

# 837 Health Care Claim: Dental

HIPAA/V5010X224A2/837: Health Care Claim Dental, Louisiana Medicaid

**Version: 1.0**

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The purpose of this guide is to clarify the usage of the X12 V5010X224A2 837 Dental HIPAA Implementation Guide for electronic submitters participating in the LA Medicaid program.

This guide is applicable to the following LA Medicaid claim types (file extensions):

DNA – Adult Dental  
DNE – EPSDT Dental

This guide does not replace the published HIPAA Implementation Guide, nor does it change the meaning of the published guide. Submitters must use this format mandated by HIPAA as of January 01, 2012.

If unfamiliar with how to read an implementation guide, refer to the final release of X12 V5010X224A2 837 Dental HIPAA Implementation Guide available through Washington Publishing Company (WPC) at [www.wpc-edi.com](http://www.wpc-edi.com).

## Policy Statement:

Each claim undergoes the editing common to all claims, e.g., verification of dates and balancing. Each claim is also edited for requirements that are unique to each claim type. All claims, whether submitted via paper or electronic, must comply with the policies and requirements as documented in the claim type specific provider billing manuals and training packets that are distributed by Molina.

Note: All data must be formatted in upper case.

# ISA Interchange Control Header

Pos:	Max: 1
Not Defined - Mandatory	
Loop: N/A	Elements: 16

User Option (Usage): Required

## Element Summary:

<u>Ref</u>	<u>Id</u>	<u>Element Name</u>	<u>Req</u>	<u>Type</u>	<u>Min/Max</u>
ISA01	I01	<b>Authorization Information Qualifier</b> LA Medicaid: Use 00 for this element	M	ID	2/2
ISA02	I02	<b>Authorization Information</b> LA Medicaid: Must be spaces	M	AN	10/10
ISA03	I03	<b>Security Information Qualifier</b> LA Medicaid: Use 00 for this element	M	ID	2/2
ISA04	I04	<b>Security Information</b> LA Medicaid: Must be spaces	M	AN	10/10
ISA05	I05	<b>Interchange ID Qualifier</b> LA Medicaid: Use the value ZZ for this element.	M	ID	2/2
ISA06	I06	<b>Interchange Sender ID</b> LA Medicaid: Use the 7 digit Molina assigned submitter ID (i.e. 450XXXX) followed by spaces	M	AN	15/15
ISA07	I05	<b>Interchange ID Qualifier</b> LA Medicaid: Use the value ZZ for this element.	M	ID	2/2
ISA08	I07	<b>Interchange Receiver ID</b> LA Medicaid: Use the value LA-DHH-MEDICAID for this element	M	AN	15/15
ISA09	I08	<b>Interchange Date</b> LA Medicaid: The date format is YYMMDD	M	DT	6/6
ISA10	I09	<b>Interchange Time</b> LA Medicaid: The time format is HHMM	M	TM	4/4
ISA11	I10	<b>Repetition Separator</b> LA Medicaid: Use the value ^ for this element -ASCII x5E	M		1/1
ISA12	I11	<b>Interchange Control Version Number</b> LA Medicaid: Use the value 00501 for this element	M	ID	5/5
ISA13	I12	<b>Interchange Control Number</b> LA Medicaid: Must be a positive unsigned number and identical to the interchange trailer IEA02. Must be unique for every transmission submitted.	M	N0	9/9
ISA14	I13	<b>Acknowledgment Requested</b> LA Medicaid: Use the value 0 or 1 for this element	M	ID	1/1
ISA15	I14	<b>Usage Indicator</b> LA Medicaid: T= Test Data P=Production Data	M	ID	1/1
ISA16	I15	<b>Component Element Separator</b> LA Medicaid: Must be a colon : -ASCII x3A	M		1/1

# GS Functional Group Header

Pos:	Max: 1
Not Defined - Mandatory	
Loop: N/A	Elements: 8

User Option (Usage): Required

## Element Summary:

<u>Ref</u>	<u>Id</u>	<u>Element Name</u>	<u>Req</u>	<u>Type</u>	<u>Min/Max</u>
GS01	479	<b>Functional Identifier Code</b> LA Medicaid: Use the value HC for this element.	M	ID	2/2
GS02	142	<b>Application Sender's Code</b> LA Medicaid: Must be identical to the value in ISA06	M	AN	2/15
GS03	124	<b>Application Receiver's Code</b> LA Medicaid: Use LA-DHH-MEDICAID for this element	M	AN	2/15
GS04	373	<b>Date</b> LA Medicaid: The date format is CCYYMMDD	M	DT	8/8
GS05	337	<b>Time</b> LA Medicaid: The time format is HHMM	M	TM	4/8
GS06	28	<b>Group Control Number</b> LA Medicaid: Assigned and maintained by the sender.	M	N0	1/9
GS07	455	<b>Responsible Agency Code</b> LA Medicaid: Use the value X for this element	M	ID	1/2
GS08	480	<b>Version / Release / Industry Identifier Code</b> LA Medicaid: Use the value 005010X224A2 for this element	M	AN	1/12

