Michigan Department of Health and Human Services

HIPAA 5010 EDI Companion Guide for ANSI ASC X12N 835

Health Care Claim Payment and Remittance Advice

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MDHHS
Michigan Department of Health & Human Services

MSA
MEDICAL SERVICES ADMINISTRATION

This document is the property of the Michigan Department of Health and Human Services (MDHHS). The information contained in this document is for the use of Trading Partners engaging in electronic data interchange (EDI) health care transactions with the State of Michigan's Community Health Automated Medicaid Processing System (CHAMPS). The content of this document may not be altered by external entities. The information in this document is subject to change. The most recent version will be posted on Michigan Department of Health and Human Services website at: www.michigan.gov/tradingpartners

Table of Contents

1. Introduction

This document is intended as a companion to the 005010X221 • 835 Health Care Claim Payment/Advice Technical Report 3 (TR3) dated April 2006. This document also includes updates appearing in:

- Errata 005010X221E1 • 835 Health Care Claim Payment/Advice dated January 2009
- Errata 005010X221A1 • 835 Health Care Claim Payment/Advice dated June 2010

The 5010 TR3 and related Errata documents are available from the Washington Publishing Company at www.wpc-edi.com.

1.1 Scope

This document is expected to be used in conjunction with the TR3 and related Errata for the 835 transaction. The content of this document follows the guidelines authorized in the version modifications to the Health Insurance Portability and Accountability Act (HIPAA) Final Rule transaction standards published in the Federal Register January 16, 2009. Health plans, covered entities and their business associates that engage in the exchange of eligibility transactions are required by the Affordable Care Act (ACA) to comply with additional operating rule regulations for the 835 transaction. These operating rules are maintained by CAQH CORE.

This Companion Guide provides MDHHS-specific instructions regarding certain elements within the TR3 but does not change, supersede, or add to the definitions, data conditions, or use of data elements or segments in the standard. This document provides MDHHS rules regarding:

- Identifiers to use when a national standard has not been adopted
- Parameters in the TR3 and related Errata that provide options

Section 9, Transaction Specific Information, contains provider data clarifications for fields and values. Transaction specific data will be detailed using a table with the following information included:

- Loop
- Segment
- Data Element
- Loop/Segment/Element Name
- Companion Guide Rules

1.2 Overview

The primary purpose of this document is to assist trading partners with the retrieval of 835 Health Care Claim Payment/Advice transactions.

This document provides information on the following topics:

- Companion Guide Rules for the 835 transaction
- Appendix A containing Gross Adjustment Code Descriptions, with the updated values highlighted
- Appendix B describing Claim Adjustment Reason Codes
- Appendix C describing Remittance Advice Remark Codes

Technical details for the following topics can be found in the MDHHS Electronic Submissions Manual (ESM). Please see Section 1.3 References for the ESM location.

- Testing with the Payer
- File Transfer Service (FTS) usage for retrieval
- Using the ACA CORE Communication Protocols with MDHHS, including header requirements, error reporting, and transmission procedures
- Acknowledgements and Reports (999 and TA1)

1.3 References

This section specifies additional on-line sources of helpful information related to electronic data interchange and X12 transactions.

- Technical Reports

  Washington Publishing Company (WPC) at www.wpc-edi.com

- MDHHS Electronic Submissions Manual

  To successfully download HIPAA transactions from the CHAMPS system, it is necessary to comply with the information contained in the MDHHS Electronic Submissions Manual. The most current version of this manual can be downloaded from the MDHHS web site at the following location:

  www.michigan.gov/tradingpartners >> HIPAA - Companion Guides >> Electronic Submissions Manual

- MDHHS Medicaid Policy, Provider Manual and Forms

  www.michigan.gov/medicaidproviders >> Policy and Forms (green section)

1.4 Transaction Description

The 835 is used to transmit claim payment and Explanation of Benefits (EOB) remittance advice information.

1.4.1 Download/Receipt Notes for ANSI ASC X12 835 Health Care Claim Payment/Advice

The Michigan Department of Health and Human Services (MDHHS) will use the 835 transaction to send remittance advice information. The 835 Transaction will be available to Medicaid providers on request through their billing agent (also known as service bureau). The 835 will include all finalized claims for a pay cycle. The MDHHS will make claim payments via Electronic Funds Transfer (EFT) or warrant (commonly referred to as a voucher or check).

The 835 transaction relies on the HIPAA Claim Adjustment Group Codes, Claim Adjustment Reason Codes, and Remittance Advice Remark Codes to explain why a claim was paid or denied.

The 835 transaction will “gap fill” to meet specific data requirements. In keeping with Medicare, Medicaid will “gap fill” the standard system with meaningless characters to meet the data element minimum requirements in any outgoing X12 transaction if insufficient data are available for a required data element. The 835 must adhere to the data attributes in the TR3, including but not limited to minimum length requirements.

Note: MDHHS may exceed the recommended limit of 10,000 CLP (Claim Payment Information) segments per ST-SE envelope.

1.4.2 Routing of the 835

Payment is made at the Federal Tax ID level (EFTs and consolidated warrants); therefore, one corresponding 835 transaction will be transmitted for all providers associated with that Federal Tax ID. The 835 will be transmitted to the billing agent assigned per the Federal Tax ID.

2. Getting Started

2.1 Working with MDHHS

An entity (provider, billing agent, clearinghouse, etc.) who wishes to retrieve responses, must enroll with MDHHS as a provider or billing agent. Please access the Provider Enrollment section at the location below for information on provider and billing agent enrollment.

www.michigan.gov/tradingpartners >> Electronic Submissions Transactions >> How to Enroll

Note: Clearinghouse vendors will need to enroll as a Billing Agent in CHAMPS and be associated to their Providers to be able to receive 835 transactions on their behalf.

2.2 Certification and Testing Overview

Certification and testing are not required for the 835 transaction. If you choose to test, see section 3, Testing with the Payer.

3. Testing with the Payer

If you choose to test, the MDHHS Electronic Submissions Manual contains an overview of the testing process (see Section 1.3 *References*). More information on testing is available at www.michigan.gov/tradingpartners >> Electronic Submissions Transactions.

In general, the steps to complete testing are as follows:

- Register as an electronic biller
- Obtain authentication credentials appropriate to the mode of electronic billing
- Create an 837 Health Care Claim based on the TR3
- Submit an 837 Health Care Claim through the test environment
- Request an 835 from B2B Testing by emailing MDHHS-B2B-Testing@michigan.gov
- Retrieve the 835 Health Care Claim Payment/Advice and review content

4. Connectivity with the Payer / Communications

4.1 System Availability

The MDHHS CHAMPS system is available 24 hours 7 days a week apart from a regular monthly maintenance window, which starts at 6:00 p.m. on the second Saturday of each month and ends at 6:00 a.m. on Sunday. For information on unscheduled outages, please check the Biller “B” Aware page at the following location:

www.michigan.gov/mdhhs >> Doing Business with MDHHS >> click on Health Care Providers >> Providers >> Medicaid (green section) >> Medicaid Alerts >> Biller "B" Aware

4.2 Process Flows

MDHHS supports several options for 835 transactions, including support for the ACA CORE required communication modes.

For ACA CORE, CHAMPS supports the following envelope standards for the 835 transaction set:

- HTTP MIME Multipart (Envelope Standard A)
- SOAP+WSDL (normative) (Envelope Standard B)

MDHHS supports other options in addition to the ACA CORE transport mode standards. These include the Data Exchange Gateway and Electronic Batch.

