

837 Health Care Claim: Dental

HIPAA/V5010X224A2/837: Health Care Claim Dental, Louisiana Medicaid

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The purpose of this guide is to clarify the usage of the X12 V5010X224A2 837 Dental HIPAA Implementation Guide for electronic submitters participating in the LA Medicaid program.

This guide is applicable to the following LA Medicaid claim types (file extensions):

**DNA – Adult Dental
DNE – EPSDT Dental**

This guide does not replace the published HIPAA Implementation Guide, nor does it change the meaning of the published guide. Submitters must use this format mandated by HIPAA as of January 01, 2012.

If unfamiliar with how to read an implementation guide, refer to the final release of X12 V5010X224A2 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 billing manuals and training packets that are distributed by Molina.

Note: All data must be formatted in upper case.

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 the value ZZ for this element.	M	ID	2/2
ISA06	I06	Interchange Sender ID LA Medicaid: Use the 7 digit Molina assigned submitter ID (i.e. 450XXXX) followed by spaces	M	AN	15/15
ISA07	I05	Interchange ID Qualifier LA Medicaid: Use the value ZZ for this element.	M	ID	2/2
ISA08	I07	Interchange Receiver ID LA Medicaid: Use the value 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 time format is HHMM	M	TM	4/4
ISA11	I10	Repetition Separator LA Medicaid: Use the value ^ for this element -ASCII x5E	M		1/1
ISA12	I11	Interchange Control Version Number LA Medicaid: Use the value 00501 for this element	M	ID	5/5
ISA13	I12	Interchange Control Number LA Medicaid: Must be a positive unsigned number and identical to the interchange trailer IEA02. Must be unique for every transmission submitted.	M	N0	9/9
ISA14	I13	Acknowledgment Requested LA Medicaid: Use the value 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:

<u>Ref</u>	<u>Id</u>	<u>Element Name</u>	<u>Req</u>	<u>Type</u>	<u>Min/Max</u>
GS01	479	Functional Identifier Code	M	ID	2/2
		LA Medicaid: Use the value HC for this element.			
GS02	142	Application Sender's Code	M	AN	2/15
		LA Medicaid: Must be identical to the value in ISA06			
GS03	124	Application Receiver's Code	M	AN	2/15
		LA Medicaid: Use LA-DHH-MEDICAID for this element			
GS04	373	Date	M	DT	8/8
		LA Medicaid: The date format is CCYYMMDD			
GS05	337	Time	M	TM	4/8
		LA Medicaid: The time format is HHMM			
GS06	28	Group Control Number	M	N0	1/9
		LA Medicaid: Assigned and maintained by the sender.			
GS07	455	Responsible Agency Code	M	ID	1/2
		LA Medicaid: Use the value X for this element			
GS08	480	Version / Release / Industry Identifier Code	M	AN	1/12
		LA Medicaid: Use the value 005010X224A2 for this element			

ST Transaction Set Header

Pos: 0050 Max: 1
Heading - Mandatory
Loop: N/A Elements: 3

User Option (Usage): Required

Element Summary:

<u>Ref</u>	<u>Id</u>	<u>Element Name</u>	<u>Req</u>	<u>Type</u>	<u>Min/Max</u>
ST03	1705	Implementation Convention Reference	O	AN	1/35
		LA Medicaid: Use the value 005010X224A2 for this element			

NM1 Submitter Name

Pos: 0200 Max: 1
Heading - Optional
Loop: 1000A Elements: 9

User Option (Usage): Required

Element Summary:

Ref	Id	Element Name	Req	Type	Min/Max
NM109	67	Identification Code LA Medicaid: Use the 7 digit submitter ID (i.e. 450XXXX) assigned by Louisiana Medicaid	X	AN	2/80

NM1 Receiver Name

Pos: 0200 Max: 1
Heading - Optional
Loop: 1000B Elements: 5

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	X	AN	1/60
NM109	67	Identification Code LA Medicaid: Use the value LA-DHH-MEDICAID for this element	X	AN	2/80

PRV Billing Provider Specialty Information

Pos: 0030 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	M	ID	1/3
PRV02	128	Reference Identification Qualifier	X	ID	2/3
PRV03	127	Reference Identification	X	AN	1/50

LA Medicaid: Use the qualifier **BI** for this element

LA Medicaid: Use the qualifier **PXC** for this element.
Note: Qualifier changed from ZZ in 4010 transaction.