# ST Transaction Set Header

Pos: 0050	Max: 1
Heading - Mandatory	
Loop: N/A	Elements: 3

User Option (Usage): Required

## Element Summary:

<u>Ref</u>	<u>Id</u>	<u>Element Name</u>	<u>Req</u>	<u>Type</u>	<u>Min/Max</u>
ST03	1705	<b>Implementation Convention Reference</b> LA Medicaid: Use the value 005010X224A2 for this element	O	AN	1/35

# NM1 Submitter Name

Pos: 0200 Max: 1  
 Heading - Optional  
 Loop: 1000A Elements: 9

User Option (Usage): Required

## Element Summary:

<u>Ref</u>	<u>Id</u>	<u>Element Name</u>	<u>Req</u>	<u>Type</u>	<u>Min/Max</u>
NM109	67	<b>Identification Code</b> LA Medicaid: Use the 7 digit submitter ID (i.e. 450XXXX) assigned by Louisiana Medicaid	X	AN	2/80

# NM1 Receiver Name

Pos: 0200 Max: 1  
 Heading - Optional  
 Loop: 1000B Elements: 5

User Option (Usage): Required

## Element Summary:

<u>Ref</u>	<u>Id</u>	<u>Element Name</u>	<u>Req</u>	<u>Type</u>	<u>Min/Max</u>
NM103	1035	<b>Name Last or Organization Name</b> LA Medicaid: Use the value LOUISIANA MEDICAID for this element	X	AN	1/60
NM109	67	<b>Identification Code</b> LA Medicaid: Use the value LA-DHH-MEDICAID for this element	X	AN	2/80

# PRV Billing Provider Specialty Information

Pos: 0030 Max: 1  
 Detail - Optional  
 Loop: 2000A Elements: 3

User Option (Usage): Situational  
**Element Summary:**

<u>Ref</u>	<u>Id</u>	<u>Element Name</u>	<u>Req</u>	<u>Type</u>	<u>Min/Max</u>
PRV01	1221	<b>Provider Code</b> LA Medicaid: Use the qualifier BI for this element	M	ID	1/3
PRV02	128	<b>Reference Identification Qualifier</b> LA Medicaid: Use the qualifier PXC for this element. Note: Qualifier changed from ZZ in 4010 transaction.	X	ID	2/3
PRV03	127	<b>Reference Identification</b> LA Medicaid: Enter the Taxonomy Code associated with the NPI of the Billing Provider.  This segment is required by Medicaid <u>ONLY</u> when Taxonomy is needed for unique identification of the Medicaid Provider ID.  In certain situations, a provider may have a single NPI that is associated with multiple Louisiana Medicaid Provider numbers. To distinguish which Medicaid Provider number is being referenced, a "Tie-Breaker" such as Taxonomy Code must be submitted to assure the proper cross reference. You must use the same Taxonomy Code that was registered for the Billing Provider in the Louisiana Medicaid NPI Registration application for the associated Medicaid Provider number.	X	AN	1/50

# NM1 Billing Provider Name

Pos: 0150 Max: 1  
 Detail - Optional  
 Loop: 2010AA Elements: 8

User Option (Usage): Required  
**Element Summary:**

<u>Ref</u>	<u>Id</u>	<u>Element Name</u>	<u>Req</u>	<u>Type</u>	<u>Min/Max</u>
NM108	66	<b>Identification Code Qualifier</b> LA Medicaid: Use the qualifier XX for this element when reporting an NPI.	X	ID	1/2
NM109	67	<b>Identification Code</b> LA Medicaid: This loop is for NPI <u>only</u> . Enter the NPI registered with Louisiana Medicaid that corresponds to the Louisiana Medicaid Provider being reported in this Loop.  If an atypical provider who has registered an NPI with Louisiana Medicaid, you should report the NPI in this Loop.  If an atypical provider has <u>not</u> registered an NPI with Louisiana Medicaid, you should <u>not</u> use this Loop, you should report the legacy Louisiana Medicaid Provider number in 2010BB REF02 with qualifier G2.	X	AN	2/80