4.3 Transmission Administrative Procedures

4.3.1 Structure Requirements

The 835 – Health Care Claim Payment/Advice requires that one 835 transaction reflect a single payment device.

4.3.2 Response Times

The 835 transaction will be created and sent according to the CHAMPS Payment Schedule located at the following location:

www.michigan.gov/medicaidproviders >> CHAMPS >> Resources >> MDHHS Pay Cycle Calendar

4.4 Communication Protocols

Please see the Electronic Submissions Manual for additional information on using communication protocols (see Section 1.3 *References*).

4.4.1 HTTP MIME Multipart

MDHHS supports standard HTTP MIME messages. The MIME format used must be that of multipart/form-data. Responses to transactions sent in this manner will also be returned as multipart/form-data.

4.4.2 SOAP+WSDL

MDHHS also supports transactions formatted according to the Simple Object Access Protocol (SOAP) conforming to standards set for the Web Services Description Language (WSDL) for XML envelope formatting, submission, and retrieval.

5. Contacts

EDI Services	EDI Services handles all issues and questions with the FTS or files exchanged with CHAMPS.
	Website: www.michigan.gov/tradingpartners
	Email: AutomatedBilling@michigan.gov
Provider Support Unit	The Provider Support Unit handles all billing questions related to paper claims and the 837 and questions regarding provider and billing agent enrollment.
	Website: www.michigan.gov/medicaidproviders >> CHAMPS
	Email: ProviderSupport@michigan.gov
	Provider Inquiry Line: 1-800-292-2550

6. Control Segments / Envelopes

6.1 ANSI ASC X12 835 – Interchange Control Header Companion Guide Rules

This document uses several text conventions to distinguish MDHHS data elements from the TR3 data elements. The following table lists the text conventions used in this document:

Convention used	Explanation
< >	Text included within < > describes the values MDHHS requires for submission.
“ ”	Text with “ ” around a value represents HIPAA TR3 values.
( )	The HIPAA TR3 description of the value in quotes, described above, is provided parenthetically.
Light yellow shading	Light yellow shading indicates items changed in this revision of the Companion Guide

Loop ID	Segment ID	Data Element ID	Loop/Segment/Element Name	Companion Guide Rules
			Interchange Control Header	
	ISA		**Segment - Interchange Control Header**	
	ISA	ISA01	Authorization Information Qualifier	"03" (Additional Data Identification)
	ISA	ISA02	Authorization Information	Position 1-2 indicates Pay Cycle Number.
	ISA	ISA03	Security Information Qualifier	"00" (No Security Information Present (No Meaningful Information in I04))

Loop ID	Segment ID	Data Element ID	Loop/Segment/Element Name	Companion Guide Rules
	ISA	ISA04	Security Information	10 spaces
	ISA	ISA05	Interchange ID Qualifier	"ZZ" (Mutually Defined)
	ISA	ISA06	Interchange Sender ID	"D00111" left justified followed by spaces.
	ISA	ISA07	Interchange ID Qualifier	"ZZ" (Mutually Defined)
	ISA	ISA08	Interchange Receiver ID	FTS ID, NPI or TAX ID
	ISA	ISA11	Repetition Separator	"^"
	ISA	ISA12	Interchange Control Version Number	"00501" (Standards Approved for Publication by ASC X12 Procedures Review Board through October 2003)
	ISA	ISA14	Acknowledgment Requested	"0" (No Acknowledgement Requested) "1" (Acknowledgement Requested)
	ISA	ISA16	Component Element Separator	<:>
			Functional Group Header	

Loop ID	Segment ID	Data Element ID	Loop/Segment/Element Name	Companion Guide Rules
	GS		**Segment - Functional Group Header**	
	GS	GS01	Functional Identifier Code	"HP" (Health Care Claim Payment/Advice (835))
	GS	GS02	Application Sender's Code	"D00111" for MDHHS
	GS	GS03	Application Receiver's Code	FTS ID, NPI or TAX ID
	GS	GS08	Version / Release / Industry Identifier Code	"005010X221A1"

7. Payer Specific Business Rules and Limitations

7.1 Supported Service Types

MDHHS supports the Service Types required by the HIPAA 5010 835 TR3 and CAQH CORE.

8. Trading Partner Agreements

An EDI Trading Partner is defined as any MDHHS customer (provider, billing service, software vendor, employer group, financial institution, etc.) that transmits directly to, or receives electronic data directly from MDHHS.

If you are not already retrieving electronic transactions from MDHHS, you will need to enroll with MDHHS. Please refer to Section 2.1 for information on enrolling with MDHHS as a provider or billing agent. Enrollment is required to retrieve electronic transactions.

Note: Electronic submitters will need to be associated to their Providers (or to themselves) within CHAMPS to be able to receive 835 transactions on the Provider's behalf.

9. Transaction Specific Information

9.1 ANSI ASC X12 835 – Transaction Set Companion Guide Rules

This document uses several text conventions to distinguish MDHHS data elements from the TR3 data elements. The following table lists the text conventions used in this document:

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< >	Text included within < > describes the values MDHHS requires for submission.
" "	Text with " " around a value represents HIPAA TR3 values.
( )	The HIPAA TR3 description of the value in quotes, described above, is provided parenthetically.
Light yellow shading	Light yellow shading indicates items changed in this revision of the Companion Guide

Loop ID	Segment ID	Data Element ID	Loop/Segment/Element Name	Companion Guide Rules
			Transaction Set Header	
	BPR		**Segment - Financial Information**	

Loop ID	Segment ID	Data Element ID	Loop/Segment/Element Name	Companion Guide Rules
	BPR	BPR01	Transaction Handling Code	"I" (Remittance Information Only) "H" (Notification Only)
	BPR	BPR03	Credit/Debit Flag Code	"C" (Credit)
	BPR	BPR04	Payment Method Code	“ACH" (Automated Clearing House (ACH)) - EFT payment “CHK" (Check) Payment made via voucher. This value will also be used when there is no match on the warrant file for a payee. "NON" (Non-Payment Data) -Total amount paid is $0.
	BPR	BPR05	Payment Format Code	Included when payment is by EFT
	BPR	BPR06	(DFI) ID Number Qualifier	<Depository Financial Institution (DFI) Identification Number Qualifier> "01" (ABA Transmit Routing Number) included when payment is by EFT
	BPR	BPR07	(DFI) Identification Number	<Sender DFI Identifier> MDHHS Financial Institution ID is included when payment if by EFT.
	BPR	BPR08	Account Number Qualifier	"DA" (Demand Deposit) Included when payment is by EFT
	BPR	BPR09	Account Number	<Sender Bank Account Number> Included when payment if by EFT.
	BPR	BPR10	Originating Company Identifier	<Payer Identifier> MDHHS Federal Tax ID Number preceded by 1 included when payment is by EFT
	BPR	BPR12	(DFI) ID Number Qualifier	<Depository Financial Institution (DFI) Identification Number Qualifier> "01" (ABA Transmit Routing Number) included when payment is by EFT

