
# HIPAA Transaction Standard Companion Guide

## Health Care Claim: Dental (837) ASC X12N/005010X224

9th March 2026

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# Disclosure Statement

Disclosure, distribution, and copying of this guide is permitted. However, be aware that changes to items found in this guide may occur at any time without notice.

The intended purpose and use of this guide is to provide information supporting a Health Care Claim: Dental transaction (837D).

Due to the copyright protection of the 5010 Implementation Guides (TR3), Utah Medicaid will not publish items found on the ASC X12 Implementation Guides (TR3), other than to convey the Utah Medicaid system limitations and usage iterations.

# Preface

This Companion Guide to the v5010 ASC X12N Implementation Guides and associated errata adopted under HIPAA clarifies and specifies the data content when exchanging electronic health data with Utah Medicaid. Transmissions based on this companion guide, used in tandem with the v5010 ASC X12N Implementation Guides, are compliant with both ASC X12 syntax and those guides.

The Companion Guide is intended to convey information that is within the framework of the ASC X12N Implementation Guides that have been adopted for use under HIPAA. It is not intended to convey information that in any way exceeds the requirements or usages of data expressed in the Implementation Guides.

This Companion Guide will provide information regarding the exchange of an Electronic Data Interchange (EDI) transaction with Utah Medicaid regarding Health Care Claim: Dental. It also includes information about EDI enrollment, testing, and customer support.

Utah Medicaid is publishing this Companion Guide to clarify, supplement, and further define specific data content requirements to be used in conjunction with, and not in place of, the ASC X12N TR3 mandated by HIPAA. This Companion Guide can be accessed at https://medicaid.utah.gov/hipaa/providers/#companion-guides.

All References to Medicaid are used for simplicity, but other programs supported by the Utah Department of Health Division of Medicaid and Health Financing (DMHF) are also included, for example, Medicaid, CHIP, Integrated Medicaid, Baby Your Baby, and so forth.

Utah Medicaid provides services to eligible members using two coverage models:

- Managed Care Organizations (MCO) - Are Plans who provide medical, dental and behavioral health services to eligible Medicaid and CHIP members.
- Fee for Service (FFS) - Consists of all Medicaid plans where services are paid for a member who is not enrolled in an MCO or the service that is needed is not covered by the MCO plan.

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# Tables

# 1 INTRODUCTION

The Health Insurance Portability and Accountability Act (HIPAA) require all entities exchanging health data to comply with the Electronic Data Interchange (EDI) standards for healthcare as established by the Secretary of Health and Human Services. The Accredited Standards Committees (ASC) X12 Standards for Electronic Data Interchange Technical Report Type 3 (TR3) are the standards of compliance. The TR3s are published by the Washington Publishing Company (WPC) and are available at: https://x12.org/products.

This section describes how the ASC X12N Implementation Guides (IG) adopted under HIPAA will be detailed with the use of tables. The tables contain a row for each segment that, due to the Utah Medicaid system limitation and business needs, may require information in addition to, or over and above, the information in the IGs. That information can:

- Limit the repeat of loops, or segments.
- Limit the length of a simple data element.
- Specify a sub-set of the IGs internal code listings.
- Clarify the use of loops, segments, composite, and simple data elements.
- Any other information tied directly to a loop, segment, and composite or simple data element pertinent to trading electronically with Utah Medicaid.

In addition to the row for each segment, one or more additional rows are used to describe the Utah Medicaid usage for composite and simple data elements and for any other information. Notes and comments should be placed at the deepest level of detail.

Table 1 specifies the columns and suggested use of the rows for the detailed description of the transaction set companion guides.

**Table 1. Columns and Usage**

| Page # | Loop ID | Reference | Name | Notes/Comments |
|---|---|---|---|---|
| 83 | 2010AA | NM103 | Name Last or Organization Name | Billing Provider Last or Organization Name (for dental group practice) |
| 116 | 2010BA | NM109 | Identification Code | 10-digit Beneficiary ID Number |
| 197 | 2310B | NM103 | Name Last or Organization Name | Name of the Rendering or Servicing Dentist |

## Scope

The Companion Guide addresses the Utah Medicaid technical and connectivity specifications for the Health Care Claim: Dental (837D) transaction. It highlights business rules, system limitations, and data requirements needed for a successful client search and response.

**Table 2. Transactions Covered by this Companion Guide**

| Transactions | Versions |
|---|---|
| Health Care Claim: Dental (837) | 005010X224 |
| Implementation Acknowledgment for Health Care Insurance (999)<br>Interchange Acknowledgment (TA1) | 005010X231A1 |

## Overview

The Companion Guide was written to assist providers in designing and implementing transaction standards to meet the Utah Medicaid processing methodology. The guide is organized in the following sections:

- Section 1 INTRODUCTION: Section includes scope, overview, references and additional information.
- Section 2 GETTING STARTED: Section includes information on enrolling as a Utah Medicaid Provider, EDI enrollment, and the testing process.
- Section 3 TESTING WITH UTAH MEDICAID: Section includes detailed transaction instruction on how to test with Utah Medicaid.
- Section 4 CONNECTIVITY WITH THE PAYER/COMMUNICATIONS: Section includes information on Medicaid transmission procedures, and communication and security protocols.
- Section 5 CONTACT INFORMATION: Section includes Medicaid's telephone numbers, mailing and email addresses, and other contact information.
- Section 6 CONTROL SEGMENT/ENVELOPES: Section includes information needed to create the ISA/IEA, GS/GE, and ST/SE control segments to be submitted to Utah Medicaid.
- Section 7 PAYER SPECIFIC BUSINESS RULES AND LIMITATIONS: Section includes detailed transaction testing information. Web services connection is needed to send transactions.
- Section 8 ACKNOWLEDGEMENTS AND/OR REPORTS: Section includes information on all EDI reports such as 999s, or TA1.

- Section 9 TRADING PARTNER AGREEMENTS: Section contains information regarding Trading Partner EDI Enrollment requirements for the 837D transaction.
- Section 10 TRANSACTION SPECIFIC INFORMATION: Section contains specific information regarding 837D transaction, system limitations, scheduled and non-scheduled system downtime notifications, holiday hours, and other information that would be helpful to Trading Partners.
- APPENDICES: This section will lay out transmission examples, frequently asked questions, an implementation checklist, business scenarios, and a change summary.

