



Department of Medical Assistance Services
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<http://www.dmas.virginia.gov>

MEDICAID MEMO

TO: All Providers participating in the Virginia Medical Assistance Program, FAMIS, and SLH and Managed Care Organizations providing services to Virginia Medicaid and FAMIS recipients

FROM: Patrick W. Finnerty, Director
Department of Medical Assistance Services

MEMO Special

DATE 7/19/2004

SUBJECT: Sending Attachments Related to 837 Electronic Claims Transactions

The purpose of this Medicaid Memo is to provide you with information specific to electronic claims submitted using the 837 format. As you know, the X12 837 4010A1 Healthcare Claims Implementation Guides for Institutional, Professional, and Dental claims were designated as the standards to be used under The Health Insurance Portability and Accountability Act (HIPAA).

DMAS has accepted these formats since the implementation of the new Medicaid Management Information System (MMIS) in June 2003, and now requires their use for any electronic claims submitted after January 31, 2004.

This Medicaid Memo explains how to send attachments related to 837 claims.

SENDING ATTACHMENTS TO SUPPORT ELECTRONIC CLAIMS

We recently implemented changes to the MMIS that enable providers to submit professional, dental, and institutional claims electronically even when the claims require attachments. While instructions for filing paper attachments to electronic claims were included in the provider billing manuals, until this change was made in the system, the MMIS did not utilize the submitted attachment information when adjudicating the claim. As a result, providers were forced to submit paper claims if they thought an attachment would affect adjudication. Now that the change has been implemented, an attachment that is submitted for an electronic claim will have the same effect as an attachment to a paper claim. Electronic claims can be matched to an attachment received through the mail. Attachments may be paper adjustments as well as attachments in another physical form, such as photos or dental x-rays.

When a claim that requires an attachment is sent using an 837 transaction, the attachment is identified on the electronic claim using an Attachment Control Number (ACN) that links the claim and attachment. The attachment is sent under a separate cover with the DMAS-3, Claim Attachment Form. DMAS-3 forms and attachments are submitted to First Health using the same mailing address used for claims submission.

Instructions on how to format the ACN that links the claim and attachment can be found in the instructions for the DMAS-3 form. The ACN consists of the combined fields of the patient account number, date of service, and sequence number (assigned by the submitter). The ACN on the DMAS-3 Claim Attachment Form must match the ACN on the 837 claim, or the attachment will not be matched to the claim submitted. If no match is found within 21 days, the claim will be denied.

To submit an electronic claim requiring an attachment, please follow these steps:

1. Fill out a Virginia Department of Medical Assistance Services Claim Attachment Form (form DMAS-3). Instructions for completing this form are attached to this Medicaid Memo.
2. Sign and date the form.
3. Mail the signed DMAS-3 form and the claim attachment to the mailing address used for claims submission.
4. Ensure that the ACN corresponding to the attachment required for a claim is included in that claim's PWK segment in the 837 transaction. For successful adjudication, the ACN on the DMAS-3 form must match exactly with the ACN carried in the 837.

Attachments for 837 claims must be submitted and entered into the system within 21 days of the receipt of the claim or the claim will be denied. Please allow sufficient time for entering data into the system (i.e., 48 hours) and mail delivery time when submitting the DMAS-3 form. Copies of the DMAS-3 form may be downloaded from the DMAS website at www.dmas.virginia.gov. A copy of the DMAS-3 form and instructions for completing the form are attached to this Medicaid Memo.

Instructions on how to enter the ACN on the 837 claim transaction can be found in the Trading Partner Companion Guide which can be viewed and downloaded from the First Health website at <https://virginia.fhsc.com/hipaa/CompanionGuides.asp>.

Please note that only the X12 837 attachment, as identified in the PWK segment, will affect the adjudication of a claim. At the present time, a claim note, as identified in the NTE segment, is not considered a claim attachment and will not affect the adjudication of the claim. If DMAS policy requires an attachment to be submitted with a claim, providers must follow the procedures described in this notification.

ELIGIBILITY AND CLAIMS STATUS INFORMATION

DMAS offers a web-based Internet option to access information regarding Medicaid eligibility, claims status, check status, service limits, prior authorization, and pharmacy prescriber identification information. The website address to use to enroll for access to this system is <http://virginia.fhsc.com>. The MediCall voice response system will provide the same information and can be accessed by calling 800-884-9730 or 800-772-9996. Both options are available at no cost to the provider.

