



Forum Companion Document

For use with ANSI ASC X12N
Health Care Claim: Dental
Implementation Guide and Addenda

Health Care Claim: Dental 837

ASC X12N 837 (004010X097A1)

“Health Plan Specific Data Requirements & Coding Scenarios”

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Introduction

This document is intended to be used by programmers who are developing or modifying the HIPAA 837D transaction for a Provider. It identifies data segments, loops and elements . . .

- where additional clarification may be beneficial, and/or
- where participating health plans have specific data requirements or conventions that need to be implemented

This document should be used in conjunction with the HIPAA Implementation Guide, which can be accessed at www.wpc-edi.com/hipaa/HIPAA_40.asp.

This document has two sections:

1. Clarifying Data Requirements: This section is designed to be used by programmers when developing the 837D transaction or updating it to accommodate an additional health plan trading partner. It identifies important variations, by health plans, in how data elements should be populated.
2. Scenarios: This section is also designed to be used by programmers during initial development of the 837D transaction. It provides a sample of how to code the 837D transaction.

THIS DOCUMENT ONLY APPLIES WHEN PROVIDERS ARE EXCHANGING INFORMATION DIRECTLY WITH A HEALTH PLAN. CLEARINGHOUSES MAY HAVE OTHER OR DIFFERENT REQUIREMENTS

Clarifying Data Requirements

Standard Envelop Information: ISA & GS

I.G. Page	LOOP	SEGMENT	DATA ELEMENT	NAME	Health Plans				
					WDS	FCHA	Premera	Regence	Asuris
Append B	Envelope	ISA	01	Authorization Information Qualifier	00				
	Envelope	ISA	03	Security Information Qualifier	00				
	Envelope	ISA	06	Interchange Sender ID	Contact Plan	Contact Plan	Contact Plan	Contact Plan	Contact Plan
	Envelope	ISA	08	Interchange Receiver ID	Contact Plan	Contact Plan	Contact Plan	Contact Plan	Contact Plan
	Envelope	ISA	11	Interchange Control Standards Identifier	U				
	Envelope	ISA	12	Interchange Control Version Number	00401				
	Envelope	ISA	13	Interchange Control Number	A value assigned by provider which must be identical to number used in IEA02				
	Envelope	ISA	14	Acknowledgement Requested	Would prefer a 0 (zero), file will be acknowledged using a 997 transaction				
	Envelope	ISA	15	Usage Indicator	'P' for Production Data, or 'T' for Test Data Should correspond to the value in the BHT segment – REF 02				
	Envelope	GS	02	Application Sender Code	Contact Plan	Contact Plan	Contact Plan	Contact Plan	Contact Plan
	Envelope	GS	03	Application Receiver Code	Contact Plan	Contact Plan	Contact Plan	Contact Plan	Contact Plan

837 Professional Claim: Transaction-Specific Information

I.G. Page	LOOP	SEGMENT	DATA ELEMENT	NAME	Health Plans				
					WDS	FCHA	Premera	Regence	Asuris
55	Hierarchical Transaction Header	BHT	03	Reference Identification	The number assigned by the submitter to identify the transaction within the senders application			Submission number - must be six-digit alphanumeric value unique for each submission. No embedded blanks or special characters. This number will be used to perform duplicate file checking and cannot be used more than once in 12 months	
56	Header	BHT	06	Transaction Type Code	'CH' for Fee for Service claims				
61	Submitter Name 1000A	NM1	09	Identification Code	Contact Plan	Contact Plan	Contact Plan	Contact Plan	Contact Plan
67	Receiver Name 1000B	NM1	03	Last Name or Organization Name	WDS	FCHA	Premera	Regence	Asuris NW Health
67	Receiver Name 1000B	NM1	09	Identification Code	Contact Plan	Contact Plan	Contact Plan	Contact Plan	Contact Plan
77	Billing Provider Name 2010AA	NM1	03	Name Last or Organization Name	Use this code to identify billing provider or billing submitter				
83	2010AA	REF	01	Reference Identification Qualifier	Use 1E	Use G2 for all commercial claims	Use G2 or 1A for commercial claims	Use 1B	Use 1B
84	2010AA	REF	02	Reference Identification	Dentist License Number	Contact FCHA	If G2 or 1A - the Premera	The Regence BlueShield	The Asuris assigned number

