

COMMONWEALTH OF VIRGINIA



Encounter Processing Solution (EPS)

Medicaid Enterprise System (MES)
Companion Guide

**For 837 Professional Health Care and
Transportation Encounter Transactions**

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Department of Medical Assistance Services (DMAS)



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Publication Version Change Summary

Version	Date	Revision Description	Prepared By:
1.0	13MAR2017	DMAS MES 5010 Original Implementation	DMAS



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Version	Date	Revision Description	Prepared By:
1.1	09MAY2017	<p>Page 4 – Updated GS02 for Service Center information</p> <p>Page 7 – Added CR106 field information for Segment CR1 for Transportation Mileage requirements</p> <p>Page 9 – Updated SV103 field information for Segment SV1 to include Transportation Wait Time in Minutes (MJ) for Units Qualifier for Procedure Code A0090.</p> <p>Page 9 – Added CR106 field information for Segment CR1 to submit zero for mileage procedures for Transportation Mileage requirements</p> <p>Page 10 – Updated CR1 segment example to show CR106 mileage data as zero for Loop 2400</p>	DMAS
1.2	07JUN2017	<p>1- Corrected all 837P Page references.</p> <p>2- Changes made for updates for guide and Other Payer Segment usage and associated payment amounts.</p> <p>Page 1 – All references to Atypical Provider Identifier (API) have been removed.</p> <p>Page 4 – PRV03-Provider Taxonomy Code – Removed reference to API in Comments.</p> <p>Page 5 – Removed REF02-Billing Provider Secondary Identifier from document as related to API.</p> <p>Page 8 – Removed REF02-Rendering Provider Secondary Identifier from document as related to API.</p> <p>Page 8 – Removed REF02-Referring Provider Secondary Identifier from document as related to API.</p> <p>Page 8 – Updated and added additional information associated to the Other Payer segments that are required for EPS validation.</p> <p>Page 9 – Updated and added additional information associated to the Other Payer segments that are required for EPS validation.</p> <p>Page 10 – PRV03-Provider Taxonomy Code – Removed reference to API in Comments.</p> <p>Page 11 – Removed REF02-Rendering Provider Secondary Identifier from document as related to API.</p> <p>Page 11 – Removed REF02-Referring Provider Secondary Identifier from document as related to API.</p> <p>Page 12 – Updated and added additional information associated to the Other Payer segments that are required for EPS validation.</p>	DMAS



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1.3	23JUN2017	<p>Page 3 – ISA01 Comments for value 03 changed to Additional Data Identification.</p> <p>Page 3 – ISA02 Data Element name changed to Authorization Information.</p> <p>Page 3 – ISA12 reference removed as is redundant with the 837P 5010 TR3 Implementation Guide.</p> <p>Page 4 – Segment BHT added for BHT06-Claim or Encounter Identifier.</p> <p>Page 8 – Segment 2310E – Ambulance Pick-Up Location added for additional transportation services information.</p> <p>Page 8-9 – Segment 2310F – Ambulance Drop-Off Location added for additional transportation services information.</p> <p>Page 10 – Segment 2400 – SV101-2 added for additional transportation services information.</p> <p>Page 10 – Segment 2400 – SV101-3 added for additional transportation services information</p> <p>Page 13-14 – Segment 2420G – Ambulance Pick-Up Location added for additional transportation services information.</p> <p>Page 14 – Segment 2420H – Ambulance Drop-Off Location added for additional transportation services information.</p>	DMAS
1.4	28JUL2017	<p>Page 3 – ISA11 information added.</p> <p>Page 3 – ISA Segment Terminator added.</p> <p>Page 5 – Loop 2010BB, Segment NM1 Payer Name added.</p> <p>Page 15 – Loop 2430, Segment DTP – Claim Check or Remittance Date added.</p>	DMAS
1.5	02AUG2017	<p>Page 7 – Loop 2300, Segment CR1, Field CR109 TRIPNUM changed from 6 digits to 9 digits.</p> <p>Page 8 – Loops 2310E and 2310F were removed as these loops are not to be submitted at the claim level for transportation services.</p> <p>Page 9 – Loop 2310F was removed as this loop is not to be submitted at the claim level for transportation services.</p> <p>Page 12 – Loop 2420G, Segment NM1 Comments changed to remove reference to Loop 2310E</p> <p>Page 13 – Loop 2420G Segments N3 and N4 Comments changed to remove reference to Loop 2310E</p> <p>Page 13 – Loop 2420H Segments NM1, N3, and N4 Comments changed to remove reference to Loop 2310F</p>	DMAS



