

5010 Clarification Manual for Medicaid – Institutional



Data Clarifications for the 837 Institutional Claim, V. 5010

Effective Date: 01/28/2025

This document is intended as a *companion* to the **National Electronic Data Interchange Transaction Set Implementation Guide, Health Care Claim: Institutional, ASC X12N 837 (005010X223A2)**. It contains data clarifications authorized by Vaya Health (Vaya) specific to the submission of claims for Medicaid services.

The clarifications include:

- Identifiers to use when a national standard has not been adopted; and
- Parameters in the implementation guide that provide options.

The Implementation Guide is available on the X12 website (<https://x12.org/products>) for current HIPAA transaction standards for the 837, Health Care Claim: Institutional (ASC X12N, version **005010X223A2**).

Critical Additional Notes:

- **You are responsible for keeping track of your file names and contents.**
- **Claims may not be submitted in the production environment until testing with Vaya is complete.**

This document specifically does not address every data element, whether required or optional, nor every scenario nor situation that the National Implementation Guides address. It is vital that you, your software vendor, or claim service provider conform to the specifications as detailed in the National Electronic Data Interchange Transaction Set Implementation Guide, Health Care Claim: Institutional. The purpose of this document is to help you properly complete claims files for submission to Vaya. Information provided in this guide is subject to change.

The process for providers and clearinghouses to submit additional documentation for claims processing through their CrushFTP connection works in parallel with the 837I/837P file.

The **/In** folder on provider and clearinghouse CrushFTP sites will have a subfolder, **/In/ ClaimSupportDocuments /**, where additional documentation such as forms, itemized invoices, notes, etc., can be uploaded. In the claim that corresponds to the document(s), Loop 2300, segment PWK*OZ*FT*AC*UPLOADEDFILE NAME~, the last element (UPLOADFILENAME) is the Document File Name. There should be no spaces or special characters in the last element, and the maximum length is 50 characters.

Acknowledgements

An EDI 999 Acknowledgement report will be sent to the trading partner's DOWNLOAD area of CrushFTP for retrieval. This report serves as the acknowledgement of file submission. Typically, 999 Acknowledgement reports are available within moments of submission.

If you have questions, please email EDI@vayahealth.com.

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Page	Loop	Segment	Data Element	Comments
	Header	ISA	ISA01	Use "00" – No Authorization Information
			ISA02	Use SPACES
			ISA03	Use "00" – No Security Information Present
			ISA05	Use "ZZ" – Mutually Defined
			ISA06	Use Submitter ID assigned to you by Vaya
			ISA07	Use "ZZ" – Mutually Defined
			ISA08	Use "13010"
			ISA09	Date format is YYMMDD
			ISA10	Time Format is HHMM
			ISA11	Use '^' – Carat Separator
			ISA12	Use "00501"
			ISA13	Must be a positive unsigned number and must be identical to the value in IEA02
			ISA14	Use "1" – Interchange Acknowledgement Requested
			ISA15	Use "P" for production Use "T" for Trading Partner Testing
			ISA16	Use ":" – colon separator
	Header	GS	GS02	Use the Submitter ID/Mailbox # issued by Vaya. This is the same value as provided in the ISA06.
			GS03	Use "13010"
			GS08	Use "005010X223A2"
	Header	BHT	BHT06	Use "CH"
	1000A		NM108	Use "46" – Electronic Transmitter Identification Number (ETIN)
			NM109	Use the Submitter ID assigned to you by Vaya. This is the same value as provided in the ISA06.
	1000B	NM1	NM103	Use "Vaya Health"
			NM109	Use "13010"
	2000A	PRV	PRV01	Use "BI" to indicate billing provider
			PRV02	Use qualifier "PXC" – Health Care Provider Taxonomy Code
			PRV03	Provider Taxonomy Codes, as maintained by the National Uniform Claim Committee, are available at https://x12.org/codes/provider-taxonomy-codes . Submit the provider taxonomy that best fits provider type and specialty for the billing provider.
	2010AA	NM1	NM108	"XX" – NPI**