## References

- **5010 ASC X12 Technical Report Type 3 (TR3) Guides**

  Due to system limitations and business needs, Utah Medicaid will identify loops, segments, and data elements to convey additional information to process electronic requests successfully.

  TR3s may be purchased through Washington Publishing Company (WPC) at: https://x12.org/products.

- **Utah Health Information Network (UHIN) Standards and Specifications**

  All payers in Utah, including Medicaid, have adopted the UHIN Standards and Specifications set forth by the Utah Health Insurance Commission. UHIN is an independent, not-for-profit, value-added network serving providers and payers in Utah. To access specific documents such as Standards, Technical Manuals, Specifications, and so forth, a provider must request access to https://my.uhin.org from UHIN.

  - UHIN Home Page: http://www.uhin.org
  - UHIN Standards: https://support.uhin.org/hc/en-us/categories/360002051651-Standards
  - UHIN UTRANSEND Technical Reference Manual (TRM): https://support.uhin.org/hc/en-us/articles/360038190411-Technical-Reference-Manual-v2
  - UHIN EDI Enrollment Specification: https://support.uhin.org/hc/en-us/articles/360037342132-UHIN-EDI-Enrollment-Specification-v1-1

- **Washington Publishing Company (WPC):** https://www.wpc-edi.com/
- **WPC Code List:** https://x12.org/Codes
- **CMS transaction and Code Sets Standards:** https://www.cms.gov/Regulations-and-Guidance/Administrative-Simplification/HIPAA-ACA/AdoptedStandardsandOperatingRules.html

- **CMS Electronic Billing and EDI Transactions Help Lines (Part A and B):** http://www.cms.gov/ElectronicBillingEDITrans
- **Accredited Standards Committee (ASC)**: https://x12.org/

## Additional Information

Utah Medicaid does not offer EDI software. Some software vendors charge for each electronic transaction type (claims, eligibility, reports, and remittance advice). There are no regulations as to what software vendors can charge for the software license or their services. It is the responsibility of the provider to procure software that best fits their business needs.

Things to consider when looking for EDI software:

1. Fees and Function – What EDI transactions are included with the software license? Examples include:
    a. Health Care Eligibility Benefit Inquiry and Response (270/271)
    b. Health Care Claim Status Request and Response (276/277)
    c. Health Care Claims: Professional (837P), Institutional (837I), Dental (837D)
    d. Health Care Claim Acknowledgment (277CA)
    e. Acknowledgment Reports (Interchange Acknowledgement (TA1), Implementation Acknowledgment for Health Care Insurance (999))
    f. Health Care Claim Payment/Advice (835)
    g. Health Care Services Review - Request for Review and Response (278)
    h. Payroll Deducted and Other Group Premium Payments for Insurance Products (820)
    i. Benefits Enrollment and Maintenance (834)
2. Software License – Will the license include free regulatory updates?
3. Technical Support – Is the installation, set-up and any subsequent assistance included with the subscription?
4. System Requirements – Will the software function with your current Operating System, hardware, and Practice Management software, or will new Operating System, Practice Management software, or hardware be needed?
5. Reports – Are data elements on received transactions viewable, for example, Claims Adjustment Reason Codes, Remittance Remark Codes, PLB segments on the 835, and so forth?
6. UHIN provides software for their members. Contact UHIN at (877) 693-3071 for more information.
7. Providers that use a billing company or clearinghouse, contact the billing company or clearinghouse for software.

8. Proprietary software can be used provided it meets HIPAA standards and mandated CORE requirements.

# 2 GETTING STARTED

## Working with Utah Medicaid

Providers must enroll as a Utah Medicaid provider. The Utah Medicaid Provider Enrollment team may be reached at (801) 538-6155 or (800) 662-9651, option 3, then option 4, for questions regarding provider enrollment. Provider Enrollment forms, instructions, and contact information are available on the Utah Medicaid website: https://medicaid.utah.gov/become-medicaid-provider.

A provider who enrolled online will receive a Welcome Letter to access provider enrollment information.

Providers who wish to submit EDI transactions directly into PRISM through PRISM screens must select the Electronic Batch option as part of the provider enrollment process. Providers must be able to create HIPAA X12 compliant transactions using their own software when submitting them through the Electronic Batch. An Electronic Batch submission is not available for providers enrolled as a Managed Care plan.

Providers who wish to employ UHIN and use their tools and services to submit EDI claims, Client Eligibility and Response, Claim Status Inquiry and Response, Health Care Services Review - Request for Review and Response, or receive Electronic Remittance Advice may contact UHIN at (877) 693-3071 or see the UHIN EDI Enrollment Specification at: https://support.uhin.org/hc/en-us/articles/360037342132-UHIN-EDI-Enrollment-Specification-v1-1. The Provider must ask UHIN for membership information and how to obtain an Electronic Data Interchange (EDI) Trading Partner Number (TPN).

Providers who elect to transmit or receive electronic transactions using a third party, such as a billing agent, clearinghouse, or network service, do not need to contact UHIN or acquire a TPN if the billing agent, or network service is a member of UHIN. In this case, providers must obtain the billing company's TPN to complete the Utah Medicaid EDI enrollment online.

## Trading Partner Registration

Utah Medicaid requires all trading partners to complete the Utah Medicaid EDI Enrollment online. Any other form of EDI Enrollment is not accepted. To become a trading partner with Utah Medicaid, visit our website at: https://medicaid.utah.gov/become-medicaid-provider.

Using the information provided on the Welcome Letter (when you first enroll to become a Utah Medicaid provider), you may access and complete or modify the EDI Enrollment. If a Welcome Letter was not received, contact Medicaid Provider Enrollment at (801) 538-6155 or (800) 662-9651, option 3, then option 4, to request one.

Providers may need to obtain the TPN for each EDI transaction from their clearinghouse or billing agency prior to EDI enrollment.

