HP Enterprise Services

837D Companion Guide For Nevada Medicaid and Nevada Check Up

Dental Health Care Claims and Managed Care Organization (MCO) Encounter Claims

Nevada Medicaid Management Information System (NV MMIS)

State of Nevada
Division of Health Care Financing and Policy (DHCFP)
Medicaid Management Information System (MMIS)

In Support of the:
Nevada MMIS Takeover Project
Version 2.2
December 5, 2011

Revision history

Date (mm/dd/yyyy)	Description of Changes	Pages Impacted
04/09/2009	Inserted additional comments for MCO encounter claims	Highlighted rows in the 837D Dental Health Care Claims and MCO Encounter Claims table
07/26/2010	Initial Version	All
08/22/2011	Removed yellow highlighting phone numbers in response to specific deliverable review comments.	2
08/31/2011	Removed Confidentiality and Trademarks section for consistency with similar documentation.	ii
12/05/2011	Takeover HPES	All

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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://www.wpc-edi.com/HealthCareFinal.asp.

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

Purpose

HP Enterprise Services has prepared this Companion Guide and website, http://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 dental claims (837D, ADA 2006) electronically to HP Enterprise Services.

It supplements but does not contradict the X12N Health Care Implementation Guides and should be used solely for the purpose of clarification.

Availability and Submission

You may submit electronic claims 24 hours a day, 7 days a week. Transactions submitted after 4 PM Pacific Standard Time (PST) are processed in the following day's cycle.

Claims must be submitted before 1 PM PST on Fridays to be included in the following Friday's electronic remittance advice (835 transaction).

The Functional Acknowledgement (997 transaction) is normally available for retrieval one hour after submission.

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

Claim Attachments

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

Questions

For technical questions regarding claim submission or testing, call the Electronic Commerce Customer Support Help Desk at (800) 924-6741.

For enrollment or setup questions, please contact HP Enterprise Service's EDI Coordinator at nvmmis.EDIsupport@hp.com or (877) 638-3472.

Revision History

The revision history below shows recent content changes to this Companion Guide.

April 9, 2009: Inserted additional comments for MCO encounter claims. Please see highlighted rows in the "837D Dental Health Care Claims and MCO Encounter Claims table

The following documents are referenced within, or have been used in the preparation of this document:

837D Dental Health Care Claims and MCO Encounter Claims

Page	Loop	Segment	Data Element	Comments
B.3	N/A	ISA	ISA01: Authorization Information Qualifier	"00" = No Authorization Information Present
B.3	N/A	ISA	ISA03: Security Information Qualifier	"00" = No Security Information Present
B.3	N/A	ISA	ISA05: Interchange ID Qualifier	"ZZ" = Mutually Defined
B.3	N/A	ISA	ISA06: Interchange Sender ID	Enter the 4-digit Service Center Code assigned by HP Enterprise Services.
B.3	N/A	ISA	ISA08: Interchange Receiver ID	"NVM FHSC FA"
B.3	N/A	ISA	ISA14: Acknowledgment Requested	"0"= No Acknowledgement Requested
B.3	N/A	GS	GS02: Application Sender's Code	Enter the 4-digit Service Center Code assigned by HP Enterprise Services.
B.3	N/A	GS	GS03: Application Receiver's Code	"NVM FHSC FA"
B.3	N/A	GS	GS08: Version / Release Industry ID Code	"004010X097A1"
57	N/A	REF	REF02: Transmission Type Code	"004010X097A1"
61	1000A: Submitter Name	NM1	NM109: Submitter Primary Identifier	Enter the 4-digit Service Center Code assigned by HP Enterprise Services. For MCO encounter claims, enter the MCO's "Southern or Northern Medicaid Submitter ID."

Page	Loop	Segment	Data Element	Comments
67	1000B: Receiver Name	NM1	NM109: Receiver Primary Identifier	"DHCFP"
72	2000A: Billing/Pay-To Provider	PRV	PRV03: Provider Taxonomy Code	A taxonomy code is required when using a National Provider Identifier (NPI). Atypical Provider Identifiers (APIs) do not require a corresponding taxonomy code.
77	2010AA: Billing Provider Name	NM1	NM108: Identification Code Qualifier	"24" = Employer's Identification Number "34" = Social Security Number "XX" = NPI When "XX," is used, the Employer's Identification Number or the provider's SSN must be sent in the REF segment in this loop.
82	2010AA: Billing Provider Name	N4	N403: Billing Provider's Zip Code	The billing provider's <u>9-digit</u> 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.
84	2010AA: Billing Provider Name	REF	REF01: Reference Identification Qualifier	Medicaid issues payment to the "billing" provider–not the "pay to" provider (Loop 2010AB). "1D" = API "1C" = Medicare "EI" = Employer's Identification Number "SY" = Social Security Number "EI" or "SY" must be used when the 10- digit NPI is sent in the Billing Provider Name segment of this loop.

