DEPARTMENT OF HEALTH & MENTAL HYGIENE

MEDICAL CARE PROGRAM

COMPANION GUIDE FOR
837 HEALTH CARE CLAIM DENTAL
VERSION 005010X224A2

February 14, 2011

Version 1.0

Health Care Claim Dental Claim - 837

Introduction:

This Companion Guide contains a subset of the data content established for the Health Care Claim Transaction Set (837). This transaction can be used to submit health care claim / encounter billing information from providers of health care services to Maryland Medicaid, either directly or through an intermediary (i.e.; clearinghouses, etc.).

This Companion Guide governs electronic billing of dental services on an ASC X12 837- Dental (005010X224A2) transaction. Please refer to Maryland Medicaid Billing Instructions for specific services to be billed using this transaction.

This guide is not to be used as a substitution for the 837 Health Care Claim Implementation Guide. The objective of this document is to clarify what information is needed by Maryland Medicaid where multiple values exist and specific values are needed.

All alpha characters must be in upper case. Data must be in ASCII format. Leading zeros for data elements such as Provider Number, Recipient ID, must not be suppressed. These data fields should be handled as alphanumeric. Transactions not complying with ASC X12N formatting or data compliance will be rejected prior to adjudication. An ASC X12N 997 or 999 transaction will be used to convey the rejection and may include an associated reason. The Trading Partner will have the choice of receiving either a 997 or 999 acknowledgment transaction.

Always use the 2000B Subscriber Loop (Subscriber Hierarchical Level), since for Maryland Medicaid, the Patient is always the subscriber.

277CA – Claims Acknowledgment Usage

With the release of version 005010 and the changes to the 835 transaction, DHMH will generate a 277CA to handle any rejected and/or suspended claims that were submitted in an 837 transaction. Please refer to the DHMH *Companion Guide for 277 Health Care Claim Acknowledgment Version 005010X214* for details on usage and DHMH specific data requirements.

HI Segment Mapping Clarification

The following provides clarification for mapping HI segments where the occurrence is 2 (or more). In instances where the HI segment occurs 2 (or more) times, it is required that all Data Elements (DEs) of the first occurrence of the HI will be used. In most cases, this provides up to 12 DEs to use to convey the appropriate information for that HI instance. For example:

Correct Mapping: `HI*BH:42:D8:20041123*BH:25:D8:20020719`

Incorrect Mapping:
```
HI*BH:42:D8:20041123
HI*BH:25:D8:20020719
```

DHMH will only map DEs within the first HI segment and requests that any needed information to adjudicate a claim is made available in the first HI segment instance.

ICD-10 Implementation
Trading Partners are advised that Maryland Medicaid will not process ICD-10 prior to October 2013. Trading Partners and providers will be provided details on the migration prior to October 1, 2013.

Transmission Considerations
Trading Partners are requested to follow the 837 Implementation Guide recommendations to limit the number of CLMs within a transaction (ST-SE envelope) to 5,000. (See section 1.3.2 of the 837 Dental Implementation Guide) In cases where the Trading Partner needs to transmit several 5000 CLM files, DHMH recommends uploading the files one at a time in five minute intervals to avoid file submission problems.

Trading partners are requested to use unique Group Control Numbers (GS06) for all interchanges submitted to DHMH. This provides ease of tracking for the Trading Partner for reconciliation, easy identification for DHMH support staff for troubleshooting, identifying Functional Acknowledgements and verifying results.

This Companion Guide can be found on the State of Maryland Department of Health and Mental Hygiene Web site at http://www.dhmh.state.md.us/hipaa/transandcodesets.html

Maryland Medicaid Companion Guide - 837 Dental Claim

LEGEND:
SHADED rows represent "segments" in the X12N implementation guide
NON-SHADED rows represent "data elements" in the X12N implementation guide

Page #	Loop ID	Reference	Name	Codes	Length	Notes/Comments
C.3			**Interchange Control Header**			
C.4		ISA01	Authorization Information Qualifier	00		
C.4		ISA03	Security Information Qualifier	00		

Page #	Loop ID	Reference	Name	Codes	Length	Notes/Comments
C.4		ISA05	Interchange ID Qualifier			Agreed upon during trading partner set-up
C.4		ISA06	Interchange Sender ID			Agreed upon during trading partner set-up
C.5		ISA07	Interchange ID Qualifier	ZZ		
C.5		ISA08	Interchange Receiver ID			526002033MCPP - Production 526002033MCPT - Test
C.6		ISA14	Acknowledgment Requested	0		No TA1 returned. Note: A 997 or a 999 will be returned.
C.6		ISA15	Usage Indicator			T for Test Data P for Production Data
C.7			**Functional Group Header**			
C.7		GS02	Application Sender's Code			Agreed upon during trading partner set-up
C.7		GS03	Applications Receiver's Code			MMISENC
C.8		GS08	Version/Release/Industry Identifier Code			005010X224A2
69	**1000A**		**Submitter Name**			
70		NM109	Submitter Primary Identifier			Same as GS02
74	**1000B**		**Receiver Name**			
75		NM103	Receiver Name			Maryland Medical Care Program
75		NM109	Receiver Primary Identifier			526002033MCP
83	**2010AA**		**Billing Provider Name**			
84		NM108	Identification Code Qualifier	XX		
85		NM109	Identification Code		10	National Provider ID
89	**2010AA**	**REF**	**Billing Provider Tax Identification**			Trading Partner must send the SSN or Federal Tax ID that is on file with DHMH.

Page #	Loop ID	Reference	Name	Codes	Length	Notes/Comments
89		REF01	Reference Identification qualifier	'EI' 'SY'	2	
89		REF02	Billing Provider Secondary Identifier		10	
	2010AB		**Pay-to Address Name**			**Pay-to information sent in this loop will not be used for adjudication. The Pay-to information on file at DHMH will be used for adjudication.**
114	**2010BA**		**Subscriber Name**			
115		NM108	Identification Code Qualifier	MI		
116		NM109	Subscriber Primary Identifier		11	Patient's Maryland Medical Assistance Number
124	**2010BB**		**Payer Name**			
125		NM103	Payer Name			Maryland Medical Care Program
125		NM109	Payer Identifier			526002033MCP
133	**2000C**		**Patient Hierarchical Level**			**This loop will not be supported by Maryland Medicaid since the subscriber is always the patient**
145	**2300**		**Claim Information**			
175		REF01	Reference Identification qualifier	F8	2	Use when replacing or voiding claims.
176		REF02	Claim Original Reference Number		17	Invoice Control Number (ICN) assigned by Maryland Medicaid of the claim to be replaced or voided.
179		NTE01	Note Reference Code	ADD	3	
179		NTE02	Claim Note Text		1	TPL override as defined in Maryland Medical Care Program billing instructions. Override needs to be in the first position.