INGENIX®

837D 5010A2 Health Care Claim: Dental
Companion Guide

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Introduction

INGENIX is publishing this *Electronic Data Interchange (EDI) 837 Dental Transaction Companion Guide (Companion Guide)* to accompany the **ASC X12 Standards for Electronic Data Interchange Dental Technical Report Type 3** *(Technical Report Type 3)* for the **ASC X12N Health Care Claims Dental (837) Transaction Set**.

The *Technical Report Type 3* provides general information about EDI transmission, such as delimiters, enveloping and related topics. This INGENIX *Companion Guide* will not duplicate these efforts.

HIPAA Technical Report Type 3 is available through Washington Publishing, Inc. at:

http://www.wpc-edi.com/

Preferences and Conventions

1. Trading Partner Agreements specify the terms and conditions by which transactions are exchanged electronically with INGENIX. This *Companion Guide* may be an addendum to a new or existing Trading Partner Agreement.
2. It is recommended in the *Technical Report Type 3* that each transaction (ST-SE envelope) be limited to a maximum of 5000 claims.
3. While INGENIX supports all of the characters in the extended character set, it is recommended that incoming 837 claim data use the basic character set as defined in *Appendix B of the Technical Report Type 3*.
4. The subscriber hierarchical level (HL segment) must be in order from one, in increments of one (+1), and must be numeric.
5. Trading Partners cannot send test and production information within the same transaction file, regardless of the transaction. Test data and production data must be submitted in separate files.
6. Only multiple data loops or segments should be populated with the first occurrence, and each loop or segment populated consecutively thereafter. There should be no loops or segments without valid data.
7. Delimiters must be consistently applied throughout the transmissions. Any delimiter can be used as long as the same one is used throughout the transmission. Printable characters are preferred.
8. The 8 character INGENIX assigned Organization/User ID, which also can be found in ISA06 and GS02, must be included in the filename sent to INGENIX.

Privacy and Security Protection

INGENIX will comply with the privacy and confidentiality requirements as outlined in the *HIPAA Privacy and Security* regulations regarding the need to protect health information. All Trading Partners are also expected to comply with these regulations.

Testing Requirements

INGENIX has adopted the *Workgroup for Electronic Data Interchange (WEDI) Strategic National Implementation Process (SNIP) Testing Sub-Workgroups* recommendations on the types of testing that need to occur in order to remain in line with the health care industry's testing recommendations. INGENIX has selected Claredi for HIPAA

transaction validation, compliance and testing. Initially, the types of testing that INGENIX strongly recommends for the 837 Transaction Sets include:

- Type 1: EDI syntax integrity testing – Testing of the EDI file for valid segments, segment order, element attributes, testing for numeric values in numeric data elements, validation of X12 or NCPDP syntax, and compliance with X12 and NCPDP rules. This will validate the basic syntactical integrity of the EDI submission.
- Type 2: HIPAA syntactical requirement testing – Testing for HIPAA Technical Report Type 3-specific syntax requirements, such as limits on repeat counts, used and not used qualifiers, codes, elements and segments. Also included in this type is testing for HIPAA required or intra-segment situational data elements, testing for non-medical code sets as laid out in the Technical Report Type 3, and values and codes noted in the Technical Report Type 3 via the X12 code list or table.
- Type 3: Balancing – Test the transaction for balanced field totals, financial balancing of claims or remittance advice, and balancing of summary fields, if appropriate. An example of this includes items such as all claim line item amounts equal the total claim amount.

ISA and GS Segments – 837 Dental

The following table details segment specifics and data elements that require specific information for INGENIX processing.

837 Health Care Claim: Dental – Control Segments			
This table includes only data elements requiring specific information for INGENIX processing.			
Segment	**Reference Designator(s)**	**Value**	**Definitions and Notes Specific to INGENIX**
Interchange Control Header			
ISA Interchange Control Header *REQUIRED*	**ISA05** – Interchange ID Qualifier	*ZZ*	
	ISA06 – Interchange Sender ID		INGENIX User ID
	ISA07 – Interchange ID Qualifier	*ZZ*	
	ISA08 – Interchange Receiver ID	*INGENIX*	
	ISA11 – Repetition Separator	*^*	
	ISA12 – Interchange Control Version Number	*00501*	
	ISA15 – Usage Indicator	*T* *P*	During testing Once approved for production
GS Functional Group Header *REQUIRED*	**GS02** – Application Sender's Code		INGENIX User ID

	GS03 – Application Receiver's Code	*INGENIX*	
	GS08 – Version Release / Industry Code	*005010X224A2*	

Loop 1000A – 837 Dental

837 Health Care Claim: Dental—Submitter Level Detail This table includes only data elements requiring specific information for INGENIX processing.			
Segment	**Reference Designator(s)**	**Value**	**Definitions and Notes Specific to INGENIX**
Loop 1000A			
NM1 Submitter Name *REQUIRED*	NM101 Entity Identifier Code *REQUIRED*	*41*	*Submitter*
	NM102 – Entity Type Qualifier *REQUIRED*	*1* *2*	*Person* *Non-Person Entity*
	NM103 – Name Last or Organization Name *REQUIRED*		*Submitter Last or Organization Name*
	NM104 – Name First *SITUATIONAL*		*Submitter First Name*
	NM105 – Name Middle *SITUATIONAL*		*Submitter Middle Name*
	NM108 Entity Identifier Code *REQUIRED*	*46*	*Payer Identification*
	NM109 Identification Code *REQUIRED*		INGENIX User ID

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Loop 2010BB – 837 Dental

Segment	Reference Designator(s)	Value	Definitions and Notes Specific to INGENIX
**837 Health Care Claim: Dental—Payer Level Detail** This table includes only data elements requiring specific information for INGENIX processing.			
Loop 2010BB			
NM1 Payer Name *REQUIRED*	NM101 Entity Identifier Code *REQUIRED*	*PR*	*Payer*
	NM102 – Entity Type Qualifier *REQUIRED*	*2*	*Non-Person Entity*
	NM103 – Name Last or Organization Name *REQUIRED*		*Payer Name*
	NM108 Entity Identifier Code *REQUIRED*	*PI*	*Payer Identification*
	NM109 Identification Code *REQUIRED*		*Go to www.ingenix.com/connectivity, access Download Center; select Payer Identification from appropriate INGENIX Payer List*