

System Limitations of QSI/QUIC Network for 837D Claims:

The following claim information, which is supported by the ANSI 837x4010A1 format, is not currently supported by QSI for electronic claim submission via the QUIC Network. These claim types/data elements have not been supported in prior versions of the QSI Dental System, and should have no bearing on continued submissions. Please note that unsupported electronic claims may also be submitted on paper claim forms. If you have the need to submit any of these claim types/data elements, or if any of the defaults indicated below will not apply to all claims submitted via the QUIC Network, please contact QSI via ,HELP for assistance and recommended solutions.

Country codes or province names for individual/groups living outside of the US are not supported within the QSI Dental System.

Alternate Health Care Service Locations are not supported within the QSI Dental System and will be set to "Office" (11) on all claims. **Claim Frequency** will always be set to "1".

Provider Signature on File will always be set to "Y".

The QSI Dental System does not hold a **Provider Accept Assignment Code**, and will not submit a value in this field. This code is *required* only for Medicare Claims and should have no bearing on typical dental submissions.

Property and Casualty Information is not supported in the QSI Dental System or QUIC Network.

The QUIC Network supports one **Insurance Identification number** for the payor to identify a subscriber or patient.

The QUIC Network supports one Payor identification number. A second number (**Payor Secondary Identifier**) is only required as requested by a Payor. We have not encountered a Payor requiring this information.

The following **Special Programs** are not supported in the QSI Dental System or QUIC Network:

- Early & Periodic Screening, Diagnosis, and Treatment (EPSDT) or Child Health Assessment Program (CHAP)
- Physically Handicapped Children's Program
- Special Federal Funding
- Disability

"Delayed Claim Reasons" (past the contracted date of filing limitations) are not supported within the QSI Dental System or QUIC Network:

- Proof of Eligibility Unknown or Unavailable
- Litigation
- Authorization Delays
- Delay in Certifying Provider
- Delay in Supplying Billing Forms
- Delay in Delivery of Custom-made Appliances
- Third Party Processing Delay
- Delay in Eligibility Determination
- Original Claim Rejected or Denied Due to a Reason
- Unrelated to the Billing Limitation Rules
- Administration Delay in the Prior Approval Process
- Other

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Service Authorization Exception Codes are not supported in the QSI Dental System or QUIC Network. They are only required when mandated by state law (e.g. New York State Medicaid) and if services were rendered without prior authorization due to one of the following listed exceptions.

- Immediate/Urgent Care
- Services rendered in a retroactive period
- Emergency care
- Client as temporary Medicaid
- Request from County for second opinion to recipient can work
- Request for override pending
- Special handling

In-patient visits (requiring information such as the discharge date of in-patient claims, and additional Service Facility Information) are not supported in the QSI Dental System or QUIC Network.

Submission of **Referral Dates** and **Referring Provider information** are not currently supported in the QSI Dental System or QUIC Network. The use of referring provider data will be limited to payors willing to accept referring provider Identification numbers only.

Additional information on the **Service Facility Location**, such as a secondary service location ID or name, are not stored on the QSI Dental System. Facilities outside of the default location may not be properly processed.

Secondary Claims: Not all **Coordination of Benefits** (COB) information for secondary claims is stored within the QSI Dental System, including: Line item insurance payment, co-payment amounts, adjustment amounts, and denial reason codes; claim adjustment amount, discount amount, and patient responsibility amount. Primary payor paid amount and patient paid (“Co-Payment”) amount (stored in the “Additional Insurance” patient form) are supported and transmitted.

Some information related to the “other Payor” (not the payor to which the claim is going) is not stored and submitted. This includes the following.

- **Other Payor Referral Number.**
- **Other Payor Rendering Provider Information.**

Procedure code modifiers are not supported in the ANSI 837Dx4010A1 format. These apply to Medical Claims (e.g., Oral Surgery billed to a medical carrier) that QSI Open-Item clients may submit through our Medical Clearinghouse.

Tooth status information is not supported in the QSI Dental System. Tooth Statuses covered by ANSI 837Dx4010A1 include E (To be Extracted), I (Impacted), and M (Missing).

Only send one **oral cavity designation** code (quadrant, arch) per line item.

We do not hold the **Date of Replacement of Orthodontic Equipment**. This may only affect Orthodontic claims not being sent via a clearinghouse.

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Anesthesia Quantity Information is not stored in the QSI Dental System. We will not handle claims where the following extenuating circumstances occurred.

- Age Modifying Units
- Emergency Modifying Units
- Use of Hypothermia
- Use of Hypotension
- Use of Hyperbaric Pressurization
- Physical Status III
- Physical Status IV
- Physical Status V
- Swan-Ganz

The following list of ANSI supported **Line Level** items are not supported. These situations may be handled by splitting a single claim into two.

- Service Predetermination Identification
- Prior-Authorization/Referral Numbers
- Separate Line Level Rendering Provider Name

The following list of ANSI supported Line Level items are not supported. These situations may NOT be handled by splitting a single claim into two.

- Sales Tax Amounts
- Additional Line Notes
- Other Payor Referral Number at Line Level
- Line Adjudication Information