**For Brand New Providers – Never Validated:**

1. Acquire a Utah Identification (ID) from https://id.utah.gov/login if you do not have one.
   a. Create an Account
   b. Complete all the required fields
   c. Set the password interval to 90 days, using the following State of Utah password requirements:
      - Minimum of 8 characters
      - Upper case letters
      - Lower case letters
      - At least 1 number
      - Special characters
2. Visit our website at: https://medicaid.utah.gov/become-medicaid-provider.
3. Click the PRISM Portal hyperlink.
4. Enter your Utah ID and password to log in.
5. Click the Submit Enrollment Access (Converted Providers Accessing the New PRISM System for the First Time).
6. Complete and Submit Enrollment Access form. Upon successful validation, the system will redirect you to the profile selection domain page.
7. Click Manage Provider Information.
8. Complete all the validation requirements in Steps 1-3.
9. Complete all the steps for EDI Enrollment to add or modify the EDI enrollment information. Fill out the form completely and associate the Trading Partner Number (TPN) with each EDI transaction based on business needs. A different TPN may be used for each EDI transaction.
10. Click the Submit button in the last step to submit the form for processing.

**For Existing Providers – Validated:**

1. Visit our website at: https://medicaid.utah.gov/become-medicaid-provider.
2. Click the PRISM Portal hyperlink.
3. Enter your Utah ID and password to log in.
4. Select a Domain and Profile.

5. Click the Manage Provider Information.
6. Complete all the steps that pertain to the EDI Enrollment to add or modify the EDI enrollment information. Fill out the form completely and associate the TPN to each EDI transaction based on business needs. Different TPNs may be used for each EDI transaction.
7. Click the Submit button in the last step to submit the form for processing.

Training is available by clicking the link for the Provider Enrollment and EDI Enrollment tutorial: https://medicaid.utah.gov/prism-provider-training.

### Certification and Testing Overview

All payers in Utah, including Utah Medicaid, have adopted the UHIN Standards and Specifications set forth by the Utah Health Insurance Commission. UHIN is an independent, not-for-profit, value-added network serving providers and payers in Utah.

All providers who wish to submit EDI transactions through UHIN must test with UHIN prior to submission of electronic transactions. Contact UHIN at (877) 693-3071 to coordinate acceptance testing.

# 3 TESTING WITH UTAH MEDICAID

Providers who wish to submit EDI transactions through the PRISM Electronic batch are not required to do testing. If a provider wants to test prior to production, send test transactions to the Medicaid Test Trading Partner Number: HT000004-004 (FFS).

Providers who wish to submit EDI transactions through UHIN, contact UHIN Help Desk at (877) 693-3071 for security access to their Test environment. Coordinate Acceptance Testing with UHIN first. UHIN will validate your EDI transactions and notify Utah Medicaid when Acceptance Testing is completed.

During provider enrollment, ensure that your UHIN Trading Partner Numbers (TPN) are associated for each transaction based on business needs prior to testing with Utah Medicaid. Registration can be done through the EDI Enrollment online at the Medicaid website: https://medicaid.utah.gov/become-medicaid-provider. See detailed instructions under the Trading Partner Registration section.

Providers should coordinate testing with Utah Medicaid after completion of the Acceptance Testing with UHIN, contact Utah Medicaid at editestinggroup@utah.gov or by calling the EDI Customer Support at (801) 538-6155, option 3, then option 5. Medicaid EDI Customer Support will assist with testing issues and errors. Send your test transaction(s) to the Medicaid Test Trading Partner Number: HT000004-004 (FFS).

Providers using the UHIN software are not required to test. Contact UHIN Member Relations Team at (877) 693-3071 for technical support.

Providers using third-party software or practice-management software need to work directly with their software vendor for software upgrades and technical support.

# 4 CONNECTIVITY WITH THE PAYER/COMMUNICATIONS

Web Service connection is required to send electronic transactions through UHIN. For more information, see UHIN standards at: https://support.uhin.org/hc/en-us/categories/360002051651-Standards.

To initiate a Trading Partner relation with UHIN, contact UHIN at (877) 693-3071 for more information, or email at: customerservice@uhin.org.

UHIN Technical Specifications are available at: https://support.uhin.org/hc/en-us/articles/360038190411-Technical-Reference-Manual-v2.

# 5 CONTACTINFORMATION

## EDI Customer Service

Contact your clearinghouse or billing agent for EDI Customer Support. The UHIN Help Desk can be contacted at either (877) 693-3071 or by email at customerservice@uhin.org.

Trading Partners may contact Utah Medicaid for assistance in researching problems with submitted EDI transactions. Utah Medicaid will not edit Trading Partner data or resubmit transactions for processing on behalf of a Trading Partner. The Trading Partner must correct any transmission or data errors found and resubmit.

For additional support, Utah Medicaid EDI Customer Support team may be contacted by calling the Medicaid Information Line at (801) 538-6155 or (800) 662-9651, option 3, then option 5.

You may also email the EDI Customer Support team at: HCF_OSD@utah.gov (there is an underscore between HCF and OSD). For testing related issues, contact EDI Customer Support at editestinggroup@utah.gov.

**Notes:** Do not send non-encrypted PHI to this email address.

If Utah Medicaid receives a regular, unencrypted email containing protected health information (PHI), there may be some risk that the information in the email could be intercepted and read by a third-party during transmission.

This may be a reportable incident under the HIPAA Privacy and Security Rules. Please follow your organization's incident reporting procedure and notify your compliance officer.

If you need to send PHI or other sensitive information to us electronically, we strongly encourage you to use a secure method.

EDI Customer Support hours are Monday through Friday from 8 A.M. to 5 P.M. On Tuesdays, EDI Customer Support phone lines are open from 11 A.M. to 5 P.M. EDI Customer Support is closed during Federal and State Holidays.

Utah Medicaid will broadcast messages through the Medicaid Information Line, ListServ, and through UHIN alerts for unexpected system down time, for unexpected delay in generation and transmission of EDI reports, delay in the

release of provider payments, to announce the release of new or interim Medicaid Information Bulletin (MIB), and so forth.

To sign up for the Medicaid ListServ, click: https://medicaid.utah.gov/utah-medicaid-official-publications.

Trading partners may also sign up to receive UHIN alerts for urgent broadcast and notification sent by various Utah Payers including Utah Medicaid at: http://www.uhin.org.

Utah Medicaid mailing address is:

Bureau of Medicaid Operations
PO Box 143106
Salt Lake City, UT 84114-3106

## Applicable Websites/E-mail

Utah Medicaid EDI email address: HCF_OSD@utah.gov (there is an underscore between HCF and OSD) and editestinggroup@utah.gov (testing issues).

