Nevada MMIS 837D Transaction Companion Guide

Dental Health Care Claims and Managed Care Organization Encounter Claims
HIPAA Version 5010

Nevada Medicaid Management Services

Department of Health and Human Services (DHHS)

Division of Health Care Financing and Policy (DHCFP)

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1. Introduction

The Health Insurance Portability and Accountability Act (HIPAA) requires that Medicaid and all other health insurance payers in the United States comply with the Electronic Data Interchange (EDI) standards for health care as established by the Secretary of Health and Human Services.

The X12N Health Care Implementation Guides have been established as the standards of compliance and are online at:

http://store.x12.org/store/healthcare-5010-consolidated-guides.

Additional information is on the Department of Health and Human Services website at http://aspe.hhs.gov/admnsimp.

1.1. Purpose

The intended purpose of this document is to provide information such as registration, testing, support and specific transaction requirements to electronic data interchange (EDI) trading partners that exchange X12 information with the Nevada Medicaid Agency.

An EDI trading partner is defined by Nevada Medicaid as anybody such as a provider, software vendor and clearinghouse that exchanges transactions adopted under the Healthcare Portability and Accountability Act of 1996 (HIPAA).

HPES has prepared this companion guide and website, http://www.medicaid.nv.gov, to support Nevada Medicaid and Nevada Check Up billing. (Hereafter, Nevada Medicaid and Nevada Check Up are referred to as Medicaid unless otherwise specified.)

This companion guide provides specific requirements for submitting professional claims (837D, ADA 2006) electronically to Magellan Medicaid Administration (MMA).

1.2. Intended use

The following information is intended to serve only as a companion guide to the HIPAA ANSI Accredited Standards Committee (ASC) X12N Technical Report Type 3 (TR3) document. The use of this guide is solely for the purpose of clarification. The information describes specific requirements to be used for processing data. This companion guide supplements, but does not contradict any requirements in the ASC X12 TR3 document. Additional companion guides/trading partner agreements will be developed for use with other HIPAA standards, as they become available.

2. Working together

Nevada Medicaid in an effort to assist the community with their electronic data exchange needs have the following options available for either contacting a help desk or referencing a website for further assistance.

Nevada Medicaid Website: http://www.medicaid.nv.gov

EDI Helpdesk

Monday – Friday
8:00 a.m. – 5:00 p.m. PT

Technical questions (claim submission or testing): 1-800-924-6741

Fax: 1-804-290-4805
Email: dighelpdesk@magellanhealth.com

Enrollment or setup questions: 1-877 638-3472

Fax: 1-775-784-7932
Email: nvedi@magellanhealth.com

2.1. Trading partner registration

An EDI trading partner is any entity (provider, billing service, clearinghouse, software vendor, etc.) that transmits electronic data to and receives electronic data from another entity. Nevada Medicaid requires all trading partners to complete EDI registration regardless of the trading partner type as defined below. Contact the EDI Helpdesk to register.

- **Trading partner** is an entity engaged in the exchange or transmission of electronic transactions.
- **Vendor** is an entity that provides hardware, software and/or ongoing technical support for covered entities. In EDI, a vendor can be classified as a software vendor, billing or network service vendor or clearinghouse.
- **Software vendor** is an entity that creates software used by billing services, clearinghouses and providers/suppliers to conduct the exchange of electronic transactions.
- **Billing service** is a third party that prepares and/or submits claims for a provider.
- **Clearinghouse** is a third party that submits and/or exchanges electronic transactions on behalf of a provider.

Vendors must fill out a data switch agreement. The Trading Partner Data Switch agreement form is located at:

http://www.medicaid.nv.gov

2.2. Trading partner testing and certification

Nevada Medicaid requires that all newly registered trading partners complete basic transaction submission testing. Successful transaction submission and receipt of both valid responses and error responses is an indication that all systems involved can properly submit and receive transactions.

2.2.1. Trading partner ID

Once registration is completed the following IDs will be created:

- Test trading partner ID
- Production trading partner ID

These IDs are exclusive to the environment submitted and will not be accepted if submitted incorrectly.

