

ASC X12N/005010X222A1 HEALTH CARE CLAIM PROFESSIONAL (837)

This Addendum to the Companion Guide is intended as an addition to the ASCX12 Implementation Guides adopted under HIPAA to clarify and specify situational data elements and plan-specific values that must be included in transactions that are transmitted electronically to South Dakota Medical Assistance (SDMA). Transactions based on the information contained in this document, used in tandem with the X12 Implementation Guides, will help ensure compliance with both X12 syntax and usage.

Loop ID	Reference	Name	Codes	Length	Notes/Comments
None	GS	Functional Group Header			
None	GS08	Version / Release	005010X222A1		South Dakota Medical Assistance (SDMA) will only support Health Care Claim Institutional transactions that incorporate the changes identified in the addenda published June 2010, modifying the transactions that were originally published as 005010X223 published May 2006.
1000B	NM1	Receiver Name			This loop indicates the identity of the entity you are submitting electronic transactions to.
1000B	NM109	Receiver Primary Identifier	SD48MED		All transactions should contain the ID "SD48MED" to identify the SDMA as the claim receiver. Any transaction received without this ID will be rejected.
2000A	PRV01	Billing/Pay-to Provider Specialty Information	BI		Code "BI" in Loop 2000A-PRV01 is required and you must complete the Billing Provider field (2010AA).
2000A	PRV02	Reference Identification Qualifier	PXC		PXC is used to indicate the "Health Care Provider Taxonomy" code list (provider specialty code) which is available on the Washington Publishing Company web site: http://www.wpc-edi.com . This taxonomy is maintained by the Blue Cross Blue Shield Association and ASC X12N TG2 WG15.
2000A	PRV03	Reference Identification		1-50	Provider Taxonomy Code
2010AA	NM1	Billing Provider Name			This loop is required. It identifies the billing entity. The billing entity does not have to be a health care provider.

2010AA	NM108	Reference Identification	XX		The Identification Code Qualifer must equal XX.
2010AA	NM109	Billing Provider Primary ID		10	Health Care Financing Administration National Provider Identifier (NPI).
2010AA	N4	Billing PROVIDER CITY/STATE/ZIP CODE			Nine byte Zip code is required. (no hyphens)
2010AB	N4	Pay-to PROVIDER CITY/STATE/ZIP CODE			Nine byte Zip code is required. (no hyphens)
2000B	HL	Subscriber Level			This loop identifies the individual Subscriber (SD Medicaid recipient) receiving services.
2000B	HL04	Hierarchical Child Code	0		The system does not support claims at the dependent level. These claims will be denied.
2000B	SBR	Subscriber Information			This loop identifies the individual Subscriber (SD Medicaid Recipient) receiving services.
2000B	SBR09	Claim Filing Indicator Code	MC		MC (Medicaid) is required.
2010BA	NM1	Subscriber Name			This loop identifies the full name of the individual Subscriber (SD Medicaid Recipient) receiving services.
2010BA	NM108	Identification Code Qualifier	MI		MI=Member Identification Number (South Dakota Medicaid Recipient ID) is required.
2010BA	NM109	Subscriber Primary Identifier		14	This element should contain the South Dakota Medicaid Recipient ID assigned to each recipient known to SDMA.
2010BB	NM1	Payer Name			This loop identifies the Payer Information
2010BB	NM108	Identification Code Qualifier	PI		Identificaiton Code must= PI (Payor Identification)

2010BA	NM109	Payer Identifier	SD48MED		All transactions should contain the ID "SD48MED" to identify the SDMA as the payer. Any transaction received without this ID will be denied.
2300	QTY	Ambulance Patient Count			This segment is not supported by SDMA at this time.
2300	QTY	Obstetric Anesthesia Additional Units			This segment is not supported by SDMA at this time.
2300	HI	Health Care Diagnosis Code			Up to 8 diagnosis codes are supported by SDMA at this time.
2300	HI	Anesthesia Related Procedure			This segment is not supported by SDMA at this time.
2300	HI	Condition Information			This segment is not supported by SDMA at this time.
2310A	NM1	Referring Provider Name			This loop indentifies the individual or organization referring the Subscriber.
2310A	NM102	Entity Type Qualifier	1		Entity Type Qualifer must equal "1"--Person
2310A	NM103	Provider First Name			If reporting a facility populate with "GROUP".
2310A	NM104	Provider Last Name			If reporting a facility populate with the facility's name.
2310A	NM108	Reference Identification	XX		The Identification Code Qualifer must equal XX.
2310A	NM109	Referring Provider Primary ID		10	Health Care Financing Administration National Provider Identifier (NPI).
2310B	NM1	Rendering Provider Name			This loop indentifies the individual or organization rendering services to the Subscriber.
2310B	NM108	Reference Identification	XX		The Identification Code Qualifer must equal XX.
2310B	NM109	Rendering Provider Primary ID		10	Health Care Financing Administration National Provider Identifier (NPI).
2310B	PRV01	Rendering Provider Specialty Information			This loop identifies the specialty information for the Rendering Provider.