# N4 Billing Provider City, State, ZIP Code

Pos: 0300 Max: 1  
 Detail - Optional  
 Loop: 2010AA Elements: 5

User Option (Usage): Required

## Element Summary:

<u>Ref</u>	<u>Id</u>	<u>Element Name</u>	<u>Req</u>	<u>Type</u>	<u>Min/Max</u>
N403	116	Postal Code	O	ID	3/15

**LA Medicaid:** Enter the **9-digit Zip Code**. If a Zip code was registered with the NPI registration due to the need for unique identification of the Medicaid Provider ID, then the Zip code must match.

*In certain situations, a provider may have a single NPI that is associated with multiple Louisiana Medicaid Provider numbers. To distinguish which Medicaid Provider number is being referenced, a "Tie-Breaker" such as ZIP Code must be submitted to assure the proper cross reference. Use the same ZIP Code that was registered for the Billing Provider in the Louisiana Medicaid NPI Registration application for the associated Medicaid Provider Number.*

# HL Subscriber Hierarchical Level

Pos: 0010 Max: 1  
 Detail - Mandatory  
 Loop: 2000B Elements: 4

User Option (Usage): Required

## Element Summary:

<u>Ref</u>	<u>Id</u>	<u>Element Name</u>	<u>Req</u>	<u>Type</u>	<u>Min/Max</u>
HL04	736	Hierarchical Child Code	O	ID	1/1

**LA Medicaid:** Use the value 0 for this element. For Medicaid purposes, the subscriber will always equal the patient. Therefore, an additional subordinate HL segment will not be required.

# SBR Subscriber Information

Pos: 0050 Max: 1  
 Detail - Optional  
 Loop: 2000B Elements: 6

User Option (Usage): Required

## Element Summary:

<u>Ref</u>	<u>Id</u>	<u>Element Name</u>	<u>Req</u>	<u>Type</u>	<u>Min/Max</u>
SBR09	1032	Claim Filing Indicator Code	O	ID	1/2

**LA Medicaid:** Use the value MC for this element

# NM1 Subscriber Name

Pos: 0150 Max: 1  
 Detail - Optional  
 Loop: 2010BA Elements: 8

User Option (Usage): Required  
 Element Summary:

<u>Ref</u>	<u>Id</u>	<u>Element Name</u>	<u>Req</u>	<u>Type</u>	<u>Min/Max</u>
NM102	1065	Entity Type Qualifier	M	ID	1/1
		<i>LA Medicaid: Use the value 1 for this element</i>			
NM108	66	Identification Code Qualifier	X	ID	1/2
		<i>LA Medicaid: Use the value MI for this element</i>			
NM109	67	Identification Code	X	AN	2/80
		<i>LA Medicaid: Use the thirteen digit Medicaid Recipient ID number for this element</i>			

# NM1 Payer Name

Pos: 0150 Max: 1  
 Detail - Optional  
 Loop: 2010BB Elements: 5

User Option (Usage): Required  
 Element Summary:

<u>Ref</u>	<u>Id</u>	<u>Element Name</u>	<u>Req</u>	<u>Type</u>	<u>Min/Max</u>
NM108	66	Identification Code Qualifier	X	ID	1/2
		<i>LA Medicaid: Use the value PI for this element.</i>			
NM109	67	Identification Code	X	AN	2/80
		<i>LA Medicaid: Use the value LA-DHH-MEDICAID for this element.</i>			

# REF Billing Provider Secondary Identifier

Pos: 0150 Max: 1  
 Detail - Optional  
 Loop: 2010BB Elements: 5

User Option (Usage): Optional  
 Element Summary:

<u>Ref</u>	<u>Id</u>	<u>Element Name</u>	<u>Req</u>	<u>Type</u>	<u>Min/Max</u>
REF01	128	Reference Identification Qualifier	M	ID	2/3
		<i>LA Medicaid: Use the value G2 for this element</i>			
REF02	127	Reference Identification	X	AN	1/50
		<i>LA Medicaid: This Loop is only for legacy Louisiana Medicaid Provider numbers (7 numeric positions) and is only used for atypical providers that do not have an NPI registered with Louisiana Medicaid. If an atypical provider has a registered NPI, they should use Loop 2010AA NM109 to submit their NPI.</i>			

