# MICHIGAN DEPARTMENT OF COMMUNITY HEALTH

# COMPANION GUIDE FOR THE HIPAA 837 DENTAL CLAIM ADDENDA VERSION 4010A1

## To be effective with CHAMPS Go Live September 18, 2009

Michigan Department of Community Health

MDCH

MSA MEDICAL SERVICES ADMINISTRATION

This document is intended as a companion to the **National Electronic Data Interchange Transaction Set Implementation Guide, Health Care Claim: Dental Claim Addenda, ASC X12N 837 (004010X097A1)**, dated October 2002 and the **National Electronic Data Interchange Transaction Set Implementation Guide, Health Care Claim: Dental Claim, ASC X12N 837 (004010X097)**, dated May 2000. This document should be used in conjunction with all MDCH claim submission and claim processing guidelines. The document follows guidelines authorized in the Final Rule by the Department of Health and Human Services on September 17, 2001. The clarifications described herein include:

- Identifiers to use when a national standard has not been adopted [and]
- Parameters in the implementation guide that provide options.

(The Addenda implementation guide can be found at http://www.wpc-edi.com/hipaa/hipaa_40.asp. HHS guidance on data clarifications can be found at http://aspe.os.dhhs.gov/admnsimp/q0321.htm).

| Loop ID | Segment ID | Data Element ID | Loop/Segment/Element Name | Companion Guide Rules |
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| | **ISA** | | **INTERCHANGE CONTROL HEADER** | |
| | ISA | **ISA01** | Authorization Information Qualifier | 00 |
| | ISA | **ISA02** | Authorization Information | 10 spaces |
| | ISA | **ISA03** | Security Information Qualifier | 00 |
| | ISA | **ISA04** | Security Information | 10 spaces |
| | ISA | **ISA05** | Interchange ID Qualifier | ZZ |
| | ISA | **ISA06** | Interchange Sender ID | DEG ID, Provider ID or NPI |
| | ISA | **ISA07** | Interchange ID Qualifier | ZZ |
| | ISA | **ISA08** | Interchange Receiver ID | D00111 followed by spaces |
| | ISA | **ISA14** | Acknowledgment Requested | 0 |
| | ISA | **ISA15** | Usage Indicator | P for a Production file<br>T for a test file |
| | ISA | **ISA16** | Component Element Separator | : |
| | **GS** | | **FUNCTIONAL GROUP HEADER** | |
| | GS | **GS01** | Functional Identifier Code | HC |
| | GS | **GS02** | Application Sender's Code | DEG ID, Provider ID or NPI. |
| | **ST** | | **Transaction Set Header** | MDCH accepts a maximum of 5,000 CLM segments in a single transaction (ST-SE), as recommended by the HIPAA-mandated implementation guide.<br>Submission with greater than 5,000 CLM segments in a single transaction (ST-SE) will be rejected. |
| | ST | **ST01** | Transaction set identifier code | 837 |
| | BHT | | **Beginning of Hierarchical Transaction** | |
| | BHT | **BHT06** | Transaction Type Code | CH for Fee for Service claims (ECC, adjustments, or reversal) |

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| | REF | | **Transmission Type Identification** | |
| | REF | **REF01** | Reference Identification Qualifier | 87 |
| | REF | **REF02** | Reference Identification | If ISA15 is P then REF02 must be equal to 004010X097A1<br>If ISA15 is T then REF02 must be equal to 00401X097DA1 |
| **1000A** | **NM1** | | **Submitter Name** | |
| 1000A | NM1 | **NM109** | Identification Code | DEG ID, Provider ID or NPI<br>This value should match GS02 (Application Sender's Code). |
| **1000B** | **NM1** | | **Receiver Name** | - |
| 1000B | NM1 | **NM109** | Identification Code | D00111 for MDCH |
| **2000A** | **HL** | | **Billing/Pay-To Provider Hierarchical Level** | |
| 2000A | HL | **HL01** | Hierarchical ID Number | HL01 must begin with 1 and be incremented by one each time an HL is used in the transaction. Only numeric values are allowed in HL01. |
| **2010AA** | **NM1** | | **Billing Provider Name** | |
| 2010AA | NM1 | **NM108** | Identification code qualifier | XX for the Billing Provider NPI. This ID is mandatory. |
| 2010AA | NM1 | **NM109** | Identification code | NPI |
| **2010AA** | **REF** | | **Billing Provider Secondary Info Identification Number** | |
| 2010AA | REF | **REF01** | Reference Identification Qualifier | EI (Employer's Identification Number)<br>SY (SSN) |
| **2000B** | **SBR** | | **Subscriber Information** | |
| 2000B | SBR | **SBR01** | Payer Responsibility Sequence Number | P for MDCH if it is the only payer (that is, patient has no other insurance), S if there is one other payer, or T if there are two or more other payers. |
| 2000B | SBR | **SBR09** | Claim Filing Indicator Code | MC for Michigan Medicaid<br>11 for CSHCS (Title V)<br>State Medical Plan (Other Non-Federal).<br>If beneficiary qualifies for more than one program or other MDCH program not listed, use MC. |

