HEALTHpac 837 Message Elements - Dental

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1 Introduction

1.1 General comments

This document describes the HIPAA 837 dental standard message elements that are or may be used by HEALTHpac.

When reading 837 messages, there are no restrictions on the number of claims in a transaction set or the number of transaction sets in a message other than those dictated by memory limitations of the computer that is running HEALTHpac's X12 Manager.

When creating 837 messages, HEALTHpac will include just one claim in a transaction set. A message may contain more than one transaction set. The maximum number of transaction sets in a message is configurable.

In the following tables, fields that have a fixed identifier when used (for instance, an ID code qualifier that, if used, can only have a single value) are not listed.

The columns contain the following:

- Group name – name of the group of segments in the HIPAA specification
- Item name – name of the element or subelement in the HIPAA specification
- Loop – loop identifier in the HIPAA specification
- Seg– name of the segment in the HIPAA specification
- Pos – position of the element or subelement in the HIPAA specification
- R/S – Required/Situational indicator from the HIPAA spec; "R*" means the item is required if the segment itself is used, though the segment is Situational
- Type – element type (AN = alphanumeric, R = real/decimal, ID = ID code, and so on, following the nomenclature in the X12 specification.)
- HCFA- added form location to each data element
- Max – if the maximum field length differs between the HIPAA specification and Healthpac, the HIPAA value is listed first and the Healthpac value is listed second (e.g., 60/35); otherwise the single (common) length is listed
- Notes – miscellaneous notes about the use of the item. In particular, "**II**" means "**ignored inbound**" (to HEALTHpac), and "**CO**" means "**configurable outbound**" (from HEALTHpac)

HEALTHpac ignores many inbound elements, though syntax checking is done on *all* elements and errors are noted even for elements that HEALTHpac doesn't use.

Elements that are II and that are never transmitted are not listed in this document. Elements that are II but that are transmitted are listed with the appropriate note.

1.2 Related documents

Healthpac HIPAA Message Header Elements describes the elements in the ISA and GS segments.

2 Message Elements

2.1 Header

Group Name	Item name	Loop	Seg	Pos	R/S	Type	HCFA	Max	Notes
Hierarchical txn	Purpose		BHT	02	R	ID		2	II
Hierarchical txn	Originator app ID		BHT	03	R	AN		30	II; CO
Hierarchical txn	Txn set creation date		BHT	04	R	DT		8	II
Hierarchical txn	Txn set creation time		BHT	05	R	TM		8	II
Hierarchical txn	Claim or encounter ID		BHT	06	R	ID		2	II; set to “CH” outbound
Txn type	Transmission type code		REF	02	R	AN		30	II; set to value of GS08
Submitter	Entity type qualifier	1000A	NM1	02	R	AN		1	II; set to “2” outbound
Submitter	Last name	1000A	NM1	03	R	AN		35	II; CO
Submitter	ID code	1000A	NM1	09	R	AN		80/20	II; CO
Submitter EDI contact	Contact name	1000A	PER	02	R	AN		60	II; CO
Submitter EDI contact	Communication number qualifier	1000A	PER	03	R	ID		2	II, CO
Submitter EDI contact	Communication number	1000A	PER	04	R	AN		80/10	II; CO
Receiver	Last name	1000B	NM1	03	R	AN		35	II; CO
Receiver	Primary ID	1000B	NM1	09	R	AN		80/20	II; CO

Inbound if more than one PER segment for the submitter EDI contact is sent, only the first one is used; outbound only one segment is sent.

2.2 Info Source

Group Name	Item name	Loop	Seg	Pos	R/S	Type	HCFA	Max	Notes
Billing Provider	Organization Name	2010AA	NM1	03	R	AN	21	35/60	When NM102 = 2
Billing Provider	Last name	2010AA	NM1	03	R	AN	21	35/20	When NM102 = 1
Billing Provider	First name	2010AA	NM1	04	S	AN	21	25/15	When NM102 = 1
Billing Provider	Middle name	2010AA	NM1	05	S	AN	21	25/1	When NM102 =1
Billing Provider	ID code qualifier	2010AA	NM1	08	R	ID		2	“34” or “24”
Billing Provider	ID code	2010AA	NM1	09	R	AN	24	80/9	
Billing Provider	Address	2010AA	N3	01	R	AN	22	55/35	
Billing Provider	Address	2010AA	N3	02	S	AN	22	55/35	
Billing Provider	City name	2010AA	N4	01	R	AN	23	30	
Billing Provider	State Name	2010AA	N4	02	R	ID	23	2	
Billing Provider	Postal code	2010AA	N4	03	R	ID	23	15/13	

