837 Health Care Claim: Dental LA Medicaid

HIPAA/V4010X097A1/837: 837 Health Care Claim: Dental

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(Latest Changes in RED font)

Author: EDI Department

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The purpose of this companion guide to clarify the usage of the X12 V4010X097A1 837 Dental HIPAA Implementation Guide for electronic submitters participating in the LA Medicaid program.

This guide does not replace the published HIPAA Implementation Guide, nor does it change the intended meaning of the published Guide. Submitters must use the format mandated by HIPAA as of October 16, 2003.

If unfamiliar with how to read an implementation guide, refer to the final release of the X12 V4010X097A1 837 Dental HIPAA Implementation Guide available through Washington Publishing Company (WPC) at www.wpc-edi.com

Policy Statement:

Each claim undergoes the editing common to all claims, e.g., verification of dates and balancing. Each claim is also edited for requirements that are unique to each claim type. All claims, whether submitted via paper or electronic, must comply with the policies and requirements as documented in the claim type specific provider manuals and training packets that are distributed by Unisys.

Note: All data must be formatted in upper case.

837 Health Care Claim: Dental

Functional Group=HC

ISA Interchange Control Header

Pos:	Max: 1
Not Defined - Mandatory	
Loop: N/A	Elements: 16

User Option (Usage): Required

Element Summary:

Ref	Id	Element Name	Req	Type	Min/Max
ISA01	I01	**Authorization Information Qualifier** **LA Medicaid:** *Use 00 for this element*	M	ID	2/2
ISA02	I02	**Authorization Information** **LA Medicaid:** *Must be spaces*	M	AN	10/10
ISA03	I03	**Security Information Qualifier** **LA Medicaid:** *Use 00 for this element*	M	ID	2/2
ISA04	I04	**Security Information** **LA Medicaid:** *Must be spaces*	M	AN	10/10
ISA05	I05	**Interchange ID Qualifier** **LA Medicaid:** *Use ZZ for this element*	M	ID	2/2
ISA06	I06	**Interchange Sender ID** **LA Medicaid:** *Use the 7 digit Unisys assigned submitter ID (i.e. 450XXXX) followed by spaces*	M	AN	15/15
ISA07	I05	**Interchange ID Qualifier** **LA Medicaid:** *Use ZZ for this element*	M	ID	2/2
ISA08	I07	**Interchange Receiver ID** **LA Medicaid:** *Use LA-DHH-MEDICAID for this element*	M	AN	15/15
ISA09	I08	**Interchange Date** **LA Medicaid:** *The date format is YYMMDD*	M	DT	6/6
ISA10	I09	**Interchange Time** **LA Medicaid:** *The date format is HHMM*	M	TM	4/4
ISA11	I10	**Interchange Control Standards Identifier** **LA Medicaid:** *Use U for this element*	M	ID	1/1
ISA12	I11	**Interchange Control Version Number** **LA Medicaid:** *Use 00401 for this element*	M	ID	5/5
ISA13	I12	**Interchange Control Number** **LA Medicaid:** *The Interchange Control Number, ISA13, must be identical to the associated Interchange Trailer IEA02.*	M	N0	9/9
ISA14	I13	**Acknowledgment Requested** **LA Medicaid:** *Use 0 or 1 for this element*	M	ID	1/1
ISA15	I14	**Usage Indicator** **LA Medicaid:** *T = Test Data* *P = Production Data*	M	ID	1/1
ISA16	I15	**Component Element Separator** **LA Medicaid:** *Must be a colon : - ASCII x3A*	M		1/1

GS Functional Group Header

Pos: **Max: 1**
Not Defined - Mandatory
Loop: N/A **Elements: 8**

User Option (Usage): Required

Element Summary:

Ref	Id	Element Name	Req	Type	Min/Max
GS01	479	**Functional Identifier Code** **LA Medicaid:** *Use the value HC for this element*	M	ID	2/2
GS02	142	**Application Sender's Code** **LA Medicaid:** *Must be identical to the value in ISA06*	M	AN	2/15
GS03	124	**Application Receiver's Code** **LA Medicaid:** *Use LA-DHH-MEDICAID for this element*	M	AN	2/15
GS04	373	**Date** **LA Medicaid:** *Date expressed as CCYYMMDD*	M	DT	8/8
GS05	337	**Time** **LA Medicaid:** *The time format is HHMM*	M	TM	4/8
GS06	28	**Group Control Number** **LA Medicaid:** *Assigned and maintained by the sender*	M	N0	1/9
GS07	455	**Responsible Agency Code** **LA Medicaid:** *Use the value X for this element*	M	ID	1/2
GS08	480	**Version / Release / Industry Identifier Code** **LA Medicaid:** *Use the value 004010X097A1 for Production and 004010X097D1 for Test*	M	AN	1/12

BHT Beginning of Hierarchical Transaction

Pos: 010 **Max: 1**
Heading - Mandatory
Loop: N/A **Elements: 1**

User Option (Usage): Required

Element Summary:

Ref	Id	Element Name	Req	Type	Min/Max
BHT06	640	**Transaction Type Code** **LA Medicaid:** *Use the value CH for this element*	O	ID	2/2

NM1 Submitter Name

Pos: 020 **Max: 1**
Heading – Optional
Loop: 1000A **Elements: 1**

User Option (Usage): Situational

Element Summary:

Ref	Id	Element Name	Req	Type	Min/Max
NM109	67	**Identification Code** **LA Medicaid:** *Use the 7 digit submitter ID (i.e. 45XXXXX) assigned by Louisiana Medicaid*	C	AN	2/80

NM1 Receiver Name

Pos: 020 **Max: 1**
Heading - Optional
Loop: 1000B **Elements: 2**

User Option (Usage): Required

Element Summary:

Ref	Id	Element Name	Req	Type	Min/Max
NM103	1035	**Name Last or Organization Name** **LA Medicaid:** *Use the value LOUISIANA MEDICAID for this element*	O	AN	1/35
NM103	1035	**Identification Code** **LA Medicaid:** *Use the value LA-DHH-MEDICAID for this element*	C	AN	2/80

PRV Billing/Pay-To Provider Specialty Information

Pos: 003 **Max: 1**
Detail – Optional
Loop: 2000A **Elements: 3**

User Option (Usage): Situational

Element Summary:

Ref	Id	Element Name	Req	Type	Min/Max
PRV01	1221	**Provider Code** **LA Medicaid:** *Use the qualifier BI for this element*	M	ID	1/3
PRV02	128	**Reference Identification Qualifier** **LA Medicaid:** *Use the qualifier ZZ for this element*	M	ID	2/3
PRV03	127	**Reference Identification (Provider Taxonomy Code)** **LA Medicaid:** *Enter the Taxonomy Code associated with the NPI of the Billing Provider.* *This segment is required by Medicaid ONLY when Taxonomy is needed for unique identification of the Medicaid Provider ID.* *In certain situations, a provider may have a single NPI that is associated with multiple Louisiana Medicaid Provider numbers. To distinguish which Medicaid Provider number is being referenced, a "Tie-Breaker" such as Taxonomy Code must be submitted to assure the proper cross reference. You must use the same Taxonomy Code that was registered for the Billing Provider in the Louisiana Medicaid NPI Registration application for the associated Medicaid Provider Number.*	M	AN	1/30

NM1 Billing Provider Name

Pos: 015	Max: 1
Detail – Optional	
Loop: 2010AA	Elements: 2

User Option (Usage): Required

Element Summary:

Ref	Id	Element Name	Req	Type	Min/Max
NM108	66	**Identification Code Qualifier** **LA Medicaid:** *Use the qualifier XX for this element*	X	ID	1/2
NM109	67	**Identification Code (Billing Provider Identifier)** **LA Medicaid:** *Enter the NPI registered with Louisiana Medicaid that corresponds to the Louisiana Medicaid Provider being reported in this Loop.* *If the provider is an atypical provider and has not registered an NPI with Louisiana Medicaid, continue to send either the EIN or SSN in this Loop, and continue to report the Louisiana Medicaid Provider Number in the Secondary Identification, REF Loop.* *For providers reporting NPI in this Loop, use the REF segment for reporting EIN or SSN.*	X	AN	2/80

