



Days Until July 1, 2012 Go-Live: 87

Subject: Behavioral Health Provider Integration

Release Date: April 5, 2012

## EXAMPLE 837 P AND 835 MITS EDI FILE FORMATS

ODJFS Staff have developed template models of the 837P/835 transaction set that will be accepted by or returned from MITS. There are three (3) 837P examples and one 835 example posted to the "[MACSIS and MITS Claims Processing in State Fiscal Year 2013](#)" website.

The 837P examples show three different scenarios:

- 1) A layout for professional claims for Medicaid enrollees without Third Party Liability (TPL) or Medicare coverage
- 2) A layout that includes reporting of Third Party Liability (TPL non-Medicare) and
- 3) A layout for Medicare claims when direct submission to MITS is necessary.

### 837P General Layout

This layout represents the standard 837P MITS expects from trading partners when no TPL (including services not covered by Medicare) is submitted. Data elements important to note include:

- **ODJFS trading partner ID MUST be included. Trading Partner ID is DIFFERENT from the Medicaid provider ID.**
- Note the references to the standard "receiver ID" of "MMISODJFS" along with indication whether it is a (T)est file or a (P)roduction file.
- Loop 20100AA Billing provider name contains the "billing provider NPI". This is your agency's NPI associated with the type of claims being submitted. E.G. Your agency must have an NPI for your Mental Health claims and a different NPI for your ODADAS claims. **DO NOT SUBMIT INDIVIDUAL CLINICIAN NPI's OR A MACSIS UPI. THIS WILL CAUSE YOUR FILE TO FAIL.**
- Loop 2010BA identifies the positioning of the 12-digit Medicaid recipient billing number. **DO NOT SUBMIT A MACSIS UCI HERE AS THIS WILL CAUSE YOUR FILE TO FAIL.**
- Loop 2300 contains the submission example for prior authorized services. This will **NOT** be applicable to PA requests for CPST and Partial Hospitalization as these requests must still be submitted directly to Health Care Excel, ODMH's vendor for PA requests.
- Lastly, please note that Loop 2310B **IS NOT TO BE SUBMITTED** since the billing and rendering provider information will always be the same for behavioral health claims.

### 837P TPL Layout

This layout is the same as the 837P General Layout except that it adds TPL information in Loops 2310C, 2320, 2330A, 2330B and 2430. **PLEASE PAY SPECIAL ATTENTION TO LOOP 2430 - IT MUST FULLY ACCOUNT FOR THE \$268.25 "LINE ITEM CHARGE AMOUNT" IN THE 2400 LOOP.**

### 837P Medicare Crossover Layout

All AoD or MH services that are covered by Medicare for dually eligible consumers must be billed to Medicare. Claims should then "crossover" to MITS. This format is for claims that do not crossover or are directly submitted to MITS because the service is not covered by Medicare. **LOOP 2430 DOES NOT FULLY ACCOUNT FOR THE \$42.17 IN THE "LINE ITEM CHARGE AMOUNT" IN THE 2400 LOOP DUE TO THE PSYCHIATRIC REDUCTION.**

### 835 General Layout

Regardless of the 837P format received, this sample represents a return 835 transaction.

These examples are provided to assist trading partners with their submission of EDI files. The official source of information is the [ODJFS MITS 837P Companion Guide](#).