COMMONWEALTH OF VIRGINIA

Medicaid Enterprise System (MES)
MMIS Companion Guide

Health Care Claim: Dental (837)

ASC X12N 837
VERSION 005010X224A2

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Document Version 1.4

Department of Medical Assistance Services (DMAS)

VERSION CHANGE SUMMARY

VERSION NO.	DESCRIPTION	DATE
Version 1.0 – 1.1	Xerox VAMMIS FA 5010 Implementation Change	06/18/2011
Version 1.2	Xerox Rebranding	06/04/2012
Version 1.3	Conduent Rebranding	05/19/2017
Version 1.4	Effective February 14, 2022 in preparation for MMIS Rebranding to MES April 4, 2022 Updated front matter including: Introduction – updated links, Purpose – reworded section, and Special Notes –reworded the section and on page 5 information added – DMAS MES EDI web portal access	01/31/2022

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 EDI standards for health care as established by the Secretary of Health and Human Services. The ANSI X12N implementation guides have been established as the standards of compliance for claim transactions.

The following information is intended to serve only as a companion guide to the HIPAA ANSI X12N implementation guides. 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 X12N implementation guide.

Additional information on the Final Rule for Standards for Electronic Transactions can be found at http://aspe.hhs.gov/admnsimp/final/txfin00.htm. The HIPAA Implementation Guides can be accessed at http://store.x12.org/store

PURPOSE

This guide is concerned with the processing of batch requests and responses submitted to Conduent as the Commonwealth of Virginia's Fiscal Agent and information source for Virginia Medicaid. Conduent adheresto all HIPAA standards and this guide contains clarifications and requirements that are specific to transactions and data elements contained in various segments.

- For providers with a FFS agreement to submit claims for payment.
- For the dental program administrator or the contracted MCO's to submit encounters.

SPECIAL NOTES

837 Claims or Encounters may be sent at any time 24 hours a day, 7 days a week, however…

A) Fee-for-service Claims submitted by mid-afternoon will be processed in the current daily cycle. Claims submitted after 1 PM EST on Fridays will not be included in the current week's remittance cycle.

B) Encounters should be submitted on their scheduled submission date. Contact the Dental Contract Monitor or the MCO Encounter Analyst if a scheduled dental submission is delayed and needs to be rescheduled.

The 999 Response will normally be available for pickup 1 hour after file submission unless there are unforeseen technical difficulties.

Claim and Encounters should be submitted in separate ISA-IEA envelopes.

As of May 23, 2008 only the NPI will be accepted and used to adjudicate healthcare claims.

As of May 23, 2008 the API is used in place of Legacy ID. Non-healthcare providers that are not eligible to obtain an NPI will receive a new 10-digit Virginia Medicaid Atypical Provider ID (API).

Medicare coinsurance and deductible claims must be submitted using the NPI.

Conduent uses the MOVEit® DMZ application to transmit batch EDI data into the Virginia Medicaid system. All Service Centers must have applied and been authorized by the VirginiaEDI Coordinators office before using MOVEit® DMZ.

EDI Submitters can upload and retrieve batch files via the MOVEit® DMZ application usingeither of two methods:

a. Point a web browser to http://vammis-filetransfer.com and follow the web interfaceprompts to perform the desired task.

b. Use an SFTP Client application that references the vammis-filetransfer.com domain toperform the desired task.

MOVEit® DMZ is a secure file transfer and secure message server. It is a vital component of the MOVEit® family of secure file processing, storage, and transfer products developed by Ipswitch, Inc.

These products provide comprehensive, integrated, standards-based solutions for securehandling of sensitive information, including financial files, medical records, legal documents, and personal data.

More information or additional help regarding MOVEit® DMZ can be located on this webpage: https://vamedicaid.dmas.virginia.gov/sites/default/files/2022-01/VAMMIS_File_Transfer_FAQ.pdf

The DMAS MES EDI web portal can be accessed from this web page:
https://login.vamedicaid.dmas.virginia.gov/SecureISS/landingpage

For initial EDI Enrollment as a Trading partner, complete the Electronic Trading Partner Agreement online. The initial online enrollment can be accessed from this web page: https://vamedicaid.dmas.virginia.gov/form/edi-enrollment. After completing the enrollment, you will receive your credentials along with a unique Service Center ID assigned by Virginia Medicaid via email from no-reply@va.healthinteractive.net. The Virginia EDI test coordinator at Conduent will reach out with testing instructions after the Trading Partner Agreement is signed and approved.