Loop ID	Segment ID	Data Element ID	Loop/Segment/Element Name	Companion Guide Rules
	BPR	BPR13	(DFI) Identification Number	<Receiver or Provider Bank ID Number> Included when payment is EFT
	BPR	BPR14	Account Number Qualifier	"DA" (Demand Deposit) "SG" (Savings) Included when payment is by EFT
	BPR	BPR15	Account Number	<Receiver or Provider Account Number> Included when payment is by EFT
	BPR	BPR16	Date	<Check Issue or EFT Effective Date> MDHHS Pay Date: When the <payment format code> is "ACH" (Automated Clearing House (ACH)) or "CHK" (Check), the pay date is used. When the payment format code is "NON" (Non-Payment Data), 835 generation will be used.
	TRN		**Segment - Reassociation Trace Number**	
	TRN	TRN01	Trace Type Code	"1" (Current Transaction Trace Numbers)
	TRN	TRN02	Reference Identification	15-digit reassociation trace number
	TRN	TRN03	Originating Company Identifier	<Payer Identifier> MDHHS Federal Tax ID preceded by 1.
	TRN	TRN04	Reference Identification (Originating Company Supplemental Code)	"STMICHEFT"
	REF		**Segment - Receiver Identification**	

Loop ID	Segment ID	Data Element ID	Loop/Segment/Element Name	Companion Guide Rules
	REF	REF01	Reference Identification Qualifier	"EV" (Receiver Identification Number)
	REF	REF02	Reference Identification	<Receiver Identifier> FTS ID, NPI or TAX ID
	DTM		**Segment - Production Date**	
	DTM	DTM01	Date/Time Qualifier	"405" (Production)
	DTM	DTM02	Date	<Production Date> MDHHS Pay Cycle Date in CCYYMMDD format.
1000A			**Loop - Payer Identification**	
1000A	**N1**		**Segment - Payer Identification**	
1000A	N1	N101	Entity Identifier Code	"PR" (Payer)
1000A	N1	N102	Name	<Payer Name> "Michigan Department of Community Health"
1000A	N1	N103	Identification Code Qualifier	"XV" (Centers for Medicare and Medicaid Services PlanID)
1000A	N1	N104	Identification Code	<Payer Identifier> "D00111" for MDHHS
1000B			**Loop - Payee Identification**	

Loop ID	Segment ID	Data Element ID	Loop/Segment/Element Name	Companion Guide Rules
1000B	**N1**		**Segment - Payee Identification**	
1000B	N1	N101	Entity Identifier Code	"PE" (Payee)
1000B	N1	N102	Name	<Payee Name> This is the name of the payee. When the name of the payee is not known, this element will be populated with "UNKNOWN".
1000B	N1	N103	Identification Code Qualifier	"XX" (Centers for Medicare and Medicaid Services National Provider Identifier) "FI" (Federal Taxpayer's Identification Number)
1000B	N1	N104	Identification Code	<Payee Identification Code> National Provider Identifier or Federal Taxpayer's Identification Number.
1000B	REF	REF02	Reference Identification	<Vendor ID> Assigned by new financial system (SIGMA)
2000			**Loop - Header Number**	
2000	**TS3**		**Segment - Provider Summary Information**	
2000	TS3	TS301	Reference Identification	<Provider Identifier> National Provider Identifier (NPI)

Loop ID	Segment ID	Data Element ID	Loop/Segment/Element Name	Companion Guide Rules
2000	TS3	TS302	Facility Code Value	<Facility Type Code> This code identifies the type of facility where the services were performed. This element will be populated with the place of service or type of bill.
2100			**Loop - Claim Payment Information**	
2100	**CLP**		**Segment - Claim Payment Information**	
2100	CLP	CLP06	Claim Filing Indicator Code	"MC" (Medicaid)
2100	CLP	CLP07	Reference Identification	<Payer Claim Control Number> 18-digit CHAMPS TCN
2100	**NM1**		**Segment - Patient Name**	
2100	NM1	NM101	Entity Identifier Code	"QC" (Patient)
2100	NM1	NM103	Name Last or Organization Name	<Patient Last Name> MDHHS Beneficiary Last Name. When a name is not available, "UNKNOWN" will be populated in this field.
2100	NM1	NM104	Name First	<Patient First Name> MDHHS Beneficiary First Name. When a name is not available, “UNKNOWN”' will be populated in this field.
2100	NM1	NM108	Identification Code Qualifier	"MI" (Member Identification Number)

Loop ID	Segment ID	Data Element ID	Loop/Segment/Element Name	Companion Guide Rules
2100	NM1	NM109	Identification Code	<Patient Identifier> 10-digit beneficiary ID number assigned by MDHHS.
2100	**NM1**		**Segment - Corrected Patient/Insured Name**	
2100	NM1	NM101	Entity Identifier Code	"74" (Corrected Insured)
2100	NM1	NM103	Name Last or Organization Name	<Corrected Patient or Insured Last Name> If beneficiary last name is incorrect on a submitted claim which is Paid corrected beneficiary last name will be sent.
2100	**NM1**		**Segment - Service Provider Name**	
2100	NM1	NM101	Entity Identifier Code	"82" (Rendering Provider)
2100	NM1	NM108	Identification Code Qualifier	"XX" (Centers for Medicare and Medicaid Services National Provider Identifier) for Providers with NPIs
2100	NM1	NM109	Identification Code	<Rendering Provider Identifier> National Provider Identifier (NPI)
2100	**REF**		**Segment - Other Claim Related Identification**	
2100	REF	REF01	Reference Identification Qualifier	"G1" (Prior Authorization Number) "EA" (Medical Record Identification Number) "F8" (Original Reference Number)

Loop ID	Segment ID	Data Element ID	Loop/Segment/Element Name	Companion Guide Rules
2100	REF	REF02	Reference Identification	<Other Claim Related Identifier> Prior Authorization Number and/or Medical Record Number and/or Original 18-digit CHAMPS TCN (15-digit legacy CRN) of the previously adjudicated claim will be returned if submitted on the claim.
2100	**DTM**		**Segment - Statement from or To Date**	
2100	DTM	DTM01	Date/Time Qualifier	"232" (Claim Statement Period Start) "233" (Claim Statement Period End)
2100	DTM	DTM02	Date	<Claim Date> "11111111" will be used for those claims without a start date.
2110			**Loop - Service Payment Information**	**MDHHS adjudicates inpatient hospital claims by DRG. When such a claim is payable, Loop 2110 will not appear.**
2110	**REF**		**Segment - Service Identification**	
2110	REF	REF01	Reference Identification Qualifier	"G1" (Prior Authorization Number) "APC" (Ambulatory Payment Classification)
2110	REF	REF02	Reference Identification	<Provider Identifier> Prior Authorization Number and/or Ambulatory Payment Classification number will be returned if submitted on the claim.
2110	**REF**		**Segment - Line Item Control Number**	
2110	REF	REF01	Reference Identification Qualifier	"6R" (Provider Control Number)

Loop ID	Segment ID	Data Element ID	Loop/Segment/Element Name	Companion Guide Rules
2110	REF	REF02	Reference Identification	<Line Item Control Number> Line item control number will be returned if submitted on the claim.
2110	**REF**		**Segment - Rendering Provider Information**	
2110	REF	REF01	Reference Identification Qualifier	"HPI" (Center for Medicare and Medicaid Services National Provider Identifier)
2110	REF	REF02	Reference Identification	<Rendering Provider Identifier> National Provider Identifier (NPI)
2110	**LQ**		**Segment - Health Care Remark Codes**	**MDHHS will create one LQ segment for each adjustment remark code entry for a Claim.** **This segment may repeat up to 99 times.**
2110	LQ	LQ01	Code List Qualifier Code	"HE" (Claim Payment Remark Codes)
2110	LQ	LQ02	Industry Code	<Remark Code> Remark codes for a claim.
2110	**PLB**		**Segment - Provider Adjustment**	
2110	PLB	PLB01	Reference Identification	<Provider Identifier> National Provider Identifier (NPI)
2110	PLB	PLB03-2	Reference Identification	<Provider Adjustment Identifier> Gross Adjustment Code Description - This is the description of MDHHS Gross adjustment code. Refer to the list of code descriptions given in Appendix A: Gross Adjustment Code Description

