



COMPANION DOCUMENTATION

837 Dental Health Care Claim

**Administered by
Unison Administrative Services
300 Oxford Drive
Monroeville, PA 15146**

INTRODUCTION

The Health Insurance Portability and Accountability Act of 1996 (HIPAA) requires that Unison Administrative Services (UAS) comply with the mandated EDI standards for health care as established by the Secretary of Health and Human Services. UAS recognizes the administrative efficiencies that can be gained from the HIPAA transactions and contracted with ENVOY, a subsidiary of WebMD, to make these transactions accessible to the provider community. Please utilize the HIPAA implementation guides for the corresponding transactions. The implementation guides can be found at the Washington Publishing Company's website and downloaded free of charge (http://www.wpc-edi.com/hipaa/HIPAA_40.asp). Additional information regarding the standards for electronic transaction are available at the Department of Health and Human Services website (<http://aspe.hhs.gov/admsimp/final/txfin00.htm>).

PURPOSE

The companion guides produced by UAS are designed to be used in conjunction with the implementation guides that are posted on the Washington Publishing Company website. Due to the evolving nature of the HIPAA regulations these documents are subject to change as updates occur to UAS's adjudication procedures or as legislation is updated or revised. The sole purpose of the documentation is for clarification and to outline specific requirements for the transactions.

SPECIAL NOTES

- Electronic submissions may be sent at anytime 24 hours a day, 7 days week. Electronic claims received by UAS's clearinghouse before 9:30 PM EST will be sent to UAS the following business day.
- Unison Health Plan's trading partner ID: **251756858**
- Provider must use the health plan's provider identifier. *
- Please use the patient identifier found on the health plan's member identification card. *
- **Please reference the Health Care Claim Dental 837 implementation guide (004010X097A1).**

** Indicates additional information provided within the data element description section.*

DATA ELEMENT DESCRIPTIONS

| <u>IG PAGE</u> | <u>LOOP</u> | <u>SEGMENT</u> | <u>DATA ELEMENT</u> | <u>COMMENTS</u> |
|-----------------------|--------------------|-----------------------|---|--|
| 83 | 2010AA | REF | REF01 - Reference Identification Qualifier | Use " G2 " - Provider Commercial Number |
| 83 | 2010AA | REF | REF02 - Billing Provider Secondary Identifier | Use the health plan's 12 character ID |
| 99 | 2000B | SBR | SBR09 - Claim Filing Indicator Code | Use " CI " - Commercial Insurance Company |
| 105 | 2010BA | NM1 | NM108 - Identification Code Qualifier | Use " MI " - Member Identification Number |
| 106 | 2010BA | NM1 | NM109 - Subscriber Primary Identifier | Use the health plan's 9 or 10 character ID as seen on the member ID card |
| 201 | 2310B | REF | REF01 - Reference Identification Qualifier | Use " G2 " - Provider Commercial Number |
| 201 | 2310B | REF | REF02 - Rendering Provider Secondary Identifier | Use the health plan's 12 character ID |

Data Requirements for Coordination of Benefits

It is necessary to provide UAS with coordination of benefits at the service line level. The line level information is needed for accurate adjudication and reporting to state agencies. Please review and submit the service line information that is outlined in the grid that spans the next two pages:

| <u>IG PAGE</u> | <u>LOOP</u> | <u>SEGMENT</u> | <u>DATA ELEMENT</u> | <u>COMMENTS</u> |
|-----------------------|--------------------|-----------------------|--|---|
| 209 | 2320 | SBR | SBR01 – Payer Responsibility Sequence Code Number Code | Use " P " – Primary Use " S " – Secondary Use " T " – Tertiary |
| 209 | 2320 | SBR | SBR03– Insured Group or Policy Number | Group or Policy Number found on ID Card |
| 209 | 2320 | SBR | SBR05 – Insurance Type Code | Please select qualifier from 837P Implementation Guide |
| 227 | 2320 | DMG | DMG02 – Other Insured Date of Birth | Policy holder's Date of Birth |
| 231 | 2320A | NM1 | NM103 – Other Insured Last Name | Last Name of policy holder |
| 231 | 2320A | NM1 | NM104 – Other Insured First Name | First Name of policy holder |

