



GOSH 2.x 837

Updated: 5/9/2019

- **The same billing format used for the MITS system can be used for GOSH with minor changes:**
 - **ISA06 should be provider UPI or NPI instead of ODM Trading Partner# for Sender ID**
 - **ISA08 should be the Board's State assigned ID instead of MMISODJFS for Receiver ID**
 - **Example 18B = Cuyahoga County Board**
 - **GS02 should be provider UPI or NPI instead of ODM Trading Partner# for Sender ID**
 - **GS03 should be the Board's State assigned ID instead of MMISODJFS for Receiver ID**
 - **LOOP 1000A NM109 should be provider UPI or NPI instead of ODM Trading Partner#**
 - **LOOP 1000B NM109 should be the Board's State assigned ID instead of MMISODJFS**
 - **LOOP 2010AA NM109 should be provider MITS NPI**
 - **LOOP 2010BA NM109 should be GOSH UCI instead of Medicaid No.**
 - **LOOP 2010BB Payer Name NM103 should be Board Name and NM109 Payer ID Code should be Board State assigned ID [Example: 18B](#)**
- **Testing should include:**
 - **At least one add-on code in billing** (If add-on code is in provider's contract).
 - **Third party 2320 and 2330 loops to show insurance payments when necessary.** (These loops are not necessary when billing other Non-Medicaid services like prevention.)
 - **Use rendering and supervising provider segments as required by Medicaid.** (Used to assign credential rate)
 - **If provider is dually funded, send example of both MH and SUD claims in two provider loops.**
 - **Testing dates can be 1/1/2019-12/31/2019** (Future dates allowed during testing)
 - **Test billing file should include a good sample of all service codes in provider's contract with the Board**

This document should be used in tandem with X12 Consolidated Guides

A MITS 837 billing file looks like this

```

ISA*00*          *00*          *ZZ*0029999          *ZZ*MMISODJFS          *170501*0410*!*00501*000000554*0*P*::~
GS*HC*0029999*MMISODJFS*20170501*0410*554*005010X222A1~
ST*837*000000554*005010X222A1~
BHT*0019*00*554*20170501*0410*CH~
NM1*41*2*DEMO BOARD*****46*0029999~
PER*IC*CARL CONTACT*TE*5133120013~
NM1*40*2*OHIO DEPT OF MEDICAID*****46*MMISODJFS~
HL*1**20*1~
NM1*85*2*CAREGOSH AGENCY*****XX*5432154320~
N3*123 ADDRESS HERE~
N4*GOSHLAND*OH*451230000~
REF*EI*3112345678~
HL*2*1*22*0~
SBR*S*18*****MC~
NM1*IL*1*MYGOSH*MIKE****MI*123456123456~
N3*555 DEVELOPER DRIVE*APT#3~
N4*DEMOCITY*OH*451230000~
DMG*D8*19811031*M~
NM1*PR*2*OHIO DEPT OF MEDICAID*****PI*MMISODJFS~
CLM*1446*104.94***11:B:1*N*A*N*Y~
HI*ABK:F209*ABF:F250*ABF:F3013*ABF:F328~
NM1*82*1*MCGOSH*LEONARD*J***XX*1234567899~
SBR*P*18*****ZZ~
AMT*D*65.00~
OI***Y***Y~
NM1*IL*1*MYGOSH*MICHAEL****MI*1231231230~
NM1*PR*2*MY HEALTH INSURNACE*****PI*12345~
LX*1~
SV1*HC:99201*49.38*UN*1*11**1:2:3:4~
DTP*472*D8*20170716~
REF*6R*425425123~
SVD*12345*30.00*HC:99201**1~
CAS*PR*2*19.38~
DTP*573*D8*20170722~
LX*2~
SV1*HC:90833*55.56*UN*1*11**1:2:4~
DTP*472*D8*20170716~
REF*6R*425425124~
NM1*82*1*SMITH*MARY*A***XX*1231234444~
SVD*12345*35.00*HC:90833**1~
CAS*PR*2*20.56~
DTP*573*D8*20170722~
CLM*1447*53.64***11:B:1*N*A*N*Y~
HI*ABK:F209*ABF:F250*ABF:F3013~
NM1*82*1*SMITH*MARY*A***XX*1231234444~
SBR*P*18*****ZZ~
AMT*D*40.00~
OI***Y***Y~
NM1*IL*1*MYGOSH*MICHAEL****MI*1231231230~
NM1*PR*2*MY HEALTH INSURNACE*****PI*12345~
LX*1~
SV1*HC:90832*53.64*UN*1*11**1:2:3~
DTP*472*D8*20170720~
REF*6R*425425126~
SVD*12345*40.00*HC:90832**1~
CAS*PR*2*13.64~
DTP*573*D8*20170722~
HL*3**20*1~
NM1*85*2*CAREGOSH AGENCY*****XX*5432154321~
N3*123 ADDRESS HERE~
N4*GOSHLAND*OH*451230000~
REF*EI*3112345678~

```

MITS Receiver ID

ODJFS Trading Partner number

Segments Tilde delimited

Provider Mental Health NPI
Mental Health claims follow...

