DentaQuest, LLC.
837 Dental Companion Guide

For X12N 837 (version 4010A1) 081309
Health Care Claim Submission Implementation Guide

DentaQuest

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1.0 Introduction

Section 1.1 What Is HIPAA?

The Administrative Simplification provisions of the Health Insurance Portability and Accountability Act of 1996 (HIPAA, Title II) required the Department of Health and Human Services to establish national standards for electronic healthcare transactions and national identifiers for providers, health plans, and employers. HIPAA also addresses the security and privacy of health data. Adopting standards will eventually improve the efficiency and effectiveness of the nation's healthcare system by encouraging the widespread use of electronic data interchange in healthcare. The intent of the law is that all electronic transactions, for which standards are specified, must be conducted according to the standards. The standards were not imposed by the law, but instead were developed by a process that included significant public and private sector input. Covered entities are required to accept these transmissions in the standard format in which they are sent and must not delay a transaction or adversely affect an entity that wants to conduct the transactions electronically.

Additional HIPAA Requirements

- Privacy: Standards must be adopted by all health plans, clearinghouses, and providers to ensure the protection and appropriate disclosure of individually identifiable health information.
- Security: Standards must be adopted by all health plans, clearinghouses, and providers to ensure the integrity and confidentiality of healthcare information. The security rule addresses healthcare information in all types of media, including hard copy and electronic.
- National Identifier Codes: Standards must be adopted by all health plans, clearinghouses, and providers regarding unique identifiers for providers, plans, employers, and individuals (beneficiaries).
- Enforcement: The Office of Civil Rights has been appointed to enforce the privacy rule and has been given the authority to levy penalties for compliance failures. CMS has been designated to monitor the transaction and code sets compliance.

Although this Companion Guide deals with only one aspect of the entire “Administrative Simplification” provision, it is worth noting that all covered entities (health plans, clearinghouses, and providers) and their business partners are required to adhere to all aspects of the provision.

Section 1.2 Purpose of the Implementation Guide

The Implementation Guide specifies in detail the required formats for the electronically submitted transaction from a provider to an insurance company, healthcare payer or government agency. The Implementation Guide contains requirements for the use of specific segments and specific data elements within the segments, and was written for all healthcare providers and other submitters. It is critical that your software vendor or IT staff review this document carefully and follow its requirements to submit HIPAA-compliant files.

Section 1.3 How to Obtain Copies of the Implementation Guides

The implementation guides for X12N 837 Version 4010A1 and all other HIPAA standard transactions are available electronically at www.wpc-edi.com/HIPAA

Section 1.4 Purpose of this Companion Guide

This Companion Guide was created for trading partners to supplement the 837D Implementation Guide. It contains specific information for the following:

- data content, codes, business rules, and characteristics of the transaction;
- technical requirements and transmission options; and
- information on test procedures that each Trading Partner must complete prior to submitting production 837D transactions to DentaQuest.

This guide is specific to electronic interfaces with DentaQuest. The information in this guide supersedes all previous communications from DentaQuest about this electronic transaction.

Section 1.5 Intended Audience

The Companion Guide transaction document is intended for the technical staff of the external entities that will be responsible for the electronic transaction/file exchanges with DentaQuest. The Companion Guide is available to external entities (providers, third party processors, clearinghouses, and billing services) to clarify the information on HIPAA-compliant electronic interfaces with DentaQuest.

Section 1.6 Introduction to the 837 Dental Healthcare Claims Transaction

The 837 transactions under HIPAA is the standard for electronic exchange of information between two parties to carry out financial activities related to a health care claim. The health care claim or equivalent encounter information transaction is the transmission of either of the following:

- A request to obtain payment, and the necessary accompanying information from a health care provider to a health plan, for health care.
- If there is no direct claim, because the reimbursement contract is based on a mechanism other than charges or reimbursement rates for specific services, the transaction is the transmission of encounter information for the purpose of reporting health care.

