



## **837 Dental Fee-For-Service Claims**

Version 1.1

December 2, 2015

## Document Information

<b>Document Title:</b>	837 Dental Fee-For-Service Claims
<b>Document ID:</b>	Ohio 837D FFS CG.docx
<b>Version:</b>	1.1
<b>Owner:</b>	Ohio MITS Team
<b>Author:</b>	Ohio Department of Medicaid & Hewlett Packard Enterprise EDI Team

## Amendment History

<b>Version</b>	<b>Date</b>	<b>Modified By</b>	<b>Modifications</b>
1.0	05/11/2014	ODM & HP EDI Team	Initial Creation
1.1	12/02/2015	ODM & HPE EDI Team	Updated references related to Agency name changes.

## Disclosure Statement

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The ODM Companion Guides do not:

- Replace the HIPAA ANSI ASC X12N Implementation Guide.
- Contain any actions that would result in a Non-Compliant Transaction.

The ODM Companion Guides are subject to change without prior notice.

Providers and Trading Partners are responsible for periodically checking for Companion Guide updates on the ODM Trading Partner website - <http://medicaid.ohio.gov/PROVIDERS/Billing/TradingPartners.aspx>.

Each Medicaid Provider and/or Trading Partner has the ultimate responsibility to adhere to the HIPAA Federal Requirements as well as any Ohio State laws that are applicable including the Ohio Administrative Code (<http://codes.ohio.gov/oac/5160-1-20>).

**Preface**

This Companion Guide to the 5010 ASC X12N Technical Report Type 3 Implementation Guides and associated errata and addenda adopted under Health Insurance Portability and Accountability Act (HIPAA) clarifies and specifies the data content when exchanging electronically with ODM. Transmissions based on this companion guide, used in tandem with 005010 ASC X12 TR3 Implementation Guides, are compliant with both ASC X12 syntax and those guides. This Companion Guide is intended to convey information that is within the framework of the ASC X12N TR3 Implementation Guides adopted for use under HIPAA. The Companion Guide is not intended to convey information that in any way exceeds the requirements or usages of data expressed in the TR3 Implementation Guides.

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# 1 INTRODUCTION

This section describes how ASC X12N Implementation Guides (IGs) adopted under HIPAA will be detailed with the use of a table. The tables contain a row for each segment that the Ohio Department of Medicaid has something additional, over and above, the information in the IGs. That information can:

1. Limit the repeat of loops, or segments.
2. Limit the length of a simple data element.
3. Specify a sub-set of the IGs internal code listings.
4. Clarify the use of loops, segments, composite and simple data elements.
5. Any other information tied directly to a loop, segment, composite or simple data element pertinent to trading electronically with the Ohio Department of Medicaid.

In addition to the row for each segment, one or more additional rows are used to describe ODM, usage for composite and simple data elements and for any other information. Notes and comments should be placed at the deepest level of detail. For example, a note about a code value should be placed on a row specifically for that code value, not in a general note about the segment.

The following table specifies the columns and suggested use of the rows for the detailed description of the transaction set companion guides.

Page #	Loop ID	Reference	Name	Codes	Length	Notes/Comments
193	2100C	NM1	Subscriber Name			This type of row always exists to indicate that a new segment has begun. It is always shaded at 10% and notes or comment about the segment itself goes in this cell.
195	2100C	NM109	Subscriber Primary Identifier		15	This type of row exists to limit the length of the specified data element.
196	2100C	REF	Subscriber Additional Identification			
197	2100C	REF01	Reference Identification Qualifier	18, 49, 6P, HJ, N6		These are the only codes transmitted by ODM.
			Plan Network Identification Number	N6		This type of row exists when a note for a particular code value is required. For example, this note may say that value N6 is the default. Not populating the first 3 columns makes it clear that the code value belongs to the row immediately above it.
218	2110C	EB	Subscriber Eligibility or Benefit Information			
231	2110C	EB13-1	Product/Service ID Qualifier	AD		This row illustrates how to indicate a component data element in the Reference column and also how to specify that only one code value is applicable.

## 1.1 Scope

ODM developed 5010 Companion Guides to supplement each 5010 Transaction Implementation Guide, based on Version 5, Release 1, with regards to:

- Specific Codes and/or Values that ODM will default on Outbound Transactions
- Specific Codes and/or Values that are unique to ODM to accept an Inbound Transaction

ODM Companion Guides will not create a Non-Compliant Transaction.

