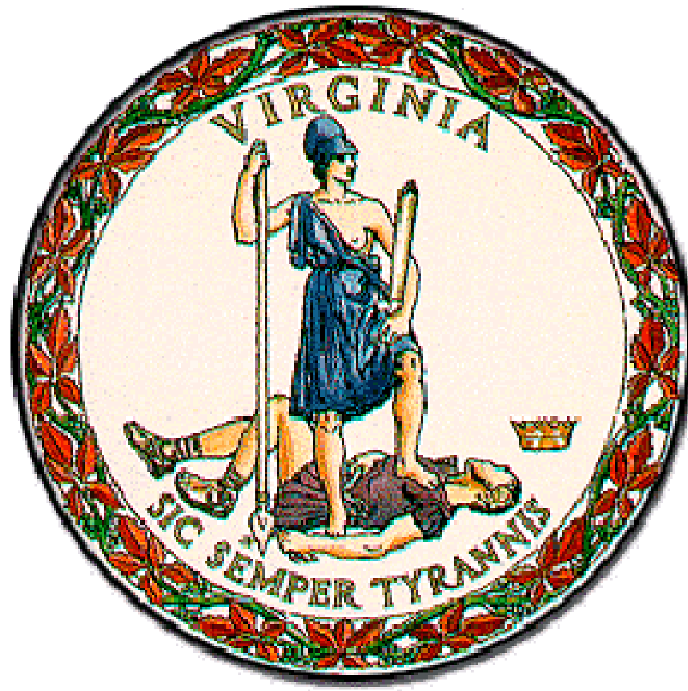
COMMONWEALTH OF VIRGINIA



Medicaid Enterprise System (MES) MMIS Companion Guide

Health Care Claim: Professional (837)

ASC X12N 837

VERSION 005010X222A1

January 31, 2022

Document Version 1.10

Department of Medical Assistance Services (DMAS)

VERSION CHANGE SUMMARY

VERSION NO.	DESCRIPTION	DATE
Version 1.0 – 1.1	Xerox VAMMIS FA 5010 Original Implementation Added the ISA07 Data Element Pg Reference (C.5)	06/21/2011 09/19/2011
Version 1.2	Modified Data Element Description for 2010BB-Loop	12/05/2011
Version 1.3	Xerox Rebranding	06/04/2012
Version 1.4	Added SV103 Data Element for 2400-Loop	12/06/2012
Version 1.5	Added NTE02- Line Note Text for Loop 2400	11/04/2014
Version 1.6	Conduent Rebranding	05/19/2017
Version 1.7	Added data elements associated with Agency Directed (AD) Services with Electronic Visit Verification (EVV) Implementation	01/29/2019
Version 1.8	Modified SV101-7 Description Comments to reflect HH:MM Format for EVV Time Data (Page 11)	03/29/2019
Version 1.9	Modified SV101-7 Description Comments to reflect HHMM Format for EVV Time Data (Page 11). The Colon was removed from the format as a colon is a separator in the X12 transactions	05/20/2019
Version 1.10	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 – removed SLH and reworded the section and on page 5 – DMAS MES EDI web portal access information added	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, and 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

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PURPOSE

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

- For providers with a FFS agreement to submit claims for payment
- For 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 MCO Encounter Analyst if a scheduled 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.

All references to Medicaid are used for simplicity, but other programs supported by DMAS are also included, such as FAMIS and TDO.

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 Virginia EDI Coordinators office before using MOVEit® DMZ.

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

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

b. Use an SFTP Client application that references the vammis-filetransfer.com domain to perform 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 secure handling 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 web page: 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 Medicaid 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	ISA07 – Interchange ID Qualifier	Use "ZZ" – Mutually defined
C.5	N/A	ISA	ISA08 – Interchange Receiver ID	"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	Use 4-character service center ID assigned by Virginia Medicaid.
C.7	N/A	GS	GS03 – Application Receiver's Code	'VAMMIS FA'
C.8	N/A	GS	GS08 - Version/Release Industry ID Code	"005010X222A1".
75	1000A-Submitter Name	NM1	NM109- Submitter Identifier	Use 4-character service center ID assigned by Virginia Medicaid.
80	1000B-Receiver Name	NM1	NM103-Name Last or Organization Name	Use "Dept of Med Assist Svcs"
83	2000A-Billing Provider Specialty information	PRV	PRV03-Provider Taxonomy Code	DMAS requires taxonomy codes on claims when the provider has not enumerated with separate NPIs based on the type of service being provided. Taxonomy codes do not need to be sent with an API.

