Executive Office of Health and Human Services

Standard Companion Guide Transaction Information

Rhode Island Medicaid

Instructions related to 837 Transactions based on ASC X12 Implementation Guides, version 005010
Encounter Data

Version 2.10

DXC Technology

Revision History

VERSION	DATE	SECTION REVISED	REASON FOR REVISION
2.0	2.10.15	Cover Page	New EOHHS logo
2.1	2.9.15	Loop 2300 HI Segment	Clarification of language for mixing of ICD9 and ICD10 codes
2.2	3.17.15	Various Sections- MID fields	UHIP
2.3	3.26.15	837 Prof loop 2310E&F	837 Professional Loop 2310E&F added
2.4	11.1.15	Logo, name change	HP Separation
2.5	7.7.16	Loop 2330A, 2010BA, 2300; *Note* update to TP listed, pg.s 6, 23 & 50; Instructional update to additional guidance in multiple sections; *Note* update to ICD-10 code reference in multiple sections; MID instructions for claims processing requirements in multiple sections	ICI 834 MMEDS Addendums, Professional, Instituional, & Dental. March 2016.
2.6	1.17.17	Modified Type of Bill as follows: Added Type of Bill 9 for Other. Added Inpatient TOB 3, 8, 9 to First Digit Column. Added Inpatient TOB 3, 4 to Second Digit Column. Added Outpatient TOB 7 to First Digit Column. Added Outpatient TOB 2, 5, 9 to Second Digit Column. Removed frequency type of bill 0, 5 and 6. These modifications were made to assist the health plans with claims being rejected at the translator level.	Updated for TOB added to translator maps
	1.18.2017	Removed outdated business rule for ABK qualifier. This applied to pre- ICD10 implementation. Also added verbiage on top of page 47 to provide clarification between Encounter and FFS Types of Bill.	Removed no longer valid
2.7	7.10.17	Removed situational language for institutional claims, loop 2310A Attending provider. Removed situational language for professional claims loop 2310B Rendering provider. Updated claim frequency codes – loop 2300 institutional claims.	Clarification of field requirements
2.8	3.8.18	Added verbiage to all 837 transactions on pages 11, 30 and 55.	Clarification of claim Frequency field requirements
2.9	4.3.18	Added fourth paragraph to section 1.1	Provide clarity for ICI Encounter submissions
2.10	3.20.19	Added verbiage on denied claims	Provide clarity on submitting denied claims.
2.10	3.20.19	Added 277CA section	To provide clarity on how to 277CA transactions return voided claims

Table of Contents

1. Introduction

This guide is provided to assist RI Medicaid Providers and their Agents with the process of registering to exchange Electronic Data Interchange (EDI) transactions with RI Medicaid, to prepare for Level 6 (Specialty Line of Business) testing with RI Medicaid, and to utilize the RI Medicaid Portal, a web enabled interface, to send and receive X12N transactions for the purpose of submitting for RI Title XIX Services. Denied claims are excluded from these transactions and should not be submitted.

1.1. Purpose

These specifications are to be used in conjunction with the ASC X12 Standards for Electronic Data Interchange Technical Report Type 3. These reports can be obtained from the Washington Publishing Company at www.wpc-edi.com. The RI Medicaid 837 Encounter Claim Utilization Companion Guide provides supplemental information specific to RI Medicaid as permitted within the HIPAA transaction sets. Specifications may be updated as necessary.

Detailed information on Program Rules, Covered Services, and Billing Guidelines are part of the Title XIX Provider Reference Guides and Provider Update Newsletter. Both are available on the Executive Offices of Health and Human Services (EOHHS) website.

HIPAA does not mandate that only X12N transactions can be used to exchange healthcare data. That being said, it is the expectation of the RI Medicaid program that claim utilization reporting from participating Managed Care Health Plans will be in the X12N 837 standard for Professional, Institutional and Dental claims.

This Companion Guide applies to submissions of 837 Encounter claim utilization data for the Rite Care, Rhody Health Partners, Rhody Health Options, Medicaid Expansion, Rite Smiles Dental Benefits Manager, and the Transportation Broker programs. Additionally, this Companion Guide is also applicable for the CMS Demonstration, specifically for the reporting of claims paid by the participating Medicare-Medicaid Plan (MMP) as part of the **Medicaid** per member per month Premium Payments.

In situations where the Health Plan has claim details that are paid AND claim details that were denied, **only the paid details should be submitted** to the MMIS as part of reporting claim utilization data. No claim denials or claim detail denials should be sent.

There is no logic within the MMIS to delineate between claims paid and claims denied by a submitting Health Plan. Any claim submitted by a Health Plan will be assumed as paid, and reported downstream as such (so long as no MMIS edits set which causes the claim to be rejected)– that would include claims reported with an Claim Paid Amount = $0.00.

2. 005010X224A2 Health Care Claim: Dental

PRE-HEADER		
Segment	**ISA Interchange Information**	
Reference	**Name**	**Rhode Island Requirements**
ISA01	Authorization Information Qualifier	Populate with '00'
ISA03	Security Information Qualifier	Populate with '00'
ISA05	Interchange ID qualifier	Populate with qualifier 'ZZ'
ISA06	Interchange sender ID	Populate with Trading Partner ID assigned by RI Medicaid
ISA07	Interchange ID qualifier	Populate with 'ZZ'
ISA08	Interchange Receiver ID	Use the RI EIN '056000522'
Segment	**GS Functional Group Header**	
Reference	**Name**	**Rhode Island Requirements**
GS02	Application Sender Code	Populate with Trading Partner ID assigned by RI Medicaid
GS03	Application Receiver Code	Populate with RI Medicaid EIN '056000522'
GS08	Version Identifier Code	Populate with '005010X224A2'

HEADER		
Segment	**ST Transaction Set Header**	
Reference	**Name**	**Rhode Island Requirements**
ST03	Implementation Convention Reference	Populate with '005010X224A2' **Page 2 Dental Guide Section 1.3.2** "The developers of this implementation guide recommend that trading partners limit the size of the transaction (ST-SE envelope) to a maximum of 5000 CLM segments. Willing trading partners can agree to higher limits. There is no recommended limit to the number of ST-SE transactions within a GS-GE or ISA-IEA".
Segment	**BHT Beginning of Hierarchical Transaction**	
Reference	**Name**	**Rhode Island Requirements**
BHT06	Transaction Type Code	Populate with 'RP'-Reporting for Encounter transactions

Note: Health Plans will continue to use their existing Trading Partner IDs to submit the new encounter claim utilization files. A unique Trading Partner already exists for each plan/program (i.e Rite Care, Rhody Health Partners, NHPRI ICI Phase 2, etc).

LOOP ID	**1000A SUBMITTER NAME**	
Segment	**NM1 Submitter Name**	
Reference	**Name**	**Rhode Island Requirements**
NM109	Submitter Identifier	Populate with Health Plan Trading Partner ID assigned by RI Medicaid
Segment	**PER Submitter EDI Contact Information**	
Reference	**Name**	**Rhode Island Requirements**
PER01	Submitter Identifier	RI Medicaid will only capture the information in the first PER segment (this would be the Health plan's contact information).

LOOP ID	**1000B RECEIVER NAME**	
Segment	**NM1 Receiver Name**	
Reference	**Name**	**Rhode Island Requirements**
NM103	Receiver Name	Populate with 'RI Medicaid'
NM109	Identification code	Populate with RI Medicaid EIN '056000522'

LOOP ID	**2000A BILLING PROVIDER**	
Segment	**PRV Billing Provider Specialty Information**	
Reference	**Name**	**Rhode Island Requirements**
PRV01	Billing Provider Specialty Information	Populate with 'BI' (Billing Provider)
PRV02	Reference Identification Qualifier	Populate with 'PXC' (Taxonomy Qualifier)
PRV03	Provider Taxonomy Code	Populate with Billing Provider taxonomy Required when reporting the Billing Provider NPI in Loop 2010AA

LOOP ID	**2010AA Billing Provider Name**	
Reference	**Name**	**Rhode Island Requirements**
NM103	Name Last Organization Name	(Billing Provider's Last Name or Organization Name) This value corresponds to the billing provider name as reported on the original claim
NM108	Identification Code Qualifier	Populate with 'XX' (To be blank if reporting atypical billing provider)

LOOP ID	2010AA Billing Provider Tax Identification	
Segment	REF Billing Provider Secondary Identification	
Reference	Name	Rhode Island Requirements
REF01	Reference Identification Qualifier	Populate with billing provider's Tax ID information: EI = Employers Identification Number; SY = Social Security Number
REF02	Reference Identification	Billing Provider's tax identification number OR the Provider's SSN

LOOP ID	2000B SUBSCRIBER HIERARCHICAL	
Segment	HL Subscriber Hierarchical Level	
Reference	Name	Rhode Island Requirements
HL04	Hierarchical Child Code	Populate with '0' The subscriber is the patient for all RI claims as per RI Medicaid claims submission standards.
Segment	SBR Subscriber Information	
Reference	Name	Rhode Island Requirements
SBR01	Payer Responsibility Sequence Number Code	Health Plans should send in any of the valid values of 'P'-Primary 'S'-Secondary or 'T'-Tertiary as to how the Health Plan is paying for the recipients payment.
SBR09	Claim Filing Indicator	Populate with 'MC'

LOOP ID	2010BA SUBSCRIBER NAME	
Segment	NM1 Subscriber Name	
Reference	Name	Rhode Island Requirements
NM102	Entity Type Qualifier	Populate with '1' for person
NM108	Identification Code Qualifier	Populate with qualifier 'MI' (Member Identification Number)
NM109	Identification Code	Populate with 10 digit RI Medicaid Recipient Identification Number (MID). The MID populated in this field should be what the health plan receives in the 834 file in loop 2100A NM109.Encounter claims processing requires the 10-digit MID for successful processing.

LOOP ID	2010 BB PAYER NAME	
Segment	NM1 Payer Name	
Reference	Name	Rhode Island Requirements
NM103	Name Last Organization Name	Populate with Name of the Health Plan
NM108	Identification Code Qualifier	Populate with 'PI'- Payor Identification
NM109	Identification Code	Populate with **Health Plan's Tax ID**

LOOP ID	2010 BB PAYER NAME	
Segment	REF Billing Provider Secondary Identification	
Reference	Name	Rhode Island Requirements
REF01	Reference Identification Qualifier	Populate with 'G2' for Atypical providers ONLY in situations where the provider type (of the original Billing Provider) is considered to be atypical, based upon agreement between EOHHS and the Health Plan Do not populate this field for providers that have an NPI
REF02	Payer Additional Identifier	Populate this field with the MMIS provider legacy ID (7 characters) that will be returned in the initial provider network exchange. The provider must come from an approved provider list for Atypical providers. This field is ONLY to be used in situations where the provider type (of the original Billing Provider) is considered to be atypical, based upon agreement between EOHHS and the Health Plan. Do not populate this field for providers that have an NPI

Header Section of claim

LOOP ID	2300 CLAIM INFORMATION	
Segment	**CLM Claim Information**	
Reference	**Name**	**Rhode Island Requirements**
CLM01	Patient Account Information	RI will capture first 20 characters for encounter purposes.
CLM02	Total Claim Charge Amt	Rhode Island is expecting the total claim charge amount in this field.
CLM05-3	Claim Frequency Type Code	Populate with '1', '7' or '8' 1=Original Claim 7= Adjustment 8=Void *Any other value submitted in this field will result in the entire ST-SE segment being rejected.* *Please see Adjustment document for adjustment examples.*

LOOP ID	2300 CLAIM INFORMATION	
Segment	**DTP Date-Accident**	
Reference	**Name**	**Rhode Island Requirements**
DTP03	Date Time Period	If reporting an accident, Rhode Island is expecting the Accident date on the claim in CCYYMMDD format if it was used on the claim.
Segment	**DTP-Appliance Placement**	
DTP03	Date Time Period	This information is required if present on the original claim. RIMA is expecting Date of Appliance Placement in CCYYMMDD format.
Segment	**DTP-Date Service**	
DTP03	Date Time Period	This is required. Rhode Island expects the From and To Dates of Service on the claim in CCYYMMDD or CCYYMMDD CCYYMMDD format
Segment	**DTP-Prior Placement**	
DTP03	Date Time Period	Rhode Island is expecting Prior Placement Date, in CCYYMMDD format if present on the original claim

LOOP ID	2300 CLAIM INFORMATION	
Segment	DN1 Orthodontic Total Months of Treatment	
Reference	**Name**	**Rhode Island Requirements**
DN101	Quantity	This is required for the reporting of Orthodontic treatment services. The value to be reported in this field corresponds to the number of months for Orthodontic treatment.
DN102	Quantity	This is required for the reporting of Orthodontic treatment services. The value to be reported in this field corresponds to the remaining number of months for Orthodontic treatment.

