



Rhode Island Medicaid

PES Instructions - Billing Other Dental Insurance



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

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

- Referring Provider:** Includes fields for SSN/Tax ID, Provider ID, Last/Org Name, and First Name.
- Orthodontic Treatment:** Includes Total Months, Months Remaining, and Placement Date (00/00/0000).
- Accident:** Includes Related Causes (two dropdowns), Date (00/00/0000), State, and Country.
- Place Of Service:** Includes Place Of Service and Tooth Number.
- Other Insurance Ind:** A dropdown menu currently set to 'Y'. Below it is the Tooth Status Code dropdown.

At the bottom of the form is a table with columns: Client ID, Last Name, First Name, Billed Amount, Last Submit Dt, and Status. To the right of the form is a vertical toolbar with buttons: Add, Copy, Delete, Undo All, Save, Find..., Print, and Close.

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

This screenshot shows the '837 Dental' application window with the 'OI' tab selected. The navigation bar now shows: Hdr 1, Hdr 2, Hdr 3, **OI**, OI Adj, Srv 1, and Srv 2. The form fields are:

- Payer Responsibility:** A dropdown menu set to 'P'.
- Claim Filing Ind Code:** A dropdown menu set to '17'. A list of options is visible: 16 Health Maintenance Organi..., 17 Dental Maintenance Organi..., AM Automobile Medical, and BL Blue Cross/Blue Shield.
- Benefits Assignment:** A dropdown menu set to 'Y'.
- Release of Medical Data:** A dropdown menu.
- Payer Claim Reference:** A text input field.
- Policy Holder:** Includes Carrier Code (001) and Subscriber ID (987654321).
- Last Name:** JONES
- First Name:** JANE

Below the form is a table with columns: OI#, Carrier Code, Subscriber ID, Last Name, and First Name. The first row contains: 1, 001, 987654321, JONES, JANE. To the left of this table are buttons: Add OI, Copy OI, and Delete OI. At the bottom of the form is a table with columns: Client ID, Last Name, First Name, Billed Amount, Last Submit Dt, and Status. To the right of the form is a vertical toolbar with buttons: Find..., Print, and Close.

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

837 Dental

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

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

Payer Responsibility P Claim Filing Ind Code 17
 Benefits Assignment Y Release of Medical Data Y
 Payer Claim Reference
 Policy Holder
 Carrier Code Subscriber ID
 Last Name First Name MI

Add
Copy
Delete
Undo All
Save

| Add OI | OI # | Carrier Code | Subscriber ID | Last Name | First Name |
|--------|------|--------------|---------------|-----------|------------|
| | 1 | | | | |

Copy OI
Delete OI

| Client ID | Last Name | First Name | Billed Amount | Last Submit Dt | Status |
|-----------|-----------|------------|---------------|----------------|--------|
|-----------|-----------|------------|---------------|----------------|--------|

Find...
Print
Close

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

Policy Holder

Client ID 000112222 Carrier Code 001 Carrier Name BLUE CROSS/BLUE SHIEL
 Group # Other Insurance Group Name
 Policy # Insurance Type Code Relationship to Insured 18

Policy Holder Information
 Last Name JONES First Name JANE MI
 Subscriber ID 987654321 ID Qualifier MI
 Date Of Birth 01/01/1971 Gender F

Policy Holder Address
 Line 1 100 MAIN STREET Line 2
 City PROVIDENCE State RI Zip 02903-

| Client ID | Carrier Code | Subscriber ID | Last Name | First Name |
|-----------|--------------|---------------|-----------|------------|
| 000112222 | 001 | 987654321 | JONES | JANE |

Add
Delete
Undo All
Save
Find...
Print...
Help
Select
Close

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

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

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

The screenshot shows the '837 Dental' application window with the 'OI Adj' tab selected. At the top, summary statistics are displayed: Total Charge .00, OI Amount 150.00, Billed Amount -150.00, and Services 1. Below this, a navigation bar shows 'Hdr 1 | Hdr 2 | Hdr 3 | OI | **OI Adj** | Srv 1 | Srv 2'. The main form area contains several input fields: 'Paid Date/Amount' with '03/10/2016' and '150.00', and 'Non-Covered Amount' with '.00'. A table titled 'Adjustment Group Codes/Reason Codes/Amounts' has 6 rows with columns for code, amount, and reason code. The first two rows are populated with 'CO 100 75.00' and 'PR 2 75.00'. Below this is a table for client information with columns 'OI #', 'Carrier Code', 'Subscriber ID', 'Last Name', and 'First Name', showing one entry for '1 001 987654321 JONES JANE'. At the bottom, another table header is visible with columns 'Client ID', 'Last Name', 'First Name', 'Billed Amount', 'Last Submit Dt', and 'Status'. On the right side of the window, a vertical toolbar contains buttons for 'Add', 'Copy', 'Delete', 'Undo All', 'Save', 'Find...', 'Print', and 'Close'.

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