This companion guide is intended to be used in conjunction with the ASC X12N/005010X224A2 Implementation Guide (IG). It provides supplementation instructions not included in the IG that must be followed for implementation and conducting the transaction with ODM. It does not change the requirements of the IG in any way.

## 1.2 Overview

The Health Insurance Portability and Accountability Act (HIPAA) require all Providers, Trading Partners and Payers in the United States to comply with the Electronic Data Interchange (EDI) Standards for Health Care.

The ASC X12 HIPAA 837 Dental Implementation Guide presents the basic requirements for planning and implementing an EDI-based system for the exchange of ASC X12 HIPAA compliant transactions with the Ohio Medicaid Information Technology System (MITS). In order to create a HIPAA compliant transaction, you must first meet the requirements of the ASC X12 HIPAA 837 Dental Implementation Guide and then incorporate the ODM specific requirements.

The segments and elements used in this document are necessary for the ODM adjudication system for Dental Claims.

## 1.3 References

In addition to the resources available on the ODM Trading Partner Website (<http://medicaid.ohio.gov/PROVIDERS/Billing/TradingPartners.aspx>), there are other websites that contain helpful information to assist in the implementation of the electronic data interchange process. Links to these websites are listed below and are separated by category for easy reference.

### 1.3.1 EDI Basics

For information about EDI software and services, visit: 1EDI Source, Inc (<http://www.1edisource.com>).

### 1.3.2 Government and Other Associations

- Center for Medicare and Medicaid Services (CMS): <http://www.cms.hhs.gov>
- Answers to Frequently Asked Questions: <https://questions.cms.gov>
- HHS Office for Civil Rights (Privacy) <http://www.hhs.gov/ocr/hipaa>
- WEDI - Workgroup for Electronic Data Interchange: <http://www.wedi.org>
- CMS website for NPI: <http://www.cms.hhs.gov/NationalProvIdentStand>

### 1.3.3 ASC X12 Standards

- Washington Publishing Company: <http://www.wpc-edi.com>
- Data Interchange Standards Association: <http://disa.org>
- American National Standards Institute: <http://ansi.org>
- Accredited Standards Committee: <http://www.x12.org>

## 1.4 Additional Information

For additional information, the Trading Partner Information Guide can be found here:  
<http://medicaid.ohio.gov/PROVIDERS/Billing/TradingPartners.aspx>

## 2 GETTING STARTED

To get started, the Trading Partner Information Guide can be found here:

<http://medicaid.ohio.gov/PROVIDERS/Billing/TradingPartners.aspx>

### **3 TESTING WITH THE PAYER**

Details related to testing are in the Trading Partner Information Guide which can be found here:

<http://medicaid.ohio.gov/PROVIDERS/Billing/TradingPartners.aspx>

## 4 CONNECTIVITY WITH THE PAYER/COMMUNICATIONS

Connectivity information is in the Trading Partner Information Guide which can be found here:

<http://medicaid.ohio.gov/PROVIDERS/Billing/TradingPartners.aspx>

## 5 CONTACT INFORMATION

### 5.1 EDI Customer Service

**Days Available:** Monday through Friday

**Time Zone:** Eastern Time (ET)

**Time Available:** 8:00 am to 5:00 pm

**Phone:** (614) 387-1212

**Email:** [DAS-EDI-Support@das.ohio.gov](mailto:DAS-EDI-Support@das.ohio.gov)

### 5.2 EDI Technical Assistance

**Days Available:** Monday through Friday

**Time Zone:** Eastern Time (ET)

**Time Available:** 8:00 am to 5:00 pm

**Phone:** (614) 387-1212

**Email:** [DAS-EDI-Support@das.ohio.gov](mailto:DAS-EDI-Support@das.ohio.gov)

### 5.3 Provider Service Number

Provider Assistance Unit 1-800-686-1516. Please listen to the entire message before making your selection.

Web URL: <http://medicaid.ohio.gov/PROVIDERS.aspx>

### 5.4 Applicable Websites/Email

Ohio Medicaid Website: <http://medicaid.ohio.gov>

The Trading Partner web page can be found by following: Providers > Billing > Trading Partners

(<http://medicaid.ohio.gov/PROVIDERS/Billing/TradingPartners.aspx>)

To contact Ohio Medicaid for assistance, use the link - <http://medicaid.ohio.gov/CONTACT.aspx>

## 6 CONTROL SEGMENTS/ENVELOPES

### 6.1 ISA-IEA

This section describes ODM's use of the interchange control segments. It includes a description of expected sender and receiver codes, authorization information, and delimiters.