# CLM Claim Information

Pos: 1300	Max: 1
Detail – Optional	
Loop: 2300	Elements: 11

User Option (Usage): Required

## Element Summary:

<u>Ref</u>	<u>Id</u>	<u>Element Name</u>	<u>Req</u>	<u>Type</u>	<u>Min/Max</u>
CLM01	1028	<b>Claim Submitter's Identifier</b> <i>LA Medicaid: Use a unique number up to 38 characters.</i>	M	AN	1/38
CLM05	C023	<b>Health Care Service Location Information</b> <i>LA Medicaid: CLM05 applies to all service lines unless it is over written at the line level.</i>	O	C	
CLM05-01	1331	<b>Facility Code Value</b> <i>LA Medicaid: Use this element for codes identifying a place of service from code source 237, US DHHS CMS.</i>	M	AN	½
CLM05-02	1332	<i>LA Medicaid: Use the value B for place of service for Dental services from code source 237, US DHHS CMS.</i>	O	ID	½
CLM05-03	1325	<i>LA Medicaid: Use the value 1 for an original claim, code 7 if the claim is an adjustment of a previous claim, or code 8 if a void of a previous claim.</i>	O	ID	1/1
CLM12	1366	<b>Special Program Code</b> <i>LA Medicaid: Use the value 01 if service supports the EPSDT program</i>	O	ID	2/3

# REF Prior Authorization

Pos: 1800	Max: 1
Detail - Optional	
Loop: 2300	Elements: 2

User Option (Usage): Situational

## Element Summary:

<u>Ref</u>	<u>Id</u>	<u>Element Name</u>	<u>Req</u>	<u>Type</u>	<u>Min/Max</u>
REF01	128	<b>Reference Identification Qualifier</b> <i>LA Medicaid: Use the value G1 for this element.</i>	M	ID	2/3
REF02	127	<b>Reference Identification</b> <i>LA Medicaid: Use the Molina assigned Prior Authorization Number for this element.</i>	X	AN	1/50

# REF Payer Claim Control Number

Pos: 1800	Max: 1
Detail - Optional	
Loop: 2300	Elements: 2

User Option (Usage): Situational

## Element Summary:

<u>Ref</u>	<u>Id</u>	<u>Element Name</u>	<u>Req</u>	<u>Type</u>	<u>Min/Max</u>
REF01	128	Reference Identification Qualifier <i>LA Medicaid: Use the value F8 for this element.</i>	M	ID	2/3
REF02	127	Reference Identification <i>LA Medicaid: Use the Molina assigned claim number (ICN) for this element.</i>	X	AN	1/50

# NM1 Referring Provider Name

Pos: 2500	Max: 1
Detail - Optional	
Loop: 2310A	Elements: 8

User Option (Usage): Situational

## Element Summary:

<u>Ref</u>	<u>Id</u>	<u>Element Name</u>	<u>Req</u>	<u>Type</u>	<u>Min/Max</u>
NM101	98	Entity Identifier Code <i>LA Medicaid: Use the value DN for this element.</i>	M	ID	2/3
NM108	66	Identification Code Qualifier <i>LA Medicaid: Use the qualifier XX for this element when reporting an NPI.</i>	X	ID	1/2
NM109	67	Identification Code <i>LA Medicaid: Enter the NPI registered with Louisiana Medicaid that corresponds to the Louisiana Medicaid provider being reported in the loop.</i>	X	AN	2/80

# PRV Referring Provider Specialty Information

Pos: 2550	Max: 1
Detail - Optional	
Loop: 2310A	Elements: 3

User Option (Usage): Situational

## Element Summary:

<u>Ref</u>	<u>Id</u>	<u>Element Name</u>	<u>Req</u>	<u>Type</u>	<u>Min/Max</u>
PRV01	1221	<b>Entity Identifier Code</b> <i>LA Medicaid: Use the qualifier RF when reporting the referring provider.</i>	M	ID	1/3
PRV02	128	<b>Reference Identification Qualifier</b> <i>LA Medicaid: Use the qualifier PXC when reporting the taxonomy code of the referring provider. Note: Qualifier changed from ZZ in 4010 transaction.</i>	M	ID	2/3
PRV03	127	<b>Reference Identification (Referring Provider Identifier)</b> <i>LA Medicaid: Enter the taxonomy code provided by the referring provider. For the CommunityCARE Program, the taxonomy code is required if the referring provider registered a taxonomy code with his/her NPI. This information should be supplied on the referral from the PCP if needed.</i>	M	AN	1/30