Supplementary Information

Appendix A: Gross Adjustment Code Descriptions

GA/RP Code	Description	Status	Start Date	End Date	Effective Date
B01	Initial Settlement	Active	06/25/2012	12/31/2999	06/27/2013
B02	Initial Settlement Revised	Active	06/25/2012	12/31/2999	06/27/2013
B03	Final Settlement	Active	06/25/2012	12/31/2999	06/27/2013
B10	Miscellaneous Managed Care GA Transactions	Active	09/20/2011	12/31/2999	09/20/2011
B11	MIPCT - Care Coordination	Active	01/01/2012	12/31/2999	10/19/2011
B12	MIPCT - Practice Transformation	Active	01/01/2012	12/31/2999	10/19/2011
B13	MIPCT - Performance Incentives	Active	01/01/2012	12/31/2999	10/19/2011
B14	PSARR Recovery - Federal Share Only	Active	01/18/2013	12/31/2999	01/18/2013
B15	Appeal Decision	Active	09/21/2011	12/31/2999	09/21/2011
B16	CSHCS-MC Performance Bonus Pools	Active	09/25/2012	12/31/2999	06/27/2013
B17	CSHCS Managed Care Miscellaneous	Active	09/25/2012	12/31/2999	09/25/2012
B20	Claims Processing Error	Active	09/21/2011	12/31/2999	09/21/2011
B21	NEMT - Interim Reconciliation	Active	05/31/2012	12/31/2999	06/27/2013

GA/RP Code	Description	Status	Start Date	End Date	Effective Date
B22	NEMT - Interim Revised Reconciliation	Active	05/31/2012	12/31/2999	06/27/2013
B23	NEMT - Annual Reconciliation	Active	05/31/2012	12/31/2999	06/27/2013
B24	NEMT - Annual Revised Reconciliation	Active	05/31/2012	12/31/2999	06/27/2013
B25	NEMT - Pers/Vol Broker Reimbursement	Active	05/31/2012	12/31/2999	05/31/2012
B26	MME-MC Performance Bonus Pools	Active	12/04/2012	12/31/2999	06/27/2013
B27	MME Managed Care Miscellaneous	Active	12/04/2012	12/31/2999	12/04/2012
B30	Duplicate Payment/Take Back	Active	09/21/2011	12/31/2999	06/27/2013
B36	MICHOICE-MC Performance Bonus Pools	Active	10/02/2013	12/31/2999	10/02/2013
B37	MICHOICE-Managed Care Miscellaneous	Active	10/02/2013	12/31/2999	10/02/2013
B40	Eligibility Change/Purge	Active	09/21/2011	12/31/2999	09/21/2011
B50	Multiple Eligibility	Active	09/21/2011	12/31/2999	09/21/2011
B60	Old Date of Service	Active	09/21/2011	12/31/2999	09/21/2011
B70	Special Request	Active	09/21/2011	12/31/2999	09/21/2011
B8	MCO Primary Care incentive payments (PCP-IPP) E & M Codes	Active	11/08/2013	12/31/2999	11/08/2013

GA/RP Code	Description	Status	Start Date	End Date	Effective Date
B80	Advance (note auto creates account receivable)	Active	09/21/2011	12/31/2999	09/21/2011
B89	Specialty Needs Access Program (Adjustor Payment)	Active	02/16/2012	12/31/2999	06/27/2013
B9	MCO Primary Care incentive payments (PCP-IPP) Vaccine Codes	Active	11/08/2013	12/31/2999	11/08/2013
B90	LHD Dental Adjustor	Active	10/04/2011	12/31/2999	06/27/2013
B91	TPL - Casualty	Active	01/18/2012	12/31/2999	01/18/2012
B92	TPL - Medicare	Active	01/18/2012	12/31/2999	01/18/2012
B93	TPL - Paternity	Active	01/18/2012	12/31/2999	01/18/2012
B94	TPL - Commercial/Health	Active	01/18/2012	12/31/2999	01/18/2012
B95	TPL - TPL Contractor Initiated (Commercial/Health)	Active	01/18/2012	12/31/2999	01/18/2012
B96	TPL - Provider Requested (Commercial/Health)	Active	01/18/2012	12/31/2999	01/18/2012
C10	Adjustment for Patient Pay	Active	01/01/1990	12/31/2999	12/18/2008
C20	Advance (note auto creates account receivable)	Active	01/01/1990	12/31/2999	12/18/2008
C30	Capitation Adjustment	Active	03/23/2011	12/31/2999	03/23/2011
C40	Pace - Miscellaneous	Active	03/23/2011	12/31/2999	03/23/2011

GA/RP Code	Description	Status	Start Date	End Date	Effective Date
E10	EHR Miscellaneous Undifferentiated Provider Incentive Payment 24E1	Active	06/20/2011	07/04/2011	01/14/2011
E11	EHR Eligible Physician Incentive payments	Active	07/05/2011	12/31/2999	07/05/2011
E12	EHR Eligible Pediatrician Incentive payments	Active	07/05/2011	12/31/2999	07/05/2011
E13	EHR Eligible Nurse Practitioner Incentive payments	Active	07/05/2011	12/31/2999	07/05/2011
E14	EHR Eligible Certified Nurse-midwife Incentive payments	Active	07/05/2011	12/31/2999	07/05/2011
E15	EHR Eligible Dentist Incentive payments	Active	07/05/2011	12/31/2999	07/05/2011
E16	EHR Eligible Physician Assistant Incentive payments	Active	07/05/2011	12/31/2999	07/05/2011
E17	EHR Eligible Optometrist Incentive payments	Active	05/03/2012	12/31/2999	05/03/2012
E20	EHR Eligible Hospital Incentive Payment	Active	01/21/2011	12/31/2999	01/14/2011
E21	EHR Eligible Hospital Incentive Payment	Active	09/23/2011	12/31/2999	09/23/2011
H01	DSH Payment - ICA - Wayne County (Appn 33840)	Active	01/01/1990	12/31/2999	12/18/2008
H02	DSH Payment - Regular	Active	01/01/1990	12/31/2999	12/18/2008
H03	DSH - QAAP Funded Hospital DSH Pool	Active	01/01/1990	12/31/2999	12/18/2008
H04	DSH Primary Care	Active	01/01/1990	12/31/2999	12/18/2008

GA/RP Code	Description	Status	Start Date	End Date	Effective Date
H05	DSH Payment - ICA - Outstate Counties (Appn 33840)	Active	01/01/1990	12/31/2999	12/18/2008
H06	SAP DSH-Hutzel/WSU Match	Active	01/01/1990	12/31/2999	12/18/2008
H07	SAP DSH Psychiatric Public Hospital	Active	01/01/1990	12/31/2999	12/18/2008
H08	SAP DSH-Bronson Hosp/MSU Match	Active	01/01/1990	12/31/2999	12/18/2008
H09	SAP DSH UD Dent/WSU Match	Active	01/01/1990	12/31/2999	12/18/2008
H10	Advance (note auto creates account receivable)	Active	01/01/1990	12/31/2999	12/18/2008
H11	Executive Order Reductions - Rehab	Active	11/23/2009	12/31/2999	11/23/2009
H12	Executive Order Reductions - Med/Surg	Active	01/01/1990	12/31/2999	12/18/2008
H13	Miscellaneous	Active	01/01/1990	12/31/2999	12/18/2008
H14	Legacy MMIS/CHAMPS Conversion Errors	Active	04/27/2010	12/31/2999	04/27/2010
H15	SPH Interim Payment	Active	01/01/1990	12/31/2999	12/18/2008
H16	SPH Settlement - Initial	Active	01/01/1990	12/31/2999	12/18/2008
H17	SPH Settlement - Initial Revised	Active	01/01/1990	12/31/2999	12/18/2008
H18	SPH Settlement - Final	Active	01/01/1990	12/31/2999	12/18/2008