LOOP ID	2300 CLAIM INFORMATION	
Segment	CN1 Contract Information	
Reference	**Name**	**Rhode Island Requirements**
CN101	Contract Type Code	This is required if the service rendered was part of an existing sub-capitated arrangement between the health plan and the billing provider. Populate with '05' (Capitated) for services rendered as part of a sub-capitated arrangement.

LOOP ID	2300 CLAIM INFORMATION	
Segment	AMT Patient Amount Paid	
Reference	**Name**	**Rhode Island Requirements**
AMT02	Monetary Amount	If the recipient has paid for any portion of the service being reported on the claim, that dollar amount should be reported here.

LOOP ID	2300 CLAIM INFORMATION	
Segment	NM1 Subscriber Name	
Reference	Name	Rhode Island Requirements
REF02	Payer Claim Control Number	The REF02 field is required on all claim submissions as decribed below: The Payer claim control number, which is the health plan's original ICN, should be sent on all new day claims whenever a claim frequency of "1" is sent in the clm 05-03. Also the REF02 must be sent to initiate adjustments or voids. The payer claim control number(health plans original icn) should be sent when a claim frequency type code (CLM05-3) of '7'-(Adjustment) or '8'-(Void). ***Note—When submitting a claim adjustment, Health Plan should always use the original claim identifier assigned by the adjudicating health plan assigned to the original paid claim as reported and applied to the MMIS. Otherwise the adjustment will not be found and will deny***

LOOP ID	2300 CLAIM INFORMATION	
Segment	REF Prior Authorization	
Reference	Name	Rhode Island Requirements
REF02	Prior Authorization or Referral Number	This is required if a **Prior Authorization Number** is present on the original claim.

LOOP ID	2300 CLAIM INFORMATION	
Segment	HI Health Care Diagnosis Code	
Reference	Name	Rhode Island Requirements
HI01-1	Code List Qualifier Code	Populate with 'BK' for submission of ICD-9 codes or 'ABK' for submission of ICD-10 codes. A claim with a mixture of ICD-9 and ICD-10 codes will pass compliance, however, it will deny when processed in MMIS.
HI01-2	Principal Diagnosis Code	Populate with applicable ICD-9 or ICD-10 code. A claim with a mixture of ICD-9 and ICD-10 codes will pass compliance, however, it will deny when processed in MMIS.
HI02 -1	Code List Qualifier Code	Populate with 'BF' for submission of ICD-9 codes or 'ABF' for submission of ICD-10 codes. A claim with a mixture of ICD-9 and

		ICD-10 codes will pass compliance, however, it will deny when processed in MMIS.
HI02 -2	Diagnosis Code	Populate with applicable ICD-9 or ICD-10 code. A claim with a mixture of ICD-9 and ICD-10 codes will pass compliance, however, it will deny when processed in MMIS.

LOOP ID	**2300 CLAIM INFORMATION**	
Segment	**HCP Claim Pricing/Repricing Information**	
Reference	**Name**	**Rhode Island Requirements**
HCP01	Pricing Methodology	Rhode Island will take in ALL of the valid qualifiers reported in this segment. Health plans should use the qualifier as appropriate for the reimbursement type. *Note: Rhode Island will expect the Health plans to use the '04'-Bundled Pricing qualifier when reporting bundled services.*
HCP02	Monetary Amount	Populate with allowed amount from health plan

LOOP ID	**2310A REFERRING PROVIDER NAME**	
Segment	**NM1 Referring Provider Name**	
Reference	**Name**	**Rhode Island Requirements**
NM103	Name Last Organization Name	Populate with Referring Provider Last Name
NM108	Identification Code Qualifier	Populate with 'XX' or blank

LOOP ID	**2310A REFERRING PROVIDER NAME**	
Segment	**PRV Referring Provider Name**	
Reference	**Name**	**Rhode Island Requirements**
PRV01	Referring Provider Specialty Information	Populate with 'RF'
PRV02	Reference Identification Qualifier	Populate with 'PXC'
PRV03	Referring Provider Taxonomy Code	Populate with Referring Provider taxonomy Required when reporting a Referring Providers NPI

LOOP ID	2310A REFERRING PROVIDER NAME	
Segment	REF Referring Provider Secondary Identification	
Reference	Name	Rhode Island Requirements
REF01	Reference Identification Qualifier	Populate with 'G2' for Atypical providers ONLY in situations where the provider type (of the original Billing Provider) is considered to be atypical, based upon agreement between EOHHS and the Health Plan. Do not populate this field for providers that have an NPI.
REF02	Reference Identification	This field is ONLY to be used in situations where the provider type (of the original Billing Provider) is considered to be atypical, based upon agreement between EOHHS and the Health Plan. Do not populate this field for providers that have an NPI.

LOOP ID	2310B RENDERING PROVIDER NAME	
Segment	NM1 Rendering Provider Name	
Reference	Name	Rhode Island Requirements
NM103	Name Last Organization Name	Populate with Rendering Provider Last Name
NM108	Identification Code Qualifier	Populate with 'XX'
LOOP ID	2310B RENDERING PROVIDER NAME	
Segment	PRV Rendering Provider Specialty Information	
Reference	Name	Rhode Island Requirements
PRV01	Rendering Provider Specialty Information	Populate with 'PE'
PRV02	Reference Identification Qualifier	Populate with 'PXC'
PRV03	Rendering Provider Taxonomy Code	Populate with Rendering Provider taxonomy Required when reporting a Rendering Providers NPI
LOOP ID	2310C SERVICE FACILITY LOCATION NAME	
Segment	NM1 Service Facility Location Name	
Reference	Name	Rhode Island Requirements
NM103	Name Last or Organization Name	Populate with Name Last or Organization Name

		In the NM103 you can use the Last name or the Organization name. Example of 837D NM1*77*2*ABC CLINIC~ *Note: Please do not send the NM108 or NM109~*

LOOP ID	**2310C SERVICE FACILITY LOCATION NAME**	
Segment	**N3 Service Facility Location Address**	
Reference	Name	Rhode Island Requirements
N301	Address Information	Address information can be up to 55 bytes Example of 837D: N3*JOE JAY LANE~

LOOP ID	**2310C SERVICE FACILITY LOCATION NAME**	
Segment	**N4 Service Facility Location City, State, Zip Code**	
Reference	Name	Rhode Island Requirements
N401	Other Payer City Name	Populate with City State and Zip Report valid City, State and Zip information. Example of 837D: N4*FORESTDALE*MA*026441109~

LOOP ID	**2310C SERVICE FACILITY LOCATION NAME**	
Segment	**REF Service Facility Location Secondary Identification**	
Reference	**Name**	**Rhode Island Requirements**
REF01	Reference Identification Qualifier	Populate with ‘LU’ Location Number
REF02	Reference Identification	This information is **Optional** for all claims. Populate with unique Location Number assigned by the health plan that links a provider to a specific location (which will be reported by the health plan in the MCO Provider Network file submission). This location code will link the rendering provider to the address where the actual service was performed.

		Example of 837D: REF*LU*1234567~

LOOP ID	**2320 OTHER SUBSCRIBER INFORMATION**	
Segment	**SBR Other Subscriber Information**	
Reference	**Name**	**Rhode Island Requirements**
SBR01	Payer Responsibility Sequence Number Code	Health Plan should send in 'U'-Unknown for all iterations of this loop
SBR09	Claim Filing Indicator	**This information is required for all claims.** **Populate with 'MC' (Medicaid)** RI Medicaid also requires additional segments of the 2320 if any TPL information was factored into the Health Plan payment.
LOOP ID	**2320 OTHER SUBSCRIBER INFORMATION**	
Segment	**CAS Claim Level Adjustments**	
CAS01	Claim Adjustment Group Code	At least one CAS segment is required for every claim. **The first occurrence will correspond to the Health Plan claim payment information, and any subsequent occurrences must correspond to any other insurance payments made on the claim.**

LOOP ID	**2320 OTHER SUBSCRIBER INFORMATION**	
Segment	**AMT Coordination of Benefits (COB) Payer Paid Amount**	
Reference	**Name**	**Rhode Island Requirements**
AMT02	Payer Paid Amount	**This information is required for all claims.** **For the first occurrence, this element will always contain the Health Plan's paid amount on the claim. Zero "0" is an acceptable value for this element for fee for service paid claims.** **For claims covered under a capitated arrangement, the participating health plan MUST 'shadow price' the claim.** **If other insurance payments were factored**

		into a claim, subsequent occurrences of this element are to contain the amount paid by the other insurance carrier. If the Other Insurance Paid Amounts (Loop 2320) are greater than the Claim Billed Amount, the claim will be rejected.

LOOP ID	**2330A OTHER SUBSCRIBER NAME**	
Segment	**NM1 Other Subscriber Name**	
Reference	**Name**	**Rhode Island Requirements**
NM102	Entity Type Qualifier	Populate with '1' for person
NM108	Identification Code Qualifier	Populate with 'MI'-Member Identification Number
NM109	Identification Code	The first occurrence should be the 10 digit RI Medicaid Recipient Identification Number (MID) and for all subsequent occurrences, it should be the Other Insured Identifier Code.

LOOP ID	**2330B OTHER PAYER NAME**	
Segment	**NM1 Other Payer Name**	
Reference	**Name**	**Rhode Island Requirements**
NM109	Other Payer Primary Identifier	**This information is required for all claims** **For the first occurrence, this element will always contain the Health Plan's three byte RIMA Insurance Carrier Code.** **If other insurance payments were factored into a claim, subsequent occurrences of this element are to contain the three byte insurance carrier code associated with the other TPL payer.** Sending more than 3 characters will cause the claim to reject. Each carrier code used must be unique within the current claim. A complete list of Carrier Codes can be found at www.eohhs.ri.gov.

LOOP ID	2330B OTHER PAYER NAME	
Segment	N3 Other Payer Address	
Reference	Name	Rhode Island Requirements
N301	Other Payer Address Information	**For the first occurrence, this element will always contain the Health Plan's address.** Address information can be up to 55 bytes

LOOP ID	2330B OTHER PAYER NAME	
Segment	N4 Other Payer City, State, Zip Code	
Reference	Name	Rhode Island Requirements
N401	Other Payer City Name	**For the first occurrence, this element will always contain the Health Plan's City State and Zip.** If reporting other insurance City State and Zip report valid City, State and Zip information

LOOP ID	2330B OTHER PAYER NAME	
Segment	DTP Date-Claim Check or Remittance Date	
Reference	Name	Rhode Island Requirements
DTP03	Adjudication or Payment Date	**For the first occurrence, this element will always contain the Health Plan's payment date.** **If other insurance payments were factored into a claim, subsequent occurrences of this element are to contain the payment date of the other insurance carrier.** Rhode Island is expecting the Adjudication or Payment Date in CCYYMMDD format. *Note: The Header Paid date is ONLY required when the Health Plan is reporting Header only paid claims. If Reporting detail Paid claims DO NOT report Header paid date (reporting both dates will cause a compliance issue).*

Detail of Claim

LOOP ID	2400 SERVICE LINE NUMBER	
Segment	**SV3 Dental Service**	
Reference	**Name**	**Rhode Island Requirements**
SV301-2	Procedure Code	Procedure code must be 5 characters or less If this field contains more than 5 characters, the claim will be rejected.

