

Utah Specific Transaction Instructions ENCOUNTER RECORD

837 Health Care Claim: Dental
ASCX12N 837 (005010X224)

The Health Insurance Portability and Accountability Act (HIPAA) requires that Medicaid, and all health insurance payers in the United States, comply with the Electronic Data Interchange (EDI) standards for healthcare as established by the Secretary of Health and Human Services. The ANSI ASC X12N 837D Version 4010 implementation guide has been established as the standard of compliance. Utah Medicaid will implement the Addenda corrections for the Health Care Claims: Dental (005010X224). The implementation guide is available electronically at www.wpc-edi.com. The following supplemental requirements are specific to Utah Medicaid and are intended to serve as a companion guide to the HIPAA ANSI X12N implementation guide. For clarification regarding submission of encounter records, refer to the encounter provider manual. Further billing instructions and policy are published in the Utah Medicaid Provider Manual.

Requirements:

1. An Electronic Commerce Agreement must be in place. The form is available at www.UHIN.com.
2. A Utah Medicaid EDI Enrollment form must be completed and on file prior to the submission of claims. The form is at http://health.utah.gov/hipaa/medicaid_pcn.htm. Transactions submitted without an Electronic Transmitter Identification Number (ETIN) or Trading Partner Number (TPN) on file with Medicaid will be rejected back to the sender.
3. 837 claims may be sent anytime 24 hours a day, 7 days a week. . Encounter files are processed nightly, Monday through Friday, into the state system (MMCS). Files received after 5 pm (MST) will be processed in the next nightly run.
4. A 999 Functional Acknowledgment will be created for all 837 transactions.
5. A 277CA Health Care Claim Acknowledgment will be returned for all 837 transactions processed into the state system (MMCS).
6. All references to Medicaid are used for simplicity, but other programs supported by Health Care Financing (HCF) are also included, e.g., Non-Traditional Medicaid, Primary Care Network, IHC Access, Baby Your Baby, etc.

Page	Loop	Segment	Element No.	Data Element	Values / Comments
HEADER					
68		BHT06	640	Claim or Encounter Identifier	"RP"
SUBMITTER					
70	1000A	NM109	67	Submitter Identifier	Trading partner number
RECEIVER					
75	1000B	NM103	1035	Receiver Name	"Utah Medicaid MCO"
75	1000B	NM109	67	Receiver Primary Identifier	"HT000004-002"
BILLING PROVIDER					
83	2010AA	NM101	98	Entity Identifier Code	85 – Billing Provider
83	2010AA	NM102	1065	Entity Type Qualifier	1- Person 2- Non Person
83	2010AA	NM103	1035	Last Name or Organization	This would be the info of the provider rendering service.
83	2010AA	NM104	1036	Billing Prov. First Name	
84	2010AA	NM105	1037	Billing Prov. Middle Name	
84	2010AA	NM108	66	ID Code Qualifier	XX - NPI
84	2010AA	NM109	67	ID Code	NPI Number Only
89	2010AA	REF01	128	Reference ID Qualifier	"EI" – Medicaid Provider Number
89	2010AA	REF02	127	Billing Provider Secondary ID Number	Tax ID
PATIENT INFORMATION					

Page	Loop	Segment	Element No.	Data Element	Values / Comments
110	2000B	HL04	736	Hierarchical Child Code	"0" - Subscriber is always the patient; there are no dependents in Utah Medicaid.
115	2010BA	NM102	1065	Entity Type Qualifier	"1"
115	2010BA	NM103	1035	Subscriber Last Name	
115	2010BA	NM104	1036	Subscriber First Name	
115	2010BA	NM105	1037	Subscriber Middle Name	
116	2010BA	NM108	66	Identification Code Qualifier	"MI"
116	2010BA	NM109	67	Subscriber Primary Identifier	Use the 10 digit identifier assigned by Utah Medicaid. Do not submit hyphens or spaces.
120	2010BA	DMG02	1251	Subscriber Birth Date	
121	2010BA	DMG03	1068	Subscriber Gender Code	Valid codes are F, M, U
134	2010BB	NM108	66	Payer ID Type	'PI' = MCO State Assigned Medicaid ID
134	2010BB	NM109	67	Payer ID	MCO State Assigned Medicaid ID
CLAIM INFORMATION					
146	2300	CLM01	1028	Patient Control Number	This number needs to be unique even if a replacement is being done
147	2300	CLM02	782	Total Claim Charge Amount	Usual and customary amount charged by provider for service.
147	2300	CLM05-3	1325	Claim Frequency code (Claim Submission Reason Code)	1 – Original 7 – Replacement 8 – Void

