Ohio | Department of Medicaid

HIPAA Transaction Standard Companion Guide

Refers to the Implementation Guides Based on ASC X12 version 005010

837 Dental Fee-For-Service Claims

This Companion Guide has been developed in coordination with the new Ohio Medicaid Enterprise System (OMES) and provides trading partners information needed to meet future OMES EDI requirements. Trading Partners should not use the instructions in this Companion Guide to submit production files until the official implementation of the new OMES.

20230630 v10.0

Disclosure Statement

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The ODM Companion Guides do not:

- Replace the HIPAA ANSI ASC X12N Implementation Guide.
- Contain any actions that would result in a Non-Compliant Transaction.

The ODM Companion Guides are subject to change without prior notice.

Providers and Trading Partners are responsible for periodically checking for Companion Guide updates on the ODM Trading Partner website - Trading Partners | Medicaid (ohio.gov).

Each Medicaid Provider and/or Trading Partner has the ultimate responsibility to adhere to the HIPAA Federal Requirements as well as any Ohio State laws that are applicable including the Ohio Administrative Code (http://codes.ohio.gov/oac/5160-1-20).

Preface

This Companion Guide to the v5010 ASC X12N Implementation Guides and associated errata adopted under HIPAA clarifies and specifies the data content when exchanging electronically with ODM. Transmissions based on this companion guide, used in tandem with the v5010 ASC X12N Implementation Guides, are compliant with both ASC X12 syntax and those guides. This Companion Guide is intended to convey information that is within the framework of the ASC X12N Implementation Guides adopted for use under HIPAA. The Companion Guide is not intended to convey information that inany way exceeds the requirements or usages of data expressed in the Implementation Guides.

EDITOR'S NOTE:
This page is blank because major sections of a book should begin on a right-hand page.

Table of Contents

1 INTRODUCTION

This section describes how ASC X12N Implementation Guides (IGs) adopted under HIPAA will be detailed with the use of a table. The tables contain a row for each segment that ODM has something additional, over and above, the information in the IGs. That information can:

1. Limit the repeat of loops, or segments
2. Limit the length of a simple data element
3. Specify a sub-set of the IGs internal code listings
4. Clarify the use of loops, segments, composite, and simple data elements
5. Any other information tied directly to a loop, segment, composite, or simple data element pertinent to trading electronically with ODM

In addition to the row for each segment, one or more additional rows are used to describe ODM's usage for composite and simple data elements and for any other information. Notes and commentsshould be placed at the deepest level of detail. For example, a note about a code value should be placed on a row specifically for that code value, not in a general note about the segment.

The following table specifies the columns and suggested use of the rows for the detailed description of the transaction set companion guides.

Page #	Loop ID	Reference	Name	Codes	Length	Notes/Comments
193	2100C	NM1	Subscriber Name			This type of row always exists to indicate that a new segment has begun. It is always shaded at 10% and notes or comment about the segment itself goes in this cell.
195	2100C	NM109	Subscriber Primary Identifier		15	This type of row exists to limit the length of the specified data element.
196	2100C	REF	Subscriber Additional Identification			
197	2100C	REF01	Reference Identification Qualifier	18, 49, 6P, HJ, N6		These are the only codes transmitted by ODM.
			Plan Network Identification Number	N6		This type of row exists when a note for a particular code value is required. For example, this note may say that value N6 is the default. Not populating the first 3 columns makes it clear that the code value belongs to the row immediately above it
218	2110C	EB	Subscriber Eligibility or Benefit Information			
231	2110C	EB13-1	Product/Service ID Qualifier	AD		This row illustrates how to indicate a component data element in the Reference column and also, how to specify that onlyone code value is applicable.

1.1 SCOPE

ODM developed 5010 Companion Guides to supplement each 5010 Transaction Implementation Guide, based on Version 5, Release 1, with regards to:

- Specific Codes and/or Values that ODM will default on Outbound Transactions
- Specific Codes and/or Values that are unique to ODM to accept an Inbound Transaction

ODM Companion Guides will not create a Non-Compliant Transaction

This companion guide is intended to be used in conjunction with the ASC X12N/005010X224 Implementation Guide (IG). It provides supplementation instructions not included in the IG that must be followed for implementation and conducting the transaction with ODM. It does not change the requirements of the IG in any way.