N4 Billing Provider City/State/Zip Code

Pos: 030	Max: 1
Detail – Optional	
Loop: 2010AA	Elements: 1

User Option (Usage): Required

Element Summary:

Ref	Id	Element Name	Req	Type	Min/Max
N403	116	**Postal Code (Billing Provider Postal Zone or ZIP Code)** **LA Medicaid:** *Enter the 9-digit Zip Code. If a Zip code has been registered with your NPI registration due to the need for unique identification of the Medicaid Provider ID, then the Zip code must match. See note below.* *In certain situations, a provider may have a single NPI that is associated with multiple Louisiana Medicaid Provider numbers. To distinguish which Medicaid Provider number is being referenced, a "Tie-Breaker" such as ZIP Code must be submitted to assure the proper cross reference. Use the same ZIP Code that was registered for the Billing Provider in the Louisiana Medicaid NPI Registration application for the associated Medicaid Provider Number.*	O	ID	3/15

REF Billing Provider Secondary Identification Number

Pos: 035 **Max: 20**
Detail - Optional
Loop: 2010AA **Elements: 2**

User Option (Usage): Situational

Element Summary:

Ref	Id	Element Name	Req	Type	Min/Max
REF01	128	**Reference Identification Qualifier** **LA Medicaid:** *Use the value 1D for this element if an atypical provider and you are reporting a Louisiana Medicaid Provider Number in this Loop.*	M	ID	2/3
REF02	127	**Reference Identification** **LA Medicaid:** *If the provider is considered an atypical provider and has not registered an NPI with Louisiana Medicaid, you may continue to use the REF segment to submit the Louisiana Medicaid provider number.* *If NPI is used in the NM109, EIN or SSN may be sent in this REF segment. REF segments may be repeated up to 8 times.*	C	AN	1/30

HL Subscriber Hierarchical Level

Pos: 001 **Max: 1**
Detail - Mandatory
Loop: 2000B **Elements: 1**

User Option (Usage): Required

Element Summary:

Ref	Id	Element Name	Req	Type	Min/Max
HL04	736	**Hierarchical Child Code** **LA Medicaid:** *Use the value 0 for this element.* *For Medicaid purposes, the subscriber will always equal the patient. Therefore, an additional subordinate HL segment will not be required. If a patient hierarchical level is included, the transaction will be rejected.*	O	ID	1/1

SBR Subscriber Information

Pos: 005 **Max: 1**
Detail - Optional
Loop: 2000B **Elements: 1**

User Option (Usage): Required

Element Summary:

Ref	Id	Element Name	Req	Type	Min/Max
SBR09	1032	**Claim Filing Indicator Code** **LA Medicaid:** *Use the value MC for this element*	O	ID	1/2

NM1 Subscriber Name

Pos: 015 **Max: 1**
Detail - Optional
Loop: 2010BA **Elements: 3**

User Option (Usage): Required

Element Summary:

Ref	Id	Element Name	Req	Type	Min/Max
NM102	1065	**Entity Type Qualifier** **LA Medicaid:** *Use the value 1 for this element*	M	ID	1/1
NM108	66	**Identification Code Qualifier** **LA Medicaid:** *Use the value MI for this element*	C	ID	1/2
NM109	67	**Identification Code** **LA Medicaid:** *Use the thirteen digit Medicaid Recipient ID number for this element*	C	AN	2/80

NM1 Payer Name

Pos: 015 **Max: 1**
Detail - Optional
Loop: 2010BB **Elements: 2**

User Option (Usage): Required

Element Summary:

Ref	Id	Element Name	Req	Type	Min/Max
NM108	66	**Identification Code Qualifier** **LA Medicaid:** *Use the value PI for this element*	C	ID	1/2
NM109	67	**Identification Code** **LA Medicaid:** *Use the value LA-DHH-MEDICAID for this element*	C	AN	2/80

CLM Claim Information

Pos: 130 **Max: 1**
Detail - Optional
Loop: 2300 **Elements: 3**

User Option (Usage): Required

Element Summary:

Ref	Id	Element Name	Req	Type	Min/Max
CLM01	1028	**Claim Submitter's Identifier** **LA Medicaid:** *Use a unique number up to 20 characters*	M	AN	1/38
CLM05	C023	**Health Care Service Location Information** **LA Medicaid:** *CLM05 applies to all service lines unless it is over written at the line level.*	O	Comp	
CLM05-1	1331	**Facility Code Value** **LA Medicaid:** *Use this element for codes identifying a place of service from code source 237. As a courtesy, the codes are listed below; however, the code list is thought to be complete at the time of publication of this implementation guide. Since this list is subject to change, only codes contained in the document available from code source 237 are to be supported in this transaction and take precedence over any and all codes listed here.* *11 Office* *12 Home* *21 Inpatient Hospital* *22 Outpatient Hospital* *31 Skilled Nursing Facility* *35 Adult Living Care Facility*	M	AN	1/2
CLM05-3	1325	**Claim Frequency Type Code** **LA Medicaid:** *Use the value 1 for an original claim, code 7 if the claim is an adjustment of a previous claim or code 8 if a void of a previous claim*	O	ID	1/1
CLM12	1366	**Special Program Code** **LA Medicaid:** *Use the value 01 if service supports the EPSDT program*	O	ID	2/3

REF Original Reference Number (ICN/DCN)

Pos: 180 **Max: 1**
Detail - Optional
Loop: 2300 **Elements: 2**

User Option (Usage): Situational

Element Summary:

Ref	Id	Element Name	Req	Type	Min/Max
REF01	128	**Reference Identification Qualifier** **LA Medicaid:** *Use the value F8 for this element*	M	ID	2/3
REF02	127	**Reference Identification** **LA Medicaid:** *Use the Unisys claim ICN for this element*	C	AN	1/30

REF Prior Authorization or Referral Number

Pos: 180 Max: 2
Detail - Optional
Loop: 2300 Elements: 2

User Option (Usage): Situational

Element Summary:

Ref	Id	Element Name	Req	Type	Min/Max
REF01	128	**Reference Identification Qualifier** **LA Medicaid:** *Use the value G1 for this element*	M	ID	2/3
REF02	127	**Reference Identification** **LA Medicaid:** *Use the value of the Prior Authorization number assigned for the service billed*	C	AN	1/30

NM1 Referring Provider Name

Pos: 250 Max: 2
Detail – Optional
Loop: 2310A Elements: 3

User Option (Usage): Situational

Element Summary:

Ref	Id	Element Name	Req	Type	Min/Max
NM101	98	**Entity Identifier Code** **LA Medicaid:** *Use the value DN for this element.*	M	ID	2/3
NM108	66	**Identification Code Qualifier** **LA Medicaid:** *Use the qualifier XX for this element when reporting an NPI.* ***The NPI is required as the CommunityCARE PCP referral authorization number. This information should be supplied on the referral from the PCP if needed.***	**X**	ID	1/2
NM109	67	**Identification Code (Referring Provider Identifier)** **LA Medicaid:** *Enter the NPI registered with Louisiana Medicaid that corresponds to the Louisiana Medicaid Provider being reported in this Loop.* *If an atypical provider who has not registered an NPI with Louisiana Medicaid, you may continue to send either the EIN or SSN in this Loop, and continue to report the Louisiana Medicaid Provider Number in the Secondary Identification, REF Loop.*	X	AN	2/80

PRV Referring Provider Specialty Information

Pos: 255 Max: 1
Detail – Optional
Loop: 2310A Elements: 3

User Option (Usage): Situational

Element Summary:

Ref	Id	Element Name	Req	Type	Min/Max
PRV01	1221	**Entity Identifier Code** **LA Medicaid:** *Use the qualifier RF when reporting the referring provider.*	M	ID	1/3
PRV02	128	**Reference Identification Qualifier** **LA Medicaid:** ***Use the qualifier ZZ when reporting the taxonomy code of the referring provider.***	**M**	ID	2/3
PRV03	127	**Reference Identification (Referring Provider Identifier)** **LA Medicaid:** ***Enter the taxonomy code provided by the referring provider. For the CommunityCARE Program, the taxonomy code is required if the referring provider registered a taxonomy code with his/her NPI. This information should be supplied on the referral from the PCP if needed.***	M	AN	1/30