GA/RP Code	Description	Status	Start Date	End Date	Effective Date
H19	SPH Settlement - Final Revised	Active	01/01/1990	12/31/2999	12/18/2008
H22	Old Invoices	Active	01/01/1990	12/31/2999	12/18/2008
H23	Physician Adjustor Payments	Active	03/08/2012	12/31/2999	06/27/2013
H24	Out of State Provider	Active	01/01/1990	12/31/2999	12/18/2008
H25	Interim Payment	Active	01/01/1990	12/31/2999	12/18/2008
H26	Settlement - Initial	Active	01/01/1990	12/31/2999	12/18/2008
H27	Settlement - Initial Revised	Active	01/01/1990	12/31/2999	12/18/2008
H28	Settlement - Final	Active	01/01/1990	12/31/2999	12/18/2008
H29	Settlement - Final Revised	Active	01/01/1990	12/31/2999	12/18/2008
H30	Settlement Repayment	Active	01/01/1990	12/31/2999	12/18/2008
H31	Transfer	Active	01/01/1990	12/31/2999	12/18/2008
H32	UPL Adj - State Govt Owned or Operated	Active	10/14/2009	12/31/2999	10/14/2009
H33	UPL Adj - Non-State Govt Owned or Operated	Active	01/01/1990	12/31/2999	12/18/2008
H34	UPL Adj - Private	Active	10/14/2009	12/31/2999	10/14/2009
H35	FPC Interim Payment	Active	01/01/1990	12/31/2999	12/18/2008

GA/RP Code	Description	Status	Start Date	End Date	Effective Date
H36	FPC Settlement - Initial	Active	01/01/1990	12/31/2999	12/18/2008
H37	FPC Settlement - Initial Revised	Active	01/01/1990	12/31/2999	12/18/2008
H38	FPC Settlement - Final	Active	01/01/1990	12/31/2999	12/18/2008
H39	FPC Settlement - Final Revised	Active	01/01/1990	12/31/2999	12/18/2008
H41	HMO Performance Bonus Pools	Active	01/01/1990	12/31/2999	06/27/2013
H43	HMO Miscellaneous	Active	01/01/1990	12/31/2999	12/18/2008
H44	County Health Plans	Active	01/01/1990	12/31/2999	12/18/2008
H45	FQHC Interim Payment - Medical	Active	01/01/1990	12/31/2999	12/18/2008
H46	FQHC Settlement - Initial - Medical	Active	01/01/1990	12/31/2999	12/18/2008
H47	FQHC Settlement - Initial Revised - Medical	Active	01/01/1990	12/31/2999	12/18/2008
H48	FQHC Settlement - Final - Medical	Active	01/01/1990	12/31/2999	12/18/2008
H49	FQHC Settlement - Final Revised - Medical	Active	01/01/1990	12/31/2999	12/18/2008
H51	Outpatient Education	Active	01/01/1990	12/31/2999	12/18/2008
H52	Outpatient Hospital Adjustor	Active	01/01/1990	12/31/2999	12/18/2008

GA/RP Code	Description	Status	Start Date	End Date	Effective Date
H55	RHC Interim Payment - Medical	Active	01/01/1990	12/31/2999	12/18/2008
H56	RHC Settlement - Initial - Medical	Active	01/01/1990	12/31/2999	12/18/2008
H57	RHC Settlement - Initial Revised - Medical	Active	01/01/1990	12/31/2999	12/18/2008
H58	RHC Settlement - Final - Medical	Active	01/01/1990	12/31/2999	12/18/2008
H59	RHC Settlement - Final Revised - Medical	Active	01/01/1990	12/31/2999	12/18/2008
H60	RHC Interim Payment - Dental	Active	01/01/1990	12/31/2999	12/18/2008
H61	RHC Settlement - Initial - Dental	Active	01/01/1990	12/31/2999	12/18/2008
H62	RHC Settlement - Initial Revised - Dental	Active	01/01/1990	12/31/2999	12/18/2008
H63	RHC Settlement - Final - Dental	Active	01/01/1990	12/31/2999	12/18/2008
H64	RHC Settlement - Final Revised - Dental	Active	01/01/1990	12/31/2999	12/18/2008
H65	THC Interim Payment - Medical	Active	01/01/1990	12/31/2999	12/18/2008
H66	THC Settlement - Initial - Medical	Active	01/01/1990	12/31/2999	12/18/2008
H67	THC Settlement - Initial Revised - Medical	Active	01/01/1990	12/31/2999	12/18/2008
H68	THC Settlement - Final - Medical	Active	01/01/1990	12/31/2999	12/18/2008
H69	THC Settlement - Final Revised - Medical	Active	01/01/1990	12/31/2999	12/18/2008

GA/RP Code	Description	Status	Start Date	End Date	Effective Date
H70	THC Interim Payment - Dental	Active	01/01/1990	12/31/2999	12/18/2008
H71	THC Settlement - Initial - Dental	Active	01/01/1990	12/31/2999	12/18/2008
H72	THC Settlement - Initial Revised - Dental	Active	01/01/1990	12/31/2999	12/18/2008
H73	THC Settlement - Final - Dental	Active	01/01/1990	12/31/2999	12/18/2008
H74	THC Settlement - Final Revised - Dental	Active	01/01/1990	12/31/2999	12/18/2008
H75	LHD Dental Clinic Interim Payment	Active	01/01/1990	12/31/2999	12/18/2008
H76	LHD Dental Settlement - Initial	Active	01/01/1990	12/31/2999	12/18/2008
H77	LHD Dental Settlement - Initial Revised	Active	01/01/1990	12/31/2999	12/18/2008
H78	LHD Dental Settlement - Final	Active	01/01/1990	12/31/2999	12/18/2008
H79	LHD Dental Settlement - Final Revised	Active	01/01/1990	12/31/2999	12/18/2008
H80	LHD Dental Clinic Requested Payment	Active	11/01/2011	12/31/2999	06/27/2013
H81	MIP Reconciliation - Med/Surg	Active	01/01/1990	12/31/2999	12/18/2008
H82	MIP Reconciliation - Revised - Med/Surg	Active	01/01/1990	12/31/2999	12/18/2008
H83	MIP Reconciliation - Rehab	Active	11/23/2009	12/31/2999	11/23/2009