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.

NM1 Billing Provider Name

Pos: 0150 Max: 1
Detail - Optional
Loop: 2010AA Elements: 8

User Option (Usage): Required
Element Summary:

Ref	Id	Element Name	Req	Type	Min/Max
NM108	66	Identification Code Qualifier	X	ID	1/2
NM109	67	Identification Code	X	AN	2/80

LA Medicaid: Use the qualifier **XX** for this element when reporting an NPI.

LA Medicaid: This loop is for NPI only. 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 registered an NPI with Louisiana Medicaid, you should report the NPI in this Loop.

If an atypical provider has not registered an NPI with Louisiana Medicaid, you should not use this Loop, you should report the legacy Louisiana Medicaid Provider number in 2010BB REF02 with qualifier G2.

N4**Billing Provider City, State,
ZIP Code**

Pos: 0300	Max: 1
Detail - Optional	
Loop: 2010AA	Elements: 5

User Option (Usage): Required

Element Summary:

<u>Ref</u>	<u>Id</u>	<u>Element Name</u>	<u>Req</u>	<u>Type</u>	<u>Min/Max</u>
N403	116	Postal Code	O	ID	3/15

LA Medicaid: Enter the **9-digit Zip Code**. If a Zip code was registered with the NPI registration due to the need for unique identification of the Medicaid Provider ID, then the Zip code must match.

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.

HL**Subscriber Hierarchical
Level**

Pos: 0010	Max: 1
Detail - Mandatory	
Loop: 2000B	Elements: 4

User Option (Usage): Required

Element Summary:

<u>Ref</u>	<u>Id</u>	<u>Element Name</u>	<u>Req</u>	<u>Type</u>	<u>Min/Max</u>
HL04	736	Hierarchical Child Code	O	ID	1/1

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.

SBR**Subscriber Information**

Pos: 0050	Max: 1
Detail - Optional	
Loop: 2000B	Elements: 6

User Option (Usage): Required

Element Summary:

<u>Ref</u>	<u>Id</u>	<u>Element Name</u>	<u>Req</u>	<u>Type</u>	<u>Min/Max</u>
SBR09	1032	Claim Filing Indicator Code	O	ID	1/2

LA Medicaid: Use the value MC for this element

NM1 Subscriber Name

Pos: 0150	Max: 1
Detail - Optional	
Loop: 2010BA Elements: 8	

User Option (Usage): Required

Element Summary:

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

HCP Claim Pricing/Repricing Information

Pos: 2410	Max: 1
Detail - Optional	
Loop: 2300 Elements: 2	

User Option (Usage): Required

Element Summary:

<u>Ref</u>	<u>Id</u>	<u>Element Name</u>	<u>Req</u>	<u>Type</u>	<u>Min/Max</u>
HCP01	1473	Pricing Methodology	M	ID	2/2
		LA Medicaid: Use the value 01 for this element.			
HCP02	782	Monetary Amount	X	AN	2/80
		LA Medicaid: HCP02 is the allowed amount.			