2.2.2. Web user ID

Each entity will be assigned a personal identification number (PIN) that allows access to a secure website. The secure website allows for the uploading and downloading of electronic transactions. Separate PINs will be produced for testing and production.

2.2.3. Usage indicator

ISA15 of the HIPAA X12 transaction allows for the submission of either a T, to indicate testing or a P, to indicate production. The following process is defined for these usage indicators:

T – May be submitted into the test and production environments. However, only a compliance check will be performed. The electronic files submitted with a T will not be translated for further processing.

P – May be submitted into the test and production environments. A compliance check will be performed and the files will be translated for further processing (edit, audit, adjudication and response).

2.2.4. Response files

- Functional acknowledgement (999)
  The 999 will be returned for all files that have been successfully uploaded. This response is intended to convey HIPAA compliance errors.
- Acknowledgement (TA1)
  The TA1 will be returned for all files that fail the Interchange Envelope content. This response is intended to report the status of processing on a failed interchange header and trailer.

2.2.5. Secure Web upload - tracking number

A tracking number will be assigned and returned online for each successful upload of an electronic file. This tracking number should be maintained if any questions should arise concerning the processing of the file. The following message will be returned:

> "File was uploaded successfully. File tracking number is 0123456.
> Please make note of this number for future reference."

2.2.6. Error messages

If an electronic file fails to upload, an error message will be returned online.

The following messages will be returned:

- Error occurred. Error uploading file:
- Error occurred. Error gathering information for upload:
- The session has been timed out. Please try login again.

2.2.7. Secure website download – file retention

All electronic files that have been made available for download will remain available online for download as follows:

7 Days	999, TA1, 271, 277
30 Days	277U
90 Days	835

After the allotted time frame has passed the files will be removed from the list and will no longer be available for download. This applies to testing and production.

2.2.8. Testing transactions

The following transaction types are available for testing:

- 270 Eligibility Request / 271 Eligibility Response
- 276 Claim Status Request / 277 Claim Status Response
- 837D Dental Claim
- 837P Professional (CMS-1500) Claim
- 837I Institutional (UB-04) Claim
- 835 Electronic Remittance Advice
- 277U Unsolicited Claim Status

Testing data such as provider IDs and recipient IDs will not be provided. Users should submit recipient information and provider information as done so for production as the test environment is continually updated with production information.

There is not a limit to the number of files that may be submitted. Users will be allowed to move to production once a successfully compliant transaction is received and the appropriate responses returned.

2.2.8.1. 835 testing

If an 835 response is desired for claims submitted the trading partner submitting the test files needs to contact the EDI Helpdesk and provide a list of the provider IDs to be tested as a link between the trading partner ID and provider IDs must be established for the return of this transaction.

2.3. Payer specific documentation

For additional information in regards to business processes related to eligibility, prior authorization and claims processing please review the Provider Manual located on the Nevada Medicaid Website.

http://www.medicaid.nv.gov

For further information on specific payer prior authorization information please see the Nevada Medicaid website.

http://www.medicaid.nv.gov

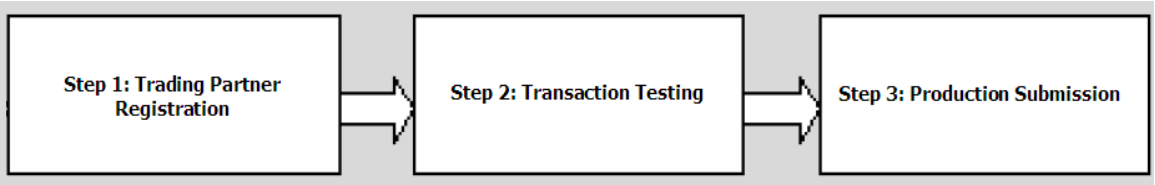
2.4. Testing contact information

All correspondence for assistance with testing should be submitted to the following email address:

nvedi@magellanhealth.com.