Utah Medicaid Web Page: https://medicaid.utah.gov/

Utah Medicaid Companion Guide: https://medicaid.utah.gov/hipaa/providers/#companion-guides

Utah Medicaid Provider training: https://medicaid.utah.gov/provider-training-0/

Utah Medicaid EDI Enrollment: https://medicaid.utah.gov/become-medicaid-provider

Utah Medicaid Registration and EDI Enrollment Tutorial: https://medicaid.utah.gov/prism-provider-training

To sign up for the Utah Medicaid ListServ: https://medicaid.utah.gov/utah-medicaid-official-publications

UHIN: https://uhin.org

UHIN Help Desk: customerservice@uhin.org

UHIN Standards and Specifications: https://support.uhin.org/hc/en-us/categories/360002051651-Standards

Connectivity requirements, click the UHIN website at the link below: https://support.uhin.org/hc/en-us/articles/360038190411-Technical-Reference-Manual-v2/

To sign up to receive UHIN alerts: https://uhin.org

UHIN Hardware Requirements: https://support.uhin.org/hc/en-us/articles/360038190411-Technical-Reference-Manual-v2

# 6 CONTROL SEGMENT/ENVELOPES

In all transactions, the ISA06 and ISA08 must contain the designated Trading Partner Number (TPN) of the submitter and receiver, respectively. The trading partner defines the value carried in the GS02 and GS03. If there is no agreement between trading partners as to the value carried in these segments, then the default will be the TPN of the submitter and receiver (that is, the same numbers that are in ISA06 and ISA08, respectively).

For security purposes, neither the ISA04 nor the GS02 will be used to carry the Trading Partner Password or User ID. The Password and User ID values will be transmitted in an outside wrapping of the transaction for authentication. For this reason, the ISA01 and ISA03 values are '00' and the ISA02 and ISA04 are space filled. See Table 3 for proper usage and required value for various data elements in the ISA and GS segments.

## ISA-IEA (Interchange Control Number)

To facilitate tracking and debugging, the Interchange Control number used in the ISA13 must be unique for each transaction.

## Group Control Number

To facilitate tracking and debugging, the Group Control number used in the GS06, must be unique.

In a 999 Acknowledgement or interactive response transaction, the GS03 carries the value sent in the GS02 of the 837D transaction that is being acknowledged. Table 3 identifies the values to be carried in the ISA and GS of the transaction acknowledgment.

## Originator Application Transaction Identifier

To facilitate tracking and debugging, the Originator Application Transaction Identifier used in BHT03 data element must be unique for each transaction.

For more information regarding the use of ISA/IEA and GS/GE control segments, see the Utah Standards available on the UHIN website at: https://support.uhin.org/hc/en-us/categories/360002051651-Standard.

Table 3. 837 – Health Care Claim: Dental Interchange Control Header

| Loop ID | Segment ID | Data Element ID | Loop/Segment/Element Name | Companion Guide Rules |
|---|---|---|---|---|
| | | | **Loop – Interchange Control Header** | |
| | **ISA** | | **Segment – Interchange Control Header** | |
| | ISA | ISA01 | Authorization Information Qualifier | "00" (No Authorization Information Present (No Meaningful Information in I02)) |
| | ISA | ISA02 | Authorization Information | 10 Spaces |
| | ISA | ISA03 | Security Information Qualifier | "00" (No Security Information Present (No Meaningful Information in I04)) |
| | ISA | ISA04 | Security Information | 10 Spaces |
| | ISA | ISA05 | Interchange ID Qualifier | "ZZ" (Mutually Defined) |
| | ISA | ISA06 | Interchange Sender ID | UHIN - Trading Partner ID obtained from UHIN (HTXXXXXX-XXX)<br>PRISM Electronic Batch – use NPI or PRISM Provider ID |
| | ISA | ISA07 | Interchange ID Qualifier | "ZZ" (Mutually Defined) |
| | ISA | ISA08 | Interchange Receiver ID | HT000004-001 – FFS<br>HT000004-004 – Test-FFS<br>Left justified followed by spaces. |
| | ISA | ISA13 | Interchange Control Number | Set of 9 numbers. Must be unique for each transaction. |
| | ISA | ISA14 | Acknowledgment Requested | Always use number “1” for Interchange Acknowledgment Requested (TA1). Without this indicator, acknowledgment will not be returned for the submitted transaction if an error on the ISA segment is detected. And the submitted EDI file will not be processed. |

| Loop ID | Segment ID | Data Element ID | Loop/Segment/Element Name | Companion Guide Rules |
|---|---|---|---|---|
| | ISA | ISA15 | Interchange Usage Indicator | Always use “P” for Production Data and “T” for Test Data. |
| | | | **Loop – Functional Group Header** | |
| | **GS** | | **Segment – Functional Group Header** | **If a Trading Partner Number is shared between multiple providers, acknowledgment / response files generated for the Trading Partner Number will not be accessible from PRISM screens to download.** |
| | GS | GS02 | Application Sender's Code | UHIN - Trading Partner ID obtained from UHIN (HTXXXXXX-XXX)<br>PRISM Electronic Batch – use NPI or PRISM Provider ID |
| | GS | GS03 | Application Receiver's Code | HT000004-001 – FFS<br>HT000004-004 – Test-FFS |

# 7 PAYER SPECIFIC BUSINESS RULES AND LIMITATIONS

Utah Medicaid accepts and supports Batch Health Care Claim: Dental (837D) transactions. Batch 837D will be responded with a 999 and Health Care Claim Acknowledgement (277CA) transactions within 24 hours of submission.

Utah Medicaid requires a unique value in the ISA13 and GS06 for all X12 transactions.

You may transmit electronic 837D transactions anytime, 24 hours a day, 7 days a week.

## Regular Scheduled System Downtime

Utah Medicaid systems are available to process Batch transactions 24/7 except during regularly scheduled system downtime, defined as:

### Routine downtime

Regularly scheduled system downtime is Sundays, from 1 A.M. to 2 A.M.

### Non-routine downtime

Medicaid will notify providers through the email ListServ, UHIN alerts, or message broadcast through the phone system, for unscheduled or emergency downtime, within one hour of discovery.

No response or acknowledgment will be returned during scheduled or non-scheduled downtime.