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1.6	29SEP2017	<p>Page 12 – Loop 2420D, Segment NM1 NM03 Comments changed to add reference for Consumer Directed Services Attendant Last Name.</p> <p>Page 12 – Loop 2420D, Segment NM1 NM04 Comments changed to add reference for Consumer Directed Services Attendant First Name.</p> <p>Page 12 – Loop 2420D, Segment REF REF01 Comments changed to add reference for Consumer Directed Services.</p> <p>Page 12 – Loop 2420D, Segment REF REF02 Comments changed to add reference for Consumer Directed Services Attendant ID.</p>	DMAS
1.7	20OCT2017	Page 10 – Loop 2400, Segment CR1, CR109 Comments changed to include information for when the transportation parameters are not required.	DMAS
2.0	06APRIL2018	<p>Revised for Medallion 4.0 Implementation:</p> <p>Page 3 - Added additional comments to ISA02 – Authorization Information pertaining to Medallion 4.</p> <p>Page 3 - Added additional comments to ISA06 – Interchange Sender ID pertaining to Medallion 4.</p> <p>Page 4 - Added additional comments to GS02 – Application Sender’s Code pertaining to Medallion 4.</p> <p>Page 4 - Added additional comments to NM109- Submitter Identifier pertaining to Medallion 4.</p>	DMAS
2.1	04MAY2018	Page 5 – Removed length restriction in Comments for REF02-Reference Number.	DMAS



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3.0	20AUG2018	<p>Revised for CD F/EA Services Implementation:</p> <p>Page 3 - Added additional comments to ISA02 – Authorization Information pertaining to CD F/EA implementation.</p> <p>Page 3 - Added additional comments to ISA06 – Interchange Sender ID pertaining to CD F/EA implementation.</p> <p>Page 4 - Added additional comments to GS02 – Application Sender’s Code pertaining to CD F/EA implementation.</p> <p>Page 4 - Added additional comments to NM109- Submitter Identifier pertaining to CD F/EA implementation.</p> <p>Page 6 - Added additional comments to AMT02- Patient Paid Amount pertaining to CD F/EA implementation.</p> <p>Page 9 - Added additional comments to AMT02- Payer Paid Amount pertaining to CD F/EA implementation.</p> <p>Page 12 - Added new Segment REF Prior Authorization pertaining to CD F/EA implementation.</p>	DMAS
3.1	03OCT2018	<p>Revised for CD F/EA Services Implementation:</p> <p>Page 12 – Add 2 new Segment DTP Service Date information pertaining to CD F/EA implementation.</p>	DMAS
3.2	04FEB2019	<p>Revised for Consumer Directed and Agency Directed Services changes associated to submission of Electronic Visit Verification (EVV) data in the 837P transaction:</p> <p>Page 9 – Revised comments for AMT02 - Payer Paid Amount to be required for CD F/EA services.</p> <p>Page 10 – Added new comments for SV101-7- Description for Time data required for EVV data.</p> <p>Page 13 – Revised comments for REF02-Prior Authorization Number to be required for CD F/EA services.</p> <p>Page 15 – Added new comments for NM03-Supervising Provider Last Name, NM04-Supervising Provider First Name, and REF01-Reference Identification Qualifier data required for EVV data.</p> <p>Page 16 – Added new comments for REF02-Reference Identification, NM1, N3, and N4 data required for EVV data.</p> <p>Page 17 – Added new comments for NM1, N3, and N4 data required for EVV data.</p> <p>Page 18 – Removed Appendices A, B, and C, associated to Transportation codes as these are maintained in the EPS Web Portal</p>	DMAS