2310B	PRV02	Reference Identification Qualifier	PXC		PXC is used to indicate the "Health Care Provider Taxonomy" code list (provider specialty code) which is available on the Washington Publishing Company web site: http://www.wpc-edi.com . This taxonomy is maintained by the Blue Cross Blue Shield Association and ASC X12N TG2 WG15.
2310B	PRV03	Reference Identification		1-50	Rendering Provider Taxonomy Code
2310E	NM1	Supervising Provider Name			This loop indentifies the individual or organization supervising the rendering provider.
2310E	NM108	Reference Identification	XX		The Identification Code Qualifer must equal XX.
2310E	NM109	Supervising Provider Primary ID		10	Health Care Financing Administration National Provider Identifier (NPI).
2320	CAS	Claim Level Adjustments			This loop contans information about paying and other Insurance Carriers for that Subscriber (SD Medicaid Recipient), Subscriber of the other Insurance Carriers, School or Employer Information for that Subscriber.
2320	CAS02 CAS05 CAS08 CAS11 CAS14 CAS17	Adjustment Reason Code			Medicare crossover claims must report the co-insurance, deductible, and psych deductible amounts for proper pricing by DSS. 1. Medicare deductible should be reported using this code. 2. Medicare co-insurance should be reported using this code. 122. Medicare psych deductivle should be reported using this code.
2400	SV1	Professional Service			This loop contains service level information
2400	SV101-1	Product or Service ID Qualifier	HC		Product/Service ID Qualifier codes must equal HC. SDMA uses the Health Care Financing Administration Common Procedural Coding System (HCPCS) codes.
2400	SV109	Yes/No Condition or Response Code	Y	1/1	Situational Rule. Y is required when the service is known to be an emergency by the Provider.
2400	PWK	Line Supplemental Information			Not supported by SDMA at this time. Report PWK segment in 2300 loop.

2420A	NM1	Rendering Provider Name			This loop provides the detailed information on the Rendering Provider Name.
2420A	NM108	Reference Identification	XX		The Identification Code Qualifer must equal XX.
2420A	NM109	Rendering Provider Primary ID		10	Health Care Financing Administration National Provider Identifier (NPI).
2420A	PRV01	Rendering Provider Specialty Information			This loop provides the information on the Rendering Provider Specialty informtion.
2420A	PRV02	Reference Identification Qualifier	PXC		PXC is used to indicate the "Health Care Provider Taxonomy" code list (provider specialty code) which is available on the Washington Publishing Company web site: http://www.wpc-edi.com . This taxonomy is maintained by the Blue Cross Blue Shield Association and ASC X12N TG2 WG15.
2420A	PRV03	Reference Identification		1-50	Rendering Provider Taxonomy Code
2420D	NM1	Supervising Provider Name			This loop indentifies the individual or organization supervising the rendering provider.
2420D	NM108	Reference Identification	XX		The Identification Code Qualifer must equal XX.
2420D	NM109	Supervising Provider Primary ID		10	Health Care Financing Administration National Provider Identifier (NPI).
2420F	NM1	Referring Provider Name			This loop provides the detailed information on the Referring Provider Name.
2420F	NM108	Reference Identification	XX		The Identification Code Qualifer must equal XX.
2420F	NM109	Referring Provider Primary ID		10	Health Care Financing Administration National Provider Identifier (NPI).

2430	CAS	Line Level Adjustments			This loop is to convey service line adjudication information for coordination of benefits between the initial payers of a health care claim and all subsequent payers.
2430	CAS02 CAS05 CAS08 CAS11 CAS14 CAS17	Adjustment Reason Code			Medicare crossover claims should report the co-insurance, deductible, and psych deductible amounts for proper pricing by DSS. 1--Medicare deductible should be reported using this code. 2. Medicare co-insurance should be reported using this code. 122. Medicare psych deductible should be reported using this code.