## System Holiday Schedule

Utah Medicaid systems are available to process Batch 837D transactions 24 hours a day, 7 days a week, except for our regularly scheduled system downtime, as stated previously.

## Business Limitations:

- ANSI ASC X12 837 – Health Care Claim: Dental Transaction Set Companion Guide Rules

Table 4. Health Care Claim: Dental Transaction Set Companion Guide Rules

| Loop ID | Segment ID | Data Element ID | Loop/Segment/Element Name | Companion Guide Rules |
|---|---|---|---|---|
| | | | **Transaction Set Header** | |
| | **ST** | | **Segment - Transaction Set Header** | **PRISM accepts a maximum of 5,000 CLM segments in a single transaction (ST - SE) as recommended by the HIPAA mandated implementation guide. Submissions greater than 5,000 CLM segments in a single transaction will be rejected.** |
| | **BHT** | | **Segment - Beginning of Hierarchical Transaction** | |
| | BHT | BHT06 | Transaction Type Code | <Claim or Encounter Identifier><br>"CH" (Chargeable) for claims |
| **1000A** | | | **Loop - Submitter Name** | |
| **1000A** | **NM1** | | **Segment - Submitter Name** | |
| 1000A | NM1 | NM109 | Identification Code | <Trading Partner ID><br>UHIN submissions, use Trading Partner ID obtained from UHIN (HTXXXXXX- XXX)<br>PRISM Electronic Batch – use NPI or PRISM Provider ID |
| **1000B** | | | **Loop - Receiver Name** | |
| **1000B** | **NM1** | | **Segment - Receiver Name** | |
| 1000B | NM1 | NM109 | Identification Code | <Receiver Primary Identifier><br>HT000004-001 - FFS<br>HT000004-004 - Test-FFS |
| **2010AB** | | | **Loop – Pay-to Address Name** | **Pay-to Address is pulled from the Provider Enrollment record and does not utilize the Pay-to Address submitted.** |

| Loop ID | Segment ID | Data Element ID | Loop/Segment/Element Name | Companion Guide Rules |
|---|---|---|---|---|
| **2000B** | | | **Loop - Subscriber Hierarchical Level** | |
| **2000B** | **SBR** | | **Segment - Subscriber Information** | |
| 2000B | SBR | SBR01 | Payer Responsibility Sequence Number Code | "P" if Utah Medicaid is the only payer (patient has no Medicare or other insurance). |
| 2000B | SBR | SBR09 | Claim Filing Indicator Code | "'MC" (Medicaid) |
| **2010BA** | | | **Loop - Subscriber Name** | |
| **2010BA** | **NM1** | | **Segment - Subscriber Name** | |
| 2010BA | NM1 | NM104 | Name First | Send “NoFirst” if there isn’t a first name for the subscriber. |
| 2010BA | NM1 | NM108 | Identification Code Qualifier | “MI” (Member Identification Number) |
| 2010BA | NM1 | NM109 | Identification Code | <Subscriber Primary Identifier><br>10-digit beneficiary ID number |
| **2010BB** | | | **Loop - Payer Name** | |
| **2010BB** | **NM1** | | **Segment - Payer Name** | |
| 2010BB | NM1 | NM103 | Name Last or Organization Name | "Medicaid of Utah" (Payer Name) |
| 2010BB | NM1 | NM108 | Identification Code Qualifier | "PI" (Payer Identification) |
| 2010BB | NM1 | NM109 | Identification Code | <Payer Identifier><br>HT000004-001 - FFS<br>HT000004-004 - Test-FFS |
| **2000C** | | | **Loop - Patient Hierarchical Level** | **PRISM business rules require that the patient is always the subscriber. Therefore, PRISM does not expect providers to submit any Loop - 2000C Patient Hierarchical Levels in a transaction set. Transaction sets that contain Loop - 2000C Patient Hierarchical Level information will be rejected.** |

| Loop ID | Segment ID | Data Element ID | Loop/Segment/Element Name | Companion Guide Rules |
|---|---|---|---|---|
| **2300** | | | **Loop - Claim Information** | **Note that the HIPAA mandated implementation guide allows a maximum of 100 repetitions of the Loop - 2300 Claim Information within each Loop - 2000B Subscriber Hierarchical Level. Transaction sets that do not associate Loop - 2300 Claim Information with Loop - 2000B will be rejected.** |
| **2300** | **CLM** | | **Segment - Claim Information** | |
| 2300 | CLM | CLM5-3 | Claim Frequency Type Code | <Claim Frequency Code><br>"1" Original claim submissions<br>"7" claim replacement<br>"8" claim void/cancel<br>For both "7" and "8" include the original 17 or 18-digit PRISM TCN, as indicated in Loop - 2300 REF (Payer Claim Control Number).<br>Adjustments and Voids can only be performed on previously Paid claims. An Adjustment to a Denied claim should be submitted as a new original claim.<br>The Billing Provider NPI or PRISM Provider ID must be the same as what was submitted on the original claim. |
| **2300** | **REF** | | **Segment - Payer Claim Control Number** | |
| 2300 | REF | REF01 | Reference Identification Qualifier | "'F8" (Original Reference Number) |
| 2300 | REF | REF02 | Reference Identification | <Payer Claim Control Number><br>Include the 17 or 18-digit PRISM TCN of the previously adjudicated claim when CLM05-3 <Claim Frequency Code> indicates this claim is a replacement “7” or void "8". |

| Loop ID | Segment ID | Data Element ID | Loop/Segment/Element Name | Companion Guide Rules |
|---|---|---|---|---|
| **2320** | | | **Loop - Other Subscriber Information** | **If Utah Medicaid is the primary payer, this loop should not be reported.** |
| **2320** | **SBR** | | **Segment - Other Subscriber Information** | |
| 2320 | SBR | SBR03 | Reference Identification | <Insured Group or Policy Number><br>Subscriber's group number (assigned by the other payer), not the number that uniquely identifies the subscriber. |
| **2320** | **CAS** | | **Segment – Claim Level Adjustments** | **Report all other payer adjustments in this segment.** |
| 2320 | CAS | CAS01 | Claim Adjustment Group Code | Value reported by other payer |
| 2320 | CAS | CAS02 | Claim Adjustment Reason Code | Value reported by other payer |
| 2320 | CAS | CAS03 | Monetary Amount | Value reported by other payer |
| **2320** | **MOA** | | **Segment – Outpatient Adjudication Information** | **Report all RARC codes associated with other payer adjustments in this segment.** |
| 2320 | MOA | MOA03 | Reference Identification | Value reported by other payer |
| 2320 | MOA | MOA04 | Reference Identification | Value reported by other payer |
| 2320 | MOA | MOA05 | Reference Identification | Value reported by other payer |
| 2320 | MOA | MOA06 | Reference Identification | Value reported by other payer |
| 2320 | MOA | MOA07 | Reference Identification | Value reported by other payer |