NM1 Payer Name

Pos: 0150 Max: 1
Detail - Optional
Loop: 2010BB Elements: 5

User Option (Usage): Required

Element Summary:

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

REF Billing Provider Secondary Identifier

Pos: 0150 Max: 1
Detail - Optional
Loop: 2010BB Elements: 5

User Option (Usage): Optional

Element Summary:

<u>Ref</u>	<u>Id</u>	<u>Element Name</u>	<u>Req</u>	<u>Type</u>	<u>Min/Max</u>
REF01	128	Reference Identification Qualifier	M	ID	2/3
		LA Medicaid: Use the value G2 for this element			
REF02	127	Reference Identification	X	AN	1/50
		LA Medicaid: This Loop is only for legacy Louisiana Medicaid Provider numbers (7 numeric positions) and is only used for atypical providers that do not have an NPI registered with Louisiana Medicaid. If an atypical provider has a registered NPI, they should use Loop 2010AA NM109 to submit their NPI.			

CLM Claim Information

Pos: 1300	Max: 1
Detail – Optional	
Loop: 2300	Elements: 11

User Option (Usage): Required

LA Medicaid: Limit of 5,000 CLM segments per transmission file.

Element Summary:

<u>Ref</u>	<u>Id</u>	<u>Element Name</u>	<u>Req</u>	<u>Type</u>	<u>Min/Max</u>
CLM01	1028	Claim Submitter's Identifier	M	AN	1/20
		LA Medicaid: Use a unique number up to 20 characters.			
CLM02	782	Monetary Amount			
		LA Medicaid: Monetary Amount must be less than one million dollars.			
CLM05	C023	Health Care Service Location Information	O	C	
		LA Medicaid: CLM05 applies to all service lines unless it is over written at the line level.			
CLM05-01	1331	Facility Code Value	M	AN	½
		LA Medicaid: Use this element for codes identifying a place of service from code source 237, US DHHS CMS.			
CLM05-02	1332	LA Medicaid: Use the value B for place of service for Dental	O	ID	½
		services from code source 237, US DHHS CMS.			
CLM05-03	1325		O	ID	1/1
		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.			
CLM12	1366	Special Program Code	O	ID	2/3
		LA Medicaid: Use the value 01 if service supports the EPSDT program			

REF Prior Authorization

Pos: 1800	Max: 1
Detail - Optional	
Loop: 2300	Elements: 2

User Option (Usage): Situational

Element Summary:

<u>Ref</u>	<u>Id</u>	<u>Element Name</u>	<u>Req</u>	<u>Type</u>	<u>Min/Max</u>
REF01	128	Reference Identification Qualifier	M	ID	2/3
		LA Medicaid: Use the value G1 for this element.			
REF02	127	Reference Identification	X	AN	1/50
		LA Medicaid: Use the Gainwell assigned Prior Authorization Number for this element.			

REF Payer Claim Control Number

Pos: 1800	Max: 1
Detail - Optional	
Loop: 2300	Elements: 2

User Option (Usage): Situational

Element Summary:

<u>Ref</u>	<u>Id</u>	<u>Element Name</u>	<u>Req</u>	<u>Type</u>	<u>Min/Max</u>
REF01	128	Reference Identification Qualifier	M	ID	2/3
		LA Medicaid: Use the value F8 for this element.			
REF02	127	Reference Identification	X	AN	1/50
		LA Medicaid: Use the Gainwell assigned claim number (ICN) for			

NM1 Referring Provider Name

Pos: 2500	Max: 1
Detail - Optional	
Loop: 2310A	Elements: 8

User Option (Usage): Situational

Element Summary:

<u>Ref</u>	<u>Id</u>	<u>Element Name</u>	<u>Re</u>	<u>Type</u>	<u>Min/Max</u>
NM101	98	Entity Identifier Code	Q	ID	2/3
		LA Medicaid: Use the value DN for this element.			
NM108	66	Identification Code Qualifier	X	ID	1/2
		LA Medicaid: Use the qualifier XX for this element when reporting an NPI.			
NM109	67	Identification Code	X	AN	2/80
		LA Medicaid: Enter the NPI registered with Louisiana Medicaid that corresponds to the Louisiana Medicaid provider being reported in the loop.			