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| **2010BA** | **NM1** | | **Subscriber Name** | |
| 2010BA | NM1 | **NM108** | Identification code qualifier | MI (Member Identification Number) |
| 2010BA | NM1 | **NM109** | Identification code | Beneficiary ID number assigned by MDCH |
| **2010BA** | **REF** | | **Subscriber Secondary Identification** | |
| 2010BA | REF | **REF01** | Reference Identification Qualifier | Do not send 1W if sent in NM108. |
| **2010BB** | **NM1** | | **Payer Name** | - |
| 2010BB | NM1 | **NM108** | Identification Code qualifier | PI (Payer Identification Number) |
| 2010BB | NM1 | **NM109** | Identification Code | D00111 for MDCH |
| **2000C** | | | **Loop ID 2000C - Patient Hierarchical Level** | MDCH business rules require that the patient is always the subscriber. Therefore, MDCH does not expect health plans to submit any Loop 2000C (Patient Hierarchical Level) in a transaction set. Transaction sets that contain Loop 2000C (Patient Hierarchical Level) information will be rejected. |
| **2300** | | | **Loop ID 2300 - Claim Information** | Note that the HIPAA-mandated implementation guide allows a maximum of 100 repetitions of the 2300 Claim Information loop within each Loop 2000B (Subscriber Hierarchical Level). Transaction sets that do not associate Loop 2300 Claim Information with Loop 2000B will be rejected. |
| 2300 | CLM | **CLM05** | Place of service, claim frequency code Health Care Service Location Information | |
| 2300 | CLM | **CLM05-1** | Facility Code Value | Place of service codes are defined by the Center for Medicare and Medicaid Services. |
| 2300 | CLM | **CLM05-3** | Claim Frequency Type Code | 1 on original claim submissions<br>7 for claim replacement<br>8 for claim void/cancel<br>For both 7 and 8, include the original TCN (CRN), as indicated in Loop 2300 REF (Original Reference Number (ICN/DCN). |

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| **2300** | **REF** | | **Original Reference Number (ICN/DCN)** | |
| 2300 | REF | **REF01** | Reference Identification Qualifier | F8 |
| 2300 | REF | **REF02** | Reference Identification | 18-digit TCN assigned by MDCH for the last approved claim. |
| **2300** | **REF** | | **Prior Authorization or Referral Number** | |
| 2300 | REF | **REF01** | Reference Identification Qualifier | G1 (Prior Authorization Number) |
| 2300 | REF | **REF02** | Reference Identification | 9 or 10-digit PA number assigned by MDCH |
| **2310A** | **NM1** | | **Referring Provider Name** | |
| 2310A | NM1 | **NM101** | Entity Identifier Code | DN for Referring Provider in first loop only. Use if loop is used only once.<br>P3 only if loop is used twice. Use only on second iteration of this loop. |
| 2310A | NM1 | **NM108** | Identification code qualifier | XX for NPI |
| 2310A | NM1 | **NM109** | Identification code | NPI |
| **2310A** | **REF** | | **Referring Provider Secondary Identification** | |
| 2310A | REF | **REF01** | Reference Identification Qualifier | EI (Employer's Identification Number)<br>SY (SSN)<br>For non-enrolled Medicaid providers, use 0B (State License Number). |
| 2310A | REF | **REF02** | Reference Identification | EIN or SSN<br>If the Provider is not a Medicaid provider, use the state license number. |
| **2310B** | **NM1** | | **Rendering Provider Name** | Use this for Rendering Provider information if different than the Billing Provider. |
| 2310B | NM1 | **NM108** | Identification code qualifier | XX for NPI |
| 2310B | NM1 | **NM109** | Identification code | NPI |
| 2310B | REF | | **Rendering Provider Secondary Identification** | |

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| 2310B | REF | **REF01** | Reference Identification Qualifier | EI (Employer's Identification Number)<br>SY (SSN)<br>For non-enrolled Medicaid providers, use 0B (State License Number). |
| 2310B | REF | **REF02** | Reference Identification | EIN or SSN<br>If the Provider is not a Medicaid provider, use the state license number. |
| **2310C** | **NM1** | | **Service Facility Location** | |
| 2310C | NM1 | **NM108** | Identification code qualifier | XX for NPI |
| 2310C | NM1 | **NM109** | Identification Code | NPI |
| **2310C** | **REF** | | **Service Facility Location Secondary Identification** | |
| 2310C | REF | **REF01** | Reference Identification Qualifier | EI (Employer's Identification Number)<br>SY (SSN)<br>For non-enrolled Medicaid providers, use 0B (State License Number). |
| 2310C | REF | **REF02** | Reference Identification | EIN or SSN<br>If the Provider is not a Medicaid provider, use the state license number. |
| **2320** | **SBR** | | **Other Subscriber Information** | If the patient has other insurance (Medicare, for example), repeat this loop for each other payer. Do not put information about MDCH coverage in this loop. |
| 2320 | SBR | **SBR01** | Payer Responsibility Sequence Number | If the patient has other insurance, report primary payer coverage with code P and any other insurance with codes S or T, as appropriate. |
| 2320 | SBR | **SBR02** | Individual Relationship code | The code carried in this element is the patient's relationship to the person who is insured. For example, if a child with Medicaid also has coverage under the father's insurance, use code 19 (Child). |
| 2320 | SBR | **SBR03** | Group or Policy number Reference Identification | Use the subscriber's group number (assigned by the other payer), not the number that uniquely identifies the subscriber. For example, group numbers assigned by BCBSM are usually 5 digits. |
| 2320 | SBR | **SBR09** | Claim filing indicator code | Do not use MC (Medicaid) in this |