Page	Loop	Segment	Data Element	Comments
89	2010AA-Billing Provider Name	NM1	NM108-Identification Code Qualifier	“XX”- NPI
91	2010AA-Billing Provider Name	N3	N301-Billing Provider Address Line	The Billing Provider Address must be a physical address. Note: Post Office Box or Lock Box addresses are not accepted
93	2010AA-Billing Provider Name	N4	N403-Billing Provider Postal Zone or 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.
94	2010AA-Billing Provider Name	REF	REF01-Reference Identification Qualifier	Medicaid will pay the billing provider and not the Pay-to-provider (loop 2010AB). EI-Employer’s Identification Number SY-Social Security Number
94	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.
122	2010BA-Subscriber Name	NM1	NM108-Identification Code Qualifier	Use “MI”.
123	2010BA-Subscriber Name	NM1	NM109-Subscriber Primary Identifier	Use the patient’s 12-digit member ID number assigned by Virginia Medicaid. For Agency Directed (AD) services, this is the individual receiving the service for EVV requirements.

Page	Loop	Segment	Data Element	Comments
140	2010BB-Payer Name	REF	REF01-Reference Identification Qualifier	Use G2 – Provider Commercial Number Note: This qualifier may only be used by non-healthcare providers who are unable to obtain an NPI ID
141	2010BB-Payer Name	REF	REF02-Billing Provider secondary Identifier	VAMMIS Medicaid Provider ID Note: REF02 must contain the API (ATYPICAL PROVIDER IDENTIFIER).
160	2300-Claim Information	CLM	CLM01-Claim Submitter's ID	For Encounters, this should be the MCO's claim number.
161	2300-Claim Information	CLM	CLM05-1Facility code value	Place of Service code
161	2300-Claim Information	CLM	CLM05-3 Claim Frequency Code	Use "1" for original claim. Use "7" for replacement. Use "8" for void. **NOTE:** **FFS** Replacements/Voids should be submitted **one service line per claim.** **Encounter** Replacements/Voids should be submitted with **all** service lines of a claim in the same order as they were originally submitted.

Page	Loop	Segment	Data Element	Comments
166	2300 - Claim Information	DTP	DTP03- Onset of Current Illness or Injury Date	This date is the onset of acute symptoms for the current illness or condition, for the initial treatment date

187	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.
188	2300 - Claim Information	CN1	CN101-Contract Type Code	Required for Encounters. Note: All encounters are required to submit the CN101 Contract Type Code with the way the claim was paid. This is used for rate setting.
190	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.
195	2300 - Claim Information	REF-Referral #	REF02-Reference Identification	Use 11-character number assigned by Virginia Medicaid.
197	2300 - Claim Information	REF-Prior Authorization	REF02-Reference Identification	Prior Authorization Number

Page	Loop	Segment	Data Element	Comments
198	2300 - Claim Information	REF-Payer Claim Control Number	REF02-Reference Identification	For FFS claims, use the 16-character Reference Number assigned by Virginia Medicaid. For encounters, use the MCO's original claim number (up to 20 characters).
Page	**Loop**	**Segment**	**Data Element**	**Comments**
261	2310A-Referring Provider Name	NM1	NM109-Referring Provider Identifier	For services to MEDALLION members that are not provided by the PCP, submit the Referring Provider's NPI in this field.
262-263	2310A-Referring Provider Name	REF	REF01-Reference Identification Qualifier	Use G2- Provider Commercial Number
263	2310A-Referring Provider Name	REF	REF02-Referring Provider Secondary Identifier	For services to MEDALLION members that are not provided by the PCP, submit the Referring Provider's 10-digit API assigned by Virginia Medicaid in this field.