Page #	Loop ID	Reference	Name	Codes	Length	Notes/Comments
C.3		ISA	Interchange Control Header			
C.4		ISA01	Authorization Information Qualifier	00		No Authorization Information Present (No Meaningful Information in ISA02)
C.4		ISA03	Security Information Qualifier	00		No Security Information Present (No Meaningful Information in ISA04)
C.4		ISA05	Interchange ID Qualifier	ZZ		Mutually Defined
C.4		ISA06	Interchange Sender ID			7 digit Trading Partner ID assigned by ODM.  This is a fixed-length field and should be left justified and filled with spaces to meet the minimum length requirement of 15.
C.4		ISA07	Interchange ID Qualifier	ZZ		Mutually Defined
C.4		ISA08	Interchange Receiver ID	MMISODJFS		This is a fixed-length field and should be left justified and filled with spaces to meet the minimum length requirement of 15.
C.5		ISA13	InterChange Control Number			Must be identical to the associated interchange control trailer IEA02
C.6		ISA14	Acknowledgment Requested	0		No Interchange Acknowledgment Requested

Page #	Loop ID	Reference	Name	Codes	Length	Notes/Comments
C.10		IEA	Interchange Control Trailer			
C.10		IEA01	Number of Included Functional Groups			Number of included functional groups.
C.10		IEA02	Interchange Control Number			The control number assigned by the interchange sender. Must be identical to the value in ISA13.

### 6.2 GS-GE

This section describes ODM's use of the functional group control segments. It includes a description of expected application sender and receiver codes. Also included in this section is a description concerning how ODM expects functional groups to be sent and how ODM will send functional groups. These discussions will describe how similar transaction sets will be packaged and ODM use of functional group control numbers.

Page #	Loop ID	Reference	Name	Codes	Length	Notes/Comments
C.7		GS	Functional Group Header			
C.7		GS02	Application Sender's Code			7 digit Trading Partner ID assigned by ODM
C.7		GS03	Application Receiver's Code	MMISODJFS		
C.8		GS06	Group Control Number			Must be identical to the value in GE02.

Page #	Loop ID	Reference	Name	Codes	Length	Notes/Comments
C.9		GE	Functional Group Trailer			
C.9		GE01	Number of Transaction Sets Included			Number of included transaction sets.
C.9		GE02	Group Control Number			The functional group control number. Must be the same value as GS06.

### 6.3 ST-SE

This section describes how ODM uses transaction set control numbers.

Page #	Loop ID	Reference	Name	Codes	Length	Notes/Comments
65		ST	Transaction Set Header			
65		ST02	Transaction Set Control Number			Identical to the value in SE02

Page #	Loop ID	Reference	Name	Codes	Length	Notes/Comments
353		SE	Transaction Set Trailer			
353		SE01	Number of Included Segments			Total number of segments included in a transaction set including ST and SE segments
353		SE02	Transaction Set Control Number			Transaction set control number. Identical to the value in ST02.

## 7 PAYER SPECIFIC BUSINESS RULES AND LIMITATIONS

In order to send 837 Dental X12 transactions, trading partners must be authorized by Ohio Medicaid and in active status. These details are documented in the Trading Partner Information Guide which can be found at this link - <http://medicaid.ohio.gov/PROVIDERS/Billing/TradingPartners.aspx>.

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## 8 ACKNOWLEDGEMENTS AND/OR REPORTS

### 8.1 The 999 Implementation Acknowledgement

Each time a properly formatted 5010 X12 file is submitted to Ohio Medicaid, a 999 acknowledgement is returned to the submitter.

### 8.2 Report Inventory

If a 5010 X12 file fails compliance, a TRC report file is returned to the submitter. This file contains details that will assist the submitter to identify the issue and correct the problem.

## 9 TRADING PARTNER AGREEMENTS

These details can be found in the Trading Partner Information Guide which can be found at this link - <http://medicaid.ohio.gov/PROVIDERS/Billing/TradingPartners.aspx>.