| Loop ID | Segment ID | Data Element ID | Loop/Segment/Element Name | Companion Guide Rules |
|---|---|---|---|---|
| **2330A** | | | **Loop - Other Subscriber Name** | **Use the name of the subscriber as it appears on the files of the other payer.** |
| **2330A** | **NM1** | | **Segment - Other Subscriber Name** | |
| 2330A | NM1 | NM108 | Identification Code Qualifier | "MI" (Member Identification Number). |
| 2330A | NM1 | NM109 | Identification Code | <Other Insured Identifier><br>Use the unique beneficiary number assigned to the subscriber by the other payer indicated in Loop - 2330B Other Payer Name. |
| **2330B** | | | **Loop - Other Payer Name** | |
| **2330B** | **NM1** | | **Segment - Other Payer Name** | |
| 2330B | NM1 | NM103 | Name Last or Organization Name | <Other Payer Organization Name><br>Submit the name of the Other Payer Organization as reported on EOB from the other payer. |
| **2400** | | | **Loop - Service Line Counter** | **Note that the HIPAA mandated implementation guide allows a maximum of 50 repetitions of Loop - 2400 Service Line Number within each Loop - 2300 Claim Information.** |
| **2400** | **SV3** | | **Segment - Dental Service** | **PRISM doesn't allow multiple units on a single line. Use separate lines for each dental service.** |
| **2400** | **TOO** | | **Segment - Tooth Information** | **PRISM will only process one repeat of Loop - 2400 Segment TOO - Tooth Information per service line. Any additional repeats will be ignored.** |

| Loop ID | Segment ID | Data Element ID | Loop/Segment/Element Name | Companion Guide Rules |
|---|---|---|---|---|
| **2430** | | | **Loop - Line Adjudication Information** | |
| **2430** | **CAS** | | **Segment - Line Adjustment** | **Report all other payer adjustments in this segment. Report all line level RARC in header MOA.** |
| 2430 | CAS | CAS01 | Claim Adjustment Group Code | Value reported by other payer |
| 2430 | CAS | CAS02 | Claim Adjustment Reason Code | Value reported by other payer |
| 2430 | CAS | CAS03 | Monetary Amount | Value reported by other payer |

# 8 ACKNOWLEDGEMENTS AND/OR REPORTS

## Implementation Acknowledgment for Health Care Insurance (999) – ASC X12N/005010X231

Edits for syntactical quality of the functional group or implementation guide compliance are documented in the 999 Acknowledgement and are returned for all batch 837D transactions.

An Accepted 999 means the transaction file was accepted into the system for processing. A Rejected 999 means the file transmitted does not comply with the HIPAA standards identified by the syntactical analysis or implementation guide compliance.

The 999 Acknowledgment will identify the segment name, segment location (line number), Loop ID, and data element in error. For multiple errors, all errors found will be listed in the 999 Implementation Acknowledgment. Errors must be corrected before resubmitting the 837D transaction.

## Interchange Acknowledgment

The Interchange Acknowledgment (TA1) report provides the capability for the interchange receiver to notify the sender that a valid envelope was received, or that problems were encountered with the interchange control structure. The TA1 verifies the envelopes only. It is unique in that it is a single segment transmitted without the GS/GE envelope structure.

The TA1 Acknowledgment encompasses the interchange control number, interchange date and time, interchange acknowledgment code, and the interchange note code. The interchange control number and interchange date and time are identical to those that were present in the transmitted interchange from the trading partner. This provides the capability to associate the TA1 with the transmitted interchange.

TA104, the Interchange Acknowledgment Code, indicates the status of the interchange control structure. This data element stipulates whether the transmitted interchange was accepted with no errors, accepted with errors, or rejected because of errors.

TA105, the Interchange Note Code, is a numerical code that indicates the error found while processing the interchange control structure. Values for this data element indicate whether an error occurred at the interchange or functional group envelope.

EDI submitters wishing to receive a TA1 Acknowledgment must request it through data elements ISA14, using data element “1” in the transmitted interchange. If a TA1 Acknowledgment is not requested and the submitted EDI file has an envelope error, Medicaid will not generate or send an acknowledgment for the file.

# 9 TRADING PARTNER AGREEMENTS

Contact UHIN at: https://uhin.org or call (877) 693-3071 for membership enrollment information and Web Services connection. UHIN will assign a Trading Partner Number (TPN) for EDI.

Providers who elect to submit or receive electronic transactions using a third-party such as a billing agent, clearinghouse, or network service may not need to contact UHIN to acquire a TPN if the billing agent, clearinghouse, or network service has obtained a TPN on their behalf.

Providers who elect to submit or receive electronic transactions through the PRISM Electronic Batch screen do not need to contact UHIN to acquire a TPN. Providers must use their PRISM Provider ID or NPI as the TPN in their electronic transactions.

Providers who wish to exchange electronic transactions with Medicaid must complete a provider enrollment application through PRISM, including all EDI steps.

If submitting through a billing agent, clearinghouse or UHIN, associate the TPN to each transaction (based on business needs). Different TPNs may be used for each transaction excluding 835, 834, and 820. For PRISM Electronic Batch submission, identify the transactions to be submitted through this method.

Utah Medicaid does not offer EDI software. It is the responsibility of the Provider to procure software capable of generating an X12 transaction that is compatible with their Practice-Management software to meet their business needs.

Some software vendors charge for each transaction type (claims, eligibility, reports, and remittance advice). There is no federal regulation as to how much a software vendor can charge for the software license or their services.

UHIN provides software for UHIN members, and it can be downloaded from https://uhin.org. For assistance with the download, contact UHIN at (877) 693-3071.

Providers using a billing company or clearinghouse, contact the billing company or clearinghouse for software. Proprietary software can be used provided it meets HIPAA standards and the mandated CAQH CORE Operating Rules requirements.