Page	Loop	Segment	Element No.	Data Element	Values / Comments
148	2300	CLM09	1363	Release of info from client	
164	2300	AMT01	522	Amount Qualifier Code	Use F5 to indicate Patient Amount Paid. This is where the co-pay will be put.
164	2300	AMT02	782	Monetary Amount	
168	2300	REF02	127	Claim Original Reference Number	Original Transaction Control Number (TCN) if correcting, replacing or voiding a record.
179	2300	NTE01	363	Claim Note	Use 'Add' for all reasons
179	2300	NTE02	352	Claim Note Information (for entire claim)	<p>Claim Entry Date (date claim entered MCO system) -- Start with 'E' and enter date in format CCYYMMDD</p> <p>Claim Paid/Adjudicated Date – Start with 'A' and enter date in format CCYYMMDD</p> <p>Payment Amount – Start with 'P' and enter amount. Use explicit decimal.</p> <p>Denial Reason – Start with 'D' and enter denial reason</p>
COORDINATION OF BENEFITS INFORMATION - Repeat loop for each payer.					
222	2320	SBR01	1138	Payer Responsibility Sequence Number Code	P - Primary payer S – Secondary Payer T – Tertiary Payer
222	2320	SBR05	1336	Insurance Type Code	

Page	Loop	Segment	Element No.	Data Element	Values / Comments
231	2320	AMT01	522	Amount Qualifier Code	Use 'D' to indicate Payor Amount Paid and put COB amount in AMT02.
231	2320	AMT02	782	COB Payer Paid Amount	Amount paid by other payer for service.
LINE INFORMATION					
281	2400	LX01	554	Assigned Number (Line Counter)	
282	2400	SV301-2	234	Procedure Code	
283	2400	SV301-3	1339	Procedure Modifier	
284	2400	SV304	C006	Oral Cavity Designation	Report quadrant and arch associated with procedure requiring data.
286	2400	SV306	380	Quantity (Procedure Count)	Report only if the quantity/count is greater than 1. A count of 1 is assumed when segment is missing.
288	2400	TOO01	1270	Code List Qualifier Code (Tooth Number)	Report tooth number associated with procedure requiring data.
289	2400	TOO03	C005	Tooth Surface	Report tooth surface associated with procedure requiring data.
303	2400	REF02	127	Reference Identification (Line Item Control Number)	It is recommended that providers submit a unique line item control number for each line submitted.

Page	Loop	Segment	Element No.	Data Element	Values / Comments
312	2400	HCP01	1473	Zero Pricing Indicator	Use 00 When the line has been denied by the plan and should not be used for duplicate checking.
312	2400	HCP02	782	Zero Pricing Indicator Amount	Put in 0, ONLY when there is 00 in HCP01. If the line should be used then put no data in HCP01 and HCP02.