1.2 OVERVIEW

The ASC X12 HIPAA 837 Dental Implementation Guide presents the basic requirements for planning and implementing an EDI-based system for the exchange of ASC X12 HIPAA compliant transactions with the Ohio Medicaid Enterprise System (OMES). In order to create a HIPAA compliant transaction, you must first meet the requirements of the ASC X12 HIPAA 837 Dental Implementation Guide and then incorporate the ODM specific requirements.

The segments and elements used in this document are necessary for the ODM adjudication system for Dental Claims.

1.3 REFERENCES

In addition to the resources available on the ODM Trading Partner Website (Trading Partners | Medicaid (ohio.gov)), there are other websites that contain helpful information to assist in the implementation of the electronic data interchange process. Links to these websites are listed below and are separated by category for easy reference.

1.3.1 EDI Basics

For information about EDI software and services, visit: 1EDI Source, Inc (http://www.1edisource.com/).

1.3.2 Government and Other Associations

- Center for Medicare and Medicaid Services (CMS): http://www.cms.gov
- Answers to Frequently Asked Questions: HIPAA, Administrative Simplification, and ACA FAQs | CMS
- HHS Office for Civil Rights (Privacy): http://www.hhs.gov/ocr/hipaa/
- WEDI SNIP: Workgroup for EDI, Strategic National Implementation Process: http://www.wedi.org
- CMS website for NPI: https://www.cms.gov/Regulations-and-Guidance/Administrative-Simplification/NationalProvIdentStand

1.3.3 ASC X12 Standards

- Washington Publishing Company: http://www.wpc-edi.com/
- American National Standards Institute: http://ansi.org/
- Accredited Standards Committee: http://www.x12.org

1.4 ADDITIONAL INFORMATION

For additional information, the Trading Partner Information Guide can be found here: Trading Partners | Medicaid (ohio.gov).

2 GETTING STARTED

To get started, the Trading Partner Information Guide, can be found here:
Trading Partners | Medicaid (ohio.gov).

3 TESTING WITH THE PAYER

Details related to testing are in the Trading Partner Information Guide, which can be found here:Trading Partners | Medicaid (ohio.gov).

4 CONNECTIVITY WITH THE PAYER/COMMUNICATIONS

Connectivity information is in the Trading Partner Information Guide, which can be found here: Trading Partners | Medicaid (ohio.gov).

5 EDI CONTACT INFORMATION

5.1 INTEGRATED HELP DESK (IHD)

Questions about the status of EDI submissions (837, 270, and 276 transactions) and questions about EDI SNIP rejections from TA1, 999, and 824 transactions) should be directed to OMES EDI:

OMES EDI
Days Available: Monday through Friday
Time Zone: Eastern Time (ET)
Time Available: 8:00 am to 4:30pm
Phone: 800-686-1516, option 4, sub-option 1
Email: omesedisupport@medicaid.ohio.gov

Questions about legacy EDI (MITS/OXI) transactions, fee-for-service (FFS) claim adjudication results, results for 270/271, 276/277, 277CA, and 835 transactions for FFS should be directed to the Ohio Fiscal Intermediary (FI).

Ohio Fiscal Intermediary (FI)
Days Available: Monday through Friday
Time Zone: Eastern Time (ET)
Time Available: 8:00 am to 4:30pm
Phone: 800-686-1516, option 4, sub-option 2
Email: OH_FI_EDI_Helpdesk@gainwelltechnologies.com

6 CONTROL SEGMENTS/ENVELOPES

6.1 ISA-IEA

This section describes ODM's use of the interchange control segments. It includes a description of expected sender and receiver codes, authorization information, and delimiters.

Page #	Loop ID	Reference	Name	Codes	Length	Notes/Comments
C.3		ISA	Interchange Control Header			
C.4		ISA01	Authorization Information Qualifier	00		No Authorization Information Present (No Meaningful Information in ISA02)
C.4		ISA02	Authorization Information			Populate with 10 spaces
C.4		ISA03	Security Information Qualifier	00		No Security Information Present (NoMeaningful Information in ISA04)
C.4		ISA04	Security Information			Populate with 10 spaces
C.4		ISA05	Interchange ID Qualifier	ZZ		Mutually Defined
C.4		ISA06	Interchange Sender ID			7 digit Trading Partner ID assigned byODM including leading zeros. This is a fixed-length field and should beleft justified and filled with spaces to meetthe minimum length requirement of 15.
C.4		ISA07	Interchange ID Qualifier	ZZ		Mutually Defined
C.4		ISA08	Interchange Receiver ID	MMISODJFS 0021920 0002937 0004202 0003150 0021919 0007316 0007610 0021914		This is a fixed-length field and should be left justified and filled with spaces to meet the minimum length requirement of 15. MMISODJFS = Ohio Department of Medicaid 0021920 = AmeriHealth Caritas Ohio, Inc. 0002937 = Anthem Blue Cross Blue Shield 0004202 = Buckeye Community Health Plan 0003150 = CareSource 0021919 = Humana Health Plan of Ohio, Inc. 0007316 = Molina Healthcare of Ohio 0007610 = United Healthcare Community Plan of Ohio, Inc

