



# Rhode Island Medicaid PES Instructions - Billing Other Dental Insurance



Once information has been entered on Hdr 1 per the 837 Dental claim instructions, proceed to Hdr 2. Enter any required information and change the Other Insurance Indicator from the default “N” to “Y” as shown below. Two additional tabs will now be visible between Hdr 3 and Srv 1.

The screenshot shows the '837 Dental' software window with the 'Hdr 2' tab selected. The interface includes several input fields and a table at the bottom.

**Total Charge** .00 **OI Amount** .00 **Billed Amount** .00 **Services** 1

Hdr 1 | **Hdr 2** | Hdr 3 | OI | OI Adj | Srv 1 | Srv 2

**Referring Provider**  
SSN/Tax ID [ ] Provider ID [ ]  
Last/Org Name [ ] First Name [ ] MI [ ]

**Orthodontic Treatment**  
Total Months [ ] Months Remaining [ ] Placement Date [00/00/0000]

**Accident**  
Related Causes [ ] [ ] Date [00/00/0000] State [ ] Country [ ]

Place Of Service [ ] Other Insurance Ind [Y] [v]  
Tooth Number [ ] Tooth Status Code [ ]

Client ID	Last Name	First Name	Billed Amount	Last Submit Dt	Status
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Buttons on the right: Add, Copy, Delete, Undo All, Save, Find..., Print, Close.

Click on the OI Tab after entering required information on Hdr 3 per the 837 Dental claim instructions. Within the OI Tab, the Payer Responsibility Field is defaulted to "P" and does not change. Select the appropriate value for the Claim Filing Indicator from the drop down box.

The screenshot shows the '837 Dental' software window with the 'OI' tab selected. A dropdown menu is open for the 'Claim Filing Ind Code' field.

**Total Charge** .00 **OI Amount** .00 **Billed Amount** .00 **Services** 1

Hdr 1 | Hdr 2 | Hdr 3 | **OI** | OI Adj | Srv 1 | Srv 2

Payer Responsibility [P] [v] Claim Filing Ind Code [17] [v]  
Benefits Assignment [Y] [v] Release of Medical Data [ ] [v]

Payer Claim Reference [ ]  
Policy Holder [ ]

Carrier Code [001] [v] Subscriber ID [987654321] [v]  
Last Name [JONES] [v] First Name [JANE] [v]

Dropdown menu for Claim Filing Ind Code:  
16 Health Maintenance Organ...  
17 Dental Maintenance Organ...  
AM Automobile Medical  
BL Blue Cross/Blue Shield

OI #	Carrier Code	Subscriber ID	Last Name	First Name
1	001	987654321	JONES	JANE

Buttons on the left: Add OI, Copy OI, Delete OI

Client ID	Last Name	First Name	Billed Amount	Last Submit Dt	Status
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Buttons on the right: Find..., Print, Close.

Once this step is complete, Tab to the Carrier Code field. If this is the first entry for this recipient, double click in the Carrier Code field and go to the second screen shot example below and complete the required information as indicated. If this is not the first entry for this recipient, select the recipient information from the drop-down menu of the Carrier Code field.

The screenshot shows the '837 Dental' application window. At the top, there are summary fields: Total Charge .00, OI Amount .00, Billed Amount .00, and Services 1. Below this is a navigation bar with tabs: Hdr 1, Hdr 2, Hdr 3, OI (selected), OI Adj, Srv 1, and Srv 2. The main form area contains several sections:
 

- Payer Responsibility:** P (dropdown), Claim Filing Ind Code 17 (dropdown).
- Benefits Assignment:** Y (dropdown), Release of Medical Data Y (dropdown).
- Payer Claim Reference:** (text field).
- Policy Holder:** Carrier Code (dropdown), Subscriber ID (text field), Last Name (text field), First Name (text field), MI (text field).

 On the right side, there is a vertical toolbar with buttons: Add, Copy, Delete, Undo All, Save, Find..., Print, and Close. At the bottom, there is a table with columns: Client ID, Last Name, First Name, Billed Amount, Last Submit Dt, and Status. A table below the form has columns: Add OI, OI #, Carrier Code, Subscriber ID, Last Name, and First Name, with a row containing the value '1' under OI #.

Enter the Medicaid ID in the Client ID field. Select the valid value for the Carrier Code of the primary insurer from the drop down box, click the tab button and the carrier name will be populated. Select the relationship to the insured. Enter policy holder information. When all information is entered select save then chose Select to populate the carrier information on the OI tab.

The screenshot shows the 'Policy Holder' dialog box. It contains the following fields:
 

- Client ID:** 000112222 (dropdown)
- Carrier Code:** 001 (dropdown)
- Carrier Name:** BLUE CROSS/BLUE SHIEL (text field)
- Group #:** (text field)
- Other Insurance Group Name:** (text field)
- Policy #:** (text field)
- Insurance Type Code:** (dropdown)
- Relationship to Insured:** 18 (dropdown)
- Policy Holder Information:**
  - Last Name: JONES
  - First Name: JANE
  - MI: (text field)
  - Subscriber ID: 987654321
  - ID Qualifier: MI (dropdown)
  - Date Of Birth: 01/01/1971
  - Gender: F (dropdown)
- Policy Holder Address:**
  - Line 1: 100 MAIN STREET
  - Line 2: (text field)
  - City: PROVIDENCE
  - State: RI
  - Zip: 02903-

 On the right side, there is a vertical toolbar with buttons: Add, Delete, Undo All, Save, Find..., Print..., Help, Select, and Close. At the bottom, there is a table with columns: Client ID, Carrier Code, Subscriber ID, Last Name, and First Name. A row is highlighted with the following data: 000112222, 001, 987654321, JONES, JANE.

When the Carrier/Client information has been completed on the OI Tab, click on the OI Adj Tab and enter the following required information; Provide other insurance payment information in the Paid Date and Amount Paid fields. This amount will be deducted from your billed amount.

Enter the valid value for the Adjustment Group Code along with the Reason Code as reported on the primary payers EOB.

All of the dollar amounts entered must equal the total dollar amount being billed to Medicaid. The Non-Covered Amount field is not required. This field can only be used without Adjustment Group and Reason Codes.

The screenshot shows the '837 Dental' application window with the 'OI Adj' tab selected. At the top, summary statistics are displayed: Total Charge .00, OI Amount 150.00, Billed Amount -150.00, and Services 1. Below this, a navigation bar shows 'Hdr 1 | Hdr 2 | Hdr 3 | OI | **OI Adj** | Srv 1 | Srv 2'. The main form area contains several input fields: 'Paid Date/Amount' with '03/10/2016' and '150.00', and 'Non-Covered Amount' with '.00'. A table titled 'Adjustment Group Codes/Reason Codes/Amounts' has six rows with columns for code, amount, and another amount. The first row shows 'CO' with '100' and '75.00'. Below this is a table with columns 'OI #', 'Carrier Code', 'Subscriber ID', 'Last Name', and 'First Name', containing one entry for '1', '001', '987654321', 'JONES', and 'JANE'. At the bottom, another table header is visible with columns 'Client ID', 'Last Name', 'First Name', 'Billed Amount', 'Last Submit Dt', and 'Status'. On the right side of the window, a vertical toolbar contains buttons for 'Add', 'Copy', 'Delete', 'Undo All', 'Save', 'Find...', 'Print', and 'Close'.

Required information for the SRV 1 and SRV 2 tabs should be completed per the instructions for the 837 Dental claim.