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Version	Date	Revision Description	Prepared By:
3.3	12APR2019	Page 10 – Modified SV101-7 – Description to show correct form for the EVV Hours and Minutes field	DMAS
3.4	10MAY2019 23AUG2019	Page 10 – Modified SV101-7 – Description to show correct form for the EVV Hours and Minutes field without Colons. Colons cannot be used in X12 837P data values as is an X12 separator value as defined in the Implementation Guide. Page 11 – Modified SV101-3 – Procedure Modifier to show UB has been added to Comments. This value is to be used to bypass the EVV data elements requirements for the EPS business rules.	DMAS
3.5	02FEB2020	Revised for D-SNP Implementation Page 3 - Added additional comments to ISA02 – Authorization Information pertaining to D-SNP Program. Page 3 - Added additional comments to ISA06 – Interchange Sender ID pertaining to D-SNP Program. Page 4 - Added additional comments to GS02 – Application Sender’s Code pertaining to D-SNP Program. Page 4 - Added additional comments to NM109- Submitter Identifier pertaining to D-SNP Program. Page 7 – Note comment added for the D-SNP Program Page 8 – Note comment added for the D-SNP Program	DMAS
3.6	28AUG2020	Revised to include new K3 Segment for Emergency Room Reductions in Payment Page 8 – Added new K3 Segment and information for Emergency Room Utilization Program payment reductions	DMAS
3.7	24MAY2023	Revised to include new HCP Segments for submission of Allowed Amount. This will be included in both the Claim (2300 Loop) and the service line (2400 Loop). Page 9 – Added new HCP Segment for the 2300 Loop for information required for allowed amount information for the claim. Page 14 – Added new HCP Segment for the 2400 Loop for information required for allowed amount information for each service line.	DMAS



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1.1. Appendix A – Transportation Trip Type Values **Error! Bookmark not defined.**

1.2. Appendix B – Transportation Trip Leg Values **Error! Bookmark not defined.**

1.3. Appendix C – Transportation Pick-Up/Drop-off Location Values. **Error! Bookmark not defined.**



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1 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/admsimp/final/txfin00.htm>. The HIPAA Implementation Guides can be accessed at http://www.wpc-edi.com/hipaa/HIPAA_40.asp.

2 PURPOSE

This guide is concerned with the processing of batch requests and responses submitted to DMAS for Virginia Medicaid. DMAS adheres to all HIPAA standards and this guide contains clarifications and requirements that are specific to transactions and data elements contained in various segments. This guide is associated with the submission of 837P encounters by contracted MCOs and other entities, which are required to submit encounters.

3 SPECIAL NOTES

837 Encounters may be sent at any time 24 hours a day, 7 days a week; however, encounters should be submitted on their scheduled submission date based on the agreement established with DMAS. Contact the MCO/Contract Encounter Analyst if a scheduled submission is delayed and needs to be rescheduled.

The TA1, TA1HR, ACK, and the X12ERROR response files will normally be available for pickup 1 hour after file submission unless there are unforeseen technical difficulties. The 999, 999HR, and 277CA response files will be available immediately after the file submission is processed. Refer to the EDI Procedures Manual for more information about the outputs produced during EDI processing.

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

All encounters received will be processed using the NPI.

DMAS uses a Managed File Transfer (MFT) 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 MFT to transmit files.



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EDI Submitters can upload and retrieve batch files via the MFT application. Please refer to the EDI Procedures Manual for additional information related to using Managed File Transfer.



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4 DATA ELEMENT DESCRIPTIONS

Pages A – 99 - Table

Page	Loop	Segment	Data Element	Comments
C.3	N/A	ISA	ISA01 - Authorization Information Qualifier	Use "03" - Additional Data Identification
C.4	N/A	ISA	ISA02 – Authorization Information	Use 4-character Service Center ID assigned by DMAS Virginia Medicaid. Values currently in use: CP14 – CP19 for CCC Plus NE01 for NEMT Transportation M444 – M449 for Medallion 4 CD01 – CD F/EA Services DS14 – DS19 for D-SNP
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 to denote Service Center/Service Center Subcontractor relationship as follows in example: CP14000 (Service Center CP14 that has no associated Subcontractor for this transmission) Or CP14001 (Service Center CP14 and associated Subcontractor 001). M444000 (Service Center M444 that has no associated Subcontractor for this transmission) or M444001 (Service Center M444 and associated Subcontractor 001) CD01000 for CD F/EA Services DS14000 for D-SNP
C.5	N/A	ISA	ISA07 – Interchange ID Qualifier	Use "ZZ" – Mutually defined
C.5	N/A	ISA	ISA08 – Interchange Receiver ID	"VAMES EPS"
C.5	N/A	ISA	ISA11 – Repetition Separator	Use "^" – Carat Separator
C.5	N/A	ISA	ISA14 - Acknowledgment Requested	Use "1" - Interchange Acknowledgement Requested