						0021914 = Aetna OhioRISE
C.5		ISA13	Interchange Control Number			Must be identical to the associatedinterchange control trailer IEA02
C.6		ISA14	Acknowledgment Requested	0		No Interchange Acknowledgment Requested

Page #	Loop ID	Reference	Name	Codes	Length	Notes/Comments
C.10		IEA	Interchange Control Trailer			
C.10		IEA01	Number of Included Functional Groups			Number of included functional groups.
C.10		IEA02	Interchange Control Number			The control number assigned by the interchange sender. Must be identical tothe value in ISA13.

6.2 GS-GE

This section describes ODM's use of the functional group control segments. It includes a description of expected application sender and receiver codes. Also included in this section is a description concerning how ODM expects functional groups to be sent and how ODM will send functional groups. These discussions will describe how similar transaction sets will be packaged and ODM's use of functional group control numbers.

Page #	Loop ID	Reference	Name	Codes	Length	Notes/Comments
C.7		GS	Functional Group Header			
C.7		GS02	Application Sender'sCode			7-digit Trading Partner ID assigned byODM. Must equal ISA06
C.7		GS03	Application Receiver'sCode			Must equal ISA08
C.8		GS06	Group Control Number			Must be identical to the value in GE02.

Page #	Loop ID	Reference	Name	Codes	Length	Notes/Comments
C.9		GE	Functional Group Trailer			
C.9		GE01	Number of Transaction Sets Included			Number of included transaction sets.
C.9		GE02	Group Control Number			The functional group control number.Must be the same

						value as GS06.

6.3 ST-SE

This section describes how ODM uses transaction set control numbers.

Page #	Loop ID	Reference	Name	Codes	Length	Notes/Comments
65		ST	Transaction Set Header			
65		ST02	Transaction Set Control Number			Identical to the value in SE02

Page #	Loop ID	Reference	Name	Codes	Length	Notes/Comments
353		SE	Transaction Set Trailer			
353		SE01	Number of Included Segments			Total number of segments included in atransaction set including ST and SE segments
353		SE02	Transaction Set Control Number			Transaction set control number. Identicalto the value in ST02.

7 PAYER SPECIFIC BUSINESS RULES AND LIMITATIONS

In order to receive 837 Dental X12 transactions, Trading Partners must be certified by Ohio Medicaid and in active status. These details are documented in the Trading Partner Information Guide which can be found at this link - Trading Partners | Medicaid (ohio.gov).

Medicaid is the payer of last resort. The claim must first be adjudicated by all payers submitted in the 2330B loop before submitting the claim to ODM, unless an exception set forth in Rule 5160-1-05 and 5160-1-08 of the Ohio Administrative Code (OAC) applies.

The total amount paid by the payer in 2330B for all services on the claim must be submitted (AMT 2320). If the payer in 2330B adjudicated the claim at the claim/header level, the associated Adjustment Code Group (s), Adjustment Reason Code(s) and Amount(s) must be submitted in this loop/segment. If the payer in 2330B adjudicated the claim at the detail level (i.e., made line payments and/or made line adjustments that caused the line payment to differ from the line billed charges), the 2430 loop must be completed. If the payer in 2330B adjudicated the claim at the detail but made some adjustments at the header/claim level that caused the claim payment to differ from the sum of the line payments, the 2320 CAS must be submitted in addition to the appropriate adjustments made in 2430 CAS.

COB balancing rules apply and may be enforced (See IG Balancing).

Dates of Service and the Submission of Claims

EDI claims with dates of service on 2/1 or greater must be submitted to the new OMES EDI administered by Deloitte. Claims with service dates prior to 2/1 have two options:

- They can be submitted to the current path, or
- They can be submitted to the new OMES EDI

ODM has stated that trading partners should direct claims with services dates prior to 2/1 to the current location as a precaution so that all claims are not caught up in any go-live challenges. ODM recognizes that not every trading partner will be able to split between two system and the new OMES EDI and downstream processing will be capable of handling all service date ranges.