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| | | | | element. |
| **2320** | **CAS** | | **Claim Level Adjustment** | MDCH expects all COB adjudication to be submitted in the service line level (Loop 2430 CAS) on dental claims. |
| **2330A** | **NM1** | | **Other Subscriber Name** | |
| 2330A | NM1 | **NM103** | Last Name or Organization Name | Name of the subscriber as it appears on the files of the other payer. |
| 2330A | NM1 | **NM104** | First Name | Name of the subscriber as it appears on the files of the other payer. |
| 2330A | NM1 | **NM105** | Name Middle | Name of the subscriber as it appears on the files of the other payer. |
| 2330A | NM1 | **NM108** | Identification code qualifier | MI (Member Identification Number). |
| 2330A | NM1 | **NM109** | Identification code | Use the unique beneficiary number assigned to the subscriber by the other payer indicated in Loop 2330B (Other Payer Name). For example, member numbers assigned by BCBSM are usually 3 letters followed by 9 digits. |
| **2330B** | **NM1** | | **Other Payer Name** | |
| 2330B | NM1 | **NM109** | Identification code | Use the carrier code assigned by MDCH (see MDCH website for listing of carrier codes). For example, if Delta Dental is the Other Payer, the value (carrier code) carried in this element would be 03085010. |
| **2330B** | **REF** | | **Other Payer Prior Authorization or Referral Number** | |
| 2330B | REF | **REF01** | Reference Identification Qualifier | 9F (Referral Number) or<br>G1 (Prior Authorization Number). |
| 2330B | REF | **REF02** | Reference Identification | If the other payer preauthorized services or a referral, enter the authorization number or referral number here. Do not use the PA or Referral Number (Loop 2300 REF02), specific to the destination payer. |
| 2330D | REF | | **Other Payer Referring Provider Identification** | |
| 2330D | REF | **REF01** | Reference Identification Qualifier | Do not use 1D (Medicaid Provider Number). |

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| 2330E | REF | | **Other Payer Rendering Provider Identification** | |
| 2330E | REF | **REF01** | Reference Identification Qualifier | Do not use 1D (Medicaid Provider Number). |
| **2400** | | | **Line Counter** | The HIPAA implementation guide allows up to 50 repetitions of the 2400 service line loop for each 2300 loop. |
| **2400** | **SV3** | | **Dental Service** | |
| 2400 | SV3 | **SV301-1** | Product/Service ID Qualifier | AD (American Dental Association Codes) |
| 2400 | SV3 | **SV301-2** | Product/Service ID | MDCH expects American Dental Association Codes CDT = Current Dental Terminology |
| **2400** | **SV3** | **SV304** | Oral Cavity Designation Code (1-5) | The Oral Cavity Code is required on the claim when applicable. Review the Billing & Reimbursement for Dental Providers Chapter for the required data characters. The dental database on the MDCH website lists the procedure codes that require the Oral Cavity Code designation. The data characters required are two-digit numeric characters. They are:<br>01 is the Maxillary Arch<br>02 is the Mandibular Arch<br>10 is the Upper Right Quadrant<br>20 is the Upper Left Quadrant<br>30 is the Lower Left Quadrant<br>40 is the Lower Right Quadrant |
| 2400 | SV3 | **SV306** | Quantity | MDCH requires a quantity of 1. Use a separate service line for each dental service. |
| **2400** | **TOO** | | **Tooth Information** | MDCH will only process one repeat of Loop 2400 TOO (Tooth Information) per service line. Any additional repeats may be ignored. |
| **2400** | **DTP** | | **Service Date** | |
| 2400 | DTP | **DTP03** | Service Date Time Period | MDCH expects service date on every service line. |

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| **2420B** | **REF** | | **Other Payer Prior Authorization or Referral Number** | |
| 2420B | REF | **REF01** | Reference Identification Qualifier | 9F (Referral Number) or<br>G1 (Prior Authorization Number) |
| 2420B | REF | **REF02** | Reference Identification | If the other payer preauthorized services or a referral, enter the authorization number or referral number here. Do not use the PA or Referral Number (Loop 2400 REF02), specific to the destination payer. |
| **2430** | **SVD** | | **Line Adjudication Information** | **MDCH expects this loop to be populated for each payer identified in Loop 2320 (Other Subscriber Information).** |