## 10 TRANSACTION SPECIFIC INFORMATION

This section describes how ASC X12N Implementation Guides (IGs) adopted under HIPAA will be detailed with the use of a table. The tables contain a row for each segment that ODM has something additional, over and above, the information in the IGs. That information can:

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3. Specify a sub-set of the IGs internal code listings.
4. Clarify the use of loops, segments, composite and simple data elements.
5. Any other information tied directly to a loop, segment, composite or simple data element pertinent to trading electronically with ODM.

In addition to the row for each segment, one or more additional rows are used to describe ODM’s usage for composite and simple data elements and for any other information. Notes and comments should be placed at the deepest level of detail. For example, a note about a code value should be placed on a row specifically for that code value, not in a general note about the segment.

Page #	Loop ID	Reference	Name	Codes	Length	Notes/Comments
69	1000A	NM1	Submitter Name			
70	1000A	NM109	Submitter Identifier			7 digit Ohio Medicaid Trading Partner ID assigned by ODM
74	1000B	NM1	Receiver Name			
75	1000B	NM109	Receiver Primary Identifier	MMISODJFS		
109	2000B	HL	Subscriber Hierarchical Level			For Ohio Medicaid, the “insured”, “subscriber” and the “patient” are always the same person.
110	2000B	HL04	Hierarchical Child Code	0		No subordinate HL segment in this hierarchical structure.
111	2000B	SBR	Subscriber Information			
113	2000B	SBR09	Claim Filing Indicator Code	MC		Medicaid
114	2010BA	NM1	Subscriber Name			
115	2010BA	NM108	Identification Code Qualifier	MI		Member Identification Number
116	2010BA	NM109	Subscriber Primary Identifier			12-digit Medicaid Recipient ID
124	2010BB	NM1	Payer Name			
125	2010BB	NM108	Identification Code Qualifier	PI		Payor Identification
125	2010BB	NM109	Payer Identifier	MMISODJFS		

Page #	Loop ID	Reference	Name	Codes	Length	Notes/Comments
159	2300	PWK	Claim Supplemental Information			Follow these instructions when an EDI claim requires an attachment. Completion of this information indicates an attachment is being sent. The claim will be suspended waiting for the attachment.
160	2300	PWK01	Attachment Report Type Code	B4		Referral Form
160	2300	PWK02	Attachment Transmission Code	BM, EL, FT		FT - use when sending the attachment via the MITS Portal
161	2300	PWK06	Attachment Control Number	ODM06653, ODM99999		ODM06653 – attachment document(s) include the Medical Claim Review Request Form  ODM99999 – Other attachment document(s) do not include any of the forms listed above
164	2300	AMT	Patient Amount Paid			
164	2300	AMT01	Amount Qualifier Code	F5		Patient Amount Paid
164	2300	AMT02	Patient Amount Paid			In most cases the Patient Amount Paid should not be submitted. Never report Medicaid copayment amounts collected (or incurred) or the copayments will be deducted twice. Report spend down amounts (AMT02) incurred or paid if the billed charges for the services on the claim were used to become eligible for Medicaid.
179	2300	NTE	Claim Note			Use this segment to report Ohio Medicaid Co-payment exclusions and timely filing limit exceptions.
179	2300	NTE01	Note Reference Code	ADD		ADD - will be used by providers to denote a copayment exemption applies (see NTE02 Comments)  ADD - will be used by providers to denote timely filing exemption (See NTE02 Comments)
179	2300	NTE02	Claim Note Text			When a Medicaid co-payment exclusion applies, the 10 character code (see Application Value List below) must be the first item listed in the NTE02. There must always be a single space between the word COPAY and the four character exclusion code.  Application Value List (Select one): COPAY EMER (Emergency)

