

WVCH CCOA CDC 5010 Submitter Profile Check List

The following field values are required to submit Willamette Valley Community Health CCOA CDC X12 837 Dental claims to PH Tech. Effective October 01, 2013.

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 “CIM1”
11. 1000A – NM109 [Business Tax ID]
12. 1000B – NM103 “PHTECH”
13. 1000B – NM108 “46”
14. 1000B – NM109 “931211733” (PHTECH Tax ID)
15. 2010BB – NM103 “WVCH CCOA CDC”
16. 2010BB – NM108 “PI”
17. 2010BB – NM109 “218774” (other values can be accepted here as needed)

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]