

# Health Share CCO Dental 5010 Submitter Check List

---

The following field values are required to submit **HSO CCO** X12 837 Dental claims to PH Tech. These claims are for encounter data only through PH Tech. Effective January 1, 2014.

- |  |  |
|--|--|
| 1. ISA01   | “00” (always)  |
| 2. ISA02   | [blank]  |
| 3. ISA03   | “00” (always)  |
| 4. ISA04   | [blank]  |
| 5. ISA05   | “ZZ” (always)  |
| 6. ISA06   | [Business Tax ID]  |
| 7. ISA07   | “ZZ” (always)  |
| 8. ISA08   | “931211733” (PHTECH Tax ID)                                |
| 9. GS02  | [Business Tax ID]  |
| NOTE: (other GS02 values are acceptable if specific application routing is necessary). |  |
| 10. GS03   | “CIM6”   |
| 11. 1000A – NM109  | [Business Tax ID]  |
| 12. 1000B – NM103  | “PHTECH”   |
| 13. 1000B – NM108  | “46”   |
| 14. 1000B – NM109  | “931211733” (PHTECH Tax ID)                                |
| 15. 2010BB – NM103   | “HSO CCO DENTAL” Will accept add'l county indicators.      |
| 16. 2010BB – NM108   | “PI”   |
| 17. 2010BB – NM109   | “218779”   |
| 18. 2310B – REF01 or 2420A REF01   | “G2” Situational. Use as needed. See <b>NOTES</b> below.   |
| 19. 2310B – REF02 or 2420A REF01   | “CAP” or other value. Situational. See <b>NOTES</b> below. |

For secondary claims from Medicare, include the other payer amount paid and patient responsibility information in the 2430 Loop – “Line Adjudication Information.”

- |                         |                                |
|-------------------------|--------------------------------|
| 1. 2430 – SVD02         | \$(amt paid by other insurer)  |
| 2. 2430 – CAS01         | “PR”                           |
| 3. 2430 – CAS03, 06, 09 | \$(patient responsibility amt) |

For secondary claims, include the other payer amount paid information in the 2430 Loop – “Line Adjudication Information.”

- |                 |                               |
|-----------------|-------------------------------|
| 4. 2430 – SVD02 | \$(amt paid by other insurer) |
|-----------------|-------------------------------|

**NOTES: Additional information or Program Tag to ensure accurate processing**

Additional information may need to be sent to uniquely identify a set of claims. In order to have the claims adjudicate correctly we need to mark/denote these claims. For example, a notation that the service is capitated may be sent as 'CAP'. If the claims are not denoted they will adjudicate incorrectly in PH Tech's CIM (Clinical Integration Manager) claim processing system.

In order for CIM to pick up any submitted Program Tag correctly, the submitter must send the 2310B REF segment using one of the codes noted in REF01. PH Tech will pick up any of the four, but G2 and LU make the most sense. You may also send this information in the 2420A rendering provider segment using the same criteria.

These are some of the common Program Tags utilized but are not necessarily complete. PH Tech also accepts mutually agreed upon values that the plan and agencies may need to identify claims for billing purposes. If you need to denote a subset of claims, please contact EDI Support to discuss your needs.

RES or CAR	Respite Program
ACT	Act Program
TAS	Transition Aged Services
Mobi	Mobile Crisis
Walk	Walk In Clinic
FFS	Fee for Service
CAP	Capitated
ICTS	Intensive Child Treatment Services
ITS	Intensive Treatment Services
CD	Chemical Dependency
MH	Mental Health Services
OP	Outpatient
IP	Inpatient
HBS	Home Based Services
ITMHS	Individually Tailored Mental Health Services
STAFF	Staff claim indicator

We also have agencies that need to differentiate which county they are billing.

MAR – Marion County

PLK – Polk County

Agencies may also combine tags.

FFSMAR for Fee for Service Marion County