

**West Virginia HIPAA
HEALTH CARE CLAIM: DENTAL
Companion Guide 837**

Version 1.0

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RECORD OF CHANGE

DATE	DESCRIPTION OF CHANGE	ORIGINATOR	DMS APPROVED

COMPANION GUIDE PURPOSE

This companion guide document for the transaction type listed below further defines situational and required data elements that are used for processing claims for programs administered by West Virginia Bureau for Medical Services. This document is not the complete EDI transaction format specifications.

- Health Care Claim: Dental Transaction
ASC X12N 837(004010X097) May 2000
- Addenda Health Care Claim: Dental Transaction
ASC X12N 837(004010X097A1) October 2002

CONTROL STRUCTURE DEFINITIONS

ISA - INTERCHANGE CONTROL HEADER SEGMENT

Reference	Definition	Values
ISA01	Authorization Information Qualifier	00
ISA02	Authorization Information	[space fill]
ISA03	Security Information Qualifier	00
ISA04	Security Information	[space fill]
ISA05	Interchange ID Qualifier	ZZ
ISA06	Interchange Sender ID	WVSUBID????? Replace '?????' with the unique number found on your West Virginia Transaction Information Form.
ISA07	Interchange ID Qualifier	ZZ
ISA08	Interchange Receiver ID	WV_MMIS_4UNISYS
ISA09	Interchange Date	The date format is YYMMDD
ISA10	Interchange Time	The time format is HHMM
ISA11	Interchange Control Standards Identifier	U
ISA12	Interchange Control Version Number	00401
ISA13	Interchange Control Number	Must be identical to the interchange trailer IEA02 (defined by sending Trading Partner)
ISA14	Acknowledgment Request	1
ISA15	Usage Indicator	T= Test Data P = Production Data
ISA16	Component Element Separator	:

IEA - INTERCHANGE CONTROL TRAILER

Reference	Definition	Values
IEA01	Number of included Functional Groups	Count of included Functional Groups
IEA02	Interchange Control Number	Must be identical to the value in ISA13

GS – FUNCTIONAL GROUP HEADER

Reference	Definition	Values
GS01	Functional Identifier Code	HC = Health Care Claim (837)
GS02	Application Sender's Code	Must be identical to the value in ISA06
GS03	Application Receiver's Code	WV_MMIS_4UNISYS
GS04	Date	The date format is CCYYMMDD
GS05	Time	The time format is HHMM
GS06	Group Control Number	Assigned and maintained by the sender
GS07	Responsible Agency Code	X
GS08	Version/Release/Industry Identifier Code	004010X097A1

GE – FUNCTIONAL GROUP TRAILER

Reference	Definition	Values
GE01	Number of Transaction Sets Included	Number of Transaction Sets Included
GE02	Group Control Number	Must be identical to the value in GS06

VALID DELIMITERS FOR WEST VIRGINIA MEDICAID

Definition	ASCII	Decimal	Hexadecimal
Segment Separator	~	126	7E
Element Separator	*	42	2A
Compound Element Separator	:	58	3A

TRANSMISSION CONSTRAINTS

1. Only one Interchange per transmission
2. Only one transaction type per interchange
3. Maximum of 5,000 claims per transmission
4. Single transmission file size must be less than 4MB

FIELD DEFINITIONS

Label	Column Definition
A	The name of the loop as documented in the appropriate HIPAA 837 Implementation Guide.
B	A loop ID number used to identify a group of segments that are collectively repeated in a serial fashion up to a specified maximum number of times as documented in the appropriate 837 Implementation Guide.
C	The HIPAA field position number and segment number as specified in the appropriate 837 Implementation Guide.
D	The data element name and page number as indicated in the appropriate 837 HIPAA Implementation Guide.
E	The Values and Comments further describing the appropriate 837 Implementation Guide field data that West Virginia Medicaid will accept.