| | | | | |
|-----|-------|-----|---|---|
| 231 | 2320A | NM1 | NM109 – Other Insured Identifier | Identifier found on policy holder's ID card |
| 240 | 2330B | NM1 | NM103 – Other Payer Name | Organization Name |
| 240 | 2330B | NM1 | NM109 – Other Payer Primary Identifier | Organization's NAIC number |
| 287 | 2400 | AMT | AMT01 – Amount Qualifier Code | Use "AAE" – Approved Amount |
| 287 | 2400 | AMT | AMT02 – Approved Amount | Approved Amount |
| 301 | 2430 | SVD | SVD01 - Other Insured Identifier | Must match NM109 from 2320B |
| 301 | 2430 | SVD | SVD02 - Other Insured Paid Amount | Amount paid for line item in SVD03-2 |
| 301 | 2430 | SVD | SVD03-2 – Procedure Code | Procedure Code |
| 305 | 2430 | CAS | CAS02 (05,08, etc....) – Claim Adjustment Reason Code | Use "1" - Deductible |
| 305 | 2430 | CAS | CAS02 (05,08, etc....) – Claim Adjustment Reason Code | Use "2" – Co-insurance |
| 305 | 2430 | CAS | CAS02 (05,08, etc....) – Claim Adjustment Reason Code | Use "3" – Co-payment |
| 312 | 2430 | DTP | DTP03 – Payment Date | Paid Date by Other Insured |

ELECTRONIC ATTACHMENTS

| <u>IG PAGE</u> | <u>LOOP</u> | <u>SEGMENT</u> | <u>DATA ELEMENT</u> | <u>COMMENTS</u> |
|-----------------------|--------------------|-----------------------|---------------------------------------|--------------------------------------|
| 170 | 2300 | PWK | PWK01 - Report Type Code | Use "OZ" - Support Data for Claim |
| 171 | 2300 | PWK | PWK02 – Report Transmission Code | Use "EL" – Electronically Only |
| 172 | 2300 | PWK | PWK05 - Identification Code Qualifier | Use "AC" – Attachment Control Number |
| 172 | 2300 | PWK | PWK06 - Identification Code | Use "NEA" + Attachment Number |

Corrected Claim Submission Data Elements:

To adjudicate a corrected claim please submit the following indicator and original health plan claim number:

| <u>IG PAGE</u> | <u>LOOP</u> | <u>SEGMENT</u> | <u>DATA ELEMENT</u> | <u>COMMENTS</u> |
|-----------------------|--------------------|-----------------------|--|--|
| 150 | 2300 | CLM | CLM05-3 – Claim Frequency Type Code | Use "7" – Replacement |
| 179 | 2300 | REF | REF01– Reference Qualification Indicator | Use "F8" – Original Reference Number |
| 179 | 2300 | REF | REF02– Reference Identification | Enter the health plans claim number (12 digits) Example: 000123123400 |

EDI INQUIRES & TROUBLE SHOOTING

If you are interested in submitting electronic transactions or have EDI issues please contact UAS' Provider Services Department at 1-800-600-9007.

To assist the Provider Services Representative with EDI issues please have the following:

- 12 Character health plan provider identification number
- NEIC Report R022 – Provider Daily Statistics
- NEIC Report R026 – Acceptance Report by Provider
- NEIC Report R059 – Unprocessed Claim Report

If you are having any problems, contact Emdeon Customer Support at 1-877-469-3263, officesupport@emdeon.com, or your clearinghouse.

If you are having any problems submitting electronic attachments, contact National Electronic Attachments Help Desk at 1-800-782-5150, extension 3.