3. Connectivity/communications

3.1. Process flows



3.2. Transmission procedures

Availability

24 hours/7 days a week

Downtime notification

HPES will notify the trading partners in the case of any planned downtime or unexpected downtime using email distribution.

Re-Transmission procedures

Trading partners may call HPES for assistance in researching problems with submitted transactions. HPES will not edit trading partner data and/or resubmit transactions for processing on behalf of a trading partner. The trading partner must correct any errors found and resubmit.

3.3. Communication and security protocols

Vendors may find information regarding communication protocols in the Service Center User Manual.

https://www.medicaid.nv.gov/downloads/provider/MMIS_Service_center_user_manual.pdf

4. Contact information

4.1. EDI customer service/technical assistance

EDI Helpdesk

Monday – Friday
8:00 a.m. – 5:00 p.m. PT

Technical questions (claim submission or testing): 1-800-924-6741

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Fax: 1-775-784-7932
Email: nvedi@magellanhealth.com

4.2. Provider services

Provider Relations Department

The Provider Relations Department is composed of field representatives who are committed to assisting Nevada Medicaid providers in the submission of claims and the resolution of claims processing concerns.

Provider Relations Call Center

The Provider Relations Call Center communication specialists are available to respond to written and telephone inquiries from providers on billing questions and procedures, claim status, form orders, adjustments, use of the Automated Response System (ARS), electronic claims submission via electronic data interchange (EDI) and remittance advice (RAs).

Both departments can be reached by calling: 1-877-638-3472

5. Control segments/envelopes

NOTE: The page numbers listed below in each of the tables represent the corresponding page number in the X12N 837D HIPAA Implementation Guide.

X12N EDI Control Segments
ISA – Interchange Control Header Segment
IEA – Interchange Control Trailer Segment
GS – Functional Group Header Segment
GE – Functional Group Trailer Segment
ST – Transaction Set Header
SE – Transaction Set Trailer
TA1 – Interchange Acknowledgement

5.1. ISA–Control header

Communications transport protocol interchange control header segment. This segment within the X12N implementation guide identifies the start of an interchange of zero or more functional groups and interchange-related control segments. This segment may be thought of traditionally as the file header record.

Segment	Name	Page in IG	Comments
ISA	Interchange Control Header		
ISA01	Authorization Information Qualifier	C.4	00 = No Authorization Information Present
ISA02	Authorization Information	C.4	Value is 10 spaces as field is fixed length
ISA03	Security Information Qualifier	C.4	00 = No Security Information Present
ISA04	Security Information	C.4	Value is 10 spaces as field is fixed length
ISA05	Interchange ID Qualifier	C.4	ZZ = Mutually Defined
ISA06	Interchange Sender ID	C.4	Use the 4-digit Service Center Code assigned by Magellan Medicaid Administration.
ISA07	Interchange ID Qualifier	C.5	ZZ = Mutually Defined

Segment	Name	Page in IG	Comments
ISA08	Interchange Receiver ID	C.5	NVM FHSC FA
ISA09	Interchange Date	C.5	Format is YYMMDD
ISA10	Interchange Time	C.5	Format is HHMM
ISA11	Repetition Separator	C.5	^
ISA12	Interchange Control Version Number	C.5	00501
ISA13	Interchange Control Number	C.5	Must be identical to Interchange Trailer IEA02
ISA14	Acknowledgement Requested	C.6	0 = No Acknowledgement Requested 1 = Acknowledgement Requested NOTE: A TA1 will be generated regardless of the value used.
ISA15	Interchange Usage Indicator	C.6	P = Production Data T = Test Data
ISA16	Component Element Separator	C.6	:

5.2. IEA–Control trailer

Communications transport protocol interchange control trailer segment. This segment within the X12N implementation guide defines the end of an interchange of zero or more functional groups and interchange-related control segments. This segment may be thought of traditionally as the file trailer record.