GA/RP Code	Description	Status	Start Date	End Date	Effective Date
H84	MIP Reconciliation - Revised - Rehab	Active	11/23/2009	12/31/2999	11/23/2009
H85	LHD Interim Payment - Medical (Maternal & Child Hlth)	Active	01/01/1990	12/31/2999	12/18/2008
H86	LHD Settlement - Initial - Medical (Maternal & Child Hlth)	Active	01/01/1990	12/31/2999	12/18/2008
H87	LHD Settlement - Initial Revised - Medical (Maternal & Child Hlth)	Active	01/01/1990	12/31/2999	12/18/2008
H88	LHD Settlement - Final - Medical (Maternal & Child Hlth)	Active	01/01/1990	12/31/2999	12/18/2008
H89	LHD Settlement - Final Revised - Medical (Maternal & Child Hlth)	Active	01/01/1990	12/31/2999	12/18/2008
H8R	LHD Requests Payment Medical (Maternal & Child Health)	Active	11/01/2011	12/31/2999	06/27/2013
H90	FQHC Interim Payment - Dental	Active	01/01/1990	12/31/2999	12/18/2008
H91	FQHC Settlement - Initial - Dental	Active	01/01/1990	12/31/2999	12/18/2008
H92	FQHC Settlement - Initial Revised - Dental	Active	01/01/1990	12/31/2999	12/18/2008
H93	FQHC Settlement - Final - Dental	Active	01/01/1990	12/31/2999	12/18/2008
H94	FQHC Settlement - Final Revised - Dental	Active	01/01/1990	12/31/2999	12/18/2008
H95	SBS Interim Adjustment	Active	01/01/1990	12/31/2999	12/18/2008
H96	SBS Settlement - Initial	Active	01/01/1990	12/31/2999	12/18/2008

GA/RP Code	Description	Status	Start Date	End Date	Effective Date
H97	SBS Settlement - Initial Revised	Active	01/01/1990	12/31/2999	12/18/2008
H98	SBS Settlement - Final	Active	01/01/1990	12/31/2999	12/18/2008
H99	SBS Settlement - Final Revised	Active	01/01/1990	12/31/2999	12/18/2008
HA1	Special Foundation Pmts LHD	Active	01/01/1990	12/31/2999	09/14/2009
HA2	Special Foundation Pmts FQHC	Active	01/01/1990	12/31/2999	09/14/2009
HA3	SBS AOP Admin Payments	Active	02/27/2013	12/31/2999	02/27/2013
HC1	CIP - Med/Surg	Active	01/01/1990	12/31/2999	12/18/2008
HC2	CIP - Rehab	Active	01/01/1990	12/31/2999	12/18/2008
HC3	CIP - State Building Authority	Active	01/01/1990	12/31/2999	09/14/2009
HG1	GME - Primary Care Pool - Med/Surg	Active	01/01/1990	12/31/2999	12/18/2008
HG2	GME - Dental and Podiatrist - Med/Surg	Active	01/01/1990	12/31/2999	12/18/2008
HG3	GME - Historical Pool - Med/Surg	Active	01/01/1990	12/31/2999	12/18/2008
HG4	GME - Psychiatric (GME Innovations Pool)	Active	01/01/1990	12/31/2999	12/18/2008
HG5	GME - Primary Care Pool - Rehab	Active	11/23/2009	12/31/2999	11/23/2009

GA/RP Code	Description	Status	Start Date	End Date	Effective Date
HG6	GME - Dental and Podiatrist - Rehab	Active	11/23/2009	12/31/2999	11/23/2009
HG7	GME - Historical Pool - Rehab	Active	11/23/2009	12/31/2999	11/23/2009
HG8	Hospital Div GME Psychiatric 50% gross up (Innovations Pool - fed share only)	Active	03/31/2010	12/31/2999	03/31/2010
HM1	MACI - Non-State Govt Owned or Operated	Active	10/14/2009	12/31/2999	12/18/2008
HM2	MACI - Private - Med/Surg	Active	10/14/2009	12/31/2999	10/14/2009
HM3	MACI - State Govt Owned or Operated - Med/Surg	Active	10/14/2009	12/31/2999	10/14/2009
HM4	MACI - Non-State Owned or Operated - Rehab	Active	11/24/2009	12/31/2999	11/24/2009
HM5	MACI - Private - Rehab	Active	11/24/2009	12/31/2999	11/24/2009
HM6	MACI - State Govt Owned or Operated - Rehab	Active	11/24/2009	12/31/2999	11/24/2009
HN2	MIChoice Settlement - Initial	Active	05/07/2014	12/31/2999	05/07/2014
HN3	MIChoice Settlement - Initial Revised	Active	05/08/2014	12/31/2999	05/08/2014
HN4	MIChoice Settlement - Final	Active	05/08/2014	12/31/2999	05/08/2014
HN5	MIChoice Settlement - Final Revised	Active	05/08/2014	12/31/2999	05/08/2014
HN7	MIChoice MPRO Retrospective Recovery	Active	05/07/2014	12/31/2999	05/07/2014

GA/RP Code	Description	Status	Start Date	End Date	Effective Date
HR1	Rural Access Pool - State Govt Owned or Operated	Active	01/17/2014	12/31/2999	01/17/2014
HR2	Rural Access Pool - Non-State Govt Owned or Operated	Active	01/17/2014	12/31/2999	01/17/2014
HR3	Rural Access Pool - Private	Active	01/17/2014	12/31/2999	01/17/2014
HP1	MIP - Med/Surg	Active	01/01/1990	12/31/2999	12/18/2008
HP2	MIP - Rehab	Active	01/01/1990	12/31/2999	12/18/2008
HS1	SAP DSH WSU PSY Res/WSU Match	Active	01/01/1990	12/31/2999	12/18/2008
HS2	DSH - future use	Inactive	01/01/1990	12/31/2999	12/18/2008
HS3	Certified Public Expenditures - Not for Financials	Active	01/01/1990	12/31/2999	11/23/2009
HS4	DSH - State Psych DSH (Not for Financials Only) for recording pmt in card file	Active	01/01/1990	12/31/2999	12/18/2008
HS5	DSH Payment - ICA (Appn 33500)	Active	01/01/1990	12/31/2999	12/18/2008
HS6	DSH Payment - U of M fed share only (appn. 33860)	Active	01/01/1990	12/31/2999	12/18/2008
HS7	DSH - future use	Active	01/01/1990	12/31/2999	12/18/2008
HS8	DSH - future use	Active	01/01/1990	12/31/2999	12/18/2008
HS9	Public Hosp. Retention-GF (SEC.1742)	Active	01/01/1990	12/31/2999	12/18/2008

GA/RP Code	Description	Status	Start Date	End Date	Effective Date
HZZ	MQ-774 MMIS to CHAMPS Conversion (interface)	Active	01/01/1990	01/01/1990	05/04/2009
I10	Appeal Decision	Active	01/01/1990	12/31/2999	12/18/2008
I20	Claims Processing Error	Active	01/01/1990	12/31/2999	12/18/2008
I30	Duplicate payment/take back	Active	01/01/1990	12/31/2999	12/18/2008
I40	Eligibility Change/Purge	Active	01/01/1990	12/31/2999	12/18/2008
I50	Multiple Eligibility	Active	01/01/1990	12/31/2999	12/18/2008
I60	Old date of service	Active	01/01/1990	12/31/2999	12/18/2008
I70	Special Request	Active	01/01/1990	12/31/2999	12/18/2008
I80	Advance (note auto creates account receivable)	Active	01/01/1990	12/31/2999	12/18/2008
I90	LHD Dental Adjustor	Active	12/03/2009	12/31/2999	06/27/2013
I95	Specialty Needs Access Program (Adjustor Pmt)	Active	05/18/2010	12/31/2999	06/27/2013
L01	LTC Settlement Rate Gross Adjustment	Active	01/01/1990	12/31/2999	12/18/2008
L02	LTC Initial FYE Settlement	Active	01/01/1990	12/31/2999	12/18/2008
L03	LTC Revised Initial FYE Settlement	Active	01/01/1990	12/31/2999	12/18/2008