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Page	Loop	Segment	Data Element	Comments
C.5	N/A	ISA	ISA16 - Component Element Separator	Use “:” – Colon Separator
C.5	N/A	ISA	Segment Terminator	Use “~” – Tilde Terminator
C.7	N/A	GS	GS02 – Application Sender’s Code	Use 7-character Service Center ID/Service Center Subcontractor ID assigned by DMAS Virginia Medicaid. Use ‘000’ in last 3 characters for Service Center. Examples are: CP14000 indicates Service Center, CP14001 indicates a subcontractor for Service Center CP14. NE01000 indicates Service Center. M444000 indicates Service Center, M444001 indicates a subcontractor for Service Center M444. CD01000 indicates Service Center. DS14000 indicates Service Center.
C.7	N/A	GS	GS03 – Application Receiver’s Code	“VAMES EPS”
C.8	N/A	GS	GS08 - Version/Release Industry ID Code	“005010X222A1”
71	Beginning of Hierarchical Transaction	BHT	BHT06-Claim or Encounter Identifier	Use RP (Reporting)
75	1000A-Submitter Name	NM1	NM109- Submitter Identifier	Use 4-character Service Center ID assigned by DMAS Virginia Medicaid. Values currently in use: CP14 – CP19 for CCC Plus NE01 for NEMT M444 – M449 for Medallion 4 CD01 for CD F/EA DS14 – DS19 for D-SNP
80	1000B-Receiver Name	NM1	NM103-Name Last or Organization Name	Use “Dept of Medical Assistance Services”
80	1000B-Receiver Name	NM1	NM109-ID Code	Use “VAMES EPS”
83	2000A-Billing Provider Specialty Information	PRV	PRV03-Provider Taxonomy Code	Required if Billing Provider NPI is submitted.



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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 9-digit zip code (along with the address information in the 2010AA N3 segment) is required.
94	2010AA-Billing Provider Name	REF	REF01-Reference Identification Qualifier	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.

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Page	Loop	Segment	Data Element	Comments
122	2010BA-Subscriber Name	NM1	NM108-Identification Code Qualifier	Use "MI".
123	2010BA-Subscriber Name	NM1	NM109-Subscriber Primary Identifier	Use the 12-digit Member ID Number assigned by Virginia Medicaid.
133	2010BB-Payer Name	NM1	NM103- Payer Name	Use "VAMES EPS".
134	2010BB-Payer Name	NM1	NM108-Identification Code Qualifier	Use "PI".
134	2010BB-Payer Name	NM1	NM109- Payer Identifier	Use "DMAS MEDICAID".
158	2300-Claim Information	CLM	CLM01-Claim Submitter's ID	For encounters, this should be the submitter's claim number ID.
164	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



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Page	Loop	Segment	Data Element	Comments
188	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. For CD F/EA services, this is the amount the Medicaid member paid to the attendant for CD services and will be used to reduce DMAS's payment for CD services.
196	2300 - Claim Information	REF-Payer Claim Control Number	REF02-Reference Identification	For encounters, use the submitter's original claim number ID.



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Pages 200 - 299 - Table

Page	Loop	Segment	Data Element	Comments
207	2300 – Claim Information	K3-File Information	K301-Fixed Format Information	<p>This K3 segment/field is used to convey the date encounter was received by the MCO, the date adjudicated by the MCO, the date paid by the MCO, the date for resubmissions from the MCO (if appropriate), and the payment status (Paid/Denied) of the encounter. The format for K301 is: K3*DREC-CCYYMMDD DADJ-CCYYMMDD DPYM-CCYYMMDD DRES-CCYYMMDD PYMS-P~ (Paid) or PYMS-D~ (Denied) Examples are as follows:</p> <p>For a paid encounter: K3*DREC-20170101 DADJ-20170105 DPYM-20170111 PYMS-P~</p> <p>For a denied encounter: K3*DREC-20170101 DADJ-20170105 DPYM-20170111 PYMS-D~</p> <p>For resubmission of a paid encounter: K3*DREC-20170101 DADJ-20170105 DPYM-20170111 DRES-20170115 PYMS-P~</p> <p>For resubmission denied encounter: K3*DREC-20170101 DADJ-20170105 DPYM-20170111 DRES-20170115 PYMS-D~</p> <p>Note: This segment is not used for the D-SNP Program</p>