LOOP ID	2400 SERVICE LINE NUMBER	
Segment	**TOO Tooth Information**	
Reference	**Name**	**Rhode Island Requirements**
TOO01	Code List Qualifier Code	RI Medicaid will only accept one TOO segment per detail. Multiple TOO segment on a single service will be rejected. Use multiple service lines to report services for multiple teeth.
Segment	**DTP-Date Service Date**	
DTP03	Date Time Period	Rhode Island is expecting the Service Date on the claim in CCYYMMDD if present on the original claim.
Segment	**DTP-Date Prior Placement**	
DTP03	Date Time Period	Rhode Island is expecting Prior Placement Date, in CCYYMMDD format if present on the original claim.
Segment	**DTP-Date Appliance Placement**	
DTP03	Date Time Period	Rhode Island is expecting Date of Appliance Placement, in CCYYMMDD format if present on the original claim.
Segment	**DTP-Date Replacement**	
DTP03	Date Time Period	Rhode Island is expecting Date of Replacement in CCYYMMDD format if present on the original claim.
Segment	**DTP-Date Treatment Start**	
DTP03	Date Time Period	Rhode Island is expecting Treatment Start Date, expressed in CCYYMMDD format if present on the original claim.
Segment	**DTP-Date Treatment Completion**	
DTP03	Date Time Period	Rhode Island is expecting Treatment completion date, expressed in CCYYMMDD format if present on the original claim.

Note: Please do not send in the Service Date with Treatment Start and Treatment Completion Date. This will cause the file to set a compliance error. To avoid the compliance error use either the Service Date, or Treatment Start and Treatment Completion Date but not both.

LOOP ID	**2400 SERVICE LINE NUMBER**	
Segment	**REF Prior Authorization**	
Reference	**Name**	**Rhode Island Requirements**
REF02	Reference Identification	This is required if a **Prior Authorization Number** is present and was used on the original claim.

LOOP ID	**2400 SERVICE LINE NUMBER**	
Segment	**HCP Claim Pricing/Repricing Information**	
Reference	**Name**	**Rhode Island Requirements**
HCP01	Pricing Methodology	Rhode Island will take in ALL of the valid qualifiers reported in this segment. Health plans should use the qualifier as appropriate for the reimbursement type. ***Note: Rhode Island will expect the Health plans to use the '04'-Bundled Pricing qualifier when reporting bundled services.***
HCP02	Monetary Amount	Populate with allowed amount from health plan

LOOP ID	2420 RENDERING PROVIDER NAME	
Segment	NM1 Rendering Provider Name	
Reference	Name	Rhode Island Requirements
NM103	Name Last Organization Name	Populate with Rendering Provider Last Name
NM108	Identification Code Qualifier	Populate with 'XX or blank'

LOOP ID	2420A RENDERING PROVIDER NAME	
Segment	PRV Rendering Provider Specialty Information	
Reference	Name	Rhode Island Requirements
PRV01	Provider Code	Populate with 'PE'
PRV02	Reference Identification Qualifier	Populate with 'PXC'
PRV03	Reference Identification	Populate with Rendering Provider taxonomy This is required when reporting a Rendering Provider NPI.

LOOP ID	2430 LINE ADJUDICATION INFORMATION	
Segment	SVD Line Adjudication Information	
Reference	Name	Rhode Island Requirements
SVD01	Identification Code	This is situational and to be used when reporting claims that are paid at the detail. **For Health Plan claims paid at the detail level, the first occurrence of this element will always contain the Health Plan's three byte RIMA Insurance Carrier Code. When reporting this information, the number should match NM109 in Loop ID-2330B identifying Health Plan as the Other Payer.** **If other insurance payments were factored into a claim, subsequent occurrences of this element are to contain the three byte insurance carrier code associated with the other TPL payer. Any additional other insurance carrier codes reported in this segment must be equal to NM109 in Loop 2330B identifying the other insurance**

		carrier. Sending more than 3 characters will cause the claim to reject. Each carrier code used must be unique within the current claim. A complete list of Carrier Codes can be found at www.eohhs.ri.gov. *Note: The Amount reported in the below fields below must conform to the formulas outlined on page 32 of the 837 guide.*
SVD02	Monetary Amount	This is situational and to be used when reporting claims that are paid at the detail. **If reporting payment information at the claim detail, the first occurrence should be the Amount that was paid by the Health Plan for the specific claim detail.** **Subsequent occurrences may contain other payer detail line adjustment information.**

LOOP ID	**2430 LINE ADJUDICATION INFORMATION**	
Segment	**CAS Line Adjustment**	
CAS01	Claim Adjustment Group Code	**This is required for any detail paid claims. The first occurrence should correspond to information related to the health plan's adjudication of the claim. Subsequent occurrences may contain other payer detail line adjustment information.**
Segment	**DTP Line Check or Remittance Date**	
DTP03	OI Paid Date	This is situational and to be used when reporting claims that are paid at the detail. The Detail Paid date is required when the Health Plan is reporting Detail paid claims. If Reporting detail Paid claims DO NOT report Header paid date. (Reporting both dates will cause a compliance issue). **If reporting payment information at the claim detail, the first occurrence should be the date the detail on the claim was paid by**

		the Health Plan. Populate with Adjudication or Payment date in CCYYMMDD format. *Note: The Amount reported in the below fields below must conform to the formulas outlined on page 32 of the 837 guide*.

3. 005010X222A1 Health Care Claim: Professional

PRE-HEADER		
Segment	**ISA Interchange Information**	
Reference	**Name**	**Rhode Island Requirements**
ISA01	Authorization Information Qualifier	Populate with '00'
ISA03	Security Information Qualifier	Populate with '00'
ISA05	Interchange ID qualifier	Populate with qualifier 'ZZ'
ISA06	Interchange sender ID	Populate with Trading Partner ID assigned by RI Medicaid
ISA07	Interchange ID qualifier	Populate with 'ZZ'
ISA08	Interchange Receiver ID	Use the RI EIN '056000522'
Segment	**GS Functional Group Header**	
Reference	**Name**	**Rhode Island Requirements**
GS02	Application Sender Code	Populate with Trading Partner ID assigned by RI Medicaid. *Note: Health Plans will continue to use their existing Trading Partner IDs to submit the new encounter claim utilization files. A unique Trading Partner already exists for each plan/program (i.e Rite Care, Rhody Health Partners, NHPRI ICI Phase 2, etc).*
GS03	Application Receiver Code	Populate with RI Medicaid EIN '056000522'
GS08	Version Identifier Code	Populate with '005010X222A1'

HEADER		
Segment	**ST Transaction Set Header**	
Reference	**Name**	**Rhode Island Requirements**
ST03	Implementation Convention Reference	Populate with '005010X222A1' **Page 2 Professional Guide Section 1.3.2 states the following about usage of the ST SE Transaction Set Header segment** "The developers of this implementation guide recommend that trading partners limit the size of the transaction (ST-SE envelope) to a maximum of 5000 CLM segments. Willing trading partners can agree to higher limits. There is no recommended limit to the number of ST-SE transactions within a GS-GE or ISA-IEA".
Segment	**BHT Beginning of Hierarchical Transaction**	
Reference	**Name**	**Rhode Island Requirements**
BHT06	Transaction Type Code	Populate with 'RP'-Reporting for Encounter transactions

LOOP ID	1000A SUBMITTER NAME	
Segment	**NM1 Submitter Name**	
Reference	**Name**	**Rhode Island Requirements**
NM109	Submitter Identifier	Populate with Health Plan Trading Partner ID assigned by RI Medicaid
Segment	**PER Submitter EDI Contact Information**	
Reference	**Name**	**Rhode Island Requirements**
PER01	Submitter Identifier	RI Medicaid will only capture the information in the first PER segment (this would be the Health plan's contact information).

LOOP ID	1000B RECEIVER NAME	
Segment	**NM1 Receiver Name**	
Reference	**Name**	**Rhode Island Requirements**
NM103	Receiver Name	Populate with 'RI Medicaid'
NM109	Identification code	Populate with RI Medicaid EIN '056000522'

LOOP ID	2000A BILLING PROVIDER	
Segment	PRV Billing Provider Specialty Information	
Reference	Name	Rhode Island Requirements
PRV01	Billing Provider Specialty Information	Populate with 'BI' (Billing Provider)
PRV02	Reference Identification Qualifier	Populate with 'PXC' (Taxonomy Qualifier)
PRV03	Provider Taxonomy Code	Populate with Billing Provider taxonomy Required when reporting the Billing Provider NPI in Loop 2010AA.

LOOP ID	2010AA Billing Provider Name	
Reference	Name	Rhode Island Requirements
NM103	Name Last Organization Name	(Billing Provider's Last Name or Organization Name) This value corresponds to the billing provider name as reported on the original claim.
NM108	Identification Code Qualifier	Populate with 'XX' (To be blank if reporting atypical billing provider).

LOOP ID	2010AA Billing Provider Tax Identification	
Segment	REF Billing Provider Secondary Identification	
Reference	Name	Rhode Island Requirements
REF01	Reference Identification Qualifier	Populate with billing provider's Tax ID information: EI = Employers Identification Number; SY = Social Security Number
REF02	Reference Identification	Billing Provider's tax identification number OR the Provider's SSN

LOOP ID	2000B SUBSCRIBER HIERARCHICAL	
Segment	HL Subscriber Hierarchical Level	
Reference	Name	Rhode Island Requirements
HL04	Hierarchical Child Code	Populate with '0' The subscriber is the patient for all RI claims as per RI Medicaid claims submission standards.
Segment	SBR Subscriber Information	
Reference	Name	Rhode Island Requirements
SBR01	Payer Responsibility Sequence Number Code	Health Plans should send in any of the valid values of 'P'-Primary 'S'-Secondary or 'T'-Tertiary as to how the Health Plan is paying for the recipients payment.
SBR09	Claim Filing Indicator	Populate with 'MC'

LOOP ID	2010BA SUBSCRIBER NAME	
Segment	NM1 Subscriber Name	
Reference	Name	Rhode Island Requirements
NM102	Entity Type Qualifier	Populate with '1' for person
NM108	Identification Code Qualifier	Populate with qualifier 'MI' (Member Identification Number)
NM109	Identification Code	Populate with the10 digit RI Medicaid Recipient Identification Number (MID) The MID populated in this field should be what the health plan receives in the 834 file in loop 2100A NM109. Encounter claims processing requires the 10-digit MID s for successful processing. Encounter claims processing requires 10-digits for successful processing.

LOOP ID	2010 BB PAYER NAME	
Segment	NM1 Payer Name	
Reference	Name	Rhode Island Requirements
NM103	Name Last Organization Name	Populate with Name of the Health Plan
NM108	Identification Code Qualifier	Populate with 'PI'- Payor Identification
NM109	Identification Code	Populate with **Health Plan's Tax ID**

LOOP ID	2010 BB PAYER NAME	
Segment	REF Billing Provider Secondary Identification	
Reference	**Name**	**Rhode Island Requirements**
REF01	Reference Identification Qualifier	Populate with 'G2' for Atypical providers. ONLY in situations where the provider type (of the original Billing Provider) is considered to be atypical, based upon agreement between EOHHS and the Health Plan. Do not populate this field for providers that have an NPI
REF02	Payer Additional Identifier	This is the MMIS provider legacy ID (7 characters) that will be returned in the initial provider network exchange. The provider must come from an approved provider list for Atypical providers. This field is ONLY to be used in situations where the provider type (of the original Billing Provider) is considered to be atypical, based upon agreement between EOHHS and the Health Plan. Do not populate this field for providers that have an NPI.

Header Section of claim

LOOP ID	2300 CLAIM INFORMATION	
Segment	**CLM Claim Information**	
Reference	**Name**	**Rhode Island Requirements**
CLM01	Patient Account Information	RI will capture first 20 characters for encounter purposes.
CLM02	Total Claim Charge Amt	Rhode Island is expecting the total claim charge amount in this field.
CLM05-3	Claim Frequency Type Code	Populate with '1', '7' or '8' 1=Original Claim 7= Adjustment 8=Void *Any other value submitted in this field will result in the entire ST-SE segment being rejected.* *Please see Adjustment document for adjustment examples.*

LOOP ID	2300 CLAIM INFORMATION	
Segment	**DTP Date-Initial Treatment**	
Reference	**Name**	**Rhode Island Requirements**
DTP03	Date Time Period	This field can be used to report the date of a first prenatal visit. This information is to be reported if present on the original claim. The Initial Treatment Date should be submitted in CCYYMMDD format.
Segment	**DTP Date-Accident**	
Reference	**Name**	**Rhode Island Requirements**
DTP03	Date Time Period	This information is required if reporting an accident. RIMA expects the Accident date to be in CCYYMMDD format.