Page	Loop	Segment	Data Element	Comments
84	2010AA : Billing Provider Name	REF	REF02: Billing Provider Secondary Identifier	If qualifier "1D" was used in data element REF01, enter the billing provider's API.
105	2010BA: Subscriber Name	NM1	NM108: Identification Code Qualifier	"MI"
106	2010BA: Subscriber Name	NM1	NM109: Subscriber Primary Identifier	Use the recipient's 11-digit Recipient ID.
150	2300: Claim Information	CLM	CLM01: Claim Submitter's ID	For MCO encounter claims, enter the MCO's claim number.
151	2300: Claim Information	CLM	CLM05: 3 Claim Frequency Code	"1" = Original Claim "7" = Adjustment "8" = Void
180	2300: Claim Information	REF	REF01: Reference ID Qualifier	"F8" = Adjust or void a claim (as indicated by CLM05-3).
180	2300: Claim Information	REF	REF02: Claim Original Reference Number	Enter the last paid Internal Control Number (ICN) assigned to the claim (16 digits). For MCO encounter claims, enter the original claim number.
186	2300: Claim Information	NTE	NTE02: Claim Note Text	Provide free-text remarks, if needed. HP Enterprise Services uses the first occurrence of this segment. If there are no Line Notes (Loop 2400), then two occurrences of Claim Notes will be used.
189	2310A: Referring Provider Name	NM1	NM108: Identification Code Qualifier	"24" = Employer's Identification Number "34" = Social Security Number "XX" = NPI

Page	Loop	Segment	Data Element	Comments
193	2310A: Referring Provider Name	REF	REF01: Reference Identification Qualifier	"1D" = API
194	2310A: Referring Provider Name	REF	REF02: Referring Provider Secondary Identifier	If qualifier "1D" was used in data element REF01, enter the billing provider's API.
197	2310B: Rendering Provider Name	NM1	NM108: Identification Code Qualifier	"24" = Employer's Identification Number "34" = Social Security Number "XX" = NPI
199	2310B: Rendering Provider Name	PRV	PRV03: Provider Taxonomy Code	A taxonomy code is required when using a National Provider Identifier (NPI). Atypical Provider Identifiers (APIs) do not require a corresponding taxonomy code.
201	2310B: Rendering Provider Name	REF	REF01: Reference Identification Qualifier	"1D" = API
202	2310B: Rendering Provider Name	REF	REF02: Rendering Provider Secondary Identifier	If qualifier "1D" was used in data element REF01, enter the billing provider's API.
209	2320: Other Subscriber Information	SBR	(All data elements in this loop)	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.

Page	Loop	Segment	Data Element	Comments
216	2320: Other Subscriber Information	CAS	CAS: Claim Adjustment Reason Code	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.
220	2320: Other Subscriber Information	AMT	AMT02: Payer Paid Amount	Use this segment, for the appropriate payer, to report all prior payments you have received for this claim. Omit Nevada Medicaid payment information.
223	2320: Other Subscriber Information	AMT	AMT02: Other Payer Patient Responsibility Amount	Enter the amount that is owed from the recipient (patient responsibility amount).
241	2330B	NM1	NM109: Other Payer Primary ID#	For MCO encounter claims, enter the 4-digit Service Center Code that HP Enterprise Services assigned to the electronic submitter (clearinghouse, trading partner or direct submitter).
268	2400: Line Counter	SV3	SV304-1: Oral Cavity Designation Code	HP Enterprise Services 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

Page	Loop	Segment	Data Element	Comments
271	2400: Line Counter	TOO	(All data elements in segment TOO)	Use this segment to report tooth number and/or surface related to this procedure line. HP Enterprise Services 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
288	2400: Line Counter	NTE	NTE02: Line Note	Provide free-text remarks if needed. HP Enterprise Services uses the first occurrence of this segment. If here are no Claim Notes (Loop 2300), two occurrences of Line Note NTE02 will be used.
291	2420A: Rendering Provider Name	NM1	NM108: Identification Code Qualifier	"24" = Employer's Identification Number "34" = Social Security Number "XX" = NPI
293	2420A: Rendering Provider Name	PRV	PRV03: Provider Taxonomy Code	A taxonomy code is required when using a National Provider Identifier (NPI). Atypical Provider Identifiers (APIs) do not require a corresponding taxonomy code.
301	2420A: Rendering Provider Name	REF	REF01: Reference ID Qualifier	"1D" = API

Page	Loop	Segment	Data Element	Comments
301	2420A: Rendering Provider Name	REF	REF02: Rendering Provider Secondary ID	Use if different from reported at the Claim level (Loop 2300). If qualifier "1D" was used in data element REF01, enter the billing provider's API.
301	2430: Line Adjudication Information	SVD	SVD01: Identification Code	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 HP Enterprise Services.
301	2430: Line Adjudication Information	SVD	SVD02: Monetary Amount	Required if claim has been previously adjudicated by payer identified in Loop 2330B and service line has adjustments applied to it.
307	2430: Line Adjudication Information	CAS	CAS: Claim Adjustment Reason Code	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.
307	2430: Line Adjudication Information	CAS	CAS: Monetary Amount	Required if claim has been previously adjudicated by payer identified in Loop 2330B and service line has adjustments applied to it.