Segment	Name	Page in IG	Notes/Comments
IEA	Interchange Control Trailer		
IEA01	Number of Included Functional Groups	C.10	1
IEA02	Interchange Control Number	C.10	Must be identical to ISA13

5.3. GS–Functional group header

Communications transport protocol functional group header segment. This segment within the X12N implementation guide indicates the beginning of a functional group and provides control information concerning the batch of transactions. This segment may be thought of traditionally as the batch header record.

Segment	Name	Page in IG	Comments
GS	Functional Group Header		
GS01	Functional Identifier code	C.7	HC
GS02	Application Sender's Code	C.7	Use the 4-digit Service Center Code assigned by Magellan Medicaid Administration.
GS03	Application Receiver's Code	C.7	NVM FHSC FA
GS04	Date	C.7	Format is CCYYMMDD
GS05	Time	C.8	Format is HHMM
GS06	Group Control Number	C.8	Must be identical to GE02
GS07	Responsible Agency Code	C.8	X = Accredited Standards Committee X12
GS08	Version/Release/Industry Identifier Code	C.8	005010X224A2

5.4. GE–Functional group trailer

Communications transport protocol functional group trailer segment. This segment within the X12N implementation guide indicates the end of a functional group and provides control information concerning the batch of transactions. This segment may be thought of traditionally as the batch trailer record.

Segment	Name	Page in IG	Notes/Comments
GE	Functional Group Trailer		
GE01	Number of Transaction Sets Included	C.9	1
GE02	Group Control Number	C.9	Use the 4-digit Service Center Code assigned by Magellan Medicaid Administration.

5.5. ST–Transaction set header

Communications transport protocol transaction set header segment. This segment within the X12N implementation guide indicates the start of the transaction set and assigns a control number to the transaction. This segment may be thought of traditionally as the claim header record.

Segment	Name	Page in IG	Notes/Comments
ST	Transaction Set Header		
ST01	Transaction Set Identifier Code	65	837
ST02	Transaction Set Control Number	65	Increment by 1 when multiple transaction sets are included; must be identical to SE02.
ST03	Implementation Guide Version Name	65	005010X224A2

5.6. SE–Transaction set trailer

Communications transport protocol transaction set trailer. This segment within the X12N implementation guide indicates the end of the transaction set and provides the count of transmitted segments (including the beginning (ST) and ending (SE) segments). This segment may be thought of traditionally as the claim trailer record.

Segment	Name	Page in IG	Notes/Comments
SE	Transaction Set Trailer		
SE01	Transaction Segment Count	353	Number of segments included within the ST/SE segments
SE02	Transaction Set Control Number	353	Must be identical to ST02

6. Instruction tables

This table contains rows for each segment for which supplemental instruction is needed.

6.1. 005010X224A2 Dental health care claims and MCO encounter claims (837D)

Loop	Segment	Name	Page in IG	Comments
1000A	NM1	Submitter Name		
	NM109	Submitter Identifier	70	Enter the 4-digit Service Center Code assigned by Magellan Medicaid Administration For MCO encounter claims, enter the MCO's Southern or Northern Medicaid Submitter ID.
1000A	PER	Submitter EDI Contact Information		The contact information in this segment identifies the person in the submitter organization who deals with data transmission issues. If data transmission problems arise, this is the person to contact in the submitter organization.
	PER01	Contact Function Code	72	IC – Information Contact
	PER02	Name	72	Submitter Name
	PER03	Communication Number Qualifier	72	EM – Electronic Mail FX – Facsimile TE - Telephone
	PER04	Communication Number	72	Email Address, Fax Number or Telephone Number (including the area code)