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Page	Loop	Segment	Data Element	Comments
207	2300 – Claim Information	K3-File Information	K301-Fixed Format Information	<p>This K3 segment/field is used to submit the data required for encounters needed by DMAS for rate setting. The information supplied will be in the exact format as the CN1 Segment fields CN101 – CN106. This information is being requested to be used with the K3 Segment as the CN1 Segment is not HIPAA compliant. The format for K301 is:</p> <p>K3*CN101-99 CN102-9999999.99 CN103-999 CN104-xxx CN105-999 CN106-xxxx.</p> <p>The CN101 field for this K3 segment is required and the remaining fields are optional.</p> <p>Note: The data values needed for all supplied fields are described in the 837P 5010 TR3 Guide on Pages 186-187.</p> <p>Examples are as follows: K3*CN101-01 CN102-50.23 CN103-34 CN104-AB1 CN105-57 CN106-V01 (all 6 fields supplied) or K3*CN101-09 CN106-V01 (2 fields supplied) or K3*CN101-04 (required field only)</p> <p>Note:</p> <ul style="list-style-type: none"> • There should be at least one space between each field • Each pair must have one hyphen between field and value • Fields can be in any order • No hyphen (-) allowed in the value <p>Note: This segment is not used for the D-SNP Program</p>
207	2300 – Claim Information	K3-File Information	K301-Fixed Format Information	<p>This K3 segment/field is used to submit the data required for Medallion 4 and CCC Plus managed care programs for encounters that indicate a payment reduction was done for the entire claim based on the new DMAS Emergency Room Utilization Program effective 07/01/2020. If not applicable, do not submit. The format for this K3 Segment is as follows:</p> <p>K3*NONEMG-486.12~ K3*NONEMG-467~</p> <p>Note: The amount field must be supplied with a 2 position decimal amount when a decimal value is present.</p>
213	2300 – Claim Information	CR1-Ambulance Transport Information	CR106-Transport Distance	<p>This field is to be sent with a value zero. The actual miles for each will be sent in the SV104 field with the SVC segment associated to the transportation mileage procedure code.</p>



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Page	Loop	Segment	Data Element	Comments
213	2300 – Claim Information	CR1- Ambulance Transport Information	CR109-Description	This field will be used for transportation services to identify the trip number associated with the encounter services. The format for CR109 in the 2300 Loop is as follows: TRIPNUM-nnnnnnnnn (9 digits) Example is as follows: CR1****A*DH*12***TRIPNUM-000000024 Note: There must be a hyphen (-) between the field name and value.
253	2300 – Claim Information	HCP	HCP01-Pricing Methodology	This element is used for the claim header allowed amount information required for submission to DMAS. Value is 03 (Priced at Contractual Percentage)
253	2300 – Claim Information	HCP	HCP02-Monetary Amount	This element is used for the claim header allowed amount information required for submission to DMAS. Value will be the amount allowed for the claim.
259	2310A- Referring Provider Name	NM1	NM109-Referring Provider Identifier	Submit the Referring Provider's NPI in this field.
265	2310B - Rendering Provider Name	PRV	PRV03-Provider Taxonomy Code	Required when Rendering Provider NPI is submitted.
274	2310C - Service 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. Providers are required to submit the 9- digit zip code.
295	2320 - Other Subscriber Information	SBR		If the patient has Medicare or other coverage, repeat this loop for each payer with associated payment amounts. Additionally, one iteration of this loop must be used to represent the Medicaid coverage with the payment amount for any associated Medicaid expenditures. The EPS Service Center payer ID value is identified in Loop 1000A NM109 and must equal Loop 2330B NM109 value for Medicaid payments.
296	2320- Other Subscriber Information	SBR	SBR01 - Payer Responsibility Sequence Number Code	Ensure that the MC (Medicaid) value is always the last payer in sequence



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298	2320-Other Subscriber Information	SBR	SBR09-Claim Filing Indicator Code	Use the following codes as applicable for this field: MA to indicate Medicare A as payer MB to indicate Medicare B as payer MC to indicate Medicaid as payer (required) OF to indicate Medicare D as payer Other values as listed in the 837P TR3 Guide are acceptable.

