Rhode Island Medicaid

837 Professional – Waiver Claim Form

This document is a field –by –field instructional help sheet. The fields are listed in a left to right format as they appear in the Provider Electronic Software. Examples of the values needed in order to process the claim are given. Those fields with "Not Required" listed as a value, are present on the claim per HIPAA regulations and are not needed in order to process the claim. This software will **not** allow you to save a claim with a required field missing, however this does not guarantee that your claim will pay, just that the basic information is present. Auto populated fields have the valid value already present and do not need to be entered.

** Represents a list that must be created in order to process the claim. Please see additional documentation on how to create your list.

Please use the TAB button to navigate throughout the software.

Header 1

FIELD	VALUE
Claim Frequency	Is defaulted to 1 = new/original claim
Provider ID **	Select your 10 digit National Provider Identifier from the Provider List navigating with the TAB button.
Taxonomy Code	This will auto populate using the TAB button after selecting the NPI.
Last/Org Name	This will auto populate using the TAB button after selecting the NPI.
First Name	This will auto populate using the TAB button after selecting the NPI.
Client ID **	This is the MID of the client you are billing services for. Choose from the drop down list.
Account Number	This will auto populate using the TAB button when the client number is selected from the client list.
Last Name	This will auto populate using the TAB button when the client number is selected from the client list.
First Name	This will auto populate using the TAB button when the client number is selected from the client list.
MI	**NOT REQUIRED**
Medical Record Number	**NOT REQUIRED**
Benefits Assignment	**Auto – Populated to Y = Yes**
Signature on File	**Auto – Populated to Y = Yes**
Release of Medical Data	**Auto – Populated to Y = Yes**
Report Type Code	**NOT REQUIRED**
Report Transmission Code	**NOT REQUIRED**

Header 2

FIELDS	VALUE
Qualifier	Select appropriate Diagnosis Qualifier either ICD-9 or ICD-10
Diagnosis Code	Enter the ICD-9 or ICD-10 code describing the conditions for which you are treating the client i.e. O10019 Pre-existing essential hypertension complicating pregnancy, unspecified trimester. These can be acquired from the clients Primary Care Physician or your medical records and are based on date of service.
Accident Related Causes	**Not Required unless treatment is a result of an accident.** If that is the case choose the most appropriate value from the drop down lists
Date	Required if an Accident Related Cause is entered
State	Required if an Accident Related Cause is entered
Country	Required if an Accident Related Cause is entered
Place of Service	**NOT REQUIRED ON HEADER 2**
Other Insurance Indicator	**THIS IS auto populated to N = NO.** This may be changed to Y = YES if billing Medical Assistance as a secondary * please see Billing Other Insurance" directions for further instructions when billing secondary claims.
Special Program Code	**NOT REQUIRED**
EPSDT Referral	**NOT REQUIRED**

Header 3

FIELDS	VALUE
Rendering Provider	**Not required** unless you are a group. In which case this is the provider within your group that PERFORMED the services. The information will be auto populated when the NPI is selected from the Provider List and then you select the tab button on your keyboard.
Taxonomy Code	When NPI is selected from Provider List this will auto populate.
Last/Org. Name	This will auto populate when the NPI is selected from the Provider List and you select the tab button on your keyboard.
First Name	This will auto populate when the NPI is selected from the Provider List and then you select the tab button on your keyboard.

SRV 1

FIELDS	VALUE
From DOS	The date you treated the client
To DOS	The date you stopped treating the client for this claim
PLACE OF SERVICE	Choose an appropriate value from the drop down list
Procedure	Is the service you are billing for (i.e. CPT, HCPC or local code)
Modifiers	Select if applicable
EPSDT Indicator	**Will auto populate to N = No**
Billed Amount	**Will auto populate when unit rate and units are entered**
Units	The total units you are billing for this service
Diagnosis Pointer	This is related to the diagnosis associated with this procedure. Example if you have three diagnoses for this client and the procedure you are billing for relates to the second condition the Ptr. will be 2. Refer to header 2
Basic Unit of Measure	Auto populated to UN = Units
Unit Rate	This is the unit rate for the procedure you are billing

SRV 2

FIELDS	VALUE
Rendering Provider	**Not required** unless you are a group. In which case this is the provider within your group that performed the services. This information will auto populate when the NPI is selected from the Provider list and then you select the tab button on your keyboard**. ****This should only be used if this rendering provider is different from the provider in HDR3. *****
Taxonomy Code	This will auto populate when the NPI is selected from Provider List.
Last/Org. Name	This will be auto populate when the NPI is selected from the Provider List and then you select the tab button on your keyboard.
First Name	This will be auto populate when the NPI is selected from the Provider List selecting t the tab button on your keyboard.
Service Adjustment Indicator	**This will auto populate with N = No**