

**HM Benefits Administrators
HIPAA EDI Reference Guide**

DENTAL CLAIM (837D)

VERSION 1.1



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1.0 Dental Claims (837D)

The 837 D transaction is utilized for dental claims and encounters. The national transaction set implementation guide and Addenda dated 10/2002 named in the HIPAA Administrative Simplification Electronic Transaction rule is the primary source for definitions, data usage, and requirements. This companion document contains clarifications and payer-specific requirements related to data usage and content when submitting an 837 D to HM Benefits Administrators, hereafter known as “The Organization”, based on the national 837 D implementation guide.

The Organization accepts electronic claims for payment. The payer is identified by the EIN in the 2010BC destination payer loop of this transaction. At this time, the payer must also be identified in the GS03 element of the GS Functional Group Header due to internal routing requirements. The EIN must also be used for the interchange receiver (ISA08) in the ISA Interchange Control Header, and the transaction receiver (NM109) in the 1000B Receiver Name loop of the transaction.

The health care payer and corresponding codes represented in Sections 8.1 and 8.2 of this guide are:

- HM Benefits Administrators - 25-1128451

1.1 General Information and Guidelines for Submitting an 837D

The 997 (functional acknowledgement) will be based on levels 1-4. Codes that are not HIPAA compliant will be denied.

1.2 Data that is Not Used

While the claim information listed below can be (and in some instances must be) contained in a standard claim transaction, the Organization's processing does not currently use the following information:

1. 2000A: *Foreign Currency Information (CUR)*.
2. 2010AA: *Billing Provider Secondary Identification (REF), Claim Submitter Credit/Debit Card Information (REF)*.
3. 2010AB: *Pay-To Provider Name*.
4. 2010BA: *Property and Casualty Number (REF)*.
5. 2010BB: *Payer Address (N3), Payer City/State/Zip Code (N4), Payer Secondary Identification (REF)*.
6. 2010BC: *Credit/Debit Card Holder Name Loop*.
7. 2010CA: *Patient Address (N3), Patient/City/State/Zip Code (N4), Patient Secondary Identification (REF), Property and Casualty Claim Number (REF)*. The Organization will use address information on file.
8. 2300: *Date – Referral (DTP), Orthodontic Total Months of Treatment (DN1), Tooth Status (DN2), Claim Supplemental Information (PWK), Credit/Debit Card - Maximum Amount (AMT), Predetermination Identification (REF), Service Authorization Exception Code (REF), Original Reference Number (ICN/DCN) (REF), Referral Identification (REF), Claim Identification Number for Clearinghouses and Other Transmission Intermediaries (REF), Claim Note (NTE)*.
9. 2310A: *Referring Provider Loop*.
10. 2310B: *Rendering Provider Secondary Identification (REF)*.
11. 2310C: *Service Facility Location Secondary Identification (REF)*.
12. 2310D: *Assistant Surgeon Name*
13. 2320: *Coordination of Benefits [COB] Allowed Amount (AMT), Coordination of Benefits [COB] Patient Responsibility Amount (AMT), Coordination of Benefits [COB] Covered Amount (AMT), Coordination of Benefits [COB] Discount Amount (AMT), Coordination of Benefits [COB] Patient Paid Amount (AMT), Other Insurance Coverage Information (OI)*.
14. 2330A: *Other Subscriber Name Loop*.

15. 2330B: *Other Payer Contact Information (PER), Claim Paid Date (DTP), Other Payer Secondary Identifier (REF), Other Payer Referral Number (REF), Other Payer Claim Adjustment Indicator (REF).*
16. 2330C: *Other Payer Patient Identification (REF).*
17. 2330D: *Other Payer Referring Provider Loop.*
18. 2330E: *Other Payer Rendering Provider Loop.*
19. 2400: *Date - Replacement (DTP), Anesthesia Quantity (QTY), Service Predetermination Identification (REF), Referral Number (REF), Sales Tax Amount (AMT), Line Note (NTE).*
20. 2420A: *Rendering Provider Secondary Identification (REF).*
21. 2420B: *Other Payer Referral Number Loop.*
22. 2420C: *Assistant Surgeon Name.*
23. 2430: *Line Adjudication Date (DTP).*

1.3 Data Details for 837D

The following segment references are clarifications and payer-specific requirements related to data usage and content.

Segment: **GS Functional Group Header**

Loop:

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Data Element Summary

Ref Des	Element Name	Element Note
GS02	Application Sender's Code	Sender's assigned trading partner number
GS03	Application Receiver's Code	

Segment: NM1 Submitter Name

Loop: 1000A

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Data Element Summary

Ref Des	Element Name	Element Note
NM109	Submitter Identifier	The Electronic Transmitter Identification Number (ETIN) is established by a trading partner agreement. Contact the Organization to get the ETIN number to use in this element.

Segment: NM1 Submitter Name

Loop: 1000B

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Data Element Summary

Ref Des	Element Name	Element Note
NM109	Receiver Primary Identifier	The Electronic Transmitter Identification Number (ETIN) is established by a trading partner agreement. Contact the Organization to get the ETIN number to use in this element.

Segment: PRV Provider Specialty Information

Loop: 2000A Billing/Pay-To Provider

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Note: The Organization will **require the taxonomy code** be populated.

Segment: NM1 Billing Provider Name

Loop: 2010AA Billing Provider Name

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Note: The Organization will require usage of this loop be limited to Health Care Providers only.

Segment: NM1Payer Name

Loop: 2010BC

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Data Element Summary

Ref Des	Element Name	Element Note
NM109	Payer Identifier	This segment should contain the Organization's EIN number.