LOOP ID	2300 CLAIM INFORMATION	
Segment	**DTP-Last Menstrual Period**	
DTP03	Date Time Period	This field can be used to report the date of a Last Menstrual Period. This information is to be reported if present on the original claim. The Last Menstrual Period should be submitted in CCYYMMDD format
LOOP ID	**2300 CLAIM INFORMATION**	
Segment	**CN1 Contract Information**	
Reference	**Name**	**Rhode Island Requirements**
CN101	Contract Type Code	This is required if the service rendered was part of an existing sub-capitated arrangement between the health plan and the billing provider. Populate with '05' (Capitated) for services rendered as part of a sub-capitated arrangement.
LOOP ID	**2300 CLAIM INFORMATION**	
Segment	**AMT Patient Amount Paid**	
Reference	**Name**	**Rhode Island Requirements**
AMT02	Monetary Amount	If the recipient has paid for any portion of the service being reported on the claim, that dollar amount must be reported here.

LOOP ID	2300 CLAIM INFORMATION	
Segment	**REF Referral Number**	
Reference	**Name**	**Rhode Island Requirements**
REF02	Prior Authorization or Referral Number	Populate with **Referral Number** if present on the original claim.)
Segment	**REF Prior Authorization**	
Reference	**Name**	**Rhode Island Requirements**
REF02	Prior Authorization or Referral Number	This is required if **Prior Authorization Number** is present on the original claim.

LOOP ID	2300 CLAIM INFORMATION	
Segment	**REF Payer Claim Control Number**	
Reference	**Name**	**Rhode Island Requirements**
REF02	Payer Claim Control Number	The REF02 field is required on all claim submissions as decribed below: The Payer claim control number, which is the health plan's original ICN, should be sent on all new day claims whenever a claim frequency of "1" is sent in the clm 05-03. Also the REF02 must be sent to initiate adjustments or voids. The payer claim control number(health plans original icn) should be sent when a claim frequency type code (CLM05-3) of '7'-(Adjustment) or '8'-(Void). ***Note—When submitting a claim adjustment, Health Plan should always use the original claim identifier assigned by the adjudicating health plan assigned to the original paid claim as reported and applied to the MMIS. Otherwise the adjustment will not be found and will deny***
Segment	**REF Care Plan Oversight**	
Reference	**Name**	**Rhode Island Requirements**
REF02	Care Plan Oversight Number	Populate with Care Plan Oversight Number if present on the claim *Note: This would be the number of a home health or hospice agency. Only required when physicians are billing Medicare.*

LOOP ID	2300 CLAIM INFORMATION	
Segment	**CR1 Ambulance Transport Information**	
Reference	**Name**	**Rhode Island Requirements**
CR101	Unit or Basis for Measurement Code	Populate with value 'LB' – Pound if present on the original claim
CR102	Patient weight	Populate with the weight of the Patient at time of transport if present on the original claim.

LOOP ID	2300 CLAIM INFORMATION	
Segment	CRC EPSDT Referral	
Reference	Name	Rhode Island Requirements
CRC03-CRC05	Condition Code	Populate with Condition Code reported on the original claim. 'AV'-Available 'NU'-Not Used, 'S2'-Under Treatment, 'ST'-New Services Requested if present on the original claim.

LOOP ID	2300 CLAIM INFORMATION	
Segment	HI Health Care Diagnosis Code	
Reference	Name	Rhode Island Requirements
HI01-1	Code List Qualifier Code	Populate with 'BK' for submission of ICD-9 codes or 'ABK' for submission of ICD-10 codes A claim with a mixture of ICD-9 and ICD-10 codes will pass compliance, however, it will deny when processed in MMIS.
HI01-2	Principal Diagnosis Code	Populate with applicable ICD-9 or ICD-10 code A claim with a mixture of ICD-9 and ICD-10 codes will pass compliance, however, it will deny when processed in MMIS.
(HI02 through HI12) -1	Code List Qualifier Code	Populate with 'BF' for submission of ICD-9 codes or 'ABF' for submission of ICD-10 codes A claim with a mixture of ICD-9 and ICD-10 codes will pass compliance, however, it will deny when processed in MMIS.
(HI02 through HI12) -2	Diagnosis Code	Populate with applicable ICD-9 or ICD-10 code A claim with a mixture of ICD-9 and ICD-10 codes will pass compliance, however, it will deny when processed in MMIS.

LOOP ID	2300 CLAIM INFORMATION	
Segment	HI Condition Information	
(HI01 through HI12) -2	Code List Qualifier	Populate with 'BG' for Condition information
(HI01 through HI12) -2	Condition Code	Populate with Condition Code, if code is present and used on the original claim

LOOP ID	2300 CLAIM INFORMATION	
Segment	HCP Claim Pricing/Repricing Information	
Reference	**Name**	**Rhode Island Requirements**
HCP01	Pricing Methodology	Rhode Island will take in ALL of the valid qualifiers reported in this segment. Health plans should use the qualifier as appropriate for the reimbursement type. ***Note: Rhode Island will expect the Health plans to use the '04'-Bundled Pricing qualifier when reporting bundled services.***
HCP02	Monetary Amount	Populate with allowed amount from health plan

LOOP ID	2310A REFERRING PROVIDER NAME	
Segment	NM1 Referring Provider Name	
Reference	**Name**	**Rhode Island Requirements**
NM103	Name Last Organization Name	Populate with Referring Provider Last Name if a Referring Provider was reported on the original claim
NM108	Identification Code Qualifier	Populate with 'XX' or blank

LOOP ID	2310A REFERRING PROVIDER NAME	
Segment	REF Referring Provider Secondary Identification	
Reference	**Name**	**Rhode Island Requirements**
REF01	Reference Identification Qualifier	Populate with 'G2' for Atypical providers ONLY in situations where the provider type (of the original Billing Provider) is considered to be atypical, based upon agreement between EOHHS and the Health Plan
REF02	Reference Identification	This field is ONLY to be used in situations where the provider type (of the original Billing Provider) is considered to be atypical, based upon agreement between EOHHS and the Health Plan. Do not populate this field for providers that have an NPI.

LOOP ID	2310B RENDERING PROVIDER NAME	
Segment	NM1 Rendering Provider Name	
Reference	**Name**	**Rhode Island Requirements**
NM102	Entity Type Qualifier	Rhode Island expects entity type 1 for person. This would be the rendering provider who is part of the billing group NPI. *please refer to the TR 3 Standards for clarity with this loop.
NM103	Name Last or Organization Name	Rhode Island expects the last name for the rendering provider who provided the services for the claim
NM104	First Name	Rhode Island expects the first name for the rendering provider
NM108	Identification Code Qualifier	Populate with 'XX' when submitting NPI.
NM109	Identification Code	Rhode Island expects the NPI for the individual that is a participating member of the billing NPI and rendered the services for the claim.

LOOP ID	2310B RENDERING PROVIDER NAME	
Segment	**PRV Rendering Provider Specialty Information**	
Reference	**Name**	**Rhode Island Requirements**
PRV01	Rendering Provider Specialty Information	Populate with 'PE'
PRV02	Reference Identification Qualifier	Populate with 'PXC'
PRV03	Rendering Provider Taxonomy Code	Populate with Rendering Provider taxonomy Required when reporting a Rendering Providers NPI
Segment	**REF Rendering Provider Secondary Identification**	
Reference	**Name**	**Rhode Island Requirements**
REF01	Reference Identification Qualifier	Populate with 'G2' for Atypical providers This field is required when submitting for an Atypical Rendering provider. This field should only be populated if the NPI is not present.
REF02	Reference Identification	Populate this field with the MMIS provider legacy ID (7 characters) that will be returned in the initial provider network exchange. The provider must come from an approved provider list for Atypical providers. *Note: If sending the rendering at the Header level, the rendering must be different from the Rendering in the 2420A Loop.*

LOOP ID	2310C SERVICE FACILITY LOCATION NAME	
Segment	**NM1 Service Facility Location Name**	
Reference	Name	Rhode Island Requirements
NM103	Name Last or Organization Name	Populate with Name Last or Organization Name. In the NM103 you can use the Last name or the Organization name. Example of 837P NM1*77*2*ABC CLINIC~ *Note: Please do not send the NM108 or NM109~*

LOOP ID	2310C SERVICE FACILITY LOCATION NAME	
Segment	N3 Service Facility Location Address	
Reference	Name	Rhode Island Requirements
N301	Address Information	Address information can be up to 55 bytes Example of 837P: N3*JOE JAY LANE~

LOOP ID	2310C SERVICE FACILITY LOCATION NAME	
Segment	N4 Service Facility Location City, State, Zip Code	
Reference	Name	Rhode Island Requirements
N401	Other Payer City Name	Populate with City State and Zip. Report valid City, State and Zip information Example of 837P: N4*FORESTDALE*MA*026441109~

LOOP ID	2310C SERVICE FACILITY LOCATION NAME	
Segment	REF Service Facility Location Secondary Identification	
Reference	**Name**	**Rhode Island Requirements**
REF01	Reference Identification Qualifier	Populate with 'LU' Location Number
REF02	Reference Identification	This information is **Optional** for all claims. Populate with unique Location Number assigned by the health plan that links a provider to a specific location (which will be reported by the health plan in the MCO Provider Network file submission).This location code will link the rendering provider to the address where the actual service was performed. Example of 837P: REF*LU*1234567~

LOOP ID	2310E AMBULANCE PICK UP LOCATION	
Segment	**Individual or Organizational Name**	
Reference	**Name**	**Rhode Island Requirements**
NM101	Entity Identifier Code	Populate with "PW" This loop applies to Non-Emergency Transportation Brokers Only
NM102	Entity Type Qualifier	Populate with "2
Segment	**Ambulance Pick up Location Address**	
Reference	**Name**	**Rhode Island Requirements**
N301	Address Information	Pick up address line 1
N302	Address Information	Pick up address line 2 – if needed
Segment	**Ambulance Pick up Location City, State, Zip Code**	
Reference	**Name**	**Rhode Island Requirements**
N401	City Name	Pick Up City name
N402	State or Province Code	State Code
N403	Postal Code	Zip Code

LOOP ID	2310F AMBULANCE DROP OFF LOCATION	
Segment	**Individual or Organizational Name**	
Reference	**Name**	**Rhode Island Requirements**
NM101	Entity Identifier Code	Populate with "45" This loop applies to Non-Emergency Transportation Brokers Only
NM102	Entity Type Qualifier	Populate with "2"
Segment	**Ambulance Drop off Location Address**	
Reference	**Name**	**Rhode Island Requirements**
N301	Address Information	Drop off address line 1
N302	Address Information	Drop off address line 2 – if needed
Segment	**Ambulance Drop off Location City, State, Zip Code**	
Reference	**Name**	**Rhode Island Requirements**
N401	City Name	Drop off City name
N402	State or Province Code	State Code
N403	Postal Code	Zip Code

LOOP ID	2320 OTHER SUBSCRIBER INFORMATION	
Segment	SBR Other Subscriber Information	
Reference	Name	Rhode Island Requirements
SBR01	Payer Responsibility Sequence Number Code	Health Plan should send in 'U'-Unknown for all iterations of this loop
SBR09	Claim Filing Indicator	**This information is required for all claims.** **Populate with 'MC' (Medicaid)** RI Medicaid also requires additional segments of the 2320 if any TPL information was factored into the Health Plan payment.

