

Friendly Reminders for Trading Partners

- ◆ Med-QUEST is testing with both Waiver and Medicaid FFS claims.
- ◆ Before you submit a test file, please ensure that the file is compiled of previously adjudicated claims.
- ◆ After the test file is placed in the test folder under your submitter ID, send an email to hipaatcs@medicaid.dhs.state.hi.us , with notification that a test file has been submitted. Please include the file name and the date and time that the file was submitted. In addition, include the original claim/batch submission date when the original file was sent to production. This information will allow us to identify selected claims in our production region and compare it to the test results.

- ◆ **Transaction Specifications**

For all three 837 Claim Types, Transaction Specifications have changed for Element NM109, Submitter Identifier, in Loop 1000A. A **leading zero is no longer inserted** in front of the five-digit Electronic Supplier Number assigned by Med-QUEST.

For all three 837 Claim Types, Transaction Specifications have changed for Element SBR09, Claim Filing Indicator Code, in Loop 2000B. The value specified is now **“MC”** (Medicaid) rather than “11” (Other Non-Federal Program).

- ◆ **Wrong Receiver Name**

Please ensure that element NM103 in Loop 1000B is MED-QUEST, NOT MEDQUEST. Please also make sure element NM103 in loops 2010BB (professional) and 2010BC (institutional) also has the value of MED-QUEST. For further assistance, please reference pages 28, 30, 57 and 58 in the Med-QUEST 837 Companion Guide v. 1.1.

- ◆ **Billing Provider Additional Identifier**

On page 29 of the 837 Claims Companion Document **837P** Loop **2010AA/Ref/Ref02** states, “For all claims except Medicare crossovers, the Med-QUEST ID of the billing provider. Insert two zeros in front of the six-digit Med-QUEST Provider ID.”

On page 45 of the 837 Claims Companion Document **837D** Loop **2010AA/Ref/Ref02** states, “For all claims except Medicare crossovers, the Med-QUEST ID of the billing provider. Insert two zeros in front of the six-digit Med-QUEST Provider ID.”

On page 58 of the 837 Claims Companion Document **837I** Loop **2310AA/Ref/Ref02** states, “For all claims except Medicare crossovers, the Med-QUEST ID of the billing provider. Insert two zeros in front of the six-digit Med-QUEST Provider ID.”

- ◆ **Rendering Provider Identifier**

On page 34 of the 837 Claims Companion Document **837P** Loop **2310B/Ref/Ref02** states, “For all claims except Medicare crossovers, the Med-QUEST ID and Location Code of the Rendering Provider. Submit the Med-QUEST ID with two leading zeros. The format is 00aaaaaall when aaaaaa is the Med-QUEST Provider ID and ll the Location Code.”

On page 48 of the 837 Claims Companion Document **837D** Loop **2310B/Ref/Ref02** states, “For all claims except Medicare crossovers, the Med-QUEST ID and Location Code of the Rendering Provider. Submit the Med-QUEST ID with two leading zeros. The format is 00aaaaaall when aaaaaa is the Med-QUEST Provider ID and ll the Location Code.”

- ◆ **Attending Physician Secondary Identifier**
On page 64 of the 837 Claims Companion Document **837I** Loop **2310A/Ref/Ref02** states, “For all claims except Medicare crossovers, the Med-QUEST ID. If the 2310A Attending Physician Loop is submitted, submit the ID Number with two leading zeros. The format is 00aaaaaa with aaaaaa the Med-QUEST Provider ID.”

- ◆ **Laboratory or Facility Secondary Identifier**
On page 65 of the 837 Claims Companion Document **837I** Loop **2310E/Ref/Ref02** states, “For all claims except Medicare crossovers, the Med-QUEST Provider ID and Location Code of the facility. Use this loop to identify the facility if its ID is different from the ID of the Billing Provider. Submit the ID Number and Location with two leading zeros. The format is 00aaaaaall when aaaaaa is the Med-QUEST Provider ID and ll the Location Code.”

- ◆ **MQD Website**
Please visit our website to view the latest updates
<http://www.med-quest.us/HIPAA/index.html>