PRV

Referring Provider Specialty Information

Pos: 2550	Max: 1
Details - Optional	
Loop: 2310A	Elements: 3

User Option (Usage): Situational

Element Summary:

<u>Ref</u>	<u>Id</u>	<u>Element Name</u>	<u>Req</u>	<u>Type</u>	<u>Min/Max</u>
PRV01	1221	Entity Identifier Code	M	ID	1/3
		LA Medicaid: Use the qualifier RF when reporting the referring provider.			
PRV02	128	Reference Identification Qualifier	M	ID	2/3
		LA Medicaid: Use the qualifier PXC when reporting the taxonomy code of the referring provider. Note: Qualifier changed from ZZ in 4010 transaction.			
PRV03	127	Reference Identification (Referring Provider Identifier)	M	AN	1/30
		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.			

REF

Referring Provider Secondary Identification

Pos: 2710	Max: 3
Detail - Optional	
Loop: 2310A	Elements: 2

User Option (Usage): Situational

Element Summary:

<u>Ref</u>	<u>Id</u>	<u>Element Name</u>	<u>Req</u>	<u>Type</u>	<u>Min/Max</u>
REF01	128	Reference Identification Qualifier	M	ID	2/3
		LA Medicaid: Use the value G2 for this element when reporting a Louisiana Medicaid Provider Number in this Loop.			
REF02	127	Reference Identification	X	AN	1/50
		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 the element.			

NM1 Rendering Provider Name

Pos: 2500	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	X	ID	1/2
		LA Medicaid: Use the qualifier XX in this element when reporting an NPI.			
NM109	67	Identification Code	X	AN	2/80
		LA Medicaid: Enter the NPI registered with Louisiana Medicaid that corresponds to the Louisiana Medicaid provider being reported in the loop.			
		If an atypical provider who has not registered an NPI with Louisiana Medicaid, you may continue to report the Louisiana legacy Medicaid Provider Number in the secondary ID in the 2310B REF02 segment.			

REF Rendering Provider Secondary Identification

Pos: 2710	Max: 4
Detail - Optional	
Loop: 2310B	Elements: 2

User Option (Usage): Situational

Element Summary:

Ref	Id	Element Name	Req	Type	Min/Max
REF01	128	Reference Identification Qualifier	M	ID	2/3
		LA Medicaid: Use the value G2 for this element if an atypical provider and you are reporting a legacy Louisiana Medicaid Provider Number in this Rendering Loop.			
REF02	127	Reference Identification	X	AN	1/50
		LA Medicaid: If the provider is considered an atypical provider and has not registered an NPI with Louisiana Medicaid, continue to use this element to submit the Louisiana Medicaid Provider Number.			

SV3 Dental Service

Pos: 3700	Max: 1
Detail - Optional	
Loop: 2400	Elements: 10

User Option (Usage): Situational

Element Summary:

<u>Ref</u>	<u>Id</u>	<u>Element Name</u>	<u>Req</u>	<u>Type</u>	<u>Min/Max</u>
SV304	C006	Oral Cavity designation	O	Comp	
		LA Medicaid: Required to report areas of the mouth that are being treated.			
	1361	Oral Cavity designation Code	M	ID	1/3
		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.			

HCP Line Pricing/Repricing Information

Pos: 2410	Max: 1
Detail - Optional	
Loop: 2400	Elements: 2

User Option (Usage): Required

Element Summary:

<u>Ref</u>	<u>Id</u>	<u>Element Name</u>	<u>Req</u>	<u>Type</u>	<u>Min/Max</u>
HCP01	1473	Pricing Methodology	M	ID	2/2
		LA Medicaid: Use the value 01 for this element.			
HCP02	782	Monetary Amount			
		LA Medicaid: HCP02 is the allowed amount.			

GE Functional Group Trailer

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

User Option (Usage): Required

Element Summary:

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

IEA Interchange Control Trailer

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

User Option (Usage): Required

Element Summary:

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