5010 Clarification Manual for Medicaid – Professional

Data Clarifications for the 837 Professional 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: Professional, ASC X12N 837 (005010X222A1)**. It contains data clarifications authorized by Vaya Health (Vaya). 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: Professional (ASC X12N, version **005010X222A1**).

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 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: Professional. The purpose of this document is to help you properly complete claim 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.

Effective April 1, 2013, if the information associated with any of the claims in the 837P ST-SE batch is not correctly formatted from a syntactical perspective, all claims between the ST-SE will be rejected.

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

Page	Loop	Segment	Data Element	Comments
	Header	ISA	ISA01	Use “00” – No Authorization Information
			ISA02	Use SPACES
			ISA03	Use “00” – No Security Information Present
			ISA04	Use SPACES
			ISA05	Use “ZZ” – Mutually Defined
			ISA06	Use the 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 Testing
			ISA16	Use “:” – colon separator
				Use “~”
	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 “005010X222A1”
	Header	BHT	BHT06	Use “CH”
	1000A		NM108	Use “46” – Electronic Transmitter Identification Number (ETIN)
			NM109	Use the provider number 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

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			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.
	2000B	SBR	SBR09	Use "MC" for Medicaid
	2010AA	NM1	NM108	"XX" – NPI**
		N3	N301	The billing provider address must be a physical address. Note: 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
	2010BA	NM1	NM102	Use "1" to indicate the subscriber is a person
			NM108	Use "MI" – member identification number qualifier
			NM109	Use the Medicaid ID for Medicaid members
		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	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 claims identifier
		REF	REF02	Use the agency's original claim identifier when CLM05-3 = "7" or "8" (adjustment or void); REF*F8 must be sent
	2300	PWK	PWK01	Use ''OZ''
			PWK02	Submit ''FT''
			PWK06	Submit "Name of the Supporting Document;" the maximum field length must not exceed 50 characters
	2310A	NM1	NM109	Submit the referring provider's NPI in this field
	2310B	NM1	NM109	Required when the billing provider is a group**

Page	Loop	Segment	Data Element	Comments
		PRV	PRV03	Required when the rendering provider's NPI or atypical number is submitted
		REF	REF01	Use "G2" to report atypical provider data
			REF02	Use the Atypical Rending Provider Number assigned by NC Medicaid**
	2310C	N3	N301	The service facility address is required when the place of service is different than the billing address in 2010AA
		N4	N403	The service facility ZIP code (along with the address information in the 2310C N3 segment) is required when the place of service is different than the billing ZIP code in 2010AA, N403. Providers are required to submit the nine-digit ZIP code.
	2310D			For EVV encounters, when Loop 2420D – Supervising Provider Name is submitted, Loop 2310D must also be submitted. The segments within this loop should be populated with the same information that is submitted in Loop 2420D.***
	2310E			For EVV encounters, when Loop 2420G – Ambulance Pick-Up Location is submitted, Loop 2310E must also be submitted. The segments within this loop should be populated with the same information that is submitted in Loop 2420G.***
	2320			If the member has other insurance coverage, there must be at least one occurrence of this loop to supply other payer payment information. There may be multiple loops for other insurance.
		SBR	SBR03	Required on all occurrences
			SBR09	Use values as listed in the 837P TR3 Guide
		AMT	AMT01	All payments associated for the encounter should be reported using this segment for the appropriate payer
			AMT02	Enter the amount collected from private insurance
	2400	SV1	SV101-1	Use "HC" – HCPCS codes. NDCs will not be processed in this segment; however, an NDC must be sent in the LIN segment to supplement a drug HCPCS code (see instructions for 2410 – Drug Identification)
			SV101-2	For DME miscellaneous codes, use "B9998," "E1399," "K0108," or "L8499"

Page	Loop	Segment	Data Element	Comments
			SV101-7	• For DME miscellaneous codes, use the five-character local code assigned by the State • For EVV Services (HHA eXchange only), add 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 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 Visit Key and Location Type should be each separated by a space (e.g., 0830-1050 0123456789123456 2)
		REF	REF02	Prior authorization number assigned for the service
		NTE	NTE01	For DME miscellaneous codes requiring a description, use "ADD." Otherwise, do not submit.
			NTE02	For DME miscellaneous codes requiring a description, submit the description of the DME service provided. Otherwise, do not submit.
	2410	LIN		This loop is required when submitting a drug-related HCPCS procedure code
			LIN03	An NDC is required when a drug-related procedure code is billed in the SV1 segment (2400, SV102-2)
		CTP	CTP04	Input the actual NDC quantity dispensed
			CTP05-1	Input the unit/basis of measure
	2420A	PRV	PRV03	Rendering Provider taxonomy codes
		REF	REF01	Use "G2" – when billing for atypical rendering providers
			REF02	Used by atypical providers to report the Medicaid-issued rendering provider number
	2420C	N4	N403	The service facility ZIP code (along with the address information in the 2420C N3 segment) is required when the place of service is different than the billing ZIP code in 2010AA, N403, or 2310C, N403. Providers are required to submit the nine-digit ZIP code when available.
	2420D	NM1	NM103	For EVV services, should contain the last name of the attendant associated with the services***
			NM104	For EVV services, should contain the first name of the attendant associated with the services***
		REF	REF02	For EVV services, should contain the unique identifier for the attendant associated with the services***

Page	Loop	Segment	Data Element	Comments
	2420G	N3	N301	For EVV services, the ambulance pick-up address line is required to provide the location of service***
		N4	N401	For EVV services, the ambulance pick-up city name is required to provide the location of service***
			N402	For EVV services, the ambulance pick-up state is required to provide the location of service***
			N403	For EVV services, the ambulance pick-up ZIP code is required to provide the location of service***

** Either the NPI or the Atypical Provider Number should be supplied for the provider, but not both.
*** All EVV services must be submitted through HHAeXchange.