Rhode Island Medicaid

837 Dental

This document is a field –by –field instructional help sheet. The fields are listed in a right to left format as they appear in the Provider Electronic Solutions 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 lists.

Please use the TAB button to navigate throughout the software.

Header 1

FIELDS	VALUE
Claim Frequency	Defaults To 1 – new/original claim
Provider ID **	Your 10 digit National Provider Identifier, Please select from the Provider List.
Taxonomy Code	This will auto populate when using the TAB button after selecting the NPI.
Last/Org Name	This will auto populate when using the TAB button after selecting the NPI.
First Name	This will auto populate when using the TAB button after selecting the NPI.
Client ID **	This is the Medicaid ID (commonly the Social Security number) of the client you are billing services for. Choose from the drop down list
Account Number	This will auto populate when using the TAB button after the client number is selected from the client list.
Last Name	This will auto populate when using the TAB button after the client number is selected from the client list.
First Name	This will auto populate when using the TAB button after the client number is selected from the client list.
MI	**NOT REQUIRED**
Medical Record #	**NOT REQUIRED** – (
Signature on File	Auto – Populated to Y = Yes
Benefits Assignment	Auto – Populated to Y = Yes
Release of Medical Data	Auto – Populated to Y = Yes
Special Program Code	**NOT REQUIRED**
FROM DOS	The date service was performed. This date also **should equal the Date SVC found on SRV 1.**
TO DOS	This field will auto populate when using the tab key after entering the FROM DOS. **Please DELETE THE AUTO POPULATED DATE**. This field must be populated with **00/00/00** for a successful submission.
Report Type Code	**NOT REQUIRED**
Report Transmission Code	**NOT REQUIRED**

Header 2

FIELDS	VALUE
Referring Provider SSN/Tax Id	**NOT REQUIRED** unless treatment is a result of a referral. If your claim requires you to complete this field, choose the correct referring provider from the other provider list. (see instructions on creating lists)
Provider Id	**NOT REQUIRED** unless treatment is a result of a referral. If you selected a provider in the Referring Provider SSN/Tax ID field, and press the Tab button on your keyboard, this information will auto populate
Last/Org Name	**NOT REQUIRED** unless treatment is a result of a referral. If you selected a provider in the Referring Provider SSN/Tax ID field, and press the Tab button on your keyboard, this information will auto populate
First Name	**NOT REQUIRED** unless treatment is a result of a referral. If you selected a provider in the Referring Provider SSN/Tax ID field, and press the Tab button on your keyboard, this information will auto populate
MI	**NOT REQUIRED**
Orthodontic Treatment Total months	Only if appropriate. For full banding it is 24 months.
Months Remaining	Is what is left for treatment time this particular claim
Placement Date	The date the appliances were placed on the client
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
Place Of Service	**REQUIRED**
Other Insurance Ind.	This is auto populated to N = no. This must be changed to Y = yes if billing Medicaid as the secondary payer. * please see attachment for further instructions when billing secondary claims
Tooth Status	**NOT REQUIRED.**

Header 3

FIELDS	VALUE
Service Facility ID Location	**NOT REQUIRED**
Taxonomy Code	**NOT REQUIRED**. If above field is used, the taxonomy from the Provider List will auto populate here.
Facility name	**NOT REQUIRED.** If above field is used, the name from the Provider List will populate here.
Diagnosis Codes	**NOT REQUIRED**
Rendering Provider	**NOT REQUIRED** unless you are a group. In which case this is the doctor within your group that performed the service(s). Select the appropriate provider NPI from the provider list. The remaining information will auto populate when you hit the tab button on your keyboard. Use this field if you will not enter a performing provider for each detail using the **SRV2 screen/tab.** If the NPI in this field is equal to the NPI at SRV2, the claim will reject for compliance.

Last/Org Name	**NOT REQUIRED**. This field will auto populate after selecting a rendering provider and pressing the tab key on your keyboard.
First Name	**NOT REQUIRED**. This field will auto populate after selecting a rendering provider and pressing the tab key on your keyboard.

SRV1

FIELDS	VALUE
Date SVC	Use the FROM DOS (date of service) from Hdr 1
Treatment Start Date and Treatment Stop Date	**NOT REQUIRED**
Place of service	Required only if different from POS value in Hdr 2.
Procedure	This is the service you are billing for.
Modifiers	**NOT REQUIRED**
Tooth	The tooth number if applicable.
Surface	Use only if applicable.
DESIGNATION/ QUADRANTS	**MUST CHOOSE** the most appropriate value from the drop down list.
Placement Indicator	**NOT REQUIRED**
Units	The number of times you provided the procedure.
Billed Amount	Enter the usual and customary charge for the service/procedure.

SRV 2

FIELDS	VALUE
Rendering Provider ID	SEE CONDITIONS in Hdr 3- Required **only if different from rendering in Hdr 3. This field should only be used if Hdr 3 is not**.
Taxonomy Code	**NOT REQUIRED**. If above field is used, the taxonomy from the Provider List will auto populate here.
Last/Org Name	**NOT REQUIRED**. This field will auto populate after selecting a rendering provider and pressing the tab key on your keyboard. DO NOT USE IF COMPLETED IN Hdr 3
First Name	**NOT REQUIRED**. This field will auto populate after selecting a rendering provider and pressing the tab key on your keyboard. DO NOT USE IF COMPLETED IN Hdr 3