# 10 TRANSACTION SPECIFIC INFORMATION

The information under this section is intended to help the trading partner understand the business context of the 837D transactions, where applicable. There are multiple methods available for sending and receiving electronic transactions. The two most common methods for EDI transactions are Batch and Real-Time modes. Utah Medicaid supports Batch 837D transactions only.

Access to the 837D transactions by Batch requires trading partners to register on-line with Medicaid and define usage of these transactions. Click the following link to register: https://medicaid.utah.gov/become-medicaid-provider/. An EDI Enrollment Tutorial is also available at: https://medicaid.utah.gov/prism-provider-training.

Providers must be enrolled and open with Utah Medicaid for the date of service being billed. Utah Medicaid Providers with an open NPI or Provider ID can transmit an 837D transaction.

With Utah Medicaid, the subscriber is always the patient. There are no dependents in the Utah Medicaid program.

The Patient Control Number in the 837 transaction needs to be unique to each claim. This number is returned in the 277CA Health Care Claim Acknowledgment for matching the claim.

Providers, billers, and clearinghouses must submit 837D transactions separately based on the receiving TPN, HT000004-001 (FFS).

For Inbound Transactions, colon (:) is not accepted in any non-composite field. If submitted, the file will be rejected with a SNIP level error in the respective TA1/999 Acknowledgement Response file.

Diagnosis codes should not contain the same diagnosis more than once within the 2310 HI segment based off the situational rule in the implementation guide. Utah Medicaid will not accept claims with duplicate diagnoses.

## Medicaid Trading Partner Numbers (TPN)

Providers using NPI must submit 837D transactions to the following mailbox:

**HT000004-001**

Test Trading Partner Number:

**HT000004-004**

## Timely Filing

Claims and adjustment for services must be received by Utah Medicaid within 365 days from the date of service. The timely filing period is determined by the “from” date of service.

Original claims received past the 365-day filing deadline will be denied.

Replacement or Adjustment of a claim must also be processed within the same 365-day time frame.

Providers may request a change to correct a claim outside of the timely deadline. However, no additional reimbursement will be made. Example: Claim to be replaced was denied, the payment on the replacement claim will be zero.

## Replacement and Void Claims

Providers should submit their own corrections by submitting either a replacement or void claim.

If the original claim was denied, make the necessary correction(s) and resubmit the claim as an original claim.

Use “7” as the Claim Resubmission Code for Replacement claims and “8” for Void claims.

The provider NPI on the original dental claim must match the provider NPI being submitted on the replacement or voided claim, otherwise the claim will be rejected.

The TCN of the claim to be replaced or voided must be reported. Do not submit hyphens or spaces when reporting the TCN.

If the TCN of the original claim cannot be identified in the Utah Medicaid system, or the claim has already been reprocessed, the replacement/void claim will be rejected.

A replacement claim voids the original claim. The replacement claim is then processed in the Utah Medicaid system as an original claim.

If there is a line item that did not pay on the original claim, it is not necessary to submit a replacement claim. You may submit a new claim with the services not paid on the original claim.

If additional units are being added to an already paid dental procedure code, or you are changing dental procedure codes, a replacement claim must be submitted.

If a claim is paid under the wrong provider, submit a Void claim with the provider NPI of the original paid claim, and the correct NPI on the new original claim.

## Batch Transactions

In batch mode, the sender does not remain connected while Utah Medicaid processes the transaction. A 999 Acknowledgement and 277CA Acknowledgement will be returned and made available for download within 24 hours of receipt of a batch 837D transaction.

If a Trading Partner Number is shared between multiple providers, the acknowledgment or response files generated for the Trading Partner Number will not be accessible from PRISM screens to download.

Contact Medicaid EDI Customer Support at (801) 538-6155 or (800) 662-9651, option 3, then option 5 or email HCF_OSD@utah.gov, if a Utah Medicaid 999 Acknowledgement is not returned or for questions pertaining to a rejection on a Utah Medicaid 999 Acknowledgement. For testing related issues, contact EDI Customer support at editestinggroup@utah.gov.

# APPENDICES

## Appendix A – IMPLEMENTATION CHECKLIST

1. Acquire a Utah ID at https://id.utah.gov/login.
2. Create an account (username and password).
3. Enroll as a Utah Medicaid Provider.
4. Acquire a Trading Partner Number from Billing Agent, Clearinghouse, or UHIN (Not applicable to PRISM Electronic Batch).
5. Register transactions to be submitted to Utah Medicaid.
6. Register Trading Partner Number online with Utah Medicaid (Billing Agent, Clearinghouse, or UHIN).
7. Contact UHIN for Acceptance Testing and Connectivity testing (Billing Agent, Clearinghouse, or UHIN Submission).
8. Test with Utah Medicaid.
9. Go live with Utah Medicaid.

## Appendix B – BUSINESS SCENARIOS

1. Trading Partners are required to submit provider information. Utah Medicaid will validate the NPI and Tax ID for all providers sending electronic dental claim (837D) transactions.
2. Billing Replacement and Void Claims, use Claim Resubmission Code "7" for Replacement claims and "8" for Void Claims.

### Transmission Examples

1. Billing NPI validation:

| Billing NPI Providers | | | | | |
|---|---|---|---|---|---|
| **Loop** | **Segment** | **Name** | **Code** | **Length** | **Notes/Comments** |
| 2010AA | NM101 | Entity ID Code | 85 | 2 | Billing Provider |
| 2010AA | NM108 | Identification Code Qualifier | XX | | Qualifier for the National Provider ID (NPI) must be submitted if reporting an NPI. |

| Billing NPI Providers | | | | | |
|---|---|---|---|---|---|
| Loop | Segment | Name | Code | Length | Notes/Comments |
| 2010AA | NM109 | Billing Provider Identifier | | 10 | The Billing NPI must be reported here. If billing with a Group NPI, use group NPI here and report the Rendering Provider NPI in the Rendering loop. |
| 2010AA | REF01 | Employer's Identification Qualifier | EI | 2 | Tax ID qualifier |
| 2010AA | REF02 | Reference Identification | | 9 | Billing Provider Tax ID Number without dash or special characters. |