# REF Referring Provider Secondary Identification

Pos: 2710	Max: 3
Detail - Optional	
Loop: 2310A	Elements: 2

User Option (Usage): Situational

## Element Summary:

<u>Ref</u>	<u>Id</u>	<u>Element Name</u>	<u>Req</u>	<u>Type</u>	<u>Min/Max</u>
REF01	128	<b>Reference Identification Qualifier</b> <i>LA Medicaid: Use the value G2 for this element when reporting a Louisiana Medicaid Provider Number in this Loop.</i>	M	ID	2/3
REF02	127	<b>Reference Identification</b> <i>LA Medicaid: If the Referring Provider is an atypical provider who has not registered an NPI with Louisiana Medicaid, you may continue to send the 7-digit Medicaid provider number in the element.</i>	X	AN	1/50

# NM1 Rendering Provider Name

Pos: 2500	Max: 1
Detail – Optional	
Loop: 2310B	Elements: 2

User Option (Usage): Situational

## Element Summary:

<u>Ref</u>	<u>Id</u>	<u>Element Name</u>	<u>Req</u>	<u>Type</u>	<u>Min/Max</u>
NM108	66	<b>Identification Code Qualifier</b> <i>LA Medicaid: Use the qualifier XX in this element when reporting an NPI.</i>	X	ID	1/2
NM109	67	<b>Identification Code</b> <i>LA Medicaid: Enter the NPI registered with Louisiana Medicaid that corresponds to the Louisiana Medicaid provider being reported in the loop.</i>  <i>If an atypical provider who has not registered an NPI with Louisiana Medicaid, you may continue to report the Louisiana legacy Medicaid Provider Number in the secondary ID in the 2310B REF02 segment.</i>	X	AN	2/80

# REF Rendering Provider Secondary Identification

Pos: 2710	Max: 4
Detail - Optional	
Loop: 2310B	Elements: 2

User Option (Usage): Situational

## Element Summary:

<u>Ref</u>	<u>Id</u>	<u>Element Name</u>	<u>Req</u>	<u>Type</u>	<u>Min/Max</u>
REF01	128	<b>Reference Identification Qualifier</b> <i>LA Medicaid: Use the value G2 for this element if an atypical provider and you are reporting a legacy Louisiana Medicaid Provider Number in this Rendering Loop.</i>	M	ID	2/3
REF02	127	<b>Reference Identification</b> <i>LA Medicaid: If the provider is considered an atypical provider and has not registered an NPI with Louisiana Medicaid, continue to use this element to submit the Louisiana Medicaid Provider Number.</i>	X	AN	1/50

# SV3 Dental Service

Pos: 3700	Max: 1
Detail - Optional	
Loop: 2400	Elements: 10

User Option (Usage): Situational

## Element Summary:

<u>Ref</u>	<u>Id</u>	<u>Element Name</u>	<u>Req</u>	<u>Type</u>	<u>Min/Max</u>
SV304	C006	<b>Oral Cavity designation</b> <i>LA Medicaid: Required to report areas of the mouth that are being treated.</i>	O	Comp	
	1361	<b>Oral Cavity designation Code</b> <i>LA Medicaid: Enter the appropriate oral cavity code when required. Refer to the LA Medicaid Dental Services Manual for the oral cavity code list and for which services they are required.</i>	M	ID	1/3

# GE Functional Group Trailer

Pos:	Max: 1
Not Defined - Mandatory	
Loop: N/A	Elements: 2

User Option (Usage): Required

## Element Summary:

<u>Ref</u>	<u>Id</u>	<u>Element Name</u>	<u>Req</u>	<u>Type</u>	<u>Min/Max</u>
GE01	97	<b>Number of Transaction Sets Included</b> <i>LA Medicaid: Number of Transaction Sets included</i>	M	N0	1/6
GE02	28	<b>Group Control Number</b> <i>LA Medicaid: Must be identical to the value in GS06</i>	M	N0	1/9

# IEA Interchange Control Trailer

Pos:	Max: 1
Not Defined - Mandatory	
Loop: N/A	Elements: 2

User Option (Usage): Required

## Element Summary:

<u>Ref</u>	<u>Id</u>	<u>Element Name</u>	<u>Req</u>	<u>Type</u>	<u>Min/Max</u>
IEA01	116	<b>Number of Included Functional Groups</b> <i>LA Medicaid: Number of included Functional Groups</i>	M	N0	1/5
IEA02	112	<b>Interchange Control Number</b> <i>LA Medicaid: Must be identical to the value in ISA13</i>	M	N0	9/9