Loop	Segment	Name	Page in IG	Comments
1000A	NM1	Submitter Name		
	NM109	Submitter Identifier	70	Enter the 4-digit Service Center Code assigned by Magellan Medicaid Administration For MCO encounter claims, enter the MCO's Southern or Northern Medicaid Submitter ID
1000B	NM1	Receiver Name		
	NM109	Receiver Primary Identifier	75	DHCFP
2000A	PRV	Billing Provider Specialty Information		
	PRV03	Provider Taxonomy Code	78	A taxonomy code is required when using a National Provider Identifier (NPI). Atypical Provider Identifiers do not require a corresponding taxonomy code.
2010AA	N4	Billing Provider City, State, ZIP Code		
	N403	Billing Provider Postal Zone or ZIP Code	88	The billing provider's 9-digit ZIP code (along with the other address information in the 2010AA N3 segment) is required. The ZIP code may be used to determine claim pricing.
2010BA	NM1	Subscriber Name		
	NM108	Identification Code Qualifier	115	MI = Member ID Number
	NM109	Subscriber Primary Identifier	116	Use the recipient's 11-digit Recipient ID.

Loop	Segment	Name	Page in IG	Comments
2300	CLM	Claim Information		
	CLM01	Patient Control Number	146	For MCO encounter claims, enter the MCO's claim number.
	CLM05-3	Claim Frequency Code	147	1 = Original Claim 7 = Adjustment 8 = Void
2300	REF	Payer Claim Control Number		
	REF01	Reference ID Qualifier	168	F8 = Original Reference Number Adjust or void a claim (as indicated by CLM05-3)
	REF02	Payer Claim Control Number	168	Enter the last paid Internal Control Number (ICN) assigned to the claim (16 digits). For MCO encounter claims, enter the original claim number.
2300	NTE	Claim Note		
	NTE02	Claim Note Text	179	Provide free-text remarks, if needed; Magellan Medicaid Administration uses the first occurrence of this segment; if there are no Line Notes (Loop 2400), then two occurrences of Claim Notes will be used.

Loop	Segment	Name	Page in IG	Comments
2310A	REF	Referring Provider Secondary Identifier		
	REF01	Reference Identification Qualifier	194	0B = State License Number 1G = Provider UPIN G2 = Provider Commercial Number
	REF02	Referring Provider Secondary Identifier	195	If qualifier G2 was used in data element REF01, enter the billing provider's Atypical Provider Identifier.
2310B	PRV	Rendering Provider Specialty Information		
	PRV03	Provider Taxonomy Code	199	A taxonomy code is required when using a National Provider Identifier (NPI); Atypical Provider Identifiers do not require a corresponding taxonomy code.
2310B	REF	Rendering Provider Secondary Information		
	REF01	Reference Identification Qualifier	200	0B = State License Number 1G = Provider UPIN G2 = Provider Commercial Number LU = Location Number
	REF02	Rendering Provider Secondary Identifier	201	If qualifier G2 was used in data element REF01, enter the billing provider's Atypical Provider Identifier.
2310C	N4	Service Facility Location City, State, ZIP Code		
	N403	Postal Code		When reporting the ZIP code for U.S. submit the ZIP + 4.

Loop	Segment	Name	Page in IG	Comments
2320	SBR	Other Subscriber Information (all data elements in this loop)	221	If the recipient has other coverage, repeat this loop for each other payer; omit Nevada Medicaid coverage information. For MCO encounter claims, if CAS reason codes are submitted, then use one iteration of this loop to represent the MCO.
2320	CAS	Claim Level Adjustments	225	Adjustment amounts may be reported at both the claim line and at the service line, but they cannot duplicate each other. For MCO encounter claims, use Claim Adjustment Reason Code (code source 139) to specify the denial or cutback reason.
2320	AMT	COB Payer Paid Amount		
	AMT02	Payer Paid Amount	231	Use this segment, for the appropriate payer, to report all prior payments you have received for this claim. Omit Nevada Medicaid payment information.
2320	AMT	Remaining Patient Liability		
	AMT02	Remaining Patient Liability	232	Enter the amount that is owed from the recipient (patient responsibility amount).