ERRORS THAT WILL RETURN ON THE 277CA

Dental Edits					
Status Category Code	Status Code	Status Entity Code	Reject Encounter	MMCS Status Description	WPC-EDI Status Description
A2	1	1E	N	Encounter Passed all Edits	Acknowledgement/Acceptance into adjudication system-The claim/encounter has been accepted into the adjudication system.
A6	26	1E	Y	Recipient ID missing from encounter	Acknowledgement/Rejected for Missing Information - The claim/encounter is missing the information specified in the Status details and has been rejected.
A7	26	1E	Y	Recipient ID not on file	Acknowledgement/Rejected for Invalid Information - The claim/encounter has invalid information as specified in the Status details and has been rejected.
A2	35	1E	N	No match found on history for replacement	Acknowledgement/Acceptance into adjudication system-The claim/encounter has been accepted into the adjudication system.
A7	35	1E	Y	No match found on history for void	Acknowledgement/Rejected for Invalid Information - The claim/encounter has invalid information as specified in the Status details and has been rejected.
A7	35	1E	Y	Original TCN being voided Was Rejected	Acknowledgement/Rejected for Invalid Information - The claim/encounter has invalid information as specified in the Status details and has been rejected.
A6	35	1E	Y	Previous TCN not present for void code	Acknowledgement/Rejected for Missing Information - The claim/encounter is missing the information specified in the Status details and has been rejected.
A3	54	1E	Y	Duplicate encounter.	Acknowledgement/Returned as unprocessable claim-The claim/encounter has been rejected and has not been entered into the adjudication system.
A2	86	1E	N	Diagnosis to sex mismatch	Acknowledgement/Acceptance into adjudication system-The claim/encounter has been accepted into the adjudication system.
A3	88	1E	Y	Recipient ineligible during service period	Acknowledgement/Returned as unprocessable claim-The claim/encounter has been rejected and has not been entered into the adjudication system.
A3	97	1E	Y	Recipient enrolled with another plan during service Period	Acknowledgement/Returned as unprocessable claim-The claim/encounter has been rejected and has not been entered into the adjudication system.
A3	97	1E	Y	Recipient enrollment not reflected on system	Acknowledgement/Returned as unprocessable claim-The claim/encounter has been rejected and has not been entered into the adjudication system.
A7	122	1E	Y	Invalid claim frequency code	Acknowledgement/Rejected for Invalid Information - The claim/encounter has invalid information as specified in the Status details and has been rejected.
A6	122	1E	Y	Missing claim frequency code	Acknowledgement/Rejected for Missing Information - The claim/encounter is missing the information specified in the Status details and has been rejected.
A3	122	1E	Y	Original TCN was rejected	Acknowledgement/Returned as unprocessable claim-The claim/encounter has been rejected and has not been entered into the adjudication system.
A6	122	1E	Y	Replacement/void code not present for previous TCN	Acknowledgement/Rejected for Missing Information - The claim/encounter is missing the information specified in the Status details and has been rejected.
A3	122	1E	Y	TCN has already been replaced	Acknowledgement/Returned as unprocessable claim-The claim/encounter has been rejected and has not been entered into the adjudication system.
A3	122	1E	Y	TCN has already been voided	Acknowledgement/Returned as unprocessable

Dental Edits					
Status Category Code	Status Code	Status Entity Code	Reject Encounter	MMCS Status Description	WPC-EDI Status Description
					claim-The claim/encounter has been rejected and has not been entered into the adjudication system.
A7	125	1E	Y	Recipient name does not match file name	Acknowledgement/Rejected for Invalid Information - The claim/encounter has invalid information as specified in the Status details and has been rejected.
A7	125	1E	Y	Recipient name missing	Acknowledgement/Rejected for Invalid Information - The claim/encounter has invalid information as specified in the Status details and has been rejected.
A2	126	1E	N	Zip code is missing/invalid	Acknowledgement/Acceptance into adjudication system-The claim/encounter has been accepted into the adjudication system.
A2	153	1E	N	Invalid/Missing State Assigned Medicaid ID	Acknowledgement/Acceptance into adjudication system-The claim/encounter has been accepted into the adjudication system.
A6	153	1E	Y	Rendering Provider ID Missing	Acknowledgement/Rejected for Missing Information - The claim/encounter is missing the information specified in the Status details and has been rejected.
A7	158	1E	Y	Recipient DOB Month and year does not match file month and year	Acknowledgement/Rejected for Invalid Information - The claim/encounter has invalid information as specified in the Status details and has been rejected.
A6	158	1E	Y	Recipient DOB missing	Acknowledgement/Rejected for Missing Information - The claim/encounter is missing the information specified in the Status details and has been rejected.
A6	178	1E	Y	Charges missing/invalid	Acknowledgement/Rejected for Missing Information - The claim/encounter is missing the information specified in the Status details and has been rejected.
A6	178	1E	Y	Total charge missing/invalid	Acknowledgement/Rejected for Missing Information - The claim/encounter is missing the information specified in the Status details and has been rejected.
A6	183	1E	Y	Plan Paid Amount missing	Acknowledgement/Rejected for Missing Information - The claim/encounter is missing the information specified in the Status details and has been rejected.
A3	187	1E	Y	From date after submit date	Acknowledgement/Returned as unprocessable claim-The claim/encounter has been rejected and has not been entered into the adjudication system.
A6	187	1E	Y	From date of service missing	Acknowledgement/Rejected for Missing Information - The claim/encounter is missing the information specified in the Status details and has been rejected.
A2	188	1E	N	Encounter is greater than 12 months From End Date Of Service.	Acknowledgement/Acceptance into adjudication system-The claim/encounter has been accepted into the adjudication system.
A2	188	1E	N	From-through service dates cannot span more than one month	Acknowledgement/Acceptance into adjudication system-The claim/encounter has been accepted into the adjudication system.
A7	188	1E	Y	Service through date after submit date	Acknowledgement/Rejected for Invalid Information - The claim/encounter has invalid information as specified in the Status details and has been rejected.
A7	188	1E	Y	Service through date prior to service from date	Acknowledgement/Rejected for Invalid Information - The claim/encounter has invalid information as specified in the Status details and has been rejected.
A7	240	1E	Y	Tooth surface invalid	Acknowledgement/Rejected for Invalid Information

