-part where remittance should be sent. Required on all standard EDI transactions before May 23, 2007.				N104		
Other Claim ID	MACSIS Batch Number	This field contains the MACSIS-assigned number associated with the batch of claim files processed for a board on a particular day.	A	Y	N	2100/ REF02	65	CABATCH$
Patient Control Number	Provider Patient Control Number	The number provided by the agency during claim submission, which identifies the client or the client's episode of service within the provider's system. Note: For providers with Medicaid reconciliation adjustments, the adjustment will appear as a dummy claim on the report prior to the pseudo-clients. Starting in the Patient Control # column, "ODADAS (ODMH) Reconciliation For Fiscal Year xxxx (FFP) ** 835 PLB" will	A	Y	Y	2100/ CLP01, 2110/ REF02	17	CAUD2$

Data Element Name	*Alternate Field Name*	*Description*	*Type*	*RA*	*RJ*	*835*	*ERA Field*	*Source Variable*
		appear.						
Payee Name	Vendor Name	The name of the organization where checks should be remitted.	A	Y	Y	1000B/ N102	4	FENAME1$
Payer Claim Control Number	MACSIS Claim Number	The number assigned to the claim within MACSIS.	A	Y	Y	2100/ CLP07	18	CBCLAIM$
Payer Name	Company Code Name	The name of the board responsible for the remittance.	A	Y	Y	1000A/ N102	N	FBDESC$
Payment Amount	Net Paid Amount	The net amount paid for the service being remitted. It should equal the charge amount minus all adjustment amounts.	N	Y	Y	2110/ SVC03	45	CBNET
Production Date	Post Date Check Date (ERA)	This is the date the claim was finalized through the MACSIS Accounts Payable Update Process (APUPD).	A	Y	Y	DTM02 (DTM01 =405)	61	CBPOSTDT$
Primary Diagnosis	n/a	The primary ICD-9-CM code provided by the agency for the service being remitted. The decimal point is included. See Diagnosis Codes Valid Under HIPAA for a complete list of codes.	A	N	N	N	16	CADX1$
Procedure Code	n/a	The procedure code provided during claim submission, which identifies the type of service being remitted. Refer to codes and related documents for MH and AOD procedure code tables.	A	Y	Y	2110/ SVC01-2	21	CBPROCCODE$

Data Element Name	*Alternate Field Name*	*Description*	*Type*	*RA*	*RJ*	*835*	*ERA Field*	*Source Variable*
Provider Filename	n/a	The provider-assigned file name for the original claim file submitted to the Board.	A	Y	N	N	N	KLCTLNUM$
Provider Name	n/a	The name of the provider who provided the service.	A	Y	Y	N	2	PANAME1$
Pt Name (First)	Client Firstname	The first name of the client as enrolled in MACSIS.	A	Y	Y	2100/ NM104 (NM101= QC)	7	AAFNAME$
Pt Name (Last)	Client Lastname	The last name of the client as enrolled in MACSIS.	A	Y	Y	2100/ NM103 (NM101= QC)	6	AALASTNM$
Pt Name (Middle Initial)	Client Middle Initial	The middle initial of the client as enrolled in MACSIS.	A	Y	Y	2100/ NM105 (NM101= QC)	8	AAMI$
Receiver ID	Unique Provider ID (UPI)	The number assigned by the Board to identify the provider who provided the service. The provider-level National Provider Identifier also prints next to this label on the paper remittance advice reports. See “National Provider Identifier - Provider Level” for more information.	N	Y	Y	ISA08, GS03	1	CAPROVIDER$
Remittance File Name	n/a	This field will contain the file name of the file associated with the remittance transaction for	A	N	N	TRN02	62	Calculated

Data Element Name	*Alternate Field Name*	*Description*	*Type*	*RA*	*RJ*	*835*	*ERA Field*	*Source Variable*
		the service. It is provided as a cross-reference between MACSIS and the provider system for purposes of tracking and problem resolution. 835 file name formats are Abbbxxxxxx.julyy. ERA file name formats are bbbxxxxx.jul						
Reversal/ Adjustment Indicator	n/a	This field will contain a value of "R" for a reversed claim, "A" for an adjusted claim and blank for a regular claim.	A	N	N	See Claim Status – 835	48	CBSUBLINE$
Sender ID	Company Code	A code identifying the board responsible for the remittance. The fifth position contains a "M" for Mental Health Boards, "A" for Alcohol and Drug Boards, and "B" for both.	A	Y	Y	GS02	27	CBCOMPANY$
Service Date	Date of Service	The date the service was provided as noted during claims submission.	N	Y	Y	2110/ DTM02 (DTM01 =472)	25	CBSERVDATE$
Units	Units of Service	The units of service as provided during claims submission. A decimal point will be in the fifth position.	N	Y	Y	2110/ SVC05	24	CBQUANT