Chapter 7 Companion Guide 837 Dental

This companion guide for the ASC X12N 837 Dental Healthcare Claim transaction has been created for use in conjunction with the *ASC X12N 837 004010A1* Dental Healthcare Claim Implementation Guide. It should not be considered a replacement for the *ASC X12N 837 004010A1* Dental Healthcare Claim Implementation Guide, but rather used as an additional source of information.

Reference Information

The implementation guide for the ASC X12 837 004010A1 Healthcare Claim: Dental is available through the Washington Publishing Company, www.wpc-edi.com.

Instructions for Texas specific requirements are also provided in Chapter 3 Texas Workers' Compensation Requirements. When the application for Texas workers' compensation is different than the HIPAA implementation, it is identified in the following table:

Loop	Segment or Element	Value	Description	Texas Workers' Compensation Instructions
	BHT		**Beginning of Hierarchical Transaction**	
	BHT06	CH	Claim or Encounter Identifier	Value must be 'CH' Chargeable.
1000A	**PER**		**Submitter Contact Information**	
	PER03	TE	Communication Number Qualifier	Value must be 'TE' Telephone Number.
	PER04		Communication Number	Value must be the Telephone Number of the submitter.
2010AA	**REF**		**Billing Provider Secondary Identifiers**	Required when the billing provider is a licensed health care provider.
	REF01	0B	Reference Identification Qualifier	One occurrence of this REF Segment must have a value '0B' – State License Number.
	REF02		Reference Identification	State License Number
2010AB	**REF**		**Pay-to Provider Secondary Identifiers**	Required when the Pay-to-Provider is a licensed health care provider.
	REF01	0B	Reference Identification Qualifier	One occurrence of this REF Segment must have a value '0B' – State License Number.
	REF02		Reference Identification	State License Number
2000B	**HL**		**Subscriber Hierarchical Level**	In Workers' Compensation, the Subscriber is the Employer
2000B	**SBR**		**Subscriber Information**	In Workers' Compensation, the Subscriber is the Employer
	SBR01	P	Payer Responsibility Sequence Number Code	Value must be 'P' -Primary Payer.
	SBR04		Group of Plan Name	Required when the Employer Department Name/Division is applicable and is different than the Employer reported in Loop 2010BA NM103.
	SBR09	WC	Claim Filing Indicator Code	Value must be 'WC' – Workers' Compensation.
2010BA	**NM1**		**Subscriber Name**	In Workers' Compensation, the Subscriber is the Employer. The name will usually be a non-person entity (i.e., an organization or company name).
2000C	**PAT**		**Patient Information**	
	PAT01	20	Patient's Relationship to Insured	Value must be '20' - Employee
2010CA	**NM1**		**Patient Name**	
	NM108	MI	Identification Code Qualifier	Value must be 'MI' – Member Identification Number
	NM109		Primary Identifier	Member Identification Number. Enter patient's ID (if SSN is not available, use driver's license number + jurisdiction, green card number + ZY, visa number + TA, or passport number + ZZ).

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Loop	Segment or Element	Value	Description	Texas Workers' Compensation Instructions
2010CA	REF		Property & Casualty Claim Number	Workers' compensation claim number assigned by the insurance carrier. Required for workers' compensation medical bills submitted electronically.
2300	CLM		Claim Information	
	CLM11-1	EM	Related Cause Codes	Value must be 'EM' - Employment
	CLM11-2	AA OA	Related Cause Codes	Use appropriate code value of 'AA' Automobile Accident or 'OA' Other Accident when reporting that another related cause is present.
2300	PWK		Claim Supplemental Information	Required when submitting attachments related to the medical bill.
	PWK01		Report Type Code	Use appropriate code value or 'OZ' when report is a jurisdictional report.
	PWK02		Report Transmission Code	
	PWK05	AC	Identification Code Qualifier	Value must be 'AC' Attachment Control Number
	PWK06		Attachment Control Number	When report type code is a Jurisdictional Report, providers should enter the Jurisdictional Type Code followed by the Attachment Control Number.
2300	NTE		File Information	Required after January 1, 2009 when submitting a bill that is a duplicate or an appeal.
	NTE01	ADD	Note Reference Code	Value must be 'ADD' – Additional Information
	NTE02		Claim Note Text	Resubmission Condition Code – Required after January 1, 2009 when submitting a bill that is a duplicate or an appeal. Enter the Condition Code Qualifier 'BG' followed by the appropriate resubmission code. 'W2' - Duplicate of Original 'W3' - 1st Level appeal (request for reconsideration or appeal with insurance carrier) 'W4' - 2nd Level appeal (resubmitted after receipt of TDI decision) 'W5' - 3rd Level appeal (resubmitted after receipt of hearing or judicial decision) *Example: BGW3*
2310A	REF		Referring Provider Secondary Identifiers	Required when loop 2310A used.
	REF01	0B	Reference Identification Qualifier	One occurrence of this REF Segment must have a value '0B' – State License Number.
	REF02		Reference Identification	State License Number. When a health care provider does not have a state license number, refer to the Health Care Provider's State License Number Requirement in Chapter 3 of these guides.
2310B	REF		Rendering Provider Secondary Identifiers	Required when loop 2310B used.
	REF01	0B	Reference Identification Qualifier	One occurrence of this REF Segment must have a value '0B' – State License Number.
	REF02		Reference Identification	State License Number.
2310D	REF		Assistant Surgeon Secondary Identification	Required when loop 2310D used.
	REF01	0B	Reference Identification Qualifier	One occurrence of this REF Segment must have a value '0B' – State License Number.
	REF02		Reference Identification	State License Number
2420A	REF		Rendering Provider Secondary Identifiers	Required when loop 2420A used.
	REF01	0B	Reference Identification Qualifier	One occurrence of this REF Segment must have a value '0B' – State License Number.
	REF02		Reference Identification	State License Number.