Medicaid No

MITS Payer Name and Code

Provider SUD NPI
SUD claims follow...

```

ISA*00*                *00*                *ZZ*555555                *ZZ*99B~
GS*HC*555555*00R*20170501*0410*554*X*00~ 10X222A1~
ST*837*000000554~
BHT*0019*00*554*20170501*0410~
NM1*41*2*CAREGOSH AGENCY*****46*55555~
PER*IC*CARL CONTACT*TE*5133120013~
NM1*40*2*DEMO BOARD*****46*99B~
HL*1**20*1~
NM1*85*2*CAREGOSH AGENCY*****XX*5432154320~
N3*123 ADDRESS HERE~
N4*GOSHLAND*OH*451230000~
REF*EI*3112345678~
HL*2*1*22*0~
SBR*S*18*****MC~
NM1*IL*1*MYGOSH*MIKE***MI*GB99B0123456~
N3*555 DEVELOPER DRIVE*APT#3~
N4*DEMOCITY*OH*451230000~
DMG*D8*19811031*M~
NM1*PR*2*DEMO BOARD*****PI*99B~
CLM*1446*49.38***11:B:1*N*A*N*Y~
HI*ABK:F209*ABF:F250*ABF:F3013*ABF:F328~
SBR*P*18*****ZZ~
AMT*D*65.00~
OI***Y***Y~
NM1*IL*1*MYGOSH*MICHAEL***MI*1231231230~
NM1*PR*2*MY HEALTH INSURNACE*****PI*12345~
LX*1~
SV1*HC:90833*55.56*UN*1*11**1:2:3:4~
DTP*472*D8*20170716~
REF*6R*425425123~
NM1*82*1*MCGOSH*LEONARD*J***XX*1234567899~
SVD*12345*30.00*HC:99201**1~
CAS*PR*2*19.38~
DTP*573*D8*20170722~
LX*2~
SV1*HC:90833*55.56*UN*1*11**1:2:4~
DTP*472*D8*20170716~
REF*6R*425425124~
NM1*82*1*MCGOSH*LEONARD*J***XX*1234567899~
SVD*12345*35.00*HC:90832**1~
CAS*PR*2*20.56~
DTP*573*D8*20170722~
CLM*1447*53.64***11:B:1*N*A*N*Y~
HI*ABK:F209*ABF:F250*ABF:F3013~
SBR*P*18*****ZZ~
AMT*D*40.00~
OI***Y***Y~
NM1*IL*1*MYGOSH*MICHAEL***MI*1231231230~
NM1*PR*2*MY HEALTH INSURNACE*****PI*12345~
LX*1~
SV1*HC:90832*53.64*UN*1*11**1:2:3~
DTP*472*D8*20170720~
REF*6R*425425126~
NM1*82*1*MCGOSH*LEONARD*J***XX*1234567899~
SVD*12345*40.00*HC:90832**1~
CAS*PR*2*13.64~
DTP*573*D8*20170722~
HL*3**20*1~
NM1*85*2*CAREGOSH AGENCY*****XX*5432154321~
N3*123 ADDRESS HERE~
N4*GOSHLAND*OH*451230000~
REF*EI*3112345678~

```

Board State assigned ID

Segments Tilde delimited

Provider UPI or NPI

Board State assigned ID

MITs Provider Mental Health NPI
Mental Health claims follow...

GOSH UCI

Board Name and Board ID for payer information.
MACSIS still accepted for backward capability

Multiple service line support

Rendering NPI

MITs Provider SUD NPI
SUD claims follow...



Use the “File Processing Report” link on the “Billing Summary Report” page to display billing file processing details.

gosh™

No Messages Home Applications Maintain R

Select Agency: A55555 Payer: Board Days Back: 60

Billing Summary Log: Add/Edit Comments Add/Edit Check Deta

File Name Upload Date	File Processing Amount Count	Batch#	Ad Da
170728.BT.B.GOSH.P555552.837 <input type="checkbox"/>	T: \$307.89 3 C: \$194.24 2	617	F.P. Rpt

Billing File Processing Report

Batch Number: 617 Bill File Name: 170728.BT.B.GOSH.P555552.837

Processing Start: 5/9/2017 12:05:36 AM
Production file usage mode
AgencyId: 4 NPI: 5432154320 Federal Tax Id: 31-12345678

AOD Batch#: 617 MH Batch#: 617

-- Segment No: 84 Control ID: 425425126
No enrollment or enrollment with incorrect birthdate for:
REGOSH, ROBERT ID: 100091

Successfully processed file: 170728.BT.B.GOSH.P555552.837
Service Dates: 7/2/2017 to 7/26/2017
Total Claims: 3 Billed Amount: 307.89
Posted Claims: 1 Posted Amount: 113.65
Posted Service Lines: 3
Critical Claims: 2 Critical Amount: 194.24
Enrollment Errors: 1
PayerSpan Errors: 0
Claim Errors: 0
Service Line Errors: 0

Processing Stop: 5/9/2017 12:05:37 AM. Process time: 1 seconds.

Message ID: 358

Process Summary
Section

Segment Number →

Detail Error Section →

Naming convention for files

yymmdd.tt.p.aaaa.k.nnnns.fff ← Decimal point is literal

Example:

190508.BT.N.GOSH.P.123451.837

Allows files to be sorted by date (yymmdd) OR files can be sorted by Type (fff).

- yymmdd = File create date. Example 170605
- tt = File Content ~ AD or MH or BT or OT
(AD = Alcohol & Drug, MH = Mental Health, BT = Both)
- p = Payer Type (who is responsible for payment)
(M=Medicaid N=Non-Medicaid)
- aaaa = EDI Format (GOSH or MITS)
- k = P (production) or T (Test)
- n = five character UPI (agency code)
- s = Sequence number (or alpha character)
- fff = File Type. (837, 835, 270 or 271)