2. Replacement and Void Claim

| Replacement Claim | | | | | |
|---|---|---|---|---|---|
| Loop | Segment | Name | Code | Length | Notes/Comments |
| 2300 | CLM05-3 | Claim Frequency Code | 7 | | Replacement of Prior Claim |
| 2300 | REF01 | Reference Identification Qualifier | F8 | | Original Reference Number qualifier |
| 2300 | REF02 | Reference Identification | | 17 or 18 | TCN of the claim being replaced |

| Void Claim | | | | | |
|---|---|---|---|---|---|
| Loop | Segment | Name | Code | Length | Notes/Comments |
| 2300 | CLM05-3 | Claim Frequency Code | 8 | | Void/Cancel of Prior Claim |
| 2300 | REF01 | Reference Identification Qualifier | F8 | | Original reference number qualifier |
| 2300 | REF02 | Reference Identification | | 17 or 18 | TCN of the claim being voided |

# Appendix C – FREQUENTLY ASKED QUESTIONS

The following is a compilation of Questions and Answers relative to Utah Medicaid and its providers.

1. Is there an enrollment requirement to utilize the electronic claims (837D)?

   Yes. To successfully exchange electronic data like the electronic claims (837D) transaction, providers must be enrolled and currently open with Utah Medicaid for the service date.

   Successful utilization of the electronic claims (837D) transactions requires trading partners to register the TPN on-line with Utah Medicaid, by submitting an Electronic Data Interchange (EDI) enrollment. Define usage of the electronic claims (837D) transactions on the EDI Enrollment.

   Click the following link to register:
   https://medicaid.utah.gov/become-medicaid-provider/

   EDI Enrollment Tutorial:
   https://medicaid.utah.gov/prism-provider-training

2. Does Utah Medicaid return acknowledgements for an 837D submission?

   Utah Medicaid will return a 999 Implementation Acknowledgement for Health Care Insurance. This report will identify if the submitted 837D was Accepted or Rejected.

   A 277CA Health Care Claim Acknowledgement is returned within 24 hours of receipt of the 837D transaction that has been accepted on the 999 Acknowledgement.

   An Accepted claim on the 277CA Acknowledgement is assigned a Transaction Control Number (TCN) and sent to the adjudication system.

   A Rejected claim on this report is being returned unprocessed, therefore, the claim must be corrected and resubmitted. An unprocessed claim will not be in our system for future calls and claims status inquiry.

   Use the Claim Status Codes from the HIPAA Code Listing at: https://x12.org/Codes to determine why the claim was rejected.

3. What are the Connectivity Requirements for Utah Medicaid?

   UHIN serves as the front end to Utah Medicaid for electronic file submission. For information on connectivity requirements, see UHIN standards at https://support.uhin.org/hc/en-us/categories/360002051651-Standards, under Standards and Specifications.

   To initiate a Trading Partner relation with UHIN, contact UHIN at (877) 693-3071 for more information, or email at: customerservice@uhin.org.

UHIN membership is required to access the Security Specification, Hardware Requirements and Connectivity Companion Guides through UHIN.

For complete information on the Connectivity requirements, click the UHIN website link: https://support.uhin.org/hc/en-us/articles/360038190411-Technical-Reference-Manual-v2/

4. Do you support batch submission?

   Yes, Utah Medicaid supports Batch electronic dental claims (837D) transactions.

5. What Trading Partner Number should a provider use to send the electronic dental claims (837D) to?

   Providers billing Utah Medicaid should submit electronic claims (837D) transactions to the following TPN:

   **HT000004-001** Fee-For-Service

6. Does Medicaid require testing?

   Providers should complete Acceptance Testing with UHIN prior to submitting testing to Utah Medicaid. Call Medicaid's EDI team to coordinate testing at (801) 538-6155, option 3, option 5 or contact EDI Customer Support at editestinggroup@utah.gov.

7. Who do I contact for EDI Customer Support?

   Contact your clearinghouse or billing agent for EDI Customer Support. The UHIN Help Desk can be contacted at either (877) 693-3071 or by email at customerservice@uhin.org.

   Trading Partners may call Utah Medicaid for assistance in researching problems with submitted EDI transactions. Utah Medicaid will not edit Trading Partner data or resubmit transactions for processing on behalf of a Trading Partner. The Trading Partner must correct any transmission or data errors found and resubmit.

   For additional support, the Utah Medicaid EDI Customer Support team may be contacted by calling the Medicaid Information Line at (801) 538-6155 or (800) 662-9651, option 3, then option 5.

   You may also email the EDI Customer Support team at: HCF_OSD@utah.gov (there is an underscore between HCF and OSD). For testing related issues, contact EDI Customer support at editestinggroup@utah.gov.

   **Note:** Do not send non-encrypted PHI to this email address.

   If Utah Medicaid receives a regular, unencrypted email containing protected health information (PHI), there may be some risk that the information in the email could be intercepted and read by a third-party during transmission.

This may be a reportable incident under the HIPAA Privacy and Security Rules. Please follow your organization's incident reporting procedure and notify your compliance officer.

If you need to send PHI or other sensitive information to us electronically, we strongly encourage you to use a secure method.

EDI Customer Support hours are Monday through Friday from 8 A.M. to 5 P.M. On Tuesdays, EDI Customer Support phone lines are open from 11 A.M. to 5 P.M. Utah Medicaid is closed during Federal and State Holidays.

Utah Medicaid will broadcast messages through the Medicaid Information Line, ListServ, through UHIN alerts for unexpected system down time, delay in generation and/or transmission of EDI reports, delay in the release of provider payments, and to announce the release of new or interim Medicaid Information Bulletin (MIB), and so forth.

To sign up for the Utah Medicaid ListServ, click the following URL: https://medicaid.utah.gov/utah-medicaid-official-publications

# Appendix D – LEGEND

Table 5 provides the color legend for Table 3 and Table 4.

**Table 5. Legend of Colors**

| |
|---|
| This color signifies a Loop information. |
| This color signifies a Segment within a Loop. |
| This color signifies a Composite Element within a Segment. |

# Appendix E – CHANGE SUMMARY

| Date | Description | Change Summary |
|---|---|---|
| 01/17/2023 | Final Submission | N/A |
| 07/19/2024 | Final Submission | N/A |
| 03/09/2026 | Final Submission | ADA compliance update<br>Removal of PRV information based on 005010 HIPAA standards. |