LOOP ID	2320 OTHER SUBSCRIBER INFORMATION	
Segment	CAS Claim Level Adjustments	
CAS01	Claim Adjustment Group Code	At least one CAS segment is required for every claim. **The first occurrence will correspond to the Health Plan claim payment information, and any subsequent occurrences must correspond to any other insurance payments made on the claim.**

LOOP ID	2320 OTHER SUBSCRIBER INFORMATION	
Segment	AMT Coordination of Benefits (COB) Payer Paid Amount	
Reference	Name	Rhode Island Requirements
AMT02	Payer Paid Amount	**This information is required for all claims.** **For the first occurrence, this element will always contain the Health Plan's paid amount on the claim. Zero "0" is an acceptable value for this element for fee for service paid claims.** **For claims covered under a capitated arrangement, the participating health plan MUST 'shadow price' the claim.** **If other insurance payments were factored into a claim, subsequent occurrences of this element are to contain the amount paid by the other insurance carrier.** If the Other Insurance Paid Amounts (Loop 2320) are greater than the Claim Billed Amount, the claim will be rejected.

LOOP ID	2330A OTHER SUBSCRIBER NAME	
Segment	NM1 Other Subscriber Name	
Reference	Name	Rhode Island Requirements
NM102	Entity Type Qualifier	Populate with '1' for person
NM108	Identification Code Qualifier	Populate with 'MI'-Member Identification Number
NM109	Identification Code	The first occurrence should be the10 digit RI Medicaid Recipient Identification Number (MID) and for all subsequent occurrences, it should be the Other Insured Identifier Code.

LOOP ID	2330B OTHER PAYER NAME	
Segment	NM1 Other Payer Name	
Reference	Name	Rhode Island Requirements
NM109	Other Payer Primary Identifier	**This information is required for all claims.** **For the first occurrence, this element will always contain the Health Plan's three byte RIMA Insurance Carrier Code.** **If other insurance payments were factored into a claim, subsequent occurrences of this element are to contain the three byte insurance carrier code associated with the other TPL payer.** Sending more than 3 characters will cause the claim to reject. Each carrier code used must be unique within the current claim. A complete list of Carrier Codes can be found at www.eohhs.ri.gov.

LOOP ID	2330B OTHER PAYER NAME	
Segment	N3 Other Payer Address	
Reference	Name	Rhode Island Requirements
N301	Other Payer Address Line	**For the first occurrence, this element will always contain the Health Plan's address.** Address information can be up to 55 bytes.

LOOP ID	2330B OTHER PAYER NAME	
Segment	N4 Other Payer City, State, Zip Code	
Reference	Name	Rhode Island Requirements
N401	Other Payer City Name	**For the first occurrence, this element will always contain the Health Plan's City State and Zip.**

LOOP ID	2330B OTHER PAYER NAME	
Segment	DTP Date-Claim Check or Remittance Date	
Reference	Name	Rhode Island Requirements
DTP03	Adjudication or Payment Date	**For the first occurrence, this element will always contain the Health Plan's payment date.** **If other insurance payments were factored into a claim, subsequent occurrences of this element are to contain the payment date of the other insurance carrier.** *Note: The Header Paid date is ONLY required when the Health Plan is reporting Header only paid claims. If Reporting detail Paid claims DO NOT report Header paid date. (Reporting both dates will cause a compliance issue).* Rhode Island is expecting the Adjudication or Payment Date in CCYYMMDD format.

Detail of Claim

LOOP ID	2400 SERVICE LINE NUMBER	
Segment	**SV1 Professional Service**	
Reference	**Name**	**Rhode Island Requirements**
SV101-2	Procedure Code	Procedure code must be 5 characters or less. If this field contains more than 5 characters, the claim will be rejected.
Segment	**DTP- Service Date**	
DTP03	Date Time Period	Rhode Island is expecting the Service Date on the claim in CCYYMMDD or CCYYMMDD CCYYMMDD format.

LOOP ID	2400 SERVICE LINE NUMBER	
Segment	**REF Prior Authorization**	
Reference	**Name**	**Rhode Island Requirements**
REF02	Reference Identification	This is required if a **Prior Authorization Number** is present on the original claim.
Segment	**REF Line Item Control Number**	
Reference	**Name**	**Rhode Island Requirements**
REF02	Line Item Control Number	If the Line Item Control Number if present on the original claim.
Segment	**REF Referral Number**	
Reference	**Name**	**Rhode Island Requirements**
REF02	Prior Authorization or Referral Number	Populate with **Referral Number** if present on the original claim.

LOOP ID	2400 SERVICE LINE NUMBER	
Segment	HCP Claim Pricing/Repricing Information	
Reference	**Name**	**Rhode Island Requirements**
HCP01	Pricing Methodology	Rhode Island will take in ALL of the valid qualifiers reported in this segment. Health plans should use the qualifier as appropriate for the reimbursement type. ***Note: Rhode Island will expect the Health plans to use the '04'-Bundled Pricing qualifier when reporting bundled services.***
HCP02	Monetary Amount	Populate with allowed amount from health plan

LOOP ID	2410 DRUG IDENTIFICATION	
Segment	LIN Drug Identification	
Reference	**Name**	**Rhode Island Requirements**
LIN02	Product or Service ID Qualifier	Rhode Island is expecting the data to Populate with 'N4'- National Drug Code in 5-4-2 Format.
LIN03	National Drug Code	Rhode island is expecting the NDC that was submitted on the original claim to populate.

LOOP ID	2410 DRUG IDENTIFICATION	
Segment	CTP Drug Quantity	
Reference	**Name**	**Rhode Island Requirements**
CTP04	National Drug Unit Count	Rhode Island is expecting this field to populate with the quantity that was sent on the original claim.
CTP05-1	Unit or Basis For Measurement Code	Rhode island is expecting valid values: 'F2'- International Unit 'GR'= Gram 'ME'- Milligram 'ML'- Milliliter 'UN'= Unit

LOOP ID	2410 DRUG IDENTIFICATION	
Segment	REF Prescription or Compound Drug Association number	
Reference	Name	Rhode Island Requirements
REF01	Reference Identification Qualifier	Rhode Island is expecting valid values or : 'VY'- Link Sequence Number 'XZ'- Pharmacy Prescription Number *Note: RX qualifier and the Prescription/Link Number are not required if the provider is not sending in a compound drug.*
REF02	Prescription Number	Rhode Island is expecting Prescription Number or Link Sequence Number. *Note: RX qualifier and the Prescription/Link Number are not required if the provider is not sending in a compound drug.*

LOOP ID	2420 RENDERING PROVIDER NAME	
Segment	NM1 Rendering Provider Name	
Reference	Name	Rhode Island Requirements
NM103	Name Last Organization Name	Populate with Rendering Provider Last Name
NM108	Identification Code Qualifier	Populate with 'XX'

LOOP ID	2420A RENDERING PROVIDER NAME	
Segment	PRV Rendering Provider Specialty Information	
Reference	Name	Rhode Island Requirements
PRV01	Provider Code	Populate with 'PE'
PRV02	Reference Identification Qualifier	Populate with 'PXC'
PRV03	Reference Identification	Populate with Rendering Provider taxonomy This is required when reporting a Rendering Provider NPI.

LOOP ID	2420A RENDERING PROVIDER NAME	
Segment	REF Rendering Provider Secondary Identification	
Reference	**Name**	**Rhode Island Requirements**
REF01	Reference Identification Qualifier	Populate with 'G2' for Atypical providers This field is required when submitting for an Atypical Rendering provider. This field should only be populated if the NPI is not present.
REF02	Rendering Provider Secondary Identifier	Populate this field with the MMIS provider legacy ID (7 characters) that will be returned in the initial provider network exchange. The provider must come from an approved provider list for Atypical providers. If sending the rendering at the detail level, the rendering must be different from the Rendering in the 2310B Loop.

LOOP ID	2430 LINE ADJUDICATION INFORMATION	
Segment	SVD Line Adjudication Information	
Reference	Name	Rhode Island Requirements
SVD01	Identification Code	This is situational and to be used when reporting claims that are paid at the detail. **For Health Plan claims paid at the detail level, the first occurrence of this element will always contain the Health Plan's three byte RIMA Insurance Carrier Code. When reporting this information, the number should match NM109 in Loop ID-2330B identifying Health Plan as the Other Payer.** **If other insurance payments were factored into a claim, subsequent occurrences of this element are to contain the three byte insurance carrier code associated with the other TPL payer. Any additional other insurance carrier codes reported in this segment must be equal to NM109 in Loop 2330B identifying the other insurance carrier.** Sending more than 3 characters will cause the claim to reject. Each carrier code used must be unique within the current claim. A complete list of Carrier Codes can be found at www.eohhs.ri.gov *Note: The Amount reported in the below fields below must conform to the formulas outlined on page 35 of the 837 guide.*
SVD02	Monetary Amount	This is situational and to be used when reporting claims that are paid at the detail. If reporting payment information at the claim detail, the first occurrence should be the Amount that was paid by the Health Plan for the specific claim detail. Subsequent occurrences may contain other payer detail line adjustment information.

LOOP ID	2430 LINE ADJUDICATION INFORMATION	
Segment	**CAS Line Adjustment**	
CAS01	Claim Adjustment Group Code	**This is required for any detail paid claims. The first occurrence should correspond to information related to the health plan's adjudication of the claim. Subsequent occurrences may contain other payer detail line adjustment information.**
LOOP ID	**2430 LINE ADJUDICATION INFORMATION**	
Segment	**DTP Line Adjudication Information**	
DTP03	Date Time Period	This is situational and to be used when reporting claims that are paid at the detail. **<u>If reporting payment information at the claim detail, the first occurrence should be the date the detail on the claim was paid by the Health Plan.</u>** The Detail Paid date is required when the Health Plan is reporting Detail paid claims. If Reporting detail Paid claims DO NOT report Header paid date. (Reporting both dates will cause a compliance issue). Populate with Adjudication or Payment date in CCYYMMDD format. *Note: The Amount reported in the below fields below must conform to the formulas outlined on page 35 of the 837 guide*.

3.1 Table of Valid Type of Bill Code

*The Types of Bill listed below are for Encounter submissions only. The Fee for Service community has specific Types of Bill that are required for RI Medicaid to adjudicate correctly.

Type of Bill Used to Describe Hospital Record

Code Description

1st Digit: Submitting Facility

1 = Hospital

2 = Skilled Nursing

3 = Home Health

4 = Christian Science (Hospital)

5 = Christian Science (Extended Care)

6 = Intermediate Care

7 = Clinic*

8 = Special Facility*

9 = Other

**If Type of Facility - code 7 (clinic) is used,*

then the Bill Classification (clinics) - 2nd Digits must be used.

**If Type of Facility - code 8 (special facility) is used,*

then the Bill Classification (special facilities) - 2nd Digits must be used.

2nd Digit: Bill Classification (Except Clinics and Special Facilities)

1 = Inpatient (Including Medicare Part A)

2 = Inpatient (Medicare Part B only)

3 = Outpatient

4 = Other (for hospital referenced diagnostic services,
or home health not under a plan of treatment)**

5 = Intermediate Care-Level I

6 = Intermediate Care-Level II

7 = Intermediate Care-Level III

8 = Swing Beds

2nd Digit: Bill Classification (Clinics Only)

1 = Rural Health

2 = Hospital Based or Independent Renal Dialysis Center

3 = Free Standing

4 = Outpatient Rehabilitation Facility (ORF)

5 = Comprehensive Outpatient Rehabilitation Facilities (CORFs)

9 = Other

2nd Digit: Bill Classification (Special Facilities Only)

1 = Hospice (non-hospital based)

2 = Hospice (hospital based)

3 = Ambulatory Surgery Center

4 = Free Standing Birthing Center

9 = Other

3rd Digit: Frequency

1 = Admit through discharge date (one claim covers entire stay)

2 = First interim claim

3 = Continuing interim claim

4 = Last interim

7 = Replacement of prior claim

8 = Void/Cancel of prior claim

Clarification of the Bill Types has been formally agreed to the following, in order to categorize a claim as Inpatient or Outpatient.

