

837 v 4010A1 B2B Testing Instructions

You can view more electronic billing information at our webpage:

www.michigan.gov/tradingpartners. Any electronic billing questions need to be referred to AutomatedBilling@michigan.gov.

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You may begin your B2B Testing after you receive your billing agent ID, and you have confirmation that the Provider has associated to your Billing Agent ID in CHAMPS. B2B testing is the process of submitting test files to MDCH for processing through the MDCH test environment.

When you are ready to submit test files you will need to create a batch of 837 v 4010A1 claims. For test claims, you must specify a T in the ISA15 segment of the Interchange Envelope. Your test file should include all scenarios described below based on your type of file submission.

You will receive a letter welcoming you to the new State of Michigan Community Website. **This is for Testing of your 837 files only.** You will be given a User ID and Password to access the website. We suggest you copy your Password as it is case sensitive. Once you log into the website, you will be asked to confirm your profile. Once you have confirmed your profile, you will need to click on the State of Michigan Icon and select from my programs on the 837 files you will be testing: Professional, Institutional or Dental. You will not receive any 997, as the testing will give you the results. Follow all instructions required to complete your testing process. Once you have received a pass on each requirement, please contact the Automated Billing Unit for instructions on submission of your Production files. (877-672-3483) or automatedbilling@michigan.gov

The Automated Billing Unit will be available to answer questions that you may have. Please email **all** questions to AutomatedBilling@michigan.gov, not individual team members.

TEST CLAIM CRITERIA:

The following data is reviewed before approving your test files. Please be sure to include examples of all of the appropriate following data. **All test files should include 50 test claims or less (Any files with more claims will be rejected without analysis).**

Each page represents what will be included in your summary for dental, professional or institutional claims. It also gives the correct Loops and segments as Medicaid expects to receive the information.

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PROFESSIONAL Claim Criteria	
Clean 997 Functional Acknowledgment Transaction	<ul style="list-style-type: none"> • Review Electronic Documents for details
Clean Primary claims submitted	<ul style="list-style-type: none"> • Review Electronic Documents for details
Clean Secondary/Tertiary claims submitted	<ul style="list-style-type: none"> • Coordination of Benefits (COB) service line balancing requires that the service level charges (Loop 2400 SV102) will equal the COB service level payment (Loop 2430 SVD02) plus the monetary amounts listed in the Claim Adjustment Reason Code (Loop 2430 CAS) segments. • In addition, MDCH expects COB payments at the service level for professional claims. • MDCH needs multiple secondary examples.
Prior Authorization Number	<ul style="list-style-type: none"> • Loop 2300 REF Qualifier G1
Claim Adjustments/Void Cancel	<ul style="list-style-type: none"> • Loop 2300 CLM05-3 should be 7 or 8 • Loop 2300 REF Qualifier F8
Referring Provider NPI and or Rendering NPI	<ul style="list-style-type: none"> • Loop 2310A, NM108 Qualifier XX • Loop 2310A, NM109 NPI Number
Comments	<ul style="list-style-type: none"> • Loop 2300 NTE Qualifier ADD
Multiple Modifiers	<ul style="list-style-type: none"> • Loop 2400 SV101-3 thru SV101-6
CLIA Number	<ul style="list-style-type: none"> • Loop 2300 REF Qualifier X4
Billing Provider NPI Number	<ul style="list-style-type: none"> • Loop 2010AA, NM108 Qualifier XX • Loop 2010AA, NM109 NPI Number • Tax ID – Loop 2010AA, REF02

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INSTITUTIONAL Claim Criteria	
Clean 997 Functional Acknowledgment transaction	<ul style="list-style-type: none"> • Review Electronic Documents for details
Clean Primary claims submitted	<ul style="list-style-type: none"> • Review Electronic Documents for details
Clean Secondary/Tertiary claims submitted	<ul style="list-style-type: none"> • Loop 2300 CAS plus Loop 2320 AMT*C4 should equal Loop 2300 CLM 02 <u>AND</u> • MDCH needs multiple secondary examples.
Prior Authorization Number	<ul style="list-style-type: none"> • Loop 2300 REF Qualifier G1 & G4
Claim Adjustments/Void Cancel	<ul style="list-style-type: none"> • Loop 2300 CLM05-3 should be 7 or 8 <u>AND</u> • Loop 2300 REF Qualifier F8
Attending Provider NPI Number	<ul style="list-style-type: none"> • Loop 2310A REF Qualifier XX
Comments	<ul style="list-style-type: none"> • Loop 2300 NTE Qualifier ADD
Multiple Modifiers	<ul style="list-style-type: none"> • Loop 2400 SV202-3 thru SV202-6
Patient Pay Amount	<ul style="list-style-type: none"> • Loop 2300 HI Qualifier BE
Occurrence Span Codes	<ul style="list-style-type: none"> • Loop 2300 HI Qualifier BI or BH
Admission Authorization Number	<ul style="list-style-type: none"> • Loop 2300 REF Qualifier G4
Billing Provider NPI Number	<ul style="list-style-type: none"> • Loop 2010AA, NM108 Qualifier XX • Loop 2010AA, NM109 NPI Number • Tax ID – Loop 2010AA, REF02

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DENTAL Claim Criteria	
Clean 997 Functional Acknowledgement transaction	<ul style="list-style-type: none"> • Review Electronic Documents for details
Clean Primary claims submitted	<ul style="list-style-type: none"> • Review Electronic Documents for details
Clean Secondary and/or Tertiary claims submitted	<ul style="list-style-type: none"> • Loop 2320A - Other Subscriber Name • Loop 2320 SVR - Other Subscriber Information • Coordination of Benefits (COB) service line balancing requires that the service level charges (Loop 2400 SV102) will equal the COB service level payment (Loop 2430 SVD02) plus the monetary amounts listed in the Claim Adjustment Reason Code (Loop 2430 CAS) segments. • In addition, MDCH expects COB payments at the service level for dental claims. • MDCH needs multiple secondary examples.
Prior Authorization Number	<ul style="list-style-type: none"> • Loop 2300 REF Qualifier G1
Claim Adjustments and Void/Cancel	<ul style="list-style-type: none"> • Loop 2300 CLM05-3 should be 7 or 8 • Loop 2300 REF Qualifier should be F8
Comments	<ul style="list-style-type: none"> • Loop 2300 NTE Qualifier ADD
Tooth Number-Letter Surface Code	<ul style="list-style-type: none"> • Loop 2400 TOO
Modifiers	<ul style="list-style-type: none"> • Loop 2400 SV301-3 thru SV301-6
Billing Provider NPI Number	<ul style="list-style-type: none"> • Loop 2010AA, NM108 Qualifier XX • Loop 2010AA, NM109 NPI Number • Tax ID – Loop 2010AA, REF02 • No longer do you submit the Legacy ID numbers
Rendering NPI	<ul style="list-style-type: none"> • Loop 2310B, NM108 Qualifier XX • Loop 2310B, NM109 NPI Number