Page	Loop	Segment	Data Element	Comments
267	2310B-Rendering Provider Name	PRV	PRV03-Provider Taxonomy Code	DMAS requires taxonomy codes on claims when the provider has not enumerated with separate NPIs based on the type of service being provided. Taxonomy codes do not need to be sent with an API.
269-270	2310B-Rendering Provider Name	REF	REF01-Reference Identification Qualifier	Use G2- Provider Commercial Number
270	2310B-Rendering Provider Name	REF	REF02-Rendering Provider Secondary Identifier	Only the 10-digit API should be submitted

276	2310CService Facility Location	N4	N403-Laboratory or Facility Zip code	The Service Facility zip code (along with the address information in the **2310C N3** segment) is required when the place of service is different than the billing zip code in 2010AA, N403. This information may be used for pricing. Providers are required to submit the 9 digit zip code.
297	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).

Page	Loop	Segment	Data Element	Comments
300	2320-Other Subscriber Information	SBR	SBR09-Claim Filing Indicator Code	For providers submitting Medicare coinsurance & deductible claims – Use "MB" to indicate a Medicare payer
303	2320-Other Subscriber Information	CAS	CAS02-Claim Adjustment Reason Code	MCOs no longer use 2320 CAS to define claim adjustment reason code; Use 2430 CAS for providers submitting Medicare coinsurance & deductible claims – Use "1" for Deductible amounts Use "2" for Coinsurance amounts.
307	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.
317	2330A-Other Subscriber Name	NM1	NM109-Other Insured Identifier	For providers submitting Medicare coinsurance & deductible claims – Use the Medicare ID for the member.

323	2330B-Other Payer Name	NM1	NM109-Other Payer Primary ID#	For providers submitting Medicare coinsurance & deductible claims - NM109 in 2330B should match the value you are submitting in SVD01 in 2430. For MCO submitted Encounters, use 4 character service center ID assigned by Virginia Medicaid.
352	2400-Service Line	SV1	SV101-1 - Product or Service ID Qualifier	Use "HC" - HCPCS Codes NDCs will not be processed in this segment, however an NDC must be sent in the LIN segment to supplement a drug HCPCS code (see instructions for 2410 - Drug Identification). For Agency Directed (AD) services, this is the type of service (procedure) performed for EVV requirements.
354	2400-Service Line	SV1	SV101-7- Description	For Agency Directed (AD) services, this is the time the services began and ended for EVV requirements. Format is HHMM-HHMM. HH will be 00 – 23 and MM will be 00 – 59. Example is 11:30-16:30 (11:30AM – 4:30PM)
354	2400-Service Line	SV1	SV102-Line Item Charge Amount	For providers submitting Medicare coinsurance & deductible claims – Submit the line charge amount billed to Medicare.
355	2400-Service Line	SV1	SV103-Units or basis for measurement code	For Anesthesia claims, use "MJ" (Minutes) EXCEPT for Procedure Code 01967 as this procedure will use "UN" (Unit) effective for claims with dates of service on or after 01/01/2013. For all other claims, use "UN" (Unit).

Page	Loop	Segment	Data Element	Comments
381	2400-Service Line	DTP-Date of Service	DTP03-Service Date	For Agency Directed (AD) services, this is the date(s) of service associated to the services delivered for EVV requirements.
397	2400 – Service Line	CN1	CN101 - Contract Type Code	For Non-Medicaid MCO Copay billing, use “04”. For Diagnosis Related Group use “01” For Per Diem use “02” For Variable Per Diem use “03” For Capitated use “05” For Percent use “06” For Other use “09” Note: This should reflect the payment arrangement between the MCO and the provider that rendered the service.

