

837 P – Example for Medicare Crossover Claims

ISA*00* *00* *ZZ*1234567 *ZZ*MMISODJFS *120306*1710*!*00501*011044233*0*T*::~

This field must contain the Trading Partner ID assigned by ODJFS. This cannot be greater than 7 digits

Receiver ID
(ODFJS –MITS)

T – Testing
P – Production

GS*HC*1234567*MMISODJFS*20120306*1710*55546*X*005010X222A1~

This field should contain the 7-digit Trading Partner ID

Receiver ID

TRANSACTION SET HEADER

ST*837*11044233*005010X222A1~

BHT*0019*00*12454738*20120306*1710*CH~

LOOP 1000A SUBMITTER NAME

NM1*41*2*Weswurd*****46*1234567~

7-digit Ohio
Medicaid Trading
Partner ID assigned

PER*IC*Weswurd*TE*0000000000~

LOOP 1000B RECEIVER NAME

NM1*40*2*Ohio Department of Job and Family Services*****46*MMISODJFS~

Receiver name

LOOP 2000A BILLING/PAY-TO-PROVIDER HL

HL*1**20*1~

LOOP 2010AA BILLING PROVIDER NAME

NM1*85*2*Do Good Things *****XX*1111111111~

Billing provider NPI

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N3*219 Page Street~

N4*219 Page Street*OH*000043620~

Note – Do not send
*MACSIS Legacy Provider
Identifier (UPI)* in the
REF*1G

REF*EI*22222222~

Billing provider -'EI' =
Employer's Identification

LOOP 2010AB PAY-TO- ADDRESS NAME

NM1*87*2~

N3*PO BOX 11620~

N4*WESTMINSTER*OH*12685162

LOOP 2000B SUBSCRIBER HL

HL*2*1*22*0~

SBR*S*18*****MC~

LOOP 2010BA SUBSCRIBER NAME

NM1*IL*1* HESSON * MARY*S***MI*999999999999~

12-digit Medicaid
recipient billing number

N3*1111 Creek Lane~

N4*Toledo*OH*000012345~

DMG*D8*19950330*M~

LOOP 2010BB PAYER NAME

NM1*PR*2*MEDICAID OF OHIO*****PI*MMISODJFS~

Payer name and ID

N3*Sector 2645~

N4*COLUMBUS*OH*43266~

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LOOP 2300

CLM*1294845F10000079CRRAD*42.17***22:B:1*Y*A*Y*Y~

Patient Control
number

Place of Service Code – Enter
HIPAA Compliant Place of
service code Example -
22=Outpatient Hospital

Place of Service
Codes for
Professional
Services

HI*BK:78900~

LOOP 2310B -

NOTE - 2310B — RENDERING PROVIDER NAME - DO NOT SEND THIS SEGMENT because Billing and Rendering are the same in Claims from ODMH and ODADAS certified agencies.

2310C — SERVICE FACILITY LOCATION NAME

NM1*77*2*ALL TIME GOOD CARE HOSPITAL *****XX*7777777777~

N3*401 LARRY ST~

N4*LIMA*OH*457501635~

2320 — OTHER SUBSCRIBER INFORMATION

SBR*P*18*****MB~

AMT - COORDINATION OF BENEFITS (COB)

PAYER PAID AMOUNT

AMT*D*20.9~ ← Payer Paid Amount

OI - OTHER INSURANCE COVERAGE INFORMATION

OI***Y***Y~

2330A — OTHER SUBSCRIBER NAME

NM1*IL*1*HESSON*MARY*S***MI*999999999999A~

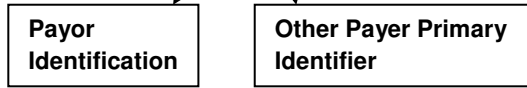
N3*1111 Creek Lane~

N4*Toledo*OH*000012345~

2330B — OTHER PAYER NAME

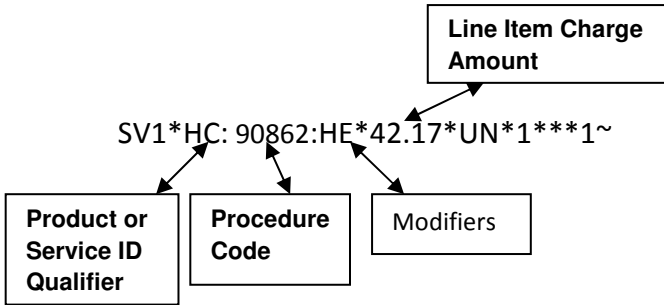
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NM1*PR*2*CIGNA GOVERNMENT SERVICES OH *****PI*15202~

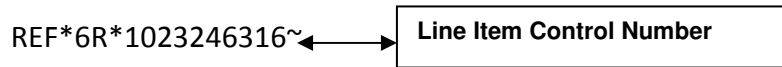


2400 — SERVICE LINE

LX*1~

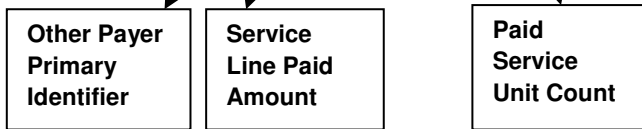


DTP*472*RD8*20110916-20110916~

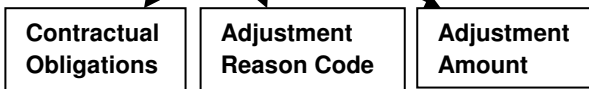


2430 — LINE ADJUDICATION INFORMATION

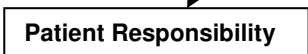
SVD*15202*20.9*HC: 90862:HE **1~



CAS*CO*45*4.16~



CAS*PR*122*11.88**2*5.23~



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DTP*573*D8*20111005~

SE*45*11044233~

GE*1*55546~

IEA*1*011044233~