2.3 Subscriber

Group Name	Item name	Loop	Seg	Pos	R/S	Type	HCFA	Max	Notes
Subscriber info	Payer responsibility sequence number code	2000B	SBR	01	R	ID		1	Outbound always "P"
Subscriber info	Insured Group number	2000B	SBR	03	S	AN	13	30/20	
Subscriber info	Insured Group name	2000B	SBR	04	S	AN	12	60/14	
Subscriber info	COB code	2000B	SBR	05	R	ID	14	1	II; outbound set to "6"
Subscriber info	Entity type qualifier	2010BA	NM1	02	R	ID		1	II; outbound set to "1"
Subscriber info	Last name	2010BA	NM1	03	R	AN	9	35/20	
Subscriber info	First name	2010BA	NM1	04	S	AN	9	25/15	
Subscriber info	Middle name	2010BA	NM1	05	S	AN	9	25/1	
Subscriber info	ID Code Qualifier	2010BA	NM1	08	S	ID		2	
Subscriber info	ID code	2010BA	NM1	09	S	AN	10	80/19	
Subscriber info	Address	2010BA	N3	01	R*	AN	9	55/35	
Subscriber info	Address	2010BA	N3	02	S	AN	9	55/35	
Subscriber info	City name	2010BA	N4	01	R*	AN	9	30	

Group Name	Item name	Loop	Seg	Pos	R/S	Type	HCFA	Max	Notes
Subscriber info	State name	2010BA	N4	02	R*	ID	9	2	
Subscriber info	Postal code	2010BA	N4	03	R*	ID	9	15/13	
Subscriber Demographic Info	Subscriber birth date	2010BA	DMG	02	R*	AN	17c	35/8	
Subscriber Demographic Info	Subscriber gender	2010BA	DMG	03	R*	ID	n/a	1	
Subscriber Additional Info	Additional subscriber ID (SSN)	2010BA	REF	02	S	AN	n/a	30/19	Only for REF01 = SY

HEALTHpac uses the subscriber's social security number (SSN) as the insured ID. If the subscriber ID code qualifier is "MI" in NM108, it is assumed that NM109 contains the SSN. Otherwise the number is taken from REF02 where REF01 is "SY".

2.4 Payer

Group Name	Item name	Loop	Seg	Pos	R/S	Type	HCFA	Max	Notes
Payer information	Entity type qualifier	2010BC	NM1	01	R	ID	n/a	1	II; set to "2" outbound
Payer information	Last name	2010BC	NM1	03	R	AN	n/a	35/18	
Payer information	ID code qualifier	2010BC	NM1	08	R	ID		2	II; outbound set to "PI"
Payer information	Payer identifier	2010BC	NM1	09	R	AN		80/10	II; CO

2.5 Patient

Group Name	Item name	Loop	Seg	Pos	R/S	Type	HCFA	Max	Notes
Patient Information	Patient's relationship to insured	2000C	PAT	01	R	ID	5	2	
Patient Information	Last name	2010CA	NM1	02	R	AN	4	35/20	
Patient Information	First name	2010CA	NM1	04	R	AN	4	25/15	
Patient Information	Middle name	2010CA	NM1	05	S	AN	4	25/1	
Patient Information	Patient primary ID (SS#)	2010CA	NM1	09	S	AN	10	80/13	
Patient Information	Address	2010CA	N3	01	R	AN	9	55/35	
Patient Information	Address	2010CA	N3	02	S	AN	9	55/35	
Patient Information	City name	2010CA	N4	01	R	AN	9	30	
Patient Information	State name	2010CA	N4	02	R	ID	9	2	
Patient Information	Postal code	2010CA	N4	03	R	ID	9	15/13	
Patient Demographic Info	Patient's birth date	2010CA	DMG	02	R	AN	7	35/8	
Patient Demographic Info	Patient's gender	2010CA	DMG	03	R	ID	6	1	
Patient Secondary ID	Reference ID	2010CA	REF	02	R*	AN	10	3	”

The patient's social security number is taken from NM109 if NM108 is "MI"; otherwise it is taken from REF02 when REF01 is "SY".

2.6 Claim

Group Name	Item name	Loop	Seg	Pos	R/S	Type	HCFA	Max	Notes
Health Claim Information	Patient account number	2300	CLM	01	R	AN	n/a	38/20	
Health Claim Information	Total claim charge amount	2300	CLM	02	R	R	41	18/12	
Health Claim Information	Facility type code (place of service)	2300	CLM	05-1	R	AN	n/a	2	Outbound set to SV305 in first service line
Health Claim Information	Claim frequency code	2300	CLM	05-3	R	ID	29b	1	II; outbound set to "1"
Health Claim Information	Provider signature indicator	2300	CLM	06	R	ID	39	1	
Health Claim Information	Assignment of benefits	2300	CLM	08	R	ID	20	1	
Health Claim Information	Release of information	2300	CLM	09	R	ID	19	1	
Health Claim Information	Auto accident state	2300	CLM	11-4	S	ID	31	2	
Admission	Related hospital admission date	2300	DTP	03	R*	AN	n/a	35/8	
Discharge	Related hospital discharge date	2300	DTP	03	R*	AN	n/a	35/8	
Accident Date	Accident date	2300	DTP	03	R*	AN	31c	35/8	For CLM11-1 "EM" or CLM11-2 "AA" or CLM11-3 "OA"