I.G. Page	LOOP	SEGMENT	DATA ELEMENT	NAME	Health Plans				
					WDS	FCHA	Premera	Regence	Asuris
				NOTE: Providers may send multiple numbers			assigned commercial provider number	assigned number	
88	Pay-To Provider Name 2010AB	NM1	03	Name Last or Organization Name	This loop is not used	Use this code to identify billing provider or billing submitter			
89	2010AB	NM1	08	Identification Code Qualifier		24,34	24,34		
89	2010AB	NM1	09	Identification Code		Appropriate Identification Number			
95	2010AB	REF	01	Reference Identification Qualifier		Use G2 for all commercial claims	Use G2 or 1A for commercial claims	Use 1B	Use 1B
95	2010AB	REF	02	Reference Identification		Contact FCHA	If G2 or 1A - the Premera assigned commercial provider number	The Regence BlueShield assigned number	The Asuris assigned number
104	Subscriber Name 2010BA	NM1	03	Last Name or Organization Name	Use Subscriber's Last Name exactly as indicated on their Insurance Card, including spaces, hyphens, etc.				
104	2010BA	NM1	04	First Name	Use Subscriber's First Name exactly as indicated on their Insurance Card, including spaces, hyphens, etc.				
104	2010BA	NM1	05	Middle Name	Use Subscriber's Middle Name exactly as indicated on their Insurance Card, including spaces, hyphens, etc.				
106	2010BA	NM1	09	Identification Code	Use the subscribers number as indicated on their Membership Card				
118	Payer Name 2010BB	NM1	03	Last Name or Organization Name	WDS	FCHA	Premera	Regence	Asuris NW Health

I.G. Page	LOOP	SEGMENT	DATA ELEMENT	NAME	Health Plans				
					WDS	FCHA	Premera	Regence	Asuris
118	2010BB	NM1	08	Identification Code Qualifier	PI				
118	2010BB	NM1	09	Identification Code	91062	Contact FCHA	Contact Premera	G00932	G00932
151	Claim Information 2300	CLM	05-3	Claim Frequency Type Code	Follow the guidelines outlined in the <i>Submitting Corrected Claims</i> policy that is posted on the Administrative Simplifications page of this web site – www.wahealthcareforum.org/adminsimp/Claims_Process/default.asp				
180	2300	REF	01-02	Original Reference Qualifier (ICN/DCN)	Follow the guidelines outlined in the <i>Submitting Corrected Claims</i> policy that is posted on the Administrative Simplifications page of this web site – www.wahealthcareforum.org/adminsimp/Claims_Process/default.asp				
186	2300	NTE	01	Note Reference Code	Will accept any				
186	2300	NTE	02	Description	Claim Note Text The field can be used at the Providers discretion to supply additional claim level information according to the Note Reference Code NTE01				
195	Rendering Provider Name 2310B	NM1		Segment	This segment should only be used if the Rendering Provider is different than the Billing Provider or Pay-to-Provider. When it is used, this segment should contain information about the provider with whom the health plan has a contractual relationship. For example if a resident provided the service under supervision of a contracted provider, this segment should contain the contracted provider information.				
202	2310B	REF	01	Reference Identification Qualifier	Use 1E	Use G2	Use G2 or 1A for commercial claims	Use 1B	Use 1B
202	2310B	REF	02	Reference Identification NOTE: Providers may send multiple numbers	Dentist License Number	Contact FCHA	If G2 or 1A - the Premera assigned commercial provider number	The Regence BlueShield assigned number	The Asuris assigned number

I.G. Page	LOOP	SEGMENT	DATA ELEMENT	NAME	Health Plans				
					WDS	FCHA	Premera	Regence	Asuris
215	Claim Level Adjustments 2320	CAS	03	Monetary Amount	Claims level adjustment amounts cannot exceed 9999999.99				
216	2320	CAS	06	Monetary Amount	Claims level adjustment amounts cannot exceed 9999999.99				
216	2320	AMT	02	Monetary Amount	Other payers per day limit amounts cannot exceed 9999999.99				
265	Service Line Number 2400				Check the <i>Conditions for Splitting Claims</i> grid that is posted on the Administrative Simplifications page of this web site – www.wahealthcareforum.org/adminsimp/Claims_Process/splitclaims.a sp				
268	2400	SV3	02	Monetary Amount	Line Item Charge Amounts cannot exceed 9999999.99				
288	2400	NTE	01	Note Reference Code	Will accept any				
288	2400	NTE	02	Description	While this is not a required loop, to speed adjudication of your claim, the following are suggested uses for this segment. <ul style="list-style-type: none"> • Per I.G. "Required if submitter used a "not otherwise classified" (NOC) procedure code on this service line (use ADD in NTE01), otherwise, use at providers discretion". • To provide an appropriate description of a procedure reported with an unspecified CPT/HCPC Code. • To give a brief justification of the use of Modifier 22 			To note units if quantity exceeds 999 in SV104	