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Page	Loop	Segment	Data Element	Comments
305	2320 - Other Subscriber Information	AMT - COB Payer Paid Amount	AMT02 - Payer Paid Amount	All payments associated for the encounter should be reported using this segment for the appropriate payer. The payment amount for any associated Medicaid expenditures must be reported. For CD F/EA services, this amount is required and is the total payroll amount paid for the pay period.
321	2330B-Other Payer Name	NM1	NM109-Other Payer Primary ID#	NM109 in Loop 2330B must match the value in SVD01 in Loop 2430. For EPS encounters, the 4-character Service Center ID assigned by Virginia Medicaid will be used.
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).
353	2400-Service Line	SV1	SV101-2 - Product or Service ID	Must be a valid HCPCS or CPT procedure code. For specific procedure codes associated with transportation services, refer to the EPS Technical Manual associated with the encounter submission contract. NOTE: All ambulance transport related encounters must have at least two service lines, one line for the transportation service procedure code and one line for the corresponding transportation mileage procedure code. Both service lines must have the same Trip number and must be submitted together in sequence, but in either order.



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Page	Loop	Segment	Data Element	Comments
353	2400-Service Line	SV1	SV101-3 – Procedure Modifier	<p>Must be a valid HCPCS or CPT procedure modifier. For transportation ambulance encounters, at least one modifier identifying place of origin and destination of the ambulance trip must be submitted. Each of the modifiers may be utilized to make up the first and/or second half of a two letter modifier. The first letter must describe the origin of the ambulance transport, and the second letter must describe the destination of the ambulance transport.</p> <p>Example: if a patient is picked up at their home and transported to the hospital, the modifier to describe the origin and destination would be RH.</p> <p>For specific ambulance procedure modifiers associated with transportation ambulance transport services, refer to the EPS Technical Manual associated with the encounter submission contract.</p> <p>For Agency Directed (AD) services procedure codes S5135, S9125, T1005, and T1019, use modifier UB to bypass the EVV required business rules.</p>
354	2400-Service Line	SV1	SV101-7 – Description	<p>For Consumer Directed (CD) and Agency Directed (AD) services, this field is required and 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 1130-1630 (11:30AM – 4:30PM)</p>
355	2400-Service Line	SV1	SV103 - Units or basis for measurement code	<p>For Anesthesia encounters, use “MJ” (Minutes) EXCEPT for Procedure Code 01967 as this procedure will use “UN” (Unit). For Transportation encounters, use “MJ” (Minutes) for Procedure Code T2007 (Wait Time). For all other claims, use “UN” (Unit).</p>
370	2400 – Service Line	CR1- Ambulance Transport Information	CR106-Transport Distance	<p>This field is to be sent with a value zero. The actual miles reported will be sent in the SV104 field with the SVC segment associated to the transportation mileage procedure code.</p>