Type of Bill	First Digit	Second Digit	Third Digit
Inpatient Claims	1,2,3,4,5,6,8,9	1,2,3,4,5,6,7,8	Any
Outpatient Claims	1,2,5,7,8	2,3,4,5,9	Any
Outpatient Claims *to be used as noted above	3,7,8	Any	Any

4. 005010X223A2 Health Care Claim: Institutional

PRE-HEADER		
Segment	**ISA Interchange Information**	
Reference	**Name**	**Rhode Island Requirements**
ISA01	Authorization Information Qualifier	Populate with ‘00’
ISA03	Security Information Qualifier	Populate with ‘00’
ISA05	Interchange ID qualifier	Populate with qualifier ‘ZZ’
ISA06	Interchange sender ID	Populate with Trading Partner ID assigned by RI Medicaid
ISA07	Interchange ID qualifier	Populate with ‘ZZ’
ISA08	Interchange Receiver ID	Use the RI EIN ‘056000522’
Segment	**GS Functional Group Header**	
Reference	**Name**	**Rhode Island Requirements**
GS02	Application Sender Code	Populate with Trading Partner ID assigned by RI Medicaid
GS03	Application Receiver Code	Populate with RI Medicaid EIN ‘056000522’
GS08	Version Identifier Code	Populate with ‘005010X223A2’

HEADER		
Segment	**ST Transaction Set Header**	
Reference	**Name**	**Rhode Island Requirements**
ST03	Implementation Convention Reference	Populate with '005010X223A2' **Page 2 Institutional Guide Section 1.3.2** "The developers of this implementation guide recommend that trading partners limit the size of the transaction (ST-SE envelope) to a maximum of 5000 CLM segments. Willing trading partners can agree to higher limits. There is no recommended limit to the number of ST-SE transactions within a GS-GE or ISA-IEA".
Segment	**BHT Beginning of Hierarchical Transaction**	
Reference	**Name**	**Rhode Island Requirements**
BHT06	Transaction Type Code	Populate with 'RP'-Reporting for Encounter transactions.

Note: Health Plans will continue to use their existing Trading Partner IDs to submit the new encounter claim utilization files. A unique Trading Partner already exists for each plan/program (i.e Rite Care, Rhody Health Partners, NHPRI ICI Phase 2, etc).

LOOP ID	1000A SUBMITTER NAME	
Segment	**NM1 Submitter Name**	
Reference	**Name**	**Rhode Island Requirements**
NM109	Submitter Identifier	Populate with Health Plan Trading Partner ID assigned by RI Medicaid
Segment	**PER Submitter EDI Contact Information**	
Reference	**Name**	**Rhode Island Requirements**
PER01	Submitter Identifier	RI Medicaid will only capture the information in the first PER segment (This would be the Health plan's contact information).

LOOP ID	1000B RECEIVER NAME	
Segment	**NM1 Receiver Name**	
Reference	**Name**	**Rhode Island Requirements**
NM103	Receiver Name	Populate with 'RI Medicaid'
NM109	Identification code	Populate with RI Medicaid EIN '056000522'

LOOP ID	2000A BILLING PROVIDER	
Segment	PRV Billing Provider Specialty Information	
Reference	Name	Rhode Island Requirements
PRV01	Billing Provider Specialty Information	Populate with 'BI' (Billing Provider Code)
PRV02	Reference Identification Qualifier	Populate with 'PXC' (Taxonomy Code) qualifier)
PRV03	Provider Taxonomy Code	Populate with Billing Provider taxonomy. Required when reporting the Billing Provider NPI in Loop 2010AA

LOOP ID	2010AA Billing Provider Name	
Reference	Name	Rhode Island Requirements
NM103	Name Last Organization Name	(Billing Provider's Last Name or Organization Name) This value corresponds to the billing provider name as reported on the original claim.
NM108	Identification Code Qualifier	Populate with 'XX**.** (To be blank if reporting atypical billing provider)

LOOP ID	2010AA Billing Provider Tax Identification	
Segment	REF Billing Provider Secondary Identification	
Reference	Name	Rhode Island Requirements
REF01	Reference Identification Qualifier	Populate with billing provider's Tax ID information: EI = Employers Identification Number;
REF02	Reference Identification	Billing Provider's tax identification number

LOOP ID	2000B SUBSCRIBER HIERARCHICAL	
Segment	HL Subscriber Hierarchical Level	
Reference	Name	Rhode Island Requirements
HL04	Hierarchical Child Code	Populate with '0' The subscriber is the patient for all RI claims as per RI Medicaid claims submission standards.
Segment	SBR Subscriber Information	
Reference	Name	Rhode Island Requirements
SBR01	Payer Responsibility	Health Plans should send in any of the valid

	Sequence Number Code	values of ‘P’-Primary ‘S’-Secondary or ‘T’-Tertiary as to how the Health Plan is paying for the recipients payment
SBR09	Claim Filing Indicator	Populate with ‘MC’

LOOP ID	**2010BA SUBSCRIBER NAME**	
Segment	**NM1 Subscriber Name**	
Reference	**Name**	**Rhode Island Requirements**
NM102	Entity Type Qualifier	Populate with ‘1’ for person
NM108	Identification Code Qualifier	Populate with qualifier ‘MI’ (Member Identification Number)
NM109	Identification Code	Populate with the10 digit RI Medicaid Recipient Identification Number (MID).). The MID populated in this field should be what the health plan receives in the 834 file in loop 2100A NM109. Encounter claims processing requires the 10-digit MID s for successful processing.

LOOP ID	**2010 BB PAYER NAME**	
Segment	**NM1 Payer Name**	
Reference	**Name**	**Rhode Island Requirements**
NM103	Name Last Organization Name	Populate with Name of the Health Plan
NM108	Identification Code Qualifier	Populate with ‘PI’- Payor Identification
NM109	Identification Code	Populate with **Health Plan's Tax ID**

LOOP ID	**2010 BB PAYER NAME**	
Segment	**REF Billing Provider Secondary Identification**	
Reference	**Name**	**Rhode Island Requirements**
REF01	Reference Identification Qualifier	Populate with ‘G2’ for Atypical providers ONLY in situations where the provider type (of the original Billing Provider) is considered to be atypical, based upon agreement between EOHHS and the Health Plan

		Do not populate this field for providers that have an NPI.
REF02	Payer Additional Identifier	This is the MMIS provider legacy ID (7 characters) that will be returned in the initial provider network exchange. The provider must come from an approved provider list for Atypical providers. This field is ONLY to be used in situations where the provider type (of the original Billing Provider) is considered to be atypical, based upon agreement between EOHHS and the Health Plan. Do not populate this field for providers that have an NPI. .

Header Section of claim

LOOP ID	2300 CLAIM INFORMATION	
Segment	**CLM Claim Information**	
Reference	**Name**	**Rhode Island Requirements**
CLM01	Patient Account Information	RI will capture first 20 characters for encounter purposes
CLM02	Total Claim Charge Amt	Rhode Island is expecting the total claim charge amount in this field.
CLM05-3	Claim Frequency Code	The following is a list of the valid values contained within the 837 Institutional guide: 1 = Original 2 = First interim claim 3 = Continuing interim claim 4 = Last interim 5 = Late Charge(s) Only claim 7 = Replacement 8 = Void For reporting of new day claims, Health Plans should utilize a value of '1' indicating that this is an original claim. For the reporting of interim claims, Health Plans should utilize one of the following values: '2', '3' or '4'. For any claim replacement or claim void, the Health Plan must utilize a value of '7' (to denote a claim replacement) or '8' (Claim Void) in order to trigger the MMIS claim adjustment processing. *Please see Adjustment document for adjustment examples.*

LOOP ID	2300 CLAIM INFORMATION	
Segment	DTP Date-Admission Date/Hour	
Reference	Name	Rhode Island Requirements
DTP01	Date Time Qualifier	This information is required for inpatient claims only. Rhode Island is expecting this to Populate with qualifier '435'- Admission.
DTP02	Date Time Period Format Qualifier	Rhode Island is expecting the qualifier 'DT'- Date and Time qualifier.
DTP03	Date Time Period	Rhode Island is expecting Admission Date and Time, in CCYYMMDDHHMM format if present and used on the original claim.

LOOP ID	2300 CLAIM INFORMATION	
Segment	CL1 Institutional Claim Code	
Reference	Name	Rhode Island Requirements
CL101	Admission Type Code	Populate with '1'-Emergency, '2'-Urgent, '3'-Elective, or '4'-Newborn for all Inpatient Services

LOOP ID	2300 CLAIM INFORMATION	
Segment	CN1 Contract Information	
Reference	Name	Rhode Island Requirements
CN101	Contract Type Code	This is required if the service rendered was part of an existing sub-capitated arrangement between the health plan and the billing provider. Populate with '05' (Capitated) for services rendered as part of a sub-capitated arrangement.

LOOP ID	2300 CLAIM INFORMATION	
Segment	REF Referral Number	
Reference	Name	Rhode Island Requirements
REF01	Reference Identification Qualifier	Populate with "9F" (Referral number)
REF02	Prior Authorization or Referral Number	Populate with **Referral Number** if present on the original claim.

LOOP ID	2300 CLAIM INFORMATION	
Segment	**REF Prior Authorization**	
Reference	**Name**	**Rhode Island Requirements**
REF01	Reference Identification Qualifier	Populate with "G1" (Prior Authorization Number)
REF02	Prior Authorization Number	This is required if **Prior Authorization Number** is present on the original claim.

LOOP ID	2300 CLAIM INFORMATION	
Segment	**REF Payer Claim Control Number**	
Reference	**Name**	**Rhode Island Requirements**
REF02	Payer Claim Control Number	The REF02 field is required on all claim submissions as decribed below: The Payer claim control number, which is the health plan's original ICN, should be sent on all new day claims whenever a claim frequency of "1" is sent in the clm 05-03. Also the REF02 must be sent to initiate adjustments or voids. The payer claim control number(health plans original icn) should be sent when a claim frequency type code (CLM05-3) of '7'-(Adjustment) or '8'-(Void). ***Note—When submitting a claim adjustment, Health Plan should always use the original claim identifier assigned by the adjudicating health plan assigned to the original paid claim as reported and applied to the MMIS. Otherwise the adjustment will not be found and will deny***

LOOP ID	2300 CLAIM INFORMATION	
Segment	**HI Principal Diagnosis**	
Reference	**Name**	**Rhode Island Requirements**
HI01-1	Code List Qualifier Code	Populate with 'BK' for submission of ICD-9 codes or 'ABK' for submission of ICD-10 codes A claim with a mixture of ICD-9 and ICD-10 codes will pass compliance, however, it will deny when processed in MMIS.
HI01-2	Principal Diagnosis Code	Populate with applicable ICD-9 or ICD-10 code A claim with a mixture of ICD-9 and ICD-10 codes will pass compliance, however, it will deny when processed in MMIS.
H101-9	Present on Admission Indicator	This must be sent by the Health Plans if Present on Admission indicator was present on the original claim.