The 837 Health Care Claim transaction set can be used to submit health care claim billing information, encounter information, or both. It can be sent from providers of health care services to payers, either directly or via intermediary billers and claims clearinghouses. It can also be used to transmit health care claims and billing payment information between payers with different payment responsibilities where coordination of benefits are required or between payers and regulatory agencies to monitor the rendering, billing, and/or payment of health care services within a specific health care/insurance industry segment. For purposes of this standard, providers of health care products or services may include entities such as physicians, hospitals and other medical facilities or suppliers, dentists and pharmacies and entities providing medical information to meet regulatory requirements. The payer refers to a third party entity that pays claims or administers the insurance benefit. A regulatory agency is an entity responsible, by law or rule, for administering and monitoring a statutory benefits program or a specific health care/insurance industry segment.

This document consists of situational fields for the following transaction type that are required for processing DentaQuest Medicaid Dental claims; however, this document is not the complete EDI transaction format. This companion guide is based on the transaction implementation guide, version:

Dental Transaction ASC X12N 837(004010X097A1)

2.0 Trading Partners

Section 2.1 General Overview

All entities desiring to be a Trading Partner must sign a Trading Partner Agreement (TPA) and will be requested to complete a Trading Partner Profile Form for each business entity. To obtain the TPA and Profile Form please contact Customer Service at 1-800-341-8478. Please note that the profile information may be given over the telephone in lieu of completing a paper form. DentaQuest will assign a Trading Partner ID for your use in electronic transaction exchange and login into DentaQuest's Trading Partner Web Portal.

Section 2.2 Establishing Connectivity

DentaQuest will maintain various methods of exchanging EDI information. DentaQuest has created a Trading Partner Web Portal to allow trading partners to exchange Dental Claim transactions and this is the preferred method of facilitating EDI exchange. The portal allows a Trading Partner to submit and receive transactions. Outgoing transmissions, including all response transactions and functional acknowledgments will be available only through the Trading Partner Web Portal. Other Trading Partner submission methods include SSL FTP. Contact Customer Service at 1-800-341-8478 with questions about these options.

Encryption is handled automatically as part of SSL (Secured Socket Layer) for the Web Portal or FTP session upon login. Data that pass through the SSL session are encrypted using a 128-bit algorithm and managed via The Verisign $_{tm}$ Secure Site Program.

Section 2.3 Trading Partner Testing

Prior to submitting production 837D claims, the Trading Partner must complete testing. Testing includes HIPAA compliance as well as validating the use of conditional, optional and mutually defined components of the transaction. Contact Customer Service at 1-800-341-8478 to discuss the transmission method, testing process and criteria.

- Test files should contain as many types of claims as necessary to cover each of your business scenarios (original claims, void claims, replacement claims (see Section 6.0 for specific data requirements).

DentaQuest will process these test claims in a test environment to validate that the file meets HIPAA standards and specific data requirements. Once the testing phase is complete and DentaQuest has given its approval, the Trading Partner may submit production 837D transactions to DentaQuest for adjudication. Test claims will not be adjudicated.

3.0 Technical Requirements

Section 3.1 File Size

For 837D transactions, DentaQuest is imposing a limit of 50,000 claim transactions per submission. If you have any questions or would like to coordinate the processing of larger files, please contact Customer Service at 1-800-207-5019.

Section 3.2 Naming Convention

Trading Partner Web Portal users may use any convenient file naming convention for their 837D files claims transmitted to DentaQuest. DentaQuest's system will rename files upon receipt and issue a confirmation number for reference. FTP submitted files must adhere to the following naming convention:

Naming Convention: **P837D_20001_20061010_001**
P – indicates whether this is a production or test (**T**) file
837D – indicates the transaction type
200001 – indicates the 6 digit trading partner ID
20061023 – indicates the date the file was sent (YYYYMMDD)
001 – indicates the sequence number of the file, incremented for subsequent submissions on the same day

Section 3.3 Multiple Transactions Types In a File

DentaQuest does not allow multiple transaction types to be submitted within a single file submission. While the X12 standards do support the handling of multiple transaction set types to be submitted in a single file (ex. 837D and 276), DentaQuest will not support transaction bundling within a file. Transactions types must be sent separately.

