ASC X12N/005010X222 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 Medicaid. 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.

Page No.	Loop ID	Reference	Name	Codes	Length	Notes / Comments
C.7	None	GS	Functional Group			
C.8	None	GS08	Version / Release	005010X222A1		South Dakota Medicaid will only support Health Care Claim Professional transactions that incorporate the changes identified in the addenda published June 2010, modifying the transactions that were originally published as 005010X222 published May 2006.
79	1000B		Receiver Name			This loop indicates the identity of the entity you are submitting electronic transactions to.
80	1000B	NM109	Receiver Primary Identifier	SD48MED		All transactions should contain the ID "SD48MED" to identify SD Medicaid as the claim receiver. Any transaction received without this ID will be rejected.
83	2000A	PRV	Billing Provider Specialty Information			The 2000A Loop PRV Segment is required by SD Medicaid.
83	2000A	PRV01	Provider Code	BI		If 2000A PRV segment is utilized, a value of BI (Billing) is required.
83	2000A	PRV03	Reference Identification		10	Billing Provider Taxonomy Code is required.
87	2010AA		Billing Provider Name			The billing entity does not have to be a health care provider, however the NPI submitted must be known to SD Medicaid and also listed as a billing entity for the Rendering Provider. Must be a street address.
89	2010AA	NM108	Identification Code Qualifier	XX		The Identification Code Qualifier must have a value of XX.
90	2010AA	NM109	Billing Provider Primary Identifier		10	Health Care Financing Administration National Provider Identifier (NPI).
93	2010AA	N403	Billing Provider ZIP Code		9	The nine character ZIP code is required (no hyphens).
101	2010AB		Pay-to Address Name			Required when the address for payment is different than what was sent in the 2010AA Loop. If the Billing Provider wishes to utilize a Post Office Box or Lock Box the address must then be sent in this Loop.
105	2010AB	N403	Pay-to Provider ZIP Code		9	If applicable, a nine character ZIP code is required (no hyphens).
114	2000B		Subscriber Level			This loop identifies the individual Subscriber (SD Medicaid Recipient) receiving services.
115	2000B	HL04	Hierarchical Child Code	0		SD Medicaid does not support or process claims at the Dependent level. A value of 0 should always be used.
118	2000B	SBR09	Claim Filing Indicator Code	MC		A value of MC (Medicaid) is required.
121	2010BA		Subscriber Name			This loop identifies the full name and address of the individual Subscriber (SD Medicaid Recipient) receiving services.
122	2010BA	NM108	Identification Code Qualifier	MI		A value of MI (Member Identification Number) is required.
123	2010BA	NM109	Subscriber Primary Identifier		14	This element should contain the South Dakota Medicaid Recipient ID that was assigned to the individual Subscriber (SD Medicaid Recipient).
133	2010BB		Payer Name			This loop identifies the Payer.
134	2010BB	NM108	Identification Code Qualifier	PI		A value of PI (Payer Identification) is required.
134	2010BB	NM109	Payer Identifier	SD48MED		All Medicaid claim transactions should contain the ID "SD48MED" to identify SD Medicaid as the Payer. Any transaction received without this ID will be denied.
142	2000C		Patient Level			This loop identifies the Subscriber's Dependents. SD Medicaid does not process Dependent related data from the 2000C Loop. The Subscriber must be the Patient and should be fully contained in the 2000B Loop data for SD Medicaid to process correctly. Any data sent within this loop will be ignored.
214	2300	CR2	Spinal Manipulation Service Information			This segment is not supported by SD Medicaid at this time.
226	2300	HI	Health Care Diagnosis Code			Up to 8 diagnosis codes are supported by SD Medicaid at this time. E-codes cannot be used as the Principal diagnosis.
239	2300	HI	Anesthesia Related Procedure			This segment is not supported by SD Medicaid at this time.
242	2300	HI	Condition Information			This segment is not supported by SD Medicaid at this time.
257	2310A		Referring Provider Name			This loop identifies the individual or organization that referred the Subscriber to the Rendering Provider.