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Page	Loop	Segment	Data Element	Comments
		N3	N301	The billing provider address must be a physical address. PO Box or lockbox addresses are not accepted.
		N4	N403	The billing provider's nine-digit ZIP code (along with the address information in the 2010AA N3 segment) is required
		REF	REF01	EI – Employer Identification Number
			REF02	Billing Provider Tax Identification Number
	2000B	SBR	SBR09	Use "MC" for Medicaid
	2010BA	NM1	NM102	Use "1" to indicate the subscriber is a person
			NM108	Use "MI" – Member Identification Number Qualifier
			NM109	Use the member's 10-digit Medicaid ID
		N3	N301	Member's residential address
			N302	Member's residential address
		N4	N401	Member's residential city
			N402	Member's residential state
			N403	Member's residential ZIP code
	2010BB	NM1	NM103	Use "Vaya Health"
			NM108	Use "PI"
			NM109	Use "13010"
		REF	REF01	Use "G2" to report atypical provider data
			REF02	Used by atypical providers to report Atypical Provider Number assigned by NC Medicaid**
	2300	CLM	CLM01	Provider's Claim Identifier
		REF	REF02	Use the agency's original claim identifier (returned on the 835/RA) when CLM05-3 = "7" or "8" (adjustment or void), REF*F8 must be sent
		HI	HI01-2	Required for claims if DRG. When submitted, should be four characters in length. For example, "1" should be submitted as "0001," "21" should be submitted as "0021," and "345" should be submitted as "0345."
	2300	PWK	PWK01	Use "OZ"
			PWK02	Submit "FT"
			PWK06	Submit "Name of the Supporting Document;" the maximum field length must not exceed 50 characters

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Page	Loop	Segment	Data Element	Comments
	2310C			For EVV services, when Loop 2420B – Other Operating Physician Name is submitted, Loop 2310C also must be submitted. The segments within this loop should be populated with the same information submitted in Loop 2420B.***
	2310E***	NM1	NM103	For EVV services, submit “SERVICE LOCATION”***
		N3	N301	For EVV services, submit the address for the location of service***
		N4	N401	For EVV services, submit the city for the location of service***
			N402	For EVV services, submit the state for the location of service***
			N403	For EVV services, submit the ZIP code for the location of service***
		REF	REF01	For EVV services, submit “LU”***
			REF02	For EVV services, submit the unique identifier for the attendant associated with the services***
	2310F	NM	NM109	Note: If the attending provider reported in 2310A is the same as the referring provider, do not send this segment
	2320			If the member has other insurance coverage, there must be at least one occurrences of this loop to supply other insurance information. There may be multiple loops for other insurance.
		SBR	SBR03	Required on all occurrences
			SBR09	Use the codes as applicable for this field as listed in the 837P TR3 Guide
		AMT	AMT02	All payments associated for the encounter should be reported using this segment for the appropriate payer
	2400	SV2	SV201	For EVV and Home Health Services, submit appropriate revenue code***
		NTE	NTE01	For EVV services, submit “TPO”***
			NTE02	For EVV services, submit the beginning and ending time for the services, the EVV Visit Key, and the Location Type. The times should be reported using the format HHMM-HHMM, where HH will be 00-23 and MM will be 00-59, the Visit Key is limited to 16 characters, and the Location Type is limited to one character with valid values “1” or “2.” The times and Visit Key and Location Type should each be separated by a space (e.g., 0830-1050 0123456789123456 1***)
	2410	LIN		For NC Medicaid, this loop is required when submitting a drug-related HCPCS procedure code

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Page	Loop	Segment	Data Element	Comments
			LIN03	An NDC code is required when a drug-related procedure code is billed in the SV2 segment (2400, SV202-2)
		CTP	CTP04	Enter the numeric quantity in this field
			CTP05-1	Enter the unit of measurement that corresponds to the value enter in the CTP04
		REF	REF01	Use "VY" for a link sequence number of the compound drug
			REF02	Only the first 10 digits of the reference number will be used
	2420B	NM1	NM103	For EVV services, submit the last name of the attendant associated with the services***
			NM104	For EVV services, submit the first name of the attendant associated with the services***
		REF	REF02	For EVV services, submit the unique identifier for the attendant associated with the services***
	2430	SVD	SVD01	SVD01 must match the value in NM109 in Loop 2330B. This element is mandatory.
			SVD02	The amount paid for each service line is reported in this field for associated payments. This element is mandatory.
		CAS	CAS02	Use CAS02 Claim Adjustment Reason Code (Code Source 139) to indicate denial of payment reduction reason for the service line
		DTP	DTP03	This is the date the claim line was paid to the provider in the CCYYMMDD format. This element is mandatory.
<p>**Either the NPI or the Atypical Provider Number should be supplied for the billing provider, but not both. ***All EVV services must be submitted through HHAExchange.</p>				