GA/RP Code	Description	Status	Start Date	End Date	Effective Date
L04	LTC Final FYE Settlement	Active	01/01/1990	12/31/2999	12/18/2008
L05	LTC Revised Final FYE Settlement	Active	01/01/1990	12/31/2999	12/18/2008
L06	LTC Appeal Settlement	Active	01/01/1990	12/31/2999	12/18/2008
L07	LTC Revised Appeal Settlement	Active	01/01/1990	12/31/2999	12/18/2008
L09	LTC Settlement Repayment	Active	01/01/1990	12/31/2999	12/18/2008
L11	LTC Medicaid Interim Payment	Active	01/01/1990	12/31/2999	12/18/2008
L12	LTC Interim MIP Payment	Active	01/01/1990	12/31/2999	12/18/2008
L13	LTC Special MIP Payment	Active	01/01/1990	12/31/2999	12/18/2008
L14	LTC Interim MIP Reconciliation	Active	01/01/1990	12/31/2999	12/18/2008
L15	LTC Annual MIP Reconciliation	Active	01/01/1990	12/31/2999	12/18/2008
L16	LTC Revised Annual MIP Reconciliation	Active	01/01/1990	12/31/2999	12/18/2008
L17	LTC MIP Warrant Stop	Active	01/01/1990	12/31/2999	12/18/2008
L18	LTC MIP Repayment	Active	01/01/1990	12/31/2999	12/18/2008
L19	LTC MIP Emergency Payment	Active	01/01/1990	12/31/2999	12/18/2008

GA/RP Code	Description	Status	Start Date	End Date	Effective Date
L21	LTC Non-State Govt Owned or Operated QAS	Active	01/01/1990	12/31/2999	10/14/2009
L22	LTC Non-State Govt Owned or Operated QAS Interim Reconciliation	Active	01/01/1990	12/31/2999	10/14/2009
L23	LTC Non-State Govt Owned or Operated QAS Revised Interim Reconciliation	Active	01/01/1990	12/31/2999	10/14/2009
L24	LTC Non-State Govt Owned or Operated QAS Annual Reconciliation	Active	01/01/1990	12/31/2999	10/14/2009
L25	LTC Non-State Govt Owned or Operated QAS Revised Annual Reconciliation	Active	01/01/1990	12/31/2999	10/14/2009
L26	LTC Non-State Govt Owned or Operated QAS Repayment	Active	01/01/1990	12/31/2999	12/18/2008
L31	Denial of Payment for New Admission	Active	01/01/1990	12/31/2999	12/18/2008
L33	Civil Monetary Penalty	Active	01/01/1990	12/31/2999	12/18/2008
L35	Hospital Leave Day Recovery	Active	01/01/1990	12/31/2999	12/18/2008
L37	PSARR Recovery	Active	01/01/1990	12/31/2999	12/18/2008
L38	Post Payment Review of LOC	Active	01/28/2010	12/31/2999	01/28/2010
L39	Deceased Recipient Recovery	Active	01/01/1990	12/31/2999	12/18/2008
L41	Non-Submission of Cost Report	Active	01/01/1990	12/31/2999	12/18/2008
L43	Submission of Cost Report Repayment	Active	01/01/1990	12/31/2999	12/18/2008

GA/RP Code	Description	Status	Start Date	End Date	Effective Date
L45	Recovery for Medicaid Services in Non-Certified Beds	Active	01/01/1990	12/31/2999	12/18/2008
L49	Proportional Share Pool Payment	Active	01/01/1990	12/31/2999	12/18/2008
L51	Miscellaneous Adjustment	Active	01/01/1990	12/31/2999	12/18/2008
L53	Advance (Note auto creates account receivable)	Active	01/01/1990	12/31/2999	12/18/2008
L61	Interim Gross Adjustment	Active	01/01/1990	12/31/2999	12/18/2008
L62	Manual Approved Claims	Active	01/01/1990	12/31/2999	12/18/2008
L63	Temporary Manager Fee	Active	01/01/1990	12/31/2999	12/18/2008
L64	Out of State Provider	Active	01/01/1990	12/31/2999	12/18/2008
L65	Non-MIP Emergency Payment	Active	01/01/1990	12/31/2999	12/18/2008
L66	LTC Non-MIP Warrant Stop	Active	01/01/1990	12/31/2999	12/18/2008
L67	Returned Warrant	Active	01/01/1990	12/31/2999	12/18/2008
L68	Cash Warrant	Active	01/01/1990	12/31/2999	12/18/2008
L69	Debt Paid in Full by Check	Active	01/01/1990	12/31/2999	12/18/2008
L70	Balance Adjustments	Active	01/01/1990	12/31/2999	12/18/2008

GA/RP Code	Description	Status	Start Date	End Date	Effective Date
L81	LTC Private QAS Payment	Active	10/14/2009	12/31/2999	10/14/2009
L82	LTC Private QAS Interim Reconciliation	Active	10/14/2009	12/31/2999	10/14/2009
L83	LTC Private QAS Revised Interim Reconciliation	Active	10/14/2009	12/31/2999	10/14/2009
L84	LTC Private QAS Annual Reconciliation	Active	10/14/2009	12/31/2999	10/14/2009
L85	LTC Private QAS Revised Annual Reconciliation	Active	10/14/2009	12/31/2999	10/14/2009
L86	LTC Private QAS Repayment	Active	10/14/2009	12/31/2999	10/14/2009
L91	Certified Public Expenditure Payment	Active	10/14/2009	12/31/2999	10/14/2009
L92	Certified Public Expenditure Interim Reconciliation	Active	10/14/2009	12/31/2999	10/14/2009
L93	Certified Public Expenditure Revised Interim Reconciliation	Active	10/14/2009	12/31/2999	10/14/2009
L94	Certified Public Expenditure Annual Reconciliation	Active	10/14/2009	12/31/2999	10/14/2009
L95	Certified Public Expenditure Revised Annual Reconciliation	Active	10/14/2009	12/31/2999	10/14/2009
L96	Certified Public Expenditure Repayment	Active	05/10/2010	12/31/2999	05/10/2010
M10	MH & SA Shared Risk - DCH-PIHP	Active	01/01/1990	12/31/2999	12/18/2008
M15	MH & SA State Plan & B3, HSW Misc	Active	01/01/1990	12/31/2999	12/18/2008

GA/RP Code	Description	Status	Start Date	End Date	Effective Date
M20	MH & SA Cost Settlement	Active	01/01/1990	12/31/2999	12/18/2008
M21	GS Contract Cost Settlement - Base Operations	Active	01/01/1990	12/31/2999	12/18/2008
M22	GS Contract Cost Settlement - State Facilities	Active	01/01/1990	12/31/2999	12/18/2008
M23	Monetary Incentive Payment	Active	01/27/2013	12/31/2999	06/27/2013
M25	MH & SA - Audit	Active	01/01/1990	12/31/2999	12/18/2008
M26	GS Contract Audit - Base Operations	Active	01/01/1990	12/31/2999	12/18/2008
M27	GS Contract Audit - State Facilities	Active	01/01/1990	12/31/2999	12/18/2008
M30	MH & SA ABW-Sec. 442- GF Contract	Active	01/01/1990	12/31/2999	12/18/2008
M35	MH & SA GF State Facility	Active	01/01/1990	12/31/2999	12/18/2008
M40	MH & SA GF Base Operations	Active	01/01/1990	12/31/2999	12/18/2008
M45	MH & SA GF Holding	Active	01/01/1990	12/31/2999	12/18/2008
M50	MH & SA ABW & MIChild Cap Adj (reported as current year on federal claim)	Active	01/01/1990	12/31/2999	12/18/2008
M51	CMH MI Child FY10 Cap Adjustment (recorded as FY10 on Federal Claim)	Active	01/01/1990	12/31/2999	12/18/2008
M60	Advance - excludes State Facility (note auto creates account receivable)	Active	01/01/1990	12/31/2999	12/18/2008
M65	Advance - State Facility (note, auto creates account receivable)	Active	01/01/1990	12/31/2999	12/18/2008