COPIES OF MANUALS

DMAS publishes electronic and printable copies of its provider manuals and Medicaid Memoranda on the DMAS website at www.dmas.virginia.gov (*please note the new website address*). Refer to the Provider Column to find Medicaid and SLH provider manuals or click on “Medicaid Memos to Providers” to view Medicaid Memoranda. The Internet is the most efficient means to receive and review current provider information. If you do not have access to the Internet, or would like a paper copy of a manual, you can order these by contacting Commonwealth-Martin at 804-780-0076. A fee will be charged for the printing and mailing of the manuals and manual updates requested.

“HELPLINE”

The “HELPLINE” is available Monday through Friday from 8:30 a.m. to 4:30 p.m., except State holidays, to answer questions. The “HELPLINE” numbers are:

786-6273	Richmond area
1-800-552-8627	All other areas

Please remember that the “HELPLINE” is for provider use only.

Attachment (1)

VIRGINIA DEPARTMENT OF MEDICAL ASSISTANCE SERVICES

CLAIM ATTACHMENT FORM

Attachment Control Number (ACN) :

Patient Account Number (20 positions limit)*	MM	DD	CCYY	Sequence Number (5 digits)
	Date of Service			

*Patient Account Number should consist of numbers and letters only. NO spaces, dashes, slashes or special characters.

Provider Number:	Provider Name:
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Enrollee Identification Number:
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Enrollee Last Name:	First Name:	MI:
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<input type="checkbox"/> Paper Attached	<input type="checkbox"/> Photo(s) Attached	<input type="checkbox"/> X-Ray(s) Attached
<input type="checkbox"/> Other (specify) _____		

COMMENTS: _____ _____ _____ _____ _____
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THIS IS TO CERTIFY THAT THE FOREGOING AND ATTACHED INFORMATION IS TRUE, ACCURATE AND COMPLETE. ANY FALSE CLAIMS, STATEMENTS, DOCUMENTS, OR CONCEALMENT OF A MATERIAL FACT MAY BE PROSECUTED UNDER APPLICABLE FEDERAL OR STATE LAWS

Authorized Signature _____ **Date Signed** _____

Mailing addresses are available in the Provider manuals or check DMAS website at www.dmas.state.va.us . Attachments are sent to the same mailing address used for claim submission. Use appropriate PO Box number.

INSTRUCTIONS FOR THE COMPLETION OF THE DMAS-3 FORM. THE DMAS-3 FORM IS TO BE USED BY EDI BILLERS ONLY TO SUBMIT A NON-ELECTRONIC ATTACHMENT TO AN ELECTRONIC CLAIM.

Attachment Control Number (ACN) should be indicated on the electronic claim submitted. The ACN is the combined fields 1, 2 and 3 below. (i.e. Patient Account number is 123456789. Date of service is 07/01/2003. Sequence number is 12345. The ACN entered on the claim should be 1234567890701200312345.) IMPORTANT: THE ACN ON THE DMAS-3 FORM MUST MATCH THE ACN ON THE CLAIM OR THE ATTACHMENT WILL NOT MATCH THE CLAIM SUBMITTED. IF NO MATCH IS FOUND, CLAIM MAY BE DENIED. ATTACHMENTS MUST BE SUBMITTED AND ENTERED INTO THE SYSTEM WITHIN 21 DAYS OR THE CLAIM MAY RESULT IN A DENIAL.

1. **Patient Account Number** – Enter the patient account number up to 20 digits. Numbers and letters only should be entered in this field. **Do not** enter spaces, dashes or slashes or any special characters.
2. **Date of Service** – Enter the from date of service the attachment applies to.
3. **Sequence Number** – Enter the provider generated sequence number up to 5 digits only.
4. **Provider Number** – Enter the Medicaid Provider number.
5. **Provider Name** – Enter the name of the Provider.
6. **Enrollee Identification Number** – Enter the Medicaid ID number of the Enrollee.
7. **Enrollee Last Name** - Enter the last name of the Enrollee.
8. **First** – Enter the first name of the Enrollee.
9. **MI** – Enter the middle initial of the Enrollee.
10. **Type of Attachment** – Check the type of attachment or specify.
11. **Comment** – Enter comments if necessary.
12. **Authorized Signature** – Signature of the Provider or authorized Agent.
13. **Date Signed** – Enter the date the form was signed.

Attachments are sent to the same mailing address used for claim submission. Use appropriate PO Box number. Mailing addresses are available in the Provider manuals or check the DMAS website at www.dmas.state.va.us.