Section 3.4 Balancing Data Elements

DentaQuest will use any balancing requirements that can be derived from the transaction implementation guides. All financial amount fields must be balanced at all levels available within the transaction set. The number of transactions in the header and footer must equal and be the same as the number of transactions in the file.

4.0 Acknowledgments

Section 4.1 Functional Acknowledgment Transaction Set (997)

DentaQuest uses the 997 transaction to acknowledge receipt of 837D files. The 997 acknowledgements will be available for download from the Trading Partner Web Portal.

The 997 Functional Acknowledgment Transaction is designed to check each functional group in an interchange for data and syntax errors and send results back to the sending trading partner. The 997 can accept or reject records at the functional group, transaction set, or data element level. DentaQuest's 997 Functional Acknowledgment Transaction will report acceptance or rejection at the functional group and transaction set levels.

5.0 Support Contact Information

DentaQuest Customer Service phone number: 1-800-341-8478.
Email: eclaims@DentaQuest.com

6.0 Specific Data Requirements

The following sections outline recommendations, instructions and conditional data requirements for submitting 837D transactions to DentaQuest.

Section 6.1 Claim Attachments

An electronic standard for claim attachments has not been finalized by the Centers for Medicare and Medicaid Services (CMS). Until then, DentaQuest has an alternative method for handling electronic claims that require attachments. If you are enrolled and are using the service offered by National Electronic Attachments (NEA), DentaQuest can accept the assigned NEA control/tracking number when reported in the notes segment (NTE segment). For more information about using NEA to submit electronic attachments contact Customer Service at 1-800-207-5019 or you may contact NEA directly at www.nea-fast.com or 1-800-482-5150.

Section 6.2 Predeterminations

DentaQuest will not accept Predetermination of Benefits Claims.

Section 6.3 Coordination of Benefits (COB) Claims

Submit by paper with primary carrier explanation of benefits attached.

Section 6.4 Void Transactions

Void transactions are used by submitters to correct any of the following situations:

- Duplicate claim erroneously paid
- Payment to the wrong provider
- Payment for the wrong member
- Payment for overstated or understated services
- Payment for services for which payment has been received from third-party payers

Void transactions must be submitted for each service line at a time. For example, if a provider wishes to void a claim that was originally submitted with three service lines, the provider must submit three void transactions. Each transaction is for one of the service lines and must include the original generated DentaQuest Claim Encounter Number (CLP07 from the 835 or Encounter # from paper remittance advice)

Section 6.5 Detail Data

Submitters can view the entire set of required data elements in the 837D Implementation Guide. It is recommended that submitters pay special attention to the following segments:

6.5.01 Control Segments

X12N EDI Control Segments
ISA-Interchange Control Header Segment
IEA-Interchange Control Trailer Segment
GS-Functional Group Header Segment
GE-Functional Group Trailer Segment
TA1-Interchange Acknowledgment Segment

6.5.02 ISA – Interchange Control Header segment

Reference	Definition	Values
ISA01	Authorization Information Qualifier	00
ISA02	Authorization Information	[space fill]
ISA03	Security Information Qualifier	00
ISA04	Security Information	[space fill]
ISA05	Interchange ID Qualifier	ZZ
ISA06	Interchange Sender ID	[DentaQuest-assigned 6 digit Trading Partner ID]
ISA07	Interchange ID Qualifier	ZZ
ISA08	Interchange Receiver ID	DDS391933153
ISA09	Interchange Date	The date format is YYMMDD
ISA10	Interchange Time	The time format is HHMM
ISA11	Interchange Control Standards Identifier	U
ISA12	Interchange Control Version Number	00401
ISA13	Interchange Control Number	Must be identical to the interchange trailer IEA02
ISA14	Acknowledgment Request	1
ISA15	Usage Indicator	T=Test P=Production
ISA16	Component Element Separator	: (Colon)