LOOP ID	2300 CLAIM INFORMATION	
Segment	**HI Admitting Diagnosis**	
Reference	**Name**	**Rhode Island Requirements**
HI01-1	Code List Qualifier Code	Populate with 'BJ' for submission of ICD-9 codes or 'ABJ' for submission of ICD-10 codes A claim with a mixture of ICD-9 and ICD-10 codes will pass compliance, however, it will deny when processed in MMIS.
HI01-2	Industry Code	This value would be the admitting diagnosis code. Populate with applicable ICD-9 or ICD-10 code. A claim with a mixture of ICD-9 and ICD-10 codes will pass compliance, however, it will deny when processed in MMIS.
Segment	**HI Patient's Reason for Visit**	
Reference	**Name**	**Rhode Island Requirements**
(HI01 through HI2)-1	Diagnosis Type Code	Populate with 'PR' for submission of ICD-9 codes or 'APR' for submission of ICD-10 codes

		A claim with a mixture of ICD-9 and ICD-10 codes will pass compliance, however, it will deny when processed in MMIS.
(HI01 through HI2)-2	Patient Reason for Visit	Populate with applicable ICD-9 or ICD-10 code A claim with a mixture of ICD-9 and ICD-10 codes will pass compliance, however, it will deny when processed in MMIS.
Segment	**HI External Cause of Injury**	
Reference	**Name**	**Rhode Island Requirements**
(HI01 through HI12) - 1	Diagnosis Type Code	Populate with 'BN' for submission of ICD-9 codes or 'ABN' for submission of ICD-10 codes A claim with a mixture of ICD-9 and ICD-10 codes will pass compliance, however, it will deny when processed in MMIS.
LOOP ID	**2300 CLAIM INFORMATION**	
Segment	**HI External Cause of Injury**	
(HI01 through HI12) - 2	External Cause of Injury Code	Populate with applicable ICD-9 or ICD-10 code. A claim with a mixture of ICD-9 and ICD-10 codes will pass compliance, however, it will deny when processed in MMIS.
(HI01 through HI12)-9	Present on Admission Indicator	This must be sent by the Health Plans if Present on Admission indicator was present and used on the original claim.
Segment	**HI Diagnosis Related Group (DRG) Information**	
Reference	**Name**	**Rhode Island Requirements**
HI01-1	Qualifier	Populate with 'DR' (Diagnosis Related Group (DRG)
HI01-2	DRG Code	Diagnosis Related Group Number Required for Inpatient Hospital claims
Segment	**HI Other Diagnosis Information**	
Reference	**Name**	**Rhode Island Requirements**
(HI01	Diagnosis Type Code	Populate with 'BF' for submission of ICD-9

through HI12) - 1		codes or 'ABF' for submission of ICD-10 codes A claim with a mixture of ICD-9 and ICD-10 codes will pass compliance, however, it will deny when processed in MMIS.
(HI01 through HI12) - 2	Other Diagnosis	Populate with applicable ICD-9 or ICD-10 code A claim with a mixture of ICD-9 and ICD-10 codes will pass compliance, however, it will deny when processed in MMIS.
(HI01 through HI12) -9	Present on Admission Indicator	This must be sent by the Health Plans if Present on Admission indicator was present on the original claim

LOOP ID	**2300 CLAIM INFORMATION**	
Segment	**HI Principal Procedure Information**	
Reference	**Name**	**Rhode Island Requirements**
HI01-1	Qualifier	Populate with 'BR' for submission of ICD-9 codes or 'BBR' for submission of ICD-10 codes. A claim with a mixture of ICD-9 and ICD-10 codes will pass compliance, however, it will deny when processed in MMIS.
HI01-2	Principal Procedure Code	Populate with applicable ICD-9 or ICD-10 code. A claim with a mixture of ICD-9 and ICD-10 codes will pass compliance, however, it will deny when processed in MMIS.

LOOP ID	2300 CLAIM INFORMATION	
Segment	HI Other Procedure Information	
Reference	Name	Rhode Island Requirements
(HI01 through HI12) - 1	Qualifier Code	Populate with 'BQ' for submission of ICD-9 codes or 'BBQ' for submission of ICD-10 codes A claim with a mixture of ICD-9 and ICD-10 codes will pass compliance, however, it will deny when processed in MMIS.
(HI01 through HI12) - 2	Procedure Code	Populate with applicable ICD-9 or ICD-10 code A claim with a mixture of ICD-9 and ICD-10 codes will pass compliance, however, it will deny when processed in MMIS.

LOOP ID	2300 CLAIM INFORMATION	
Segment	HI Occurrence Information	
Reference	Name	Rhode Island Requirements
(HI01 through HI12)-1	Qualifier	Populate with "BH" (Occurrence) (Health Plan must send if present on the original claim)
(HI01 through H12)-2	Occurrence Code	Occurrence code associated with the claim, if applicable (Health Plan must send if present on the original claim)
(HI01 through H12)-3	Date Time Period Format Qualifier	Populate with "D8" (Health Plan must send if present on the original claim)
(HI01 through H12)-4	Date Time Period	Occurrence Code Date CCYYMMDD format. (Health Plan must send if present on the original claim)

LOOP ID	2300 CLAIM INFORMATION	
Segment	**HI Treatment Code Information**	
Reference	**Name**	**Rhode Island Requirements**
(HI01 through H12)-1	Qualifier	Discuss further with EOHHS to determine if information within the HI Segment is needed Populate with "TC" (Treatment Code) (Health Plan must send if present on the original claim)
(HI01 through H12)-2	Treatment Code	Treatment Code (Health Plan must send if present on the original claim)

LOOP ID	2300 CLAIM INFORMATION	
Segment	**HCP Claim Pricing/Repricing Information**	
Reference	**Name**	**Rhode Island Requirements**
HCP01	Pricing Methodology	Rhode Island will take in ALL of the valid qualifiers reported in this segment. Health plans should use the qualifier as appropriate for the reimbursement type. ***Note: Rhode Island will expect the Health plans to use the '04'-Bundled Pricing qualifier when reporting bundled services.***
HCP02	Repriced Allowed Amount	Populate with allowed amount from health plan

LOOP ID	2310A ATTENDING PROVIDER NAME	
Segment	**NM1 Attending Provider Name**	
Reference	**Name**	**Rhode Island Requirements**
NM102	Entity Type Qualifier	Rhode Island expects "1" for individual person
NM103	Last or Organization name	Populate with Attending Provider's Last Name
NM104	Name First	Rhode Island expects First name of attending
NM108	Identification Code Qualifier	Populate with 'XX' (NPI)

NM109	Identification Code	Rhode Island expects the NPI for the individual that is a participating member of the billing NPI and rendered the services for the claim

LOOP ID	**2310A ATTENDING PROVIDER NAME**	
Segment	**PRV Attending Provider Specialty Information**	
Reference	**Name**	**Rhode Island Requirements**
PRV01	Attending Provider Specialty Information	Populate with 'AT' (Attending Provider Code)
PRV02	Reference Identification Qualifier	Populate with 'PXC' (Taxonomy Code qualifier)
PRV03	Provider Taxonomy Code	Populate with Attending Provider's taxonomy if it is available and was reported on the original claim

LOOP ID	**2310E SERVICE FACILITY LOCATION NAME**	
Segment	**NM1 Service Facility Location Name**	
Reference	**Name**	**Rhode Island Requirements**
NM103	Name Last or Organization Name	Populate with Name Last or Organization Name In the NM103 you can use the Last name or the Organization name. Example of 837I NM1*77*2*ABC CLINIC~ *Note:Please do not send the NM108 or NM109~*

LOOP ID	**2310E SERVICE FACILITY LOCATION NAME**	
Segment	**N3 Service Facility Location Address**	
Reference	**Name**	**Rhode Island Requirements**
N301	Address Information	Address information can be up to 55 bytes Example of 837I: N3*JOE JAY LANE~

LOOP ID	2310E SERVICE FACILITY LOCATION NAME	
Segment	N4 Service Facility Location City, State, Zip Code	
Reference	Name	Rhode Island Requirements
N401	Other Payer City Name	Populate with City State and Zip. Report valid City, State and Zip information Example of 837I: N4*FORESTDALE*MA*026441109~

LOOP ID	2310E SERVICE FACILITY LOCATION NAME	
Segment	REF Service Facility Location Secondary Identification	
Reference	Name	Rhode Island Requirements
REF01	Reference Identification Qualifier	Populate with 'LU' Location Number
REF02	Laboratory of Facility Secondary Identifier	This information is **Optional** for all claims. Populate with unique Location Number assigned by the health plan that links a provider to a specific location (which will be reported by the health plan in the MCO Provider Network file submission) This location code will link the rendering provider to the address where the actual service was performed. Example of 837I: REF*LU*1234567~

LOOP ID	2310F REFERRING PROVIDER NAME	
Segment	NM1 Referring Provider Name	
Reference	Name	Rhode Island Requirements
NM101	Entity Identifier Code	Populate with "DN" (Referring Provider) (Health Plan must send present and used on the original claim)
NM108	Identification Code Qualifier	Populate with "XX" (Health Plan must send present and used on the original claim)
NM109	Referring Provider Identifier	Referring Provider NPI (Health Plan must send if present on the original claim)

LOOP ID	2320 OTHER SUBSCRIBER INFORMATION	
Segment	SBR Other Subscriber Information	
Reference	Name	Rhode Island Requirements
SBR01	Payer Responsibility Sequence Number Code	Health Plan should send in 'U'-Unknown for all iterations of this loop
SBR09	Claim Filing Indicator	**This information is required for all claims. Populate with 'MC' (Medicaid)** RI Medicaid also requires additional segments of the 2320 if any TPL information was factored into the Health Plan
LOOP ID	2320 OTHER SUBSCRIBER INFORMATION	
Segment	CAS Claim Level Adjustments	
CAS01	Claim Adjustment Group Code	At least one CAS segment is required for every claim. **The first occurrence will correspond to the Health Plan claim payment information, and any subsequent occurrences must correspond to any other insurance payments made on the claim.**
Segment	AMT Coordination of Benefits (COB) Payer Paid Amount	
Reference	Name	Rhode Island Requirements
AMT02	Payer Paid Amount	**This information is required for all claims.** **For the first occurrence, this element will always contain the Health Plan's paid amount on the claim. Zero "0" is an acceptable value for this element for fee for service paid claims. When reporting health plans paid amount or OI you only need to report this information at the header. Reporting only one (1) AMT segment for the claim.** **For claims covered under a capitated arrangement, the participating health plan MUST 'shadow price' the claim.** **If other insurance payments were factored into a claim, subsequent occurrences of this element are to contain the amount paid by the other insurance carrier.** If the Other Insurance Paid Amounts (Loop 2320) are greater than the Claim Billed Amount, the claim will be rejected

LOOP ID	2330A OTHER SUBSCRIBER NAME	
Segment	NM1 Other Subscriber Name	
Reference	Name	Rhode Island Requirements
NM102	Entity Type Qualifier	Populate with '1' for person
NM108	Identification Code Qualifier	Populate with 'MI'-Member Identification Number
NM109	Identification Code	The first occurrence should be the 10 digit RI Medicaid Recipient Identification Number (MID) and for all subsequent occurrences, it should be the Other Insured Identifier Code. The 10-digit MID usage assumes post UHIP implementation; for claims submitted prior to UHIP, Phase 2, a 9-byte MID will be continued to be used.

LOOP ID	2330B OTHER PAYER NAME	
Segment	NM1 Other Payer Name	
Reference	Name	Rhode Island Requirements
NM109	Other Payer Primary Identifier	**This information is required for all claims.** **For the first occurrence, this element will always contain the Health Plan's three byte RIMA Insurance Carrier Code.** **If other insurance payments were factored into a claim, subsequent occurrences of this element are to contain the three byte insurance carrier code associated with the other TPL payer.** Sending more than 3 characters will cause the claim to reject. Each carrier code used must be unique within the current claim. A complete list of Carrier Codes can be found at www.eohhs.ri.gov.

LOOP ID	2330B OTHER PAYER NAME	
Segment	N3 Other Payer Address	
Reference	Name	Rhode Island Requirements
N301	Other Payer Address Line	**For the first occurrence, this element will always contain the Health Plan's address.** Address information can be up to 55 bytes

LOOP ID	2330B OTHER PAYER NAME	
Segment	N4 Other Payer City, State, Zip Code	
Reference	Name	Rhode Island Requirements
N401	Other Payer City Name	**For the first occurrence, this element will always contain the Health Plan's City State and Zip.** If reporting other insurance City State and Zip report valid City, State and Zip information

LOOP ID	2330B OTHER PAYER NAME	
Segment	DTP Date-Claim Check or Remittance Date	
Reference	Name	Rhode Island Requirements
DTP03	Adjudication or Payment Date	**For the first occurrence, this element will always contain the Health Plan's payment date.** **If other insurance payments were factored into a claim, subsequent occurrences of this element are to contain the payment date of the other insurance carrier.** *Note: The Header Paid date is ONLY required when the Health Plan is reporting Header only paid claims. If Reporting detail Paid claims DO NOT report Header paid date. (Reporting both dates will cause a compliance issue).* Rhode Island is expecting the Adjudication or Payment Date in CCYYMMDD format

Detail of Claim

LOOP ID	2400 SERVICE LINE NUMBER	
Segment	**SV2 Institutional Service Line**	
Reference	**Name**	**Rhode Island Requirements**
SV201	Service Line Revenue Code	Populate with revenue code that is four characters or less or the claim will be rejected. Right justified zero fill if necessary
SV202-1	Product or Service ID Qualifier	Populate with "HC"- HCPCS Code
SV202-2	HCPCS Code	A field containing more than 5 characters will cause the claim to reject.
Segment	**DTP-Date Service Date**	
DTP03	Date Time Period	Rhode Island is expecting the Service Date on the claim in CCYYMMDD or CCYYMMDD CCYYMMDD format
Segment	**REF Line Item Control Number**	
Reference	**Name**	**Rhode Island Requirements**
REF02	Line Item Control Number	If the Line Item Control Number is available, send the information that was reported on the original claim.