Loop	Segment	Name	Page in IG	Comments
2330B	NM1	Other Payer Name		
	NM109	Other Payer Primary Identifier	247	For MCO encounter claims, enter the 4-digit Service Center Code that Magellan Medicaid Administration assigned to the electronic submitter (clearinghouse, trading partner or direct submitter).
2400	SV3	Dental Service		
	SV304-1	Oral Cavity Designation Code	285	Magellan Medicaid Administration processes the following values: 00 = Entire Oral Cavity 01 = Maxillary Area 02 = Mandibular Area 09 = Other Area of Oral Cavity 10 = Upper Right Quadrant 20 = Upper Left Quadrant 30 = Lower Left Quadrant 40 = Lower Right Quadrant L = Left R = Right

Loop	Segment	Name	Page in IG	Comments
2400	TOO	Tooth Information (All data elements in segment TOO)	288	Use this segment to report tooth number and/or surface related to this procedure line. Magellan Medicaid Administration processes one occurrence of the TOO segment. Use the following codes to identify the area of the tooth that was treated: B = Buccal L = Lingual D = Distal M = Mesial F = Facial O = Occlusal I = Incisal
2420A	PRV	Rendering Provider Specialty Information		
	PRV03	Provider Taxonomy Code	319	A taxonomy code is required when using a National Provider Identifier (NPI). Atypical Provider Identifiers do not require a corresponding taxonomy code.
2420A	REF	Rendering Provider Secondary Identifier		
	REF01	Reference ID Qualifier	320	0B = State License Number 1G = Provider UPIN G2 = Provider Commercial Number LU = Location Number
	REF02	Rendering Provider Secondary Identifier	321	Use if different from reported at the Claim level (Loop 2300). If qualifier G2 was used in data element REF01, enter the billing provider's Atypical Provider Identifier.

Loop	Segment	Name	Page in IG	Comments
2420D	N4	Service Facility Location City, State, ZIP Code		
	N403	Postal Code		When reporting the ZIP code for U.S. submit the ZIP + 4.
2430	SVD	Line Adjudication Information		
	SVD01	Other Payer Primary Identifier	341	Required if claim has been previously adjudicated by payer identified in Loop 2330B and service line has adjustments applied to it. For MCO encounter claims, enter the 4-digit Service Center Code assigned by Magellan Medicaid Administration.
	SVD02	Service Line Paid Amount	342	Required if claim has been previously adjudicated by payer identified in Loop 2330B and service line has adjustments applied to it.
2430	CAS	Line Adjustment: Claim Adjustment Reason Code data elements	345	Required if claim has been previously adjudicated by payer identified in Loop 2330B and service line has adjustments applied to it. For MCO encounter claims, use Claim Adjustment Reason Code (code source 139) to specify the denial or cutback reason.
2430	CAS	Line Adjustment: Monetary Amount data elements	345	Required if claim has been previously adjudicated by payer identified in Loop 2330B and service line has adjustments applied to it.

7. Payer specific business rules and limitations

The information when applicable under this section is intended to help the trading partner understand the business context of the EDI transaction.

7.1. Claims and attachments

Submit MCO encounter claims and non-encounter claims in separate ISA-IEA envelopes.

Any dental claim that requires an attachment must be submitted on a paper ADA form.

You may submit electronic claims 24 hours a day, 7 days a week. Transactions submitted after 4:00 p.m. Pacific Time (PT) are processed in the following day's cycle.

Claims must be submitted before 1:00 p.m. PT on Fridays to be included in the following Friday's electronic remittance advice (835 transaction).

The Functional Acknowledgement (999 transaction) is normally available for retrieval one hour after submission.

8. Acknowledgements and reports

8.1. Inquiry requirements

Inquiries require the provider's NPI or Atypical Provider Identifier.

- The NPI will be accepted in the NM109 segment, Loop 2100B with qualifier 'XX.
- The Atypical Provider Identifier will be accepted in the NM109 segment, Loop 2100B with qualifier SV.

8.2. Error messages

The 837D response returns an error message if there is a problem with the request or response.

This may occur for any of the following reasons:

- Syntax error
- Unknown requester
- Incorrect file format
- Incorrect/incomplete request
- Transmission-related problem
- Requested entity was not found
- Magellan Medicaid Administration system error