Page	Loop	Segment	Data Element	Comments
397	2400-Service Line	CN1	CN102-Contract Amount	For Non-Medicaid MCO Copay billing, this should be the Copay amount.
415	2400-Service Line	NTE	NTE02-Line Note Text	Provide free-text remarks, if needed. Object Code – from position 1 to 6 For claims from the State's Nonemergency Transportation Vendor, please refer to the Virginia Medicaid Transportation Companion Guide.
427	2410-Drug Identification	LIN	LIN02-Product or Service ID Qualifier	Use "N4" for NDC.
427	2410-Drug Identification	LIN	LIN03-National Drug Code	An NDC is required when a drug is dispensed. Virginia Medicaid will capture only the first occurrence of the LIN segment for each service line. If billing for a compound medication with more than one NDC, then each applicable NDC must be sent as a separate service line.
429	2410-Drug Identification	CTP	CTP04-Quantity	Input the actual NDC quantity dispensed.
430	2410-Drug Identification	CTP	CTP05-Composite Unit of Measure	Input the unit/basis of measure

Page	Loop	Segment	Data Element	Comments
436	2420A-Rendering Provider Name	PRV	PRV03-Provider Taxonomy Code	DMAS requires taxonomy codes on claims when the provider has not enumerated with separate NPIs based on the type of service being provided. Taxonomy codes do not need to be sent with an API
437-438	2420A-Rendering Provider Name	REF	REF01-Reference Identification Qualifier	Use G2- Provider commercial number
438	2420A-Rendering Provider Name	REF	REF02-Rendering Provider Secondary Identifier	Only the 10-digit API should be submitted.

449	2420C-Service Facility Location	N4	N403-Laboratory or Facility Postal Zone or Zip Code	The Service Facility zip code (along with the address information in the 2420C N3 segment) is required when the place of service is different than the billing zip code in 2010AA, N403 or 2310C, N403. This information may be used for pricing. Providers are required to submit the 9-digit zip code when available.
450	2420D-Supervising Provider Name	NM1	NM03-Supervising Provider Last Name	For Agency Directed (AD) services, this field is used to identify the Last Name of the attendant associated to the services delivered for EVV requirements.
450	2420D-Supervising Provider Name	NM1	NM04-Supervising Provider First Name	For Agency Directed (AD) services, this field is used to identify the First Name of the attendant associated to the services delivered for EVV requirements.
452	2420D-Supervising Provider Secondary Identification	REF	REF01-Reference Identification Qualifier	This field will be used for Agency Directed (AD) services when attendant information is submitted in Loop 2420D Supervising Provider Name. The value for this element is LU (Location Number).

Page	Loop	Segment	Data Element	Comments
453	2420D-Supervising Provider Secondary Identification	REF	REF02-Reference Identification	For Agency Directed (AD) services, this field is used to identify the unique Attendant ID (not SSN or FEIN) for the attendant associated to the services delivered for EVV requirements.
470	2420G – Ambulance Pick-Up Location	NM1		For Agency Directed (AD) services, this segment is used to identify the Begin Location of the service delivery as required by the EVV implementation.
472	2420G – Ambulance Pick-Up Location	N3		For Agency Directed (AD) services, this segment is used to identify the Begin Location Street Address of the service delivery as required by the EVV implementation.
473	2420G – Ambulance Pick-Up Location	N4		For Agency Directed (AD) services, this segment is used to identify the Begin Location City, State, and ZIP Code of the service delivery as required by the EVV implementation.
475	2420H – Ambulance Drop-Off Location	NM1		For Agency Directed (AD) services, this segment is used to identify the End Location of the service delivery as required by the EVV implementation.
477	2420H – Ambulance Drop-Off Location	N3		For Agency Directed (AD) services, this segment is used to identify the End Location Street Address of the service delivery as required by the EVV implementation.
478	2420H – Ambulance Drop-Off Location	N4		For Agency Directed (AD) services, this segment is used to identify the End Location City, State, and ZIP Code of the service delivery as required by the EVV implementation.

Page	Loop	Segment	Data Element	Comments
471-472	2420F-Referring Provider Secondary Identification	REF	REF01-Reference Identification Qualifier	Use G2- Provider commercial number
472	2420F-Referring Provider Secondary Identification	REF	REF02-Referring Provider Secondary Identifier	Only the 10-digit API should be submitted.
483	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).
489	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. For providers submitting Medicare coinsurance & deductible claims – Use “1” for Deductible amounts Use “2” for Coinsurance amounts
493	2430	DTP	DTP03-Date Claim Adjudicated	For MCO submitted Encounters, use DTP03 to report the service line adjudication date.