LOOP ID	2400 SERVICE LINE NUMBER	
Segment	**HCP Line Pricing/Repricing Information**	
Reference	**Name**	**Rhode Island Requirements**
HCP01	Pricing Methodology	Rhode Island will take in ALL of the valid qualifiers reported in this segment. Health plans should use the qualifier as appropriate for the reimbursement type. ***Note: Rhode Island will expect the Health plans to use the '04'-Bundled Pricing qualifier when reporting bundled services.***
HCP02	Repriced Allowed Amount	Populate with allowed amount from health plan

LOOP ID	2410 DRUG IDENTIFICATION	
Segment	LIN Drug Identification	
Reference	Name	Rhode Island Requirements
LIN02	Product or Service ID Qualifier	Rhode Island is expecting the data to Populate with 'N4'- National Drug Code in 5-4-2 Format
LIN03	National Drug Code	Rhode island is expecting the NDC that was submitted on the original claim to populate
LOOP ID	2410 DRUG IDENTIFICATION	
Segment	CTP Drug Quantity	
Reference	Name	Rhode Island Requirements
CTP04	National Drug Unit Count	Rhode Island is expecting this field to populate with the quantity that was sent on the original claim.
CTP05-1	Unit or Basis For Measurement Code	Rhode island is expecting valid values: 'F2'- International Unit 'GR'= Gram 'ME'- Milligram 'ML'- Milliliter 'UN'= Unit

LOOP ID	2410 DRUG IDENTIFICATION	
Segment	REF Prescription or Compound Drug Association number	
Reference	Name	Rhode Island Requirements
REF01	Reference Identification Qualifier	Rhode Island is expecting valid values or : 'VY'- Link Sequence Number 'XZ'- Pharmacy Prescription Number *Note: RX qualifier and the Prescription/Link Number are not required if the provider is not sending in a compound drug.*
REF02	Prescription Number	Rhode Island is expecting Prescription Number or Link Sequence Number. *Note: RX qualifier and the Prescription/Link Number are not required if the provider is not sending in a compound drug.*

LOOP ID	2430 LINE ADJUDICATION INFORMATION	
Segment	SVD Line Adjudication Information	
Reference	**Name**	**Rhode Island Requirements**
SVD01	Other Payer Primary Identifier	This is situational and to be used when reporting claims that are paid at the detail. **For Health Plan claims paid at the detail level, the first occurrence of this element will always contain the Health Plan's three byte RIMA Insurance Carrier Code. When reporting this information, the number should match NM109 in Loop ID-2330B identifying Health Plan as the Other Payer.** **If other insurance payments were factored into a claim, subsequent occurrences of this element are to contain the three byte insurance carrier code associated with the other TPL payer. Any additional other insurance carrier codes reported in this segment must be equal to NM109 in Loop 2330B identifying the other insurance carrier.** Sending more than 3 characters will cause the claim to reject. Each carrier code used must be unique within the current claim. A complete list of Carrier Codes can be found at www.eohhs.ri.gov. *Note: The Amount reported in the below fields below must conform to the formulas outlined on page 35 of the 837 guide.*
SVD02	Monetary Amount	This is situational and to be used when reporting claims that are paid at the detail. If reporting payment information at the claim detail, the first occurrence should be the Amount that was paid by the Health Plan for the specific claim detail. Subsequent occurrences may contain other payer detail line adjustment information.

LOOP ID	2430 LINE ADJUDICATION INFORMATION	
Segment	**CAS Line Adjustment**	
CAS01	Claim Adjustment Group Code	**This is required for any detail paid claims. The first occurrence should correspond to information related to the health plan's adjudication of the claim. Subsequent occurrences may contain other payer detail line adjustment information.**

LOOP ID	2430 LINE ADJUDICATION INFORMATION	
Segment	**DTP Line Check or Remittance Date**	
DTP03	Adjudication or Payment Date	This is situational and to be used when reporting claims that are paid at the detail. The Detail Paid date is required when the Health Plan is reporting Detail paid claims. If Reporting detail Paid claims DO NOT report Header paid date. (Reporting both dates will cause a compliance issue). **If reporting payment information at the claim detail, the first occurrence should be the date the detail on the claim was paid by the Health Plan.** Populate with Adjudication or Payment date in CCYYMMDD format. *Note: The Amount reported in the below fields below must conform to the formulas outlined on page 35 of the 837 guide*.

5. Informational Overview of the 277CA for Submission of the 837 Transactions

*Note-Health Plans should expect to receive one 277CA Claim Acknowledgement file for every Encounter 837 claim file submission to the MMIS, with the exception of successful claim void transactions. Successful claim voids (identified in the 837 file within Loop 2300, Segment CLM Claim Information, Field CLM05-3 Claim Frequency Code with a value = '8') will be reported in *separate* 277CA files.
A successful claim void transaction reflects a match between the incoming claim void record and a corresponding original claim record in the MMIS in an accepted status. When a match is made, the incoming void from the 837 submission does not create a new claim record in the MMIS, rather the status of the original claim is updated to reflect the void.

The 277CA logic identifies any new claim records processed since the last run date, and will build each file based upon the filename associated with the claim that was processed. Because successful voids are only linked back to the original claim in MMIS, that *original* filename is what is referenced when creating a separate 277CA. As a result, there will be one or more additional 277CA files returned to the submitting Health Plan (for claims submitted in one 837 claims file).

The following examples will show how void transactions are reported back to the submitting MCO:

Example #1. The MCO submits 5 void transactions for claims that are matched to 5 Encounter claims on the MMIS in an accepted status. The filenames for each of the matched original claims in MMIS are different.

Original Claim Number	**Original File Name**
123456	MCO12345
456789	MCO47586
987654	MCO82378
135790	MCO78934
246801	MCO47893

Result: The Health Plan will receive five additional 277CA response files, one for each of the above claim voids. This is because the filenames for each of the matched original claims are different.

Example #2. The MCO submits 5 void transactions for claims that are matched to 5 Encounter claims on the MMIS in an accepted status. The filenames for three of the five claims are the same:

Original Claim Number	**Original File Name**
123456	**MCO12345**
456789	**MCO12345**
987654	**MCO12345**
135790	MCO78934
246801	MCO47893

Result: The MCO will receive three additional 277CA response files. The first file (under the original filename **MCO12345** will contain the results of the three voided claims that originated from that file submission, and two additional 277CA files, one for the **MCO78934** filename, and one for the **MCO47893** filename.

Example #3. The MCO submits 5 void transactions for claims that are matched to 5 Encounter claims on the MMIS in an accepted status. The filenames for all five claims are the same:

Original Claim Number	**Original File Name**
123456	**MCO12345**
456789	**MCO12345**
987654	**MCO12345**
135790	**MCO12345**
246801	**MCO12345**

Result: The Health Plan will receive one additional 277CA response file. All five of the claim void transactions map back to the original file submission under filename **MCO12345**, and therefore will be reported in one 277CA response file.

Unsuccessful claim void transactions are reported back to the submitting Health Plan in the same 277CA file as the original claims. These are void transactions that cannot be matched to an original Encounter claim in MMIS in an accepted status and are reported back with error 162, indicating that the incoming claim could not be matched to an accepted claim on MMIS.

6. Appendix A

The following ACK, 999, SUB and TA1 examples were generated for Fee for Service 837 claim submissions, which conform to the X12 5010 HIPAA standard. These reports are generated from the translator software used by RI Medicaid and are not being modified as part of this project. Additional information specific to these transactions can be found in the 837 Institutional, Professional, and Dental guides.

'ACK' Report: This provides a 'readable' version of the contents of the 999 acknowledgement file, represented on report RI999ACK.

Example ACKNOWLEDGEMENT (ACK)

```
RI999ACK                      RHODE ISLAND MEDICAID MANAGEMENT INFORMATION SYSTEM            PAGE 999999


RUN DATE: MM/DD/CCYY 11:03           999 FUNCTIONAL ACKNOWLEDGEMENT REPORT


TRANSLATION DATA:
File Sak: 31510        File Name: 000000031510.130206000000 Map Release: M11.03v01 Map Name: XRI_999_5010_REPORT


INTERCHANGE DATA:                    FUNCTIONAL GROUP DATA:                TRANSACTION SET DATA:
Control Number : 000000593           Control Number : 256                  Control Number : 256001
Date-Time      : 20130206-110300     Date-Time      : 20130206-11033122
Receiver ID    : 999999999            Receiver ID    : 999999999
Sender ID      : 999999999           Sender ID      : 999999999

TRANSACTION SET ACCEPT/REJECT:

Accept/Reject  : R-Rejected          Control Number : 000000001            Identifier     : 837
Code: I5  - Implementation One or More Segments in Error
Segment: SBR      Count:         27  Loop: 2320 -Segment Has Data Element Errors
Element:   5  Component:             Code:    7 -Invalid code value.
Value: OT

FUNCTIONAL GROUP ACCEPT/REJECT:

Accept/Reject  : R-Rejected          Control Number : 714                  Identifier     : HC
Txns Included  : 1                   Txns Received  : 1                    Txns Accepted  : 0

                                                * * E N D   O F   R E P O R T * *
```


Example 999

```
ISA*00*          *00*          *ZZ*999999999      *ZZ*999999999
*130206*1106*^*00501*000000594*0*P*:~GS*FA*999999999*999999999*20130206*11061850*257*X*005010X231A1~ST*999*257001*005010X231A1~AK1*HC*715*005010X222A
1~AK2*837*000000001*005010X222A1~IK5*A~AK9*A*1*1*1~SE*6*257001~GE*1*257~IEA*1*000000594~
```

SUB / Claim Accept/Reject

Example of SUB

```
CLAR230P                                RHODE ISLAND MEDICAID MANAGEMENT INFORMATION SYSTEM                          PAGE 999999

RUN DATE: MM/DD/CCYY 13:03                CLAIM ACCEPT / REJECT REPORT - 837 PROFESSIONAL

INTERCHANGE DATA:                     FUNCTIONAL GROUP DATA:                TRANSLATION DATA:
  Control Number : 000000999            Control Number : 999                  File SAK       : 99999
  Date-Time      : 20130206-140300      Date-Time      : 20130206-1403        File Name      : good1165516.edi
  Receiver ID    : 999999999            Receiver ID    : 999999999            Map Name       : XRI_837PI_5010_A1
  Sender ID      : 999999999            Sender ID      : 999999999            Map Release    : M11.03v01

TRANSACTION SET DATA:
  Control Number : 000000001
  Date-Time      : 20130206-140300
  Ver/Rel/Ind Co : 005010X222A1


  BILLING PROVIDER:
     Identifier     : 9999999999
     Last/Org Name  : PROVIDER NAME HERE

    CLM SEQ #  REJECTED CLAIM INFORMATION:
    ---------  ------------------------------------------------------------------------------------------------------------------------
    000000002  PAT ACCT NUM: TESTCASE NUMBER 1
                   Loop/Element: 2400 SV101-1            Element Value: TC
                  Code: E1021        Element Info: 2400 SV101-1
                Message: Product/Service ID Qualifier must contain a value of 'HC'.

                ........................................................................................................................

       Claims Rejected: 000000001


TRANSACTION SET PROCESSING TOTALS:

          Claims Received: 000000002     Claims Rejected: 000000001     Claims Accepted: 000000001

                                              * *  E N D   O F   R E P O R T  * *
```

Example of TA1


```
601100042/OUT/000000341476.130208000000.TA1

ISA*00*          *00*          *ZZ*999999999      *ZZ*999999999      *130208*1212*^*00501*000000022*0*P*:~
TA1*000000019*130208*1103*A*000~
IEA*0*000000022~
```


7. Appendix B

Examples of a Rhode Island Business Rule:

If claim is submitted as follows:

SV101-1 value must be equal to HC on each claim detail received. The following business rule applies.

Code: E1021
Element Info: 2400 SV101-1
Message: Product/Service ID Qualifier must contain a value of 'HC'.