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Status Category Code	Status Code	Status Entity Code	Reject Encounter	MMCS Status Description	WPC-EDI Status Description
					- The claim/encounter has invalid information as specified in the Status details and has been rejected.
A2	240	1E	N	Tooth surface missing	Acknowledgement/Acceptance into adjudication system-The claim/encounter has been accepted into the adjudication system.
A7	244	1E	Y	Tooth number invalid (must be a number 1 to 32 OR Letter between A to T)	Acknowledgement/Rejected for Invalid Information - The claim/encounter has invalid information as specified in the Status details and has been rejected.
A6	244	1E	Y	Tooth number missing	Acknowledgement/Rejected for Missing Information - The claim/encounter is missing the information specified in the Status details and has been rejected.
A7	245	1E	Y	Invalid/Missing Quadrant Arch	Acknowledgement/Rejected for Invalid Information - The claim/encounter has invalid information as specified in the Status details and has been rejected.
A3	247	1E	Y	Must contain at least one service line not plan denied.	Acknowledgement/Returned as unprocessable claim-The claim/encounter has been rejected and has not been entered into the adjudication system.
A7	454	1E	Y	Procedure code invalid	Acknowledgement/Rejected for Invalid Information - The claim/encounter has invalid information as specified in the Status details and has been rejected.
A2	476	1E	N	Max units exceeded	Acknowledgement/Acceptance into adjudication system-The claim/encounter has been accepted into the adjudication system.
A2	478	1E	N	Patient account number is missing	Acknowledgement/Acceptance into adjudication system-The claim/encounter has been accepted into the adjudication system.

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Status Category Code	Status Code	Status Entity Code	Reject Encounter	MMCS Status Description	WPC-EDI Status Description
A2	1	1E	N	Encounter Passed all Edits	Acknowledgement/Acceptance into adjudication system-The claim/encounter has been accepted into the adjudication system.
A6	26	1E	Y	Recipient ID missing from encounter	Acknowledgement/Rejected for Missing Information - The claim/encounter is missing the information specified in the Status details and has been rejected.
A7	26	1E	Y	Recipient ID not on file	Acknowledgement/Rejected for Invalid Information

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Status Category Code	Status Code	Status Entity Code	Reject Encounter	MMCS Status Description	WPC-EDI Status Description
					- The claim/encounter has invalid information as specified in the Status details and has been rejected.
A2	35	1E	N	No match found on history for replacement	Acknowledgement/Acceptance into adjudication system-The claim/encounter has been accepted into the adjudication system.
A7	35	1E	Y	No match found on history for void	Acknowledgement/Rejected for Invalid Information - The claim/encounter has invalid information as specified in the Status details and has been rejected.
A7	35	1E	Y	Original TCN being voided Was Rejected	Acknowledgement/Rejected for Invalid Information - The claim/encounter has invalid information as specified in the Status details and has been rejected.
A6	35	1E	Y	Previous TCN not present for void code	Acknowledgement/Rejected for Missing Information - The claim/encounter is missing the information specified in the Status details and has been rejected.
A3	54	1E	Y	Duplicate encounter.	Acknowledgement/Returned as unprocessable claim-The claim/encounter has been rejected and has not been entered into the adjudication system.
A2	86	1E	N	Diagnosis to sex mismatch	Acknowledgement/Acceptance into adjudication system-The claim/encounter has been accepted into the adjudication system.
A3	88	1E	Y	Recipient ineligible during service period	Acknowledgement/Returned as unprocessable claim-The claim/encounter has been rejected and has not been entered into the adjudication system.
A3	97	1E	Y	Recipient enrolled with another plan during service Period	Acknowledgement/Returned as unprocessable claim-The claim/encounter has been rejected and has not been entered into the adjudication system.
A3	97	1E	Y	Recipient enrollment not reflected on system	Acknowledgement/Returned as unprocessable claim-The claim/encounter has been rejected and has not been entered into the adjudication system.
A7	122	1E	Y	Invalid claim frequency code	Acknowledgement/Rejected for Invalid Information - The claim/encounter has invalid information as specified in the Status details and has been rejected.
A6	122	1E	Y	Missing claim frequency code	Acknowledgement/Rejected for Missing Information - The claim/encounter is missing the information specified in the Status details and has been rejected.
A3	122	1E	Y	Original TCN was rejected	Acknowledgement/Returned as unprocessable claim-The claim/encounter has been rejected and has not been entered into the adjudication system.
A6	122	1E	Y	Replacement/void code not present for previous TCN	Acknowledgement/Rejected for Missing Information - The claim/encounter is missing the information specified in the Status details and has been rejected.
A3	122	1E	Y	TCN has already been replaced	Acknowledgement/Returned as unprocessable claim-The claim/encounter has been rejected and has not been entered into the adjudication system.
A3	122	1E	Y	TCN has already been voided	Acknowledgement/Returned as unprocessable claim-The claim/encounter has been rejected and has not been entered into the adjudication system.
A7	125	1E	Y	Recipient name does not match file name	Acknowledgement/Rejected for Invalid Information - The claim/encounter has invalid information as specified in the Status details and has been rejected.
A7	125	1E	Y	Recipient name missing	Acknowledgement/Rejected for Invalid Information - The claim/encounter has invalid information as specified in the Status details and has been rejected.