6.5.03 IEA – Interchange Control Trailer

Reference	Definition	Values
IEA01	Number of included Functional Groups	Number of included Functional Groups
IEA02	Interchange Control Number	Must be identical to the value in ISA013

6.5.04 GS-Functional Group Header

Reference	Definition	Values
GS02	Application Sender's Code	Must be identical to the values in ISA06
GS03	Application Receiver's Code	DDS391933153
GS04	Date	The date format is CCYYMMDD
GS05	Time	The time format is HHMM
GS06	Group Control Number	Assigned and maintained by the sender
GS07	Responsible Agency Code	X
GS08	Version/Release/Industry Identifier Code	004010X097A1 (Addenda Versions must be used)

6.5.05 GE-Functional Group Trailer

Reference	Definition	Values
GE01	Number of Transactions Sets Included	Number of Transaction Sets Included
GE02	Group Control Number	Must be identical to the value in GS06

6.5.06 Preferred Delimiters

Definition	ASCII	Decimal	Hexadecimal
Segment Separator	~	123	7E
Element Separator	*	42	2A
Compound Element Separator	:	58	3A

6.5.07 Segment Definitions

ISA - Communications transport protocol interchange control header segment. This segment within the X12N implementation guide identifies the start of an interchange of zero or more functional groups and interchange-related control segments. This segment may be thought of traditionally as the file header record.

IEA - Communications transport protocol interchange control trailer segment. This segment within the X12N implementation guide defines the end of an interchange of zero or more functional groups and interchange -related control segments. This segment may be thought of traditionally as the file trailer record.

GS - Communications transport protocol functional group header segment. This segment within the X12N implementation guide indicates the beginning of a functional group and provides control information concerning the batch of transactions. This segment may be thought of traditionally as the batch header record.

GE - Communications transport protocol functional group trailer segment. This segment within the X12N implementation guide indicates the end of a functional group and provides control information concerning the batch of transactions. This segment may be thought of traditionally as the batch trailer record.

ST - Communications transport protocol transaction set header segment. This segment within the X12N implementation guide indicates the start of the transaction set and assigns a control number to the transaction. This segment may be thought of traditionally as the claim header record.

SE - Communications transport protocol transaction set trailer. This segment within the X12N implementation guide indicates the end of the transaction set and provides the count of transmitted segments (including the beginning (ST) and ending (SE) segments). This segment may be thought of traditionally as the claim trailer record.

6.5.08 837 Dental Healthcare Claim Transaction

Special attention should be given to the following required segment detail.

Field Definition

Column

A The name of the loop as documented in the appropriate 837 Implementation Guide.
B Loop ID used to identify a group of segments that are collectively repeated in a serial fashion up to a specified maximum number of times as documented in the appropriate 837 Implementation Guide.
C The field position number and segment number as specified in the appropriate 837 Implementation Guide.
D The data element name and page number as indicated in the appropriate 837 Implementation Guide.
E The Values and Comments further describe the appropriate 837 Implementation Guide Field data that DentaQuest will accept for processing a claim.

Loop Name	Loop ID	837 Field Position & Segment	837 Data Element Name & Page Number from Imp Guide	Valid Values & Comments
A	**B**	**C**	**D**	**E**
Beginning of Hierarchical Transaction		010-BHT02	Transaction Set Purpose Code Pg 55	'00' Original
Beginning of Hierarchical Transaction		010-BHT-06	Transaction Type Code Pg 56	'CH' Chargeable
Submitter Name	1000A	020-NM109	Identification Code Pg 61	[DentaQuest assigned 6 digit Trading Partner ID]
Submitter Contact Information	1000A	020-PER05	Communication Number Pg 65	'TE' Telephone
Receiver Name	1000B	020-NM103	Name Last or Organization Pg 67	DentaQuest