REF Referring Provider Secondary Identification

Pos: 271 Max: 5
Detail – Optional
Loop: 2310A Elements: 2

User Option (Usage): Situational

LA Medicaid:

Element Summary:

Ref	Id	Element Name	Req	Type	Min/Max
REF01	128	**Reference Identification Qualifier** **LA Medicaid:** *Use the value 1D for this element when reporting a Louisiana Medicaid Provider Number in this Loop.* *Use one of the other listed qualifiers as appropriate if the physician is not an enrolled Louisiana Medicaid provider.*	M	ID	2/3
REF02	127	**Reference Identification** **LA Medicaid:** ***If the referring provider is an atypical provider who has not registered an NPI with Louisiana Medicaid, you may continue to send the 7-digit Medicaid provider number in this Loop.***	X	AN	1/30

NM1 Rendering Provider Name

Pos: 250 **Max: 1**
Detail – Optional
Loop: 2310B **Elements: 2**

User Option (Usage): Situational

Element Summary:

Ref	Id	Element Name	Req	Type	Min/Max
NM108	66	**Identification Code Qualifier** **LA Medicaid:** *Use the qualifier XX for this element.* *Report the Medicaid Provider ID in the REF segment.*	X	ID	1/2
NM109	67	**Identification Code (Rendering Provider Identifier)** **LA Medicaid:** *Enter the NPI registered with Louisiana Medicaid that corresponds to the Louisiana Medicaid Provider being reported in this Loop. If the provider is an atypical provider and has not registered an NPI with Louisiana Medicaid, you may continue to send either the EIN or SSN in this Loop, and continue to report the Louisiana Medicaid Provider Number in the Secondary Identification, REF Loop.*	X	AN	2/80

REF Rendering Provider Secondary Identification

Pos: 271 **Max: 5**
Detail – Optional
Loop: 2310B **Elements: 2**

User Option (Usage): Situational

LA Medicaid:

Used to report the rendering or attending provider Medicaid ID Number.

Element Summary:

Ref	Id	Element Name	Req	Type	Min/Max
REF01	128	**Reference Identification Qualifier** **LA Medicaid:** *Use the value 1D for this element if an atypical provider, and you are reporting a Louisiana Medicaid Provider Number in this Loop.*	M	ID	2/3
REF02	127	**Reference Identification** **LA Medicaid:** *If the provider is considered an atypical provider and has not registered an NPI with Louisiana Medicaid, you may continue to use the REF segment to submit the Louisiana Medicaid provider number.*	C	AN	1/30

SV3 Dental Service

Pos: 380 **Max: 1**
Detail - Optional
Loop: 2400 **Elements: 1**

User Option (Usage): Required

Element Summary:

Ref	Id	Element Name	Req	Type	Min/Max
SV304	C006	**Oral Cavity Designation** **LA Medicaid:** *Required to report areas of the mouth that are being treated.*	O	Comp	
	1361	**Oral Cavity Designation Code** **LA Medicaid:** *Enter the appropriate oral cavity code when required. Refer to the LA Medicaid Dental Services Manual for the oral cavity code list and for which services they are required*	M	ID	1/3

GE Functional Group Trailer

Pos:	Max: 1
Not Defined - Mandatory	
Loop: N/A	Elements: 2

User Option (Usage): Required

Element Summary:

Ref	Id	Element Name	Req	Type	Min/Max
GE01	97	**Number of Transaction Sets Included** **LA Medicaid:** *Number of transactions sets included*	M	N0	1/6
GE02	28	**Group Control Number** **LA Medicaid:** *Must be identical to the value in GS06*	M	N0	1/9

IEA Interchange Control Trailer

Pos:	Max: 1
Not Defined - Mandatory	
Loop: N/A	Elements: 2

User Option (Usage): Required

Element Summary:

Ref	Id	Element Name	Req	Type	Min/Max
IEA01	I16	**Number of Included Functional Groups** **LA Medicaid:** *Number of included functional groups*	M	N0	1/5
IEA02	I12	**Interchange Control Number** **LA Medicaid:** *Must be identical to the value in ISA13*	M	N0	9/9