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370	2400 – Service Line	CR1-Ambulance Transport Information	CR109-Description	<p>This field will be used for transportation services to identify the Trip Type, Trip Leg, Pickup Location, Pickup Time, Drop off Location, and Drop off Time. The 2300 Loop CR1 segment and the Loop 2400 CR1 segment must both be supplied for encounter transportation services. The format for CR109 in the 2400 Loop in as follows: TRIPTYPE-XX TRIPLEG-X PULOC-XX PUTIME-HHMM DOLOC-XX DOTIME-HHMM Example is as follows: CR1****A*DH*0***TRIPTYPE-A TRIPLEG-A PULOC-AD PUTIME-1820 DOLOC-HO DOTIME-1850</p> <p>Note:</p> <ul style="list-style-type: none"> • Each pair must be a hyphen (-) between the field name and value • There should be at least one space between each pair • The pairs can be in any order • See Appendices A, B, and C for Transportation field values <p>Additional Information: TRIPTYPE is not required for Transportation Special Cases Procedure Codes. TRIPLEG is not required for Transportation Special Cases Procedure Codes and Emergency Ambulance Procedure Codes. PULOC is not required for Transportation Special Cases Procedure Codes and Emergency Ambulance Procedure Codes. PUTIME is not required for Transportation Special Cases Procedure Codes and Emergency Ambulance Procedure Codes. DOLOC is not required for Transportation Special Cases Procedure Codes and Emergency Ambulance Procedure Codes. DOTIME is not required for Transportation Special Cases Procedure Codes and Emergency Ambulance Procedure Codes.</p> <p>For Special and Emergency procedure codes associated with transportation services, refer to the EPS Technical Manual associated with the encounter submission contract.</p>
380	2400-Service Line	DTP-Service Date	DTP02-Date Time Period Format Qualifer	For CD F/EA Consumer Directed (CD) services , the value in this element must be D8 (no date range).



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380	2400-Service Line	DTP-Service Date	DTP03-Service Date	For CD F/EA Consumer Directed (CD) services , only one date is to be submitted, no date ranges are permitted.
399	2400-Service Line	REF-Prior Authorization	REF02-Prior Authorization Number	For CD F/EA Consumer Directed (CD) services , this is required and is the DMAS 11-digit SA number sent to the contractor by DMAS.



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411	2400-Service Line	K3-File Information	K301-Fixed Format Information	This K3 segment/field is used to convey if the service line was paid or denied and is a required for all service lines. The format for this K301 field is: K3*PYMS-P (Paid Service Line) or K3*PYMS-D (Denied Service Line) Examples are as follows: K3*PYMS-P~ K3*PYMS-D~
411	2400-Service Line	K3-File Information	K301-Fixed Format Information	This K3 segment/field is used to submit the data required for encounter service lines that may be different than the K3 Segment for CN1 information in Loop 2300 needed by DMAS for rate setting. The format for this segment is identical to the K3 Segment for the CN1 information in Loop 2300. Note: This should reflect the payment arrangement between the MCO and the provider that rendered the service.
417	2400-Service Line	HCP	HCP01-Pricing Methodology	This element is used for the service line allowed amount information required for submission to DMAS. Value is 03 (Priced at Contractual Percentage)
417	2400-Service Line	HCP	HCP02-Monetary Amount	This element is used for the service line allowed amount information required for submission to DMAS. Value will be the amount allowed for the service line.
425	2410-Drug Identification	LIN	LIN02-Product or Service ID Qualifier	Use "N4" for NDC.
425	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.
426	2410-Drug Identification	CTP	CTP04-Quantity	Input the actual NDC quantity dispensed.
427	2410-Drug Identification	CTP	CTP05-Composite Unit of Measure	Input the unit/basis of measure



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433	2420A-Rendering Provider Name	PRV	PRV03-Provider Taxonomy Code	DMAS requires taxonomy codes on encounters when the provider has enumerated with separate NPIs based on the type of service being provided.
446	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. Providers are required to submit the 9-digit zip code when available.
450	2420D-Supervising Provider Name	NM1	NM103-Supervising Provider Last Name	This field will be used for transportation services to identify the Last name of the payee for reimbursement of special transportation related expenses. These services are defined as Special Services. For specific procedure codes associated with special services, refer to the EPS Technical Manual associated with the encounter submission contract. This field is also used and required for Consumer Directed (CD) and Agency Directed (AD) services to identify the Last name of the Attendant associated to the service delivered for EVV requirements.
450	2420D-Supervising Provider Name	NM1	NM104-Supervising Provider First Name	This field will be used for transportation services to identify the First name of the payee for reimbursement of special transportation related expenses. These services are defined as Special Services. For specific procedure codes associated with special services, refer to the EPS Technical Manual associated with the encounter submission contract. This field is also used and required for Consumer Directed (CD) and Agency Directed (AD) services to identify the First name of the Attendant associated to the service delivered for EVV requirements.
452	2420D-Supervising Provider Secondary Identification	REF	REF01-Reference Identification Qualifier	This field will be used for special transportation services when payee information is submitted in Loop 2420D Supervising Provider Name. The value for this element is LU (Location Number). This field is also used and required for Consumer Directed (CD) and Agency Directed (AD) services when attendant information is submitted in Loop 2420D Supervising Provider Name associated to the service delivered for EVV requirements.