APPENDIX

Sample 837 Dental Scenario

Sample 837 — Dental Claim

ISA*00* *00* *ZZ*133052274 *ZZ*910621480 *031007*1647*U*00401*000000001*0*T*::~~
 GS*HC*133052274*910621480*20031007*1647*1*X*004010X097A1~
 ST*837*000000004~
 BHT*0019*00*000000004*20031008*1647*CH~
 REF*87*004010X097A1~
 NM1*41*2*WEBMD*****46*133052274~
 PER*IC*WEBMD CUSTOMER SOLUTIONS*TE*8005556592~
 NM1*40*2*WASHINGTON DENTAL*****46*91062~
 HL*1*20*1~
 PRV*BI*ZZ*1223G0001X~
 NM1*85*1*SMITH*OTTO****34*232323232~
 N3*19999 MAIN STREET~
 N4*MONROE*WA*98272~
 REF*1E*5555~
 REF*LU*4444999000~
 REF*G5*ASC9~
 HL*2*1*22*1~
 SBR*P**123456***6***CI~
 NM1*IL*1*WONDERLAND*ALICE****MI*454545454~
 N3*222 GREEN ACERS~
 N4*REDMOND*WA*98053~
 DMG*D8*19651111*F~
 NM1*PR*2*WASHINGTON DENTAL*****PI*91062~
 REF*FY*NOCD~
 HL*3*2*23*0~
 PAT*01~
 NM1*QC*1*WONDERLAND*DAN~
 N3*222 GREEN ACERS~
 N4*REDMOND*WA*98053~
 DMG*D8*19610326*M~
 CLM*7839*332***11::1*Y*C*Y*Y~
 DTP*472*D8*20031006~
 REF*D9*100703500482400~
 NM1*82*1*FEELGOOD*TOM*****24*777888999~
 REF*G2*08682~
 LX*1~
 SV3*AD:D0140*61*11***1~
 LX*2~
 SV3*AD:D0220*17*11***1~
 LX*3~
 SV3*AD:D7210*254*11***1~
 TOO*JP*30~
 SE*41*000000004~
 ST*837*000000005~

BHT*0019*00*000000005*20031008*1647*CH~
 REF*87*004010X097A1~
 NM1*41*2*WEBMD*****46*133052274~
 PER*IC*WEBMD CUSTOMER SOLUTIONS*TE*8005556592~
 NM1*40*2*WASHINGTON DENTAL*****46*91062~
 HL*1**20*1~
 PRV*BI*ZZ*1223G0001X~
 NM1*85*1*HOPPER*DONALD****34*131313131~
 N3*333 MAIN STREET~
 N4*BOTHELL*WA*98011~
 REF*1E*1234~
 REF*LU*6666668000~
 REF*G5*ASC7~
 HL*2*1*22*0~
 SBR*P*18*5930***6***CI~
 NM1*IL*1*BATES*JERRY****MI*484848484~
 N3*444 MAIN STREET~
 N4*BELLEVUE*WA*98004~
 DMG*D8*19450607*M~
 NM1*PR*2*WASHINGTON DENTAL*****PI*91062~
 REF*FY*NOCD~
 CLM*16133*348***11::1*Y*C*Y*Y~
 DTP*472*D8*20031006~
 REF*D9*100703500482500~
 NM1*82*1*GUMS*GOOD****24*333222444~
 REF*G2*08682~
 LX*1~
 SV3*AD:D0140*61*11***1~
 LX*2~
 SV3*AD:D0220*17*11***1~
 LX*3~
 SV3*AD:D0230*16*11***1~
 LX*4~
 SV3*AD:D7210*254*11***1~
 TOO*JP*30~
 SE*37*000000005~
 ST*837*000000010~
 BHT*0019*00*000000010*20031008*1647*CH~
 REF*87*004010X097A1~
 NM1*41*2*WEBMD*****46*133052274~
 PER*IC*WEBMD CUSTOMER SOLUTIONS*TE*8005556592~
 NM1*40*2*WASHINGTON DENTAL*****46*91062~
 HL*1**20*1~
 PRV*BI*ZZ*1223G0001X~
 NM1*85*1*SANATRA*FRANK*B***34*353535353~
 N3*123 MUSIC STREET~

N4*FALL CITY*WA*98024~
 REF*1E*2259~
 REF*LU*5555566020~
 REF*G5*AS0G~
 HL*2*1*22*1~
 SBR*P**4400***1***CI~
 NM1*IL*1*FLINTSTON*FRED*R***MI*787878787~
 N3*222 RUBLE ROAD~
 N4*KIRKLAND*WA*98033~
 DMG*D8*19590901*M~
 NM1*PR*2*WASHINGTON DENTAL*****PI*91062~
 REF*FY*NOCD~
 HL*3*2*23*0~
 PAT*01***N~
 NM1*QC*1*FLINSTON*PEBBLES*M~
 N3*222 RUBLE ROAD~
 N4*KIRKLAND*WA*98033~
 DMG*D8*19591215*F~
 CLM*012293*153***11::1*Y*C*Y*Y~
 DTP*472*D8*20031006~
 REF*D9*100703500483400~
 NM1*82*1*WHITETEETH*TOM*B***24*353535353~
 PRV*PE*ZZ*1223G0001X~
 REF*G2*999950083~
 SBR*S*18*123456789*****MB~
 CAS*CO*42*18~
 AMT*D*135~
 DMG*D8*19591215*F~
 OI***Y***Y~
 NM1*IL*1*FLINTSTON*PEBBLES*M***MI*616161616~
 N3*222 RUBLE ROAD~
 N4*KIRKLAND*WA*98033~
 NM1*PR*2*STANDARD INSURANCE*****PI*06126~
 REF*FY*NOCD~
 LX*1~
 SV3*AD:D2391*153*11***1~
 TOO*JP*14*O~
 DTP*472*D8*20030915~
 SE*49*000000010~
 GE*3*1~
 IEA*1*000000001~