The MES EDI web portal allows Service Centers or Trading Partners to:

- Enroll to submit healthcare transactions electronically
- Authorize trading partners or service centers to retrieve and/or modify electronic X12 transactions
- Self-service for password updates

Use the following link to access the MES EDI Portal FAQs:

https://login.vamedicaid.dmas.virginia.gov/SecureISS/faqLoginPage

Data Element Descriptions

Page	Loop	Segment	Data Element	Comments
C.3	N/A	ISA	ISA01-Authorization Information Qualifier	Use "00" - No Authorization Information Present
C.4	N/A	ISA	ISA03-Security Information Qualifier	Use "00" - No Security Information Present
C.4	N/A	ISA	ISA05-Interchange ID Qualifier	Use "ZZ" - Mutually defined
C.4	N/A	ISA	ISA06-Interchange Sender ID	Use 4-character service center ID assigned by Virginia Medicaid.
C.5	N/A	ISA	ISA08-Interchange Receiver ID	Use "VAMMIS FA"
C.5	N/A	ISA	ISA12 Interchange Control Version Number	00501- Control Version Number
C.5	N/A	ISA	ISA14-Acknowledgment Requested	Use "0" - No Interchange Acknowledgement Requested
C.7	N/A	GS	GS02-Application Sender's Code	4-character Service Center ID assigned by Virginia Medicaid
C.7	N/A	GS	GS03 – Application Receiver's Code	Use 'VA MMIS FA'
C.8	N/A	GS	GS08 - Version/Release Industry ID Code	Use "005010X224A2".
65	N/A	ST	ST03 – Implementation Convention Reference	Use "005010X224A2"
70	1000A-Submitter Name	NM1	NM109- Submitter Identifier	Use 4-character service center ID assigned by Virginia Medicaid.
75	1000B-Receiver Name	NM1	NM103-Name Last or Organization Name	Use "Dept of Med Assist Svcs"
88	2010AA-Billing Provider Name	N4	N403-Billing Provider's Zip Code	The billing provider zip code (along with the address information in the 2010AA N3 segment) is required and may be used for pricing. Providers are required to submit the 9-digit zip code

Page	Loop	Segment	Data Element	Comments
89	2010AA-Billing Provider Name	REF	REF01-Reference Identification Qualifier	EI -Employer's Identification Number SY -Social Security Number

89	2010AA-Billing Provider Name	REF	REF02-Billing Provider Tax Identification Number	When sending the EI qualifier, use the Employer Identification Number When sending the SY qualifier, use the SSN

Page	Loop	Segment	Data Element	Comments
115	2010BA-Subscriber Name	NM1	NM108-Identification Code Qualifier	Use "MI"
116	2010BA-Subscriber Name	NM1	NM109-Subscriber Primary Identifier	Use the patient's 12-digit member ID number assigned by Virginia Medicaid
148	2300-Claim Information	CLM	CLM01-Claim Submitter's ID	For Encounters, this should be the submitter's claim number that uniquely identifies the claim
149	2300-Claim Information	CLM	CLM05-3 Claim Frequency Code	Use "1" for original claim. Use "7" for replacement. Use "8" for void. **Note: For Replacements/Voids - Claims should be submitted with all service lines in the same order as they were originally submitted**

Page	Loop	Segment	Data Element	Comments
164	2300-Claim Information	PWK	PWK06-Attachment Control Number	Use if PWK02 = "BM", "EL", "EM", or "FX" The Attachment Control Number is a composite of three specific fields and can be up to 33 positions with no embedded spaces or special characters (i.e., slashes, dashes, etc.): The first field is the Patient Account Number (Provider assigned) and can be a maximum of 20 positions. The second field is the From Date Of Service (DOS) associated with the first line on the claim - MMDDCCYY. The third field is a sequential number (5 positions, numeric) established/incremented by the Provider for every electronic claim submitted. The sequence # is right justified, zero filled. The Attachment Control Number should be the same for every attachment associated with a specific claim.