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453	2420D- Supervising Provider Secondary Identification	REF	REF02-Reference Identification	This field will show the Trip Number associated with the reimbursement of special transportation services related expenses to the payee in the 2420D NM1 segment. This number must be the same as the Trip Number submitted in Loop 2300, CR109 field. This field is also used and required for Consumer Directed (CD) and Agency Directed (AD) services to identify the unique Attendant ID (not SSN or FEIN) for the Attendant associated to the service delivered for EVV requirements.
285	2420G – Ambulance Pick-Up Location	NM1		This Pick-Up segment is required for ambulance or non-emergency transportation services except for transportation special services. For specific procedure codes associated with transportation special services, refer to the EPS Technical Manual associated with the encounter submission contract. This segment is also used and required for Consumer Directed (CD) and Agency Directed (AD) services to identify the Begin Location of the service delivered as required for EVV.
472	2420G – Ambulance Pick-Up Location	N3		This Pick-Up segment is required for ambulance or non-emergency transportation services except for transportation special services. For specific procedure codes associated with transportation special services, refer to the EPS Technical Manual associated with the encounter submission contract. This segment is also used and required for Consumer Directed (CD) and Agency Directed (AD) services to identify the Begin Location Street Address of the service delivered as required for EVV.
473	2420G – Ambulance Pick-Up Location	N4		This Pick-Up segment is required for ambulance or non-emergency transportation services except for transportation special services. For specific procedure codes associated with transportation special services, refer to the EPS Technical Manual associated with the encounter submission contract. This segment is also used and required for Consumer Directed (CD) and Agency Directed (AD) services to identify the Begin Location City, State, and ZIP Code of the service delivered as required for EVV.



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475	2420H – Ambulance Drop-Off Location	NM1		This Drop-Off segment is required for ambulance or non-emergency transportation services except for transportation special services. For specific procedure codes associated with transportation special services, refer to the EPS Technical Manual associated with the encounter submission contract. This segment is also used and required for Consumer Directed (CD) and Agency Directed (AD) services to identify the End Location of the service delivered as required for EVV. May be same information as Begin data.
477	2420H – Ambulance Drop-off Location	N3		This Drop-Off segment is required for ambulance or non-emergency transportation services except for transportation special services. For specific procedure codes associated with transportation special services, refer to the EPS Technical Manual associated with the encounter submission contract. This segment is also used and required for Consumer Directed (CD) and Agency Directed (AD) services to identify the End Location Street Address of the service delivered as required for EVV. May be same information as Begin data.
478	2420H – Ambulance Drop-off Location	N4		This Drop-Off segment is required for ambulance or non-emergency transportation services except for transportation special services. For specific procedure codes associated with transportation special services, refer to the EPS Technical Manual associated with the encounter submission contract. This segment is also used and required for Consumer Directed (CD) and Agency Directed (AD) services to identify the End Location City, State, and ZIP Code of the service delivered as required for EVV. May be same information as Begin data.
480	2430-Line Adjudication Information	SVD	SVD01-Other Payer Primary Identifier	For EPS encounters, SVD01 must match the value in NM109 in Loop 2330B. The 4-character Service Center ID assigned by Virginia Medicaid will be used. This element is mandatory.
481	2430-Line Adjudication Information	SVD	SVD02-Service Line Paid Amount	The amount paid for each service line shall be reported in this field for associated payments, including Medicaid (MC) related payments. This element is mandatory



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486	2430-Line Adjudication Information	CAS	CAS02-Claim Adjustment Reason Code	For EPS encounters, use CAS02 Claim Adjustment Reason Code (Code Source 139) to indicate denial of payment reduction reason for the service line.
490	2430-Line Adjudication Information	DTP	DTP03-Adjudication or Payment Date	This is the date the encounter (claim) line was paid to the provider in the CCYYMMDD format. This element is mandatory.



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