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A2	126	1E	N	Zip code is missing/invalid	Acknowledgement/Acceptance into adjudication system-The claim/encounter has been accepted into the adjudication system.
A2	153	1E	N	Invalid/Missing State Assigned Medicaid ID	Acknowledgement/Acceptance into adjudication system-The claim/encounter has been accepted into the adjudication system.
A6	153	1E	Y	Rendering Provider ID Missing	Acknowledgement/Rejected for Missing Information - The claim/encounter is missing the information specified in the Status details and has been rejected.
A7	158	1E	Y	Recipient DOB Month and year does not match file month and year	Acknowledgement/Rejected for Invalid Information - The claim/encounter has invalid information as specified in the Status details and has been rejected.
A6	158	1E	Y	Recipient DOB missing	Acknowledgement/Rejected for Missing Information - The claim/encounter is missing the information specified in the Status details and has been rejected.
A6	178	1E	Y	Charges missing/invalid	Acknowledgement/Rejected for Missing Information - The claim/encounter is missing the information specified in the Status details and has been rejected.
A6	178	1E	Y	Total charge missing/invalid	Acknowledgement/Rejected for Missing Information - The claim/encounter is missing the information specified in the Status details and has been rejected.
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A6	187	1E	Y	From date of service missing	Acknowledgement/Rejected for Missing Information - The claim/encounter is missing the information specified in the Status details and has been rejected.
A2	188	1E	N	Encounter is greater than 12 months From End Date Of Service.	Acknowledgement/Acceptance into adjudication system-The claim/encounter has been accepted into the adjudication system.
A2	188	1E	N	From-through service dates cannot span more than one month	Acknowledgement/Acceptance into adjudication system-The claim/encounter has been accepted into the adjudication system.
A7	188	1E	Y	Service through date after submit date	Acknowledgement/Rejected for Invalid Information - The claim/encounter has invalid information as specified in the Status details and has been rejected.
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A7	240	1E	Y	Tooth surface invalid	Acknowledgement/Rejected for Invalid Information - The claim/encounter has invalid information as specified in the Status details and has been rejected.
A2	240	1E	N	Tooth surface missing	Acknowledgement/Acceptance into adjudication system-The claim/encounter has been accepted into the adjudication system.
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					rejected.
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A7	245	1E	Y	Invalid/Missing Quadrant Arch	Acknowledgement/Rejected for Invalid Information - The claim/encounter has invalid information as specified in the Status details and has been rejected.
A3	247	1E	Y	Must contain at least one service line not plan denied.	Acknowledgement/Returned as unprocessable claim-The claim/encounter has been rejected and has not been entered into the adjudication system.
A7	454	1E	Y	Procedure code invalid	Acknowledgement/Rejected for Invalid Information - The claim/encounter has invalid information as specified in the Status details and has been rejected.
A2	476	1E	N	Max units exceeded	Acknowledgement/Acceptance into adjudication system-The claim/encounter has been accepted into the adjudication system.
A2	478	1E	N	Patient account number is missing	Acknowledgement/Acceptance into adjudication system-The claim/encounter has been accepted into the adjudication system.