Page	Loop	Segment	Data Element	Comments
167	2300-Claim Information	AMT-Patient Amount Paid	AMT02-Patient Amount Paid	Use for submitting an amount the patient paid towards the claim. This amount will be applied to the first line on the claim
171	2300-Claim Information	REF	REF01-Reference ID Qualifier	Use "F8" when submitting a claim replacement or void/cancel (as indicated by CLM05-3)
171	2300-Claim Information	REF	REF02-Payer Claim Control Number	For FFS claims, use the 16-character Reference Number assigned by Virginia Medicaid For encounters, use the MCO's or Vendors original claim number (up to 20 characters)

Page	Loop	Segment	Data Element	Comments
182	2300-Claim Information	NTE	NTE02-Claim Note Text	If additional notes are needed provide free-text remarks.
203-204	2310B – Rendering Provider Name	REF	REF01-Reference Identification Qualifier	**Use G2- Provider commercial number**
204	2310B-Rendering Provider Name	REF	REF02-Billing Provider Secondary Identifier	Only the 10-digit API should be submitted
210	2310C-Service Facility Location city, State, Zip code	N4	N403-Laboratory or Facility Postal Zone or Zip Code	The Full nine digit Zip Code must be provided

Page	Loop	Segment	Data Element	Comments
224	2320-Other Subscriber Information	SBR		If the patient has Medicare or other coverage, repeat this loop for each other payer. Do not put information about Virginia Medicaid coverage in this loop. For MCO submitted Encounters, one iteration of this loop should be used to represent the MCO coverage and payment. The MCO payer loop is identified by 1000A NM109 = 2330B NM109).
230	2300-Other Subscriber Information	CAS	CAS02-Claim Adjustment Reason Code	MCOs no longer use 2300 CAS to define claim adjustment reason code. Use 2430 CAS
234	2320-Other Subscriber Information	AMT-COB Payer Paid Amount	AMT02-Payer Paid Amount	All prior payments should be reported to Virginia Medicaid using this segment for the appropriate payer.
250	2330B-Other Payer Name	NM1-Other Payer Name	NM109-Identification Code	For MCO submitted Encounters, use 4-character service center ID assigned by Virginia Medicaid.
288	2400-Line Counter	SV3	SV304-1 - Oral Cavity Designation Code	Virginia Medicaid will process the following values: “00”, “10”, “20”, “30”, “40”.
291	2400-Line Counter	TOO		Virginia Medicaid will process one occurrence of the TOO segment.
321	2420A-Rendering Provider Name	NM1	NM108-Identification Code Qualifier	XX –NPI
321	2420A-Rendering Provider Name	NM1	NM109-Rendering Provider Identifier	Use National Provider Identification (NPI)

Page	Loop	Segment	Data Element	Comments
323	2420A-Rendering Provider Name	REF	REF01-Reference Identification Qualifier	**Use G2- Provider commercial number**
324	2420A-Rendering Provider Name	REF	REF02-Rendering Provider Secondary Identifier	Only the 10-digit API should be submitted

Page	Loop	Segment	Data Element	Comments
341	2420D-Service Facility Location city, State, Zip Code	N4	N403-Laboratory or Facility Postal Zone or Zip Code	The Full nine digit Zip Code must be provided
344	2430-Line Adjudication Information	SVD	SVD01-Identification Code	For MCO submitted Encounters, use SVD02 to report the service line paid amount. SVD01 should indicate the MCO payer ID submitted in 2330B NM109 (MCO Other payer loop).
350	2430-Line Adjudication Information	CAS	CAS02-Claim Adjustment Reason Code	For MCO submitted Encounters, use CAS02 Claim Adjustment Reason Code (code source 139) to indicate the denial or payment reduction reason.
354	2430-Line Adjudication Information	DTP	DTP03-Date Claim Adjudicated	For MCO submitted Encounters, use DTP03 to report the service line adjudication date.