Page #	Loop ID	Reference	Name	Codes	Length	Notes/Comments
						<p>COPAY HSPC (Hospice) COPAY PREG (Pregnancy)</p> <p>Example: NTE*ADD*COPAY EMER</p> <p>When a claim could not be filed within the normal claim filing limit due to the pendency of an administrative hearing decision by ODM or an eligibility determination by a County Department of Job and Family Services (CDJFS) the (1) or (2) below applies.</p> <p>(1) For appeals/hearings, report the appeals/hearing number and date (The XXXXXXXX is the hearing number) in this format:</p> <p><b>APPEALS XXXXXXXX CCYYMMDD</b></p> <p>(2) For a delayed eligibility determination, enter the eligibility determination decision date in this format.</p> <p><b>DECISION CCYYMMDD</b></p> <p>Example (1): NTE*ADD*APPEALS 123456A 110906 Example (2): NTE*ADD*DECISION 110831</p>
190	2310A	NM1	Referring Provider Name			Provider must be enrolled with Ohio Medicaid.
192	2310A	NM109	Referring Provider Identifier			Provider NPI
194	2310A	REF	Referring Provider Secondary Identification			ODM generally expects Referring Providers to be 'Typical' Providers
194	2310A	REF01	Reference Identification Qualifier	G2		Provider Commercial Number
195	2310A	REF02	Referring Provider Secondary Identifier			Atypical Provider ID assigned by ODM (Medicaid Billing ID)
221	2320	SBR	Other Subscriber Information			
224	2320	SBR09	Claim Filing Indicator Code	MA, MB, 16, CI, BL		<p>MA - For Original Medicare Part A claims</p> <p>MB - For Original Medicare Part B claims</p> <p>16 - When other payer is a Medicare HMO / Part C plan</p>

Page #	Loop ID	Reference	Name	Codes	Length	Notes/Comments
						<p>CI - When other payer is commercial insurance (other than Blue Cross)</p> <p>BL - When other payer is Blue Cross/ Blue Shield Plan</p> <p>Any other appropriate value except MC (MC should only be used in 2000B loop)</p>
225	2320	CAS	Claim Level Adjustments			<p>Medicaid is the payer of last resort. The claim must first be adjudicated by all payers submitted in the 2330B loop before submitting the claim to ODM, unless an exception set forth in Rule 5160-1-05 and 5160-1-08 of the Ohio Administrative Code (OAC) applies. The total amount paid by the payer in 2330B for all services on the claim must be submitted (AMT 2320). If the payer in 2330B adjudicated the claim at the claim/header level, the associated Adjustment Code Group (s), Adjustment Reason Code(s) and Amount(s) must be submitted in this loop/segment. If the payer in 2330B adjudicated the claim at the detail level (i.e., made line payments and/or made line adjustments that caused the line payment to differ from the line billed charges), the 2430 loop must be completed. If the payer in 2330B adjudicated the claim at the detail, but made some adjustments at the header/claim level that caused the claim payment to differ from the sum of the line payments, the 2320 CAS must be submitted in addition to the appropriate adjustments made in 2430 CAS.</p> <p>COB balancing rules apply and may be enforced (See IG Balancing).</p>
227	2320	CAS01	Claim Adjustment Group Code	CO, CR, OA, PI, PR		<p>CO - Contractual Obligations                      CR - Correction and Reversals                      OA - Other adjustments                      PI - Payer Initiated Reductions                      PR - Patient Responsibility</p>
345	2430	CAS	Line Adjustment			<p>Medicaid is the payer of last resort. The claim must first be adjudicated by all payers submitted in the 2330B loop before submitting the claim to ODM, unless an exception set forth in Rule</p>

Page #	Loop ID	Reference	Name	Codes	Length	Notes/Comments
						<p>5160-1-05 and 5160-1-08 of the Ohio Administrative Code applies. The total amount paid by the payer in 2330B for all services on the claim must be submitted (AMT 2320). If the payer in 2330B adjudicated the claim at the detail level (i.e., made line payments and/or made line adjustments that caused the line payment to differ from the line billed charges), the 2430 loop must be completed. If the payer in 2330B adjudicated the claim at the detail but made some adjustments at the header/claim level that caused the claim payment to differ from the sum of the line payments, the 2320 CAS must be submitted in addition to the appropriate adjustments made in 2430 CAS.</p> <p>COB balancing rules may be enforced (See IG Balancing).</p>
346	2430	CAS01	Claim Adjustment Group Code	CO, CR, OA, PI, PR		<p>CO - Contractual Obligations                      CR - Correction and Reversals                      OA - Other adjustments                      PI - Payer Initiated Reductions                      PR - Patient Responsibility</p>

## **APPENDICES**

### **A. Implementation Checklist**

See Trading Partner Information Guide found here: <http://medicaid.ohio.gov/PROVIDERS/Billing/TradingPartners.aspx>.

### **B. Frequently Asked Questions**

See Trading Partner Information Guide found here: <http://medicaid.ohio.gov/PROVIDERS/Billing/TradingPartners.aspx>.