COMPANION GUIDE FOR THE 837 DENTAL TRANSACTION

Loop Name	Loop ID	HIPAA Field Position/ Segment	HIPAA Data Element Name/Page Number from Implementation Guide	Valid Values And/or Comments
A	B	C	D	E
Beginning of Hierarchical Transaction		010-BHT02	Transaction Set Purpose Code Pg 55	'00' Original
Beginning of Hierarchical Transaction		010-BHT06	Transaction Type Code Pg 56	'CH' Chargeable
Submitter Name	1000A	020-NM109	Identification Code Pg 61	WVSUBID????? Replace '?????' with the unique number found on your West Virginia Transaction Information Form.
Submitter Name	1000A	045-PER03	Communication Number Qualifier Pg 64	'TE' Telephone Minimum requirement. PER 05 –PER08 may also be sent.
Receiver Name	1000B	020-NM103	Name Last or Organization Name Pg 67	WV_MMIS_4UNISYS
Receiver Name	1000B	020-NM109	Identification Code Pg 67	WV_MMIS_4UNISYS

Billing Provider Location

Page 76 Loop 2010AA

Billing Provider Name	2010AA	035-REF01	Reference Identification Qualifier Pg 84	'1D' Medicaid Provider Number (not a group number)
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Pay-To Provider Location

Alternate Location 1:

Pay-To Provider is the same as the Billing Provider

Page 76 Loop 2010AA

Billing Provider Name	2010AA	035-REF01	Reference Identification Qualifier Pg 84	'1D' Medicaid Provider Number (rendering/servicing)
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Alternate Location 2:

Pay-To Provider is not the same as the Billing Provider

Page 87 Loop 2010AB

Pay-To Provider Name	2010AB	035-REF01	Reference Identification Qualifier Pg 95	'1D' Medicaid Provider Number (Medicaid group provider number)
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Loop Name	Loop ID	HIPAA Field Position/ Segment	HIPAA Data Element Name/Page Number from Implementation Guide	Valid Values And/or Comments
A	B	C	D	E
Subscriber Hierarchical Level	2000B	001-HL04	Hierarchical Level Pg 97	'0' No subordinate HL Segment in the Hierarchical Structure
Subscriber Hierarchical Level	2000B	005-SBR09	Claim Filing Indicator Code Pg 102	'MC' Medicaid
Subscriber Name	2010BA	015-NM102	Entity Type Qualifier Pg 104	'1' Person
Subscriber Name	2010BA	015-NM108	Identification Code Qualifier Pg 105	'MI' Member Identification Number
Subscriber Name	2010BA	015-NM109	Identification Code Pg 106	West Virginia Medicaid 10 digit Recipient Number
Payer Name	2010BB	015-NM103	Name Last or Organization Name Pg 118	WV_MMIS_4UNISYS
Payer Name	2010BB	015-NM108	Identification Code Qualifier Pg 118	'PI' Payer Identification
Payer Name	2010BB	015-NM109	Identification Code Pg 118	WV_MMIS_4UNISYS
Claim Information	2300	1028-CLM01	Claim Submitter's Patient Account / Identifier Number Pg 150	Patient Control Number
Claim Information	2300	130-CLM11-1	Related Causes Code Pg 153	'AA' – Auto Accident 'OA' – Other Accident
Claim Information	2300	130-CLM12	Special Program Code Pg 155	'01' EPSDT
Referral Identification	2300	180-REF01	Reference Identification Qualifier Pg 17 Addenda	'G1' Prior Authorization Number
Referral Identification	2300	180-REF02	Reference Identification Referral Number Pg 17 Addenda	Assigned Prior Authorization Number
Other Subscriber	2320	300-AMT02	Monetary Amount Payer Paid Amount	Other Insurance paid Amount

Loop Name	Loop ID	HIPAA Field Position/ Segment	HIPAA Data Element Name/Page Number from Implementation Guide	Valid Values And/or Comments
A	B	C	D	E
Information			Pg 220	
Tooth Information	2400	382-TOO02	Industry Code Tooth Number Pg 272	Tooth Number (Do not repeat segment, one tooth per line only)
Tooth Information	2400	382-TOO03 TOO03-1	Tooth Surface Tooth Surface Code Pg 272	Reference Imp Guide For Valid Values
Date of Service	2400	455-DTP03	Date Time Period Service Date Pg 274	
Service Adjustment	2430	545-CAS01	Claim Adjustment Group Code Pg 307	'CR' Correction and Reversals
Service Adjustment	2430	545-CAS02	Claim Adjustment Reason Code Pg 307	For adjustment reason codes see http://wpc-edi.com follow the buttons to Code lists – Claim Adjustment Reason Codes
Service Adjustment	2430	545-CAS03	Monetary Amount Adjustment Amount Pg 307	
Service Adjustment	2430	545-CAS04	Quantity Pg 307	