Group Name	Item name	Loop	Seg	Pos	R/S	Type	HCFA	Max	Notes
Appliance Placement	Orthodontic banding date	2300	DTP	03	R*	AN	35c	35/8	
Service	Service date	2300	DTP	03	R*	AN	35a	35/16	
Claim Supplemental Info.	Attachment report type code	2300	PWK	01	R*	ID	n/a	2	Up to 10 occurrences
Patient Paid Amount	Patient amount paid	2300	AMT	02	R*	R	42	18/12	
Prior Authorization or Referral Number	Prior Authorization number	2300	REF	02	R*	AN		30/18 30/30	For qualifier "9F" For qualifier "G1" (4010A1 standard)
Original Reference #	Claim original reference #	2300	REF	02	R*	AN		30/20	
Claim ID for Clearinghouses	Clearinghouse trace #	2300	REF	02	R*	AN		30	Inbound and Outbound for re-priced claims
Referring Provider Name	Last name	2310A	NM1	03	R*	AN		35/20	At most one occurrence
Referring Provider Name	Primary ID	2310A	NM1	09	S	AN	24	80/20	
Service Facility Location	Lab or facility name	2310D	NM1	03	S	AN	21	35/60	
Other Subscriber info	Patient's relationship to insured	2320	SBR	02	R*	ID	5	2	
Other subscriber name	Entity type qualifier	2330A	NM1	02	R*	ID		1	II; outbound set to "1"
Other subscriber name	Other insured's last name	2330A	NM1	03	R*	AN	17a	35/20	
Other subscriber name	First name	2330A	NM1	04	S	AN	17a	25/15	
Other subscriber name	Middle initial	2330A	NM1	05	S	AN	17a	25/1	

Group Name	Item name	Loop	Seg	Pos	R/S	Type	HCFA	Max	Notes
Other subscriber name	ID code qualifier	2330A	NM1	08	R*	ID	17b	2	Outbound set to “MI”
Other subscriber name	ID code	2330A	NM1	09	R*	AN		80/19	
Other subscriber name	Address	2330A	N3	01	R*	AN		55/35	
Other subscriber name	Address	2330A	N3	02	S	AN		55/35	
Other subscriber name	City Name	2330A	N4	01	R*	AN		30	
Other subscriber name	State Name	2330A	N4	02	R*	ID		2	
Other subscriber name	Postal Code	2330A	N4	03	R*	AN		15/13	
Other payer name	Other payer last name	2330B	NM1	03	R	AN	15a	35/18	
Other payer name	ID code qualifier	2330B	NM1	08	R	ID	15b	2	II; outbound set to “PI”
Other payer name	ID code	2330B	NM1	09	R	AN		80/10	II; CO

When sending a claim, HEALTHpac stores a version of the claim number in the REF field for the “claim ID for clearinghouses” segment. If the re-priced claim is returned to HEALTHpac, this value must be in this field; otherwise the claim will be processed as a *new* claim.

2.7 Service Lines

Level	Group Name	Item name	Loop	Seg	Pos	R/S	Type	HCFA	Max	Notes
Service Line #	Assigned #	Assigned #	2400	LX	01	R	N0	20	6/3	
Dental Service Line	Dental Service	Service ID qualifier	2400	SV3	01-1	R	ID		2	II; Outbound set to "HC"
Dental Service Line	Dental Service	Procedure Code	2400	SV3	01-2	R	AN	37c	48/11	
Dental Service Line	Dental Service	HCPCS Modifier 1	2400	SV3	01-3	S	AN		2	
Dental Service Line	Dental Service	HCPCS Modifier 2	2400	SV3	01-4	S	AN		2	
Dental Service Line	Dental Service	HCPCS Modifier 3	2400	SV3	01-5	S	AN		2	
Dental Service Line	Dental Service	Line item charge amount	2400	SV3	02	R	R	37f	18/12	
Dental Service Line	Dental Service	Facility type code	2400	SV3	03	S	AN		2	
Dental Service Line	Dental Service	Oral cavity designation code	2400	SV3	04-1 through 04-5	R	ID	37a	3	

Level	Group Name	Item name	Loop	Seg	Pos	R/S	Type	HCFA	Max	Notes
Dental Service Line	Dental Service	Procedure count	2400	SV3	06	R	R		15/4	
Dental Service Line	Dental Service	Diagnosis code pointer	2400	SV3	07-1 through 07-4	R	N0		2/1	
Service Line Date	Date or time or period	Service Date	2400	DTP	03	R	AN	37d	35/16	Date or date range

3 Checklist of configurable items

The following items are II. The values used in 837 Dental claims generated from Healthpac are derived from HEALTHpac configuration records.

- Originator application ID (BHT03)
- Submitter last name (NM103)
- Submitter ID code (NM109)
- Submitter EDI contact name (PER02)
- Submitter EDI contact communication number qualifier (PER03)
- Submitter EDI contact communication number (PER04)
- Receiver last name (NM103)
- Receiver ID (NM109)
- Payer ID (NM109)

In addition, the batch size should be set in order to avoid putting too many claims in a single file.