MCE Payer IDs in 2010BB NM109:

MCE	837 2010BB NM109	DESCRIPTION
UNITED HEALTH CARE	88337	United Healthcare Ohio Medicaid
	83572	United Healthcare Ohio Medicaid Vision
	83244	United Healthcare Ohio Medicaid Dental
AMERIHEALTH	35374	AmeriHealth Caritas Ohio
AETNA OhioRISE	45221	Aetna OhioRISE
CARESOURCE	0003150	CareSource OH Medicaid
	CSVIS001	CareSource OH Vision
	CSDEN001	CareSource OH Dental
BUCKEYE	0004202	Buckeye Ohio Medicaid
	V004202	Buckeye Envolve Vision
	D004202	Buckeye Envolve Dental
MOLINA	0007316	Molina Ohio Medicaid
	D007316	Molina SkyGen
	V007316	Molina March Vision
HUMANA	61103	Humana Ohio Medicaid
	D021919	Humana DentaQuest
	V021919	Humana EyeMed
ANTHEM BCBS	0002937	Anthem Medical
	V002937	Anthem EyeMed Vision
	D002937	Anthem DentaQuest Dental

8 ACKNOWLEDGEMENTS AND/OR REPORTS

8.1 The TA1 Technical Acknowledgement

The TA1 allows the receiver of a file to notify the sender that an invalid interchange structure was received or that problems were encountered. The TA1 verifies only the interchange header (ISA/GS) and trailer (IEA/GE) segments of the file envelope.

For batch and real-time transactions, if ISA or GS errors were encountered then the generated TA1 report with the Interchange Header errors will be returned for pickup.

8.2 The 999 Implementation Acknowledgement

For batch transactions, each time a properly formatted 5010 X12 file is submitted to Ohio Medicaid, an accepted 999 acknowledgement is returned to the submitter. If the file submitted is rejected, a negative 999 is produced and returned to the submitter.

8.3 824 Application Advice

For batch transactions, the 824 transaction set is used to report the rejection of a transaction that does not meet WEDI SNIP Type 7 compliance.

8.4 Report Inventory

If a 5010 X12 file fails compliance, an HTML report file is returned to the submitter. This file contains details that will assist the submitter to identify the issue and correct the problem.

9 TRADING PARTNER AGREEMENTS

9.1 TRADING PARTNERS

These details can be found in the Trading Partner Information Guide which can be found at this link - Trading Partners | Medicaid (ohio.gov)

10 TRANSACTION SPECIFIC INFORMATION

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Page #	Loop ID	Reference	Name	Codes	Length	Notes/Comments
69	1000A	NM1	Submitter Name			
70	1000A	NM109	Submitter Identifier			7-digit Ohio Medicaid Trading Partner IDassigned by ODM
74	1000B	NM1	Receiver Name			
75	1000B	NM109	Receiver Primary Identifier			
109	2000B	HL	Subscriber Hierarchical Level			For Ohio Medicaid, the "insured","subscriber" and the "patient" are always the same person.
110	2000B	HL04	Hierarchical Child Code	0		No subordinate HL segment in this hierarchical structure.
111	2000B	SBR	Subscriber Information			
113	2000B	SBR09	Claim Filing Indicator Code	MC		Medicaid
114	2010BA	NM1	Subscriber Name			
115	2010BA	NM108	Identification Code Qualifier	MI		

Page #	Loop ID	Reference	Name	Codes	Length	Notes/Comments
116	2010BA	NM109	Subscriber Primary Identifier			Medicaid member ID assigned by ODM
124	2010BB	NM1	Payer Name			
125	2010BB	NM108	Identification Code Qualifier	PI		Payor Identification
125	2010BB	NM109	Payer Identifier			For FFS = MMISODJFS. For Managed Care members, see Section 7.
145	2300	CLM	Claim Information			
145	2300	CLM01	Patient Account Number			The maximum number of characters to be supported for this field is ‘20”. Trading partners can submit up to 38 characters in the EDI CLM01, but the response in the 277CA and 835 will only have the first 20 characters.
159	2300	PWK	Claim Supplemental Information			
160	2300	PWK01	Attachment ReportType Code			
160	2300	PWK02	Attachment Transmission Code	AA, EL, FT		
161	2300	PWK06	Attachment Control Number			
164	2300	AMT	Patient Amount Paid			
164	2300	AMT01	Amount Qualifier Code	F5		Patient Amount Paid
164	2300	AMT02	Patient Amount Paid			
179	2300	NTE	Claim Note			Use this segment to report Ohio Medicaid Co-payment exclusions and timely filing limit exceptions.
179	2300	NTE01	Note Reference Code	ADD		ADD - will be used by providers to denote a copayment exemption applies(see NTE02 Comments) ADD - will be used by providers to denote timely filing exemption (SeeNTE02