258	2310A	NM102	Entity Type Qualifier	1		A value of 1 (Person) is required.

258	2310A	NM104	Referring Provider First Name		1-35	If reporting a facility or organization it is reccommended that this element be populated.
259	2310A	NM108	Identification Code Qualifier	XX		The Identification Code Qualifier must have a value of XX.
259	2310A	NM109	Referring Provider Primary Identifier		10	Health Care Financing Administration National Provider Identifier (NPI).
262	2310B		Rendering Provider Name			This loop is required and identifies the individual or organization rendering services to the Subscriber.
264	2310B	NM108	Identification Code Qualifier	XX		The Identification Code Qualifier must have a value of XX.
264	2310B	NM109	Rendering Provider Primary Identifier		10	Health Care Financing Administration National Provider Identifier (NPI).
265	2310B	PRV	Rendering Provider Specialty Information			The 2310B Loop PRV Segment is required.
265	2310B	PRV01	Provider Code	PE		If applicable, a value of PE (Performing) is required.
265	2310B	PRV03	Reference Identification		10	Rendering Provider Taxonomy Code is required.
269	2310C		Service Facility Location Name			This loop is required when the Service Location is different than that submitted in the 2010AA Loop. If a Provider has multiple Payee ID Numbers with the same Billing NPI, Rendering NPI, and Taxonomy the 9 character ZIP code is used to differentiate between them.
270	2310C	NM108	Identification Code Qualifier	XX		The Identification Code Qualifier must have a value of XX.
271	2310C	NM109	Laboratory or Facility Primary Identifier		10	Health Care Financing Administration National Provider Identifier (NPI).
274	2310C	N403	Laboratory or Facility ZIP Code		9	If applicable, a nine character ZIP code is required (no hyphens).
295	2320		Other Subscriber Information			This loop contains information about the paying and other Insurance Carriers for the Subscriber (SD Medicaid Recipient), the Subscriber of these other Insurance Carriers, and the School or Employer Information for the Subscriber (SD Medicaid Recipient) at the claim level.
301	2320	CAS02 CAS05 CAS08 CAS11 CAS14 CAS17	Claim Adjustment Reason Code		1-5	Claims must report the contractual obligation, co-insurance, deductible, and psych deductible amounts for proper pricing by SD Medicaid in the 2430 Loop CAS Segment.
350	2400		Service Line			This loop contains service line level information.
352	2400	SV101-1	Product or Service ID Qualifier	HC		SD Medicaid uses the Health Care Financing Administration Common Procedural Coding System (HCPCS) Codes.
354	2400	SV101-7	Description		1-80	Required when SV101-2 is a non-specific Procedure Code. Non-specific codes may include in their descriptors terms such as: Not Otherwise Classified (NOC); Not Otherwise Specified (NOS); Unlisted; Unspecified; Unclassified; Other; Miscellaneous; Prescription Drug, Generic; or Prescription Drug, Brand Name.
357	2400	SV109	Emergency Indicator	Y		A value of Y is required when the service is known to be an emergency.
362	2400	PWK	Line Supplemental Information			Not supported at the service line level by SD Medicaid at this time. Report at the claim level 2300 Loop PWK Segment.
470	2420G		Ambulance Pick-up Location			Not supported at the service line level by SD Medicaid at this time. Report at the claim level 2310E Loop.
475	2420H		Ambulance Drop-off Location			Not supported at the service line level by SD Medicaid at this time. Report at the claim level 2310F Loop.
480	2430		Line Adjudication Information			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 at the service line level.
486	2430	CAS02 CAS05 CAS08 CAS11 CAS14 CAS17	Adjustment Reason Code		1-5	Claims must report the contractual obligation, co-insurance, deductible, and psych deductible amounts for proper pricing by SD Medicaid at the service line level. Without this data, the Medicaid portion of the claim will not be paid. Deductible should be reported using an adjustment reason code of 1. Co-insurance should be reported using an adjustment reason code of 2.