GA/RP Code	Description	Status	Start Date	End Date	Effective Date
M70	Children's Waiver Miscellaneous	Active	09/03/2010	12/31/2999	09/03/2010
M75	Children's Waiver Admin 50% GU	Active	09/14/2011	12/31/2999	09/14/2011
M80	Children's Waiver Adjustor Payment	Active	09/03/2010	12/31/2999	09/03/2010
M82	SED Waiver	Active	09/17/2012	12/31/2999	09/17/2012
M85	DHIP Incentive Payments	Active	05/28/2013	12/31/2999	06/27/2013
M90	Autism Admin Payments	Active	06/27/2013	12/31/2999	06/27/2013
M91	Autism - Initial Settlement	Active	09/09/2013	12/31/2999	09/09/2013
M92	Autism - Initial Revised Settlement	Active	09/09/2013	12/31/2999	09/09/2013
M93	Autism - Final Settlement	Active	09/09/2013	12/31/2999	09/09/2013
M94	Autism - Final Revised Settlement	Active	09/09/2013	12/31/2999	09/09/2013
M95	Autism - Miscellaneous	Active	09/09/2013	12/31/2999	09/09/2013
N10	MIChoice Waiver Medicaid Interim Payment	Active	10/01/2009	12/31/2999	05/04/2009
N20	MIChoice Settlement - Initial	Active	01/01/1990	12/31/2999	12/18/2008
N30	MIChoice Settlement - Initial Revised	Active	01/01/1990	12/31/2999	12/18/2008

GA/RP Code	Description	Status	Start Date	End Date	Effective Date
N40	MIChoice Settlement - Final	Active	01/01/1990	12/31/2999	12/18/2008
N50	MIChoice Settlement - Final Revised	Active	01/01/1990	12/31/2999	12/18/2008
N60	MIChoice - MISC	Active	01/01/1990	12/31/2999	12/18/2008
N70	MIChoice - Housing Coordinator (MFP)	Active	12/11/2013	12/31/2999	12/11/2013
O10	Claims Processing Error	Active	01/01/1990	12/31/2999	12/18/2008
O20	Dual Coverage issue	Active	01/01/1990	12/31/2999	12/18/2008
O30	Duplicate payment/take back	Active	01/01/1990	12/31/2999	12/18/2008
O40	Eligibility Change/Purge	Active	01/01/1990	12/31/2999	12/18/2008
O50	Multiple Claim Lines/Adjust	Active	01/01/1990	12/31/2999	12/18/2008
O60	Old date of service (incl. edit 503)	Active	01/01/1990	12/31/2999	12/18/2008
O70	Special Request	Active	01/01/1990	12/31/2999	12/18/2008
O80	Advance (note auto creates account receivable)	Active	01/01/1990	12/31/2999	12/18/2008
P10	Erroneous Billings/Mispayments	Active	01/01/1990	12/31/2999	12/18/2008
P20	Lapsed License	Active	01/01/1990	12/31/2999	12/18/2008

GA/RP Code	Description	Status	Start Date	End Date	Effective Date
P30	Audit	Active	01/01/1990	12/31/2999	12/18/2008
P40	Corrective Action	Active	01/01/1990	12/31/2999	12/18/2008
P50	ESCROW ACCOUNT (SEEKS with cash receipts)	Active	03/03/2011	12/31/2999	03/03/2011
S10	Fraud	Active	01/01/1990	12/31/2999	12/18/2008
S20	QAA Tax Recovery Offset	Active	01/01/1990	12/31/2999	12/18/2008
S30	MMIS MQ-774 and Other A/Rs converted to CHAMPS	Active	01/01/1990	12/31/2999	12/18/2008
S40	A/R with Payment Plan	Active	09/22/2009	12/31/2999	09/22/2009
S50	ESCROW ACCOUNT (SEEKS with payment withhold))	Active	09/22/2009	12/31/2999	09/22/2009
S55	ESCROW ACCOUNT (SEEKS with cash receipts)	Active	03/23/2011	12/31/2999	03/23/2011
S60	Duplicate Recovery	Active	12/03/2009	12/31/2999	12/03/2009
S70	Audit - Non-CHAMPS Activity	Active	12/03/2012	12/31/2999	12/03/2012
S80	Medicare - Non-CHAMPS Activity	Active	12/03/2012	12/31/2999	12/03/2012
S90	Advance Recovery (Advance paid outside of CHAMPS)	Active	09/18/2013	12/31/2999	09/18/2013
T10	TPL - Casualty	Active	01/01/1990	12/31/2999	12/18/2008

GA/RP Code	Description	Status	Start Date	End Date	Effective Date
T20	TPL - Medicare	Active	01/01/1990	12/31/2999	12/18/2008
T30	TPL - Paternity	Active	01/01/1990	12/31/2999	12/18/2008
T40	TPL - Commercial/Health	Active	01/01/1990	12/31/2999	12/18/2008
T50	TPL - TPL Contractor Initiated (Commercial/Health)	Active	01/01/1990	12/31/2999	12/18/2008
T60	TPL - Provider Requested (Commercial/Health)	Active	01/01/1990	12/31/2999	12/18/2008

Appendix B: Claim Adjustment Reason Codes

Claim Adjustment Reason Codes (CARCs) communicate an adjustment, meaning that they must communicate why a claim or service line was paid differently than it was billed. If there is no adjustment to a claim/line, then there is no adjustment reason code. The full list of CARCs can be found at the Washington Publishing Company's web site at:
www.wpc-edi.com/reference/codelists/healthcare/claim-adjustment-reason-codes

Appendix C: Remittance Advice Remark Codes

Remittance Advice Remark Codes (RARCs) are used to provide additional explanation for an adjustment already described by a Claim Adjustment Reason Code (CARC) or to convey information about remittance processing. Each RARC identifies a specific message as shown in the Remittance Advice Remark Code List. There are two types of RARCs, supplemental and informational. The majority of the RARCs are supplemental; these are generally referred to as RARCs without further distinction. Supplemental RARCs provide additional explanation for an adjustment already described by a CARC. The second type of RARC is informational; these RARCs are all prefaced with **Alert:** and are often referred to as Alerts. Alerts are used to convey information about remittance processing and are never related to a specific adjustment or CARC. The full list of RARCs can be found at the Washington Publishing Company's web site at:
www.wpc-edi.com/reference/codelists/healthcare/remittance-advice-remark-codes

Revision Log

Version Date	Effective Date	Revision Description
March 7, 2011	January 1, 2012	This document replaces *Companion Guide for the HIPAA 835 Health Care Claim Payment/Advice Addenda Version 4010A1* dated September 18, 2009.
November 30, 2011	January 1, 2012	This document includes changes identified as part of business to business testing and reflects the 5010 implementation effective January 1, 2012. Updated location and link for Electronic Submitter's Guide. Updated Interchange Control Header Data Element ISA02.
June 2, 2014	January 1, 2014	New communication protocols of HTTP MIME Multipart and SOAP+WSDL TRN02 rule update TRN04 data element addition ISA14 rule update Added MDHHS references Added new Gross Adjustment Codes Added reference to Claim Adjustment Reason Codes Added reference to Remittance Advice Remark Codes
September 11, 2017	October 3, 2017	New financial system (SIGMA) allows for the reporting of a Vendor ID in Loop 1000B, Segment REF02