Loop Name	Loop ID	837 Field	837 Data Element	Valid Values &

		Position & Segment	Name & Page Number from Imp Guide	Comments
A	**B**	**C**	**D**	**E**
Receiver Name	1000B	020-NM109	Identification Code Pg 67	DDS391933153
Billing Provider Name	2010AA	015-NM101	Entity Identifier Code Pg 77	'85' Billing Provider
Billing Provider Name	2010AA	015-NM102	Entity Type Qualifier Pg 77	'1' Person '2' Non-Person Entity
Billing Provider Name	2010AA	015-NM103	Billing Provider Name Pg 77	Last Name or Organizational Name
Billing Provider Name	2010AA	015-NM104	Billing Provider Name Pg 77	If NM102= 1, First Name
Billing Provider Name	2010AA	015-NM108	Identification Code Qualifier Pg 78	'XX' National Provider Identifier
Billing Provider Name	2010AA	015-NM109	Identification Code Pg 78	Billing Provider National Provider Identifier
Billing Provider Address	2010AA	025-N301	Address Information Pg 80	Rendering Location Address Line
Billing Provider City/State/Zip Code	2010AA	030-N401	City Name Pg 81	Rendering Location City Name
Billing Provider City/State/Zip Code	2010AA	030-N402	State or Province Code Pg 82	Rendering Location State
Billing Provider City/State/Zip Code	2010AA	030-N403	Postal Code Pg 82	Rendering Location Zip Code (report Zip plus 4)
Billing Provider Secondary Identification Number	2010AA	035-REF01	Reference Identification Qualifier Pg 84	'TJ' Federal Taxpayer's Identification or 'SY' Social Security Number or 'EI' Employer Identification Number
Billing Provider Secondary Identification Number	2010AA	035-REF02	Reference Identification Pg 84	Federal Taxpayer's Identification or Social Security Number or Employer Identification Number

Loop Name	Loop ID	837 Field Position & Segment	837 Data Element Name & Page Number from Imp Guide	Valid Values & Comments
A	B	C	D	E
Pay to Provider's Name	2010AB	015-NM101	Entity Identifier Code Pg 88	'87' Pay-to-Provider
Pay to Provider's Name	2010AB	015-NM102	Entity Type Qualifier Pg 88	'1' – Person '2' – Non-Person Entity
Pay to Provider's Name	2010AB	015-NM103	Name Last or Organization Name Pg 88	Pay-to-Provider Last Name or Organization Name
Pay to Provider's Name	2010AB	015-NM104	Name First Pg 88	If NM102=1, Pay-to-Provider First Name
Pay to Provider's Name	2010AB	015-NM108	Identification Code Qualifier Pg 89	'XX' National Provider Identifier
Pay to Provider's Name	2010AB	015-NM109	Identification Code Pg 89	Pay-to-Provider National Provider Identifier. If this segment is not submitted, the billing provider NPI from 2010AA is used as the pay-to-provider
Pay to Provider's Address	2010AB	025-N301	Address Information Pg 91	Pay-to Provider Address Line
Pay to Provider City/State/Zip	2010AB	030-N401	City Name Pg 92	Pay-to Provider City
Pay to Provider City/State/Zip	2010AB	030-N402	State or Province Code Pg 93	Pay-to-Provider State
Pay to Provider City/State/Zip	2010AB	030-N403	Postal Code Pg 93	Pay-to-Provider Zip Code (report Zip plus 4)
Pay to Provider Secondary Identification	2010AB	035-REF01	Reference Identification Qualifier Pg 95	'TJ' Federal Taxpayer's Identification Number of 'SY' Social Security Number or 'EI' Employer Identification Number
Pay to Provider Secondary Identification	2010AB	035-REF02	Reference Identification Qualifier Pg 95	Federal Taxpayer's Identification Number or Social Security Number or Employer Identification Number