Page #	Loop ID	Reference	Name	Codes	Length	Notes/Comments
						Comments)
179	2300	NTE02	Claim Note Text			When a Medicaid co-payment exclusion applies, the 10-character code (see Application Value List below) must be thefirst item listed in the NTE02. There mustalways be a single space between the word COPAY and the four-character exclusion code. Application Value List (Select one): • COPAY EMER (Emergency) • COPAY HSPC (Hospice) • COPAY PREG (Pregnancy) Example: • NTE*ADD*COPAY EMER When a claim could not be filed within the normal claim filing limit due to the pendency of an administrative hearing decision by ODM or an eligibility determination by a County Department of Job and Family Services (CDJFS) the (1) or (2) below applies. (1) For appeals/hearings, report the appeals/hearing number and date (The XXXXXXX is the hearing number) in this format: APPEALS XXXXXXX CCYYMMDD (2) For a delayed eligibility determination, enter the eligibility determination decision date in this format. DECISION CCYYMMDD Example (1): NTE*ADD*APPEALS 123456A 110906 Example (2): NTE*ADD*DECISION 110831

Page #	Loop ID	Reference	Name	Codes	Length	Notes/Comments
190	2310A	NM1	Referring Provider Name			
192	2310A	NM109	Referring Provider Identifier			Provider NPI
194	2310A	REF	Referring Provider Secondary Identification			Complete only if Provider does not have an NPI.
194	2310A	REF01	Reference Identification Qualifier	G2		Provider Commercial Number
195	2310A	REF02	Referring Provider Secondary Identifier			7-digit OMES Provider ID must be used.
221	2320	SBR	Other Subscriber Information			
224	2320	SBR09	Claim Filing IndicatorCode	MA, MB, 16, CI, BL		MA - For Original Medicare Part A claims MB - For Original Medicare Part B claims 16 - When other payer is a MedicareHMO / Part C plan CI - When other payer is commercialinsurance (other than Blue Cross) BL - When other payer is Blue Cross/ Blue Shield Plan Any other appropriate value except MC (MC should only be used in 2000B loop)
225	2320	CAS	Claim Level Adjustments			See Section 7
345	2430	CAS	Line Adjustment			See Section 7

11 APPENDICES

This section contains one or more appendices.

11.1 Implementation Checklist

See Implementation Checklist found here: Trading Partners | Medicaid (ohio.gov).

11.2 Frequently Asked Questions

See Trading Partner website: Trading Partners | Medicaid (ohio.gov).

12 Change Summary

This section describes the differences between the current Companion Guide and previous guide(s).

12/10/2021:

- Updated the revision number in the filename
- Added EDI helpdesk email address to Section 5 Contact Information
- Added 0021914 = Aetna OhioRISE in ISA08
- Removed details from GS03
- Added the text “Complete only if Provider does not have an NPI” to all REF rows in the table in Section 10 that refer to secondary identification
- Removed 1000B NM109 Receiver Primary Identifier information
- Removed 2010BB NM109 Payer Identifier information

3/4/2022:

- Added MCE Payer IDs in 2010BB NM109 in Section 7

3/25/2022:

- Added “AA” qualifier to PWK02 in Section 10
- Updated MCE Payer IDs in Section 7

04/22/2022:

- Replaced DRAFT with OMES disclaimer
- Removed 0021457 Aetna Better Health of Ohio from ISA08 Receiver ID
- Created table and updated MCE Payer IDs in 2010BB NM109 in Section 7

09/16/2022:

- Updated Section 7 MCE Payer ID table

12/23/2022

- Added clarification for the data required in the ISA02 & ISA04 in Section 6
- Added comment GS02 must equal ISA06 and GS03 must equal ISA08 in Section 6
- Added language about the February 1st, 2023, hard cut-over date on page 16

01/11/2023

- Updated MCE Payer IDs in Section 7
- Added clarifying language on dates of service and claims submission in Section 7
- Updated EDI support email contact address

01/24/2023

- Updated EDI Support in Section 5, Contact Information
- Updated Section 10, Reference NM109

06/30/2023

- Updated Section 5 EDI Contact Information
- Removed AmeriHealth Payer IDs for radiology and transportation in Section 7
- Added CLM01 clarification comment in Section 10