Loop Name	Loop ID	837 Field Position & Segment	837 Data Element Name & Page Number from Imp Guide	Valid Values & Comments
A	B	C	D	E
Subscriber Hierarchical Level	2000B	001-HL04	Hierarchical Level Page 97	0-No Subordinate HL Segment in the Hierarchical Structure
Subscriber Information	2000B	005-SBR01	Payer Responsibility Sequence Number Code Pg 99	T-Tertiary
Subscriber Information	2000B	005-SBR09	Claim Filing Indicator Code Pg 102	'MC' Medicaid
Original Reference Number	2300	180-REF01	Reference Identification Qualifier Pg 180	'F8' Original Reference Number
Original Reference Number	2300	180-REF02	Claim Original Reference Number Pg 180	For Claim Frequency Type Code 7 (Replacement Claim) or 8 (Void), report original DentaQuest Encounter Identification Number (CLP07 from the 835 or Encounter # from paper remittance)
Rendering Provider Name	2310B	250-NM101	Entity Identifier Code Pg 196	'82' Rendering Provider
Rendering Provider Name	2310B	250-NM102	Entity Type Qualifier Pg 196	'1' Person
Rendering Provider Name	2310B	250-NM103	Name Last or Organization Name Pg 196	Rendering Provider Last Name
Rendering Provider Name	2310B	250-NM104	Name First Pg 196	Rendering Provider First Name
Rendering Provider Name	2310B	250-NM108	Identification Code Qualifier Pg 197	'XX' National Provider Identifier
Rendering Provider Name	2310B	250-NM109	Identification Code Pg 197	Rendering Provider National Provider Identifier. If this segment is not submitted, the billing provider NPI number from 2010AA is used as the rendering provider.

Loop Name	Loop ID	837 Field Position & Segment	837 Data Element Name & Page Number from Imp Guide	Valid Values & Comments
A	**B**	**C**	**D**	**E**
Service Facility Location	2310C	250-NM108	Identification Code Qualifier Pg 204	XX' Health Care Financing Administration National Provider Identifier
Service Facility Location	2310C	250-NM109	Identification Code	NPI reflecting rendering location if you have enumerated. (Typically the Subpart NPI)

7.0 APPENDIX A: LINKS TO ONLINE HIPAA RESOURCES

The following is a list of online resources that may be helpful.

Accredited Standards Committee (ASC X12)

- ASC X12 develops and maintains standards for inter-industry electronic interchange of business transactions. www.x12.org

American Dental Association (ADA)

- The Dental Content Committee develops and maintains standards for the dental claims form and dental procedures codes. www.ada.org

Association for Electronic Health Care Transactions (AFEHCT)

- A healthcare association dedicated to promoting the interchange of electronic healthcare information. www.afehct.org

Centers for Medicare and Medicaid Services (CMS)

- CMS, formerly known as HCFA, is the unit within HHS that administers the Medicare and Medicaid programs. CMS provides the Electronic Health Care Transactions and Code Sets Model Compliance Plan at www.cms.gov/hipaa/hipaa2/.
- This site is the resource for Medicaid HIPAA information related to the Administrative Simplification provision. www.cms.gov/medicaid/hipaa/adminsim

Designated Standard Maintenance Organizations (DSMO)

- This site is a resource for information about the standard setting organizations, and transaction change request system. www.hipaa-dsmo.org

Office for Civil Rights (OCR)

- OCR is the office within Health and Human Services responsible for enforcing the Privacy Rule under HIPAA. www.hhs.gov/ocr/hipaa

United States Department of Health and Human Services (DHHS)

- This site is a resource for the Notice of Proposed Rule Making, rules and other information about HIPAA. www.aspe.hhs.gov/admnsimp

Washington Publishing Company (WPC)

- WPC is a resource for HIPAA-required transaction implementation guides and code sets. The WPC website is www.wpc-edi.com/HIPAA

Workgroup for Electronic Data Interchange (WEDI)

- WEDI is a workgroup dedicated to improving health care through electronic commerce, which includes the Strategic National Implementation Process (SNIP) for complying with the administrative-simplification provisions of HIPAA. www.wedi.org