

# HIPAA COMPANION GUIDE

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Southwest Service Administrators, Inc.

# HIPAA Companion Guide

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## Introduction

*Why a companion guide? Doesn't the HIPAA implementation guide tell me everything I need to know?*

**T**he guide will tell you about communications, transactions search options and capabilities, and any special data considerations.

The objective of the guide is not to report all of the required data in the implementation guide. The implementation guide contains many optional data specifications. This companion guide will indicate what optional data requirements must be met to quickly adjudicate the claim. The companion guide will also describe additional data information clarifications that will assist in adjudicating the claim upon receipt.

The following sections are contained within the guide. An outline of the information contained within each section is described below.

- 1. Provider Registration** – Instructions on how to register a provider for file submission.
- 2. Batch Communications** – Instructions on how to submit files in a batch mode.
- 3. Envelope Data Requirements** – This table shows how to fill out the ISA and GS segment.
- 4. Eligibility Data Requirements and Search Capabilities** – The ability is provided to search for subscribers and members. The data required for the search is explained.
- 5. Claim Status Requirements and Search Capabilities** – The ability is provided to search for subscribers and members. The data required for the search is explained.

## **I N T R O D U C T I O N**

- 6. Professional Claim Data Requirements** – The data requirements for Professional Claims are explained.
- 7. Hospital Claim Data Requirements** – The data requirements for Hospital Claims are explained
- 8. Dental Claim Data Requirements** – The data requirements for Dental Claims are explained.
- 9. Prior Authorizations** – Prior Authorizations are explained along with the data requirements.

If there are additional questions about data requirements or assistance, please contact our HIPAA Transaction Coordinator:

Client – HIPAA coordinate name and contact information.

## Provider Registration

*Before a provider can submit any transactions, the provider must register through the web site.*

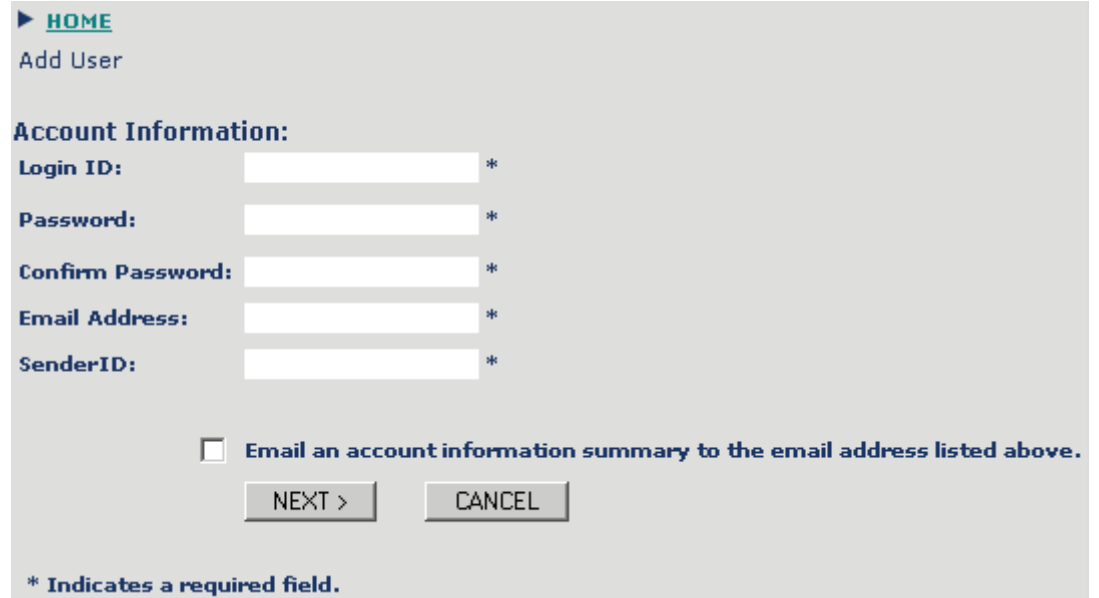
### Getting a Login ID and Password

To do this, click on the hyperlinked [here](#) in the line below the  to request a new account for the site. Click on the other [here](#) if you already set up an account, but have forgotten your password. You will be asked for your e-mail address. Enter the same e-mail address you used when setting up the account and click . You will be shown a message telling you that your password summary has been sent. If you already have a login ID and password, please skip the rest of this section.

### Add New Account

- **Enrollee Last Name:** Enter the last name of a patient you've treated who is an enrollee of this payor. This is for verification purposes.
- **Enrollee SSN:** Enter the social security number corresponding to the enrollee whose last name you just entered.
- **Provider Tax ID:** Enter your tax ID.
- Click  to continue to the **Account Information** screen.

## INTRODUCTION



▶ [HOME](#)

Add User

**Account Information:**

**Login ID:**  \*

**Password:**  \*

**Confirm Password:**  \*

**Email Address:**  \*

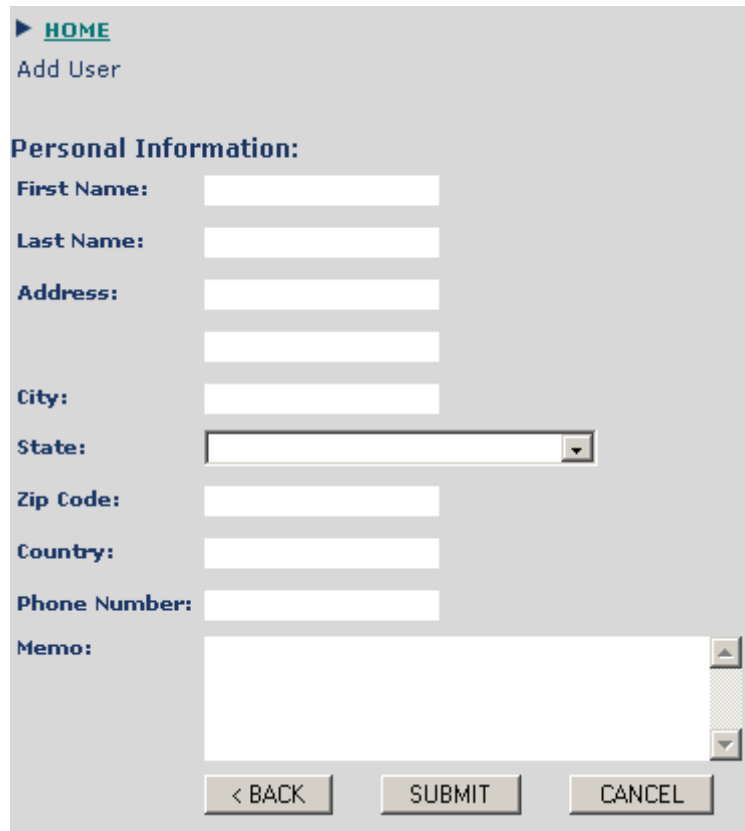
**SenderID:**  \*

**Email an account information summary to the email address listed above.**

\* Indicates a required field.

- **Login ID:** Enter the ID you wish to use for login purposes.
- **Password:** Enter the password you wish to use for login purposes.
- **Confirm Password:** Re-enter the password you entered above.
- **Email Address:** Enter your email address, even if you are not having a summary emailed to you. (See below.)
- **Sender ID:** This will be your tax ID number.
- Check the box labeled **Email an account information summary to the email address listed above** if you want your new login information emailed to you.
- Click  to move on to the **Personal Information** screen, or  if you wish to exit without setting up a new account.

## INTRODUCTION



▶ [HOME](#)  
Add User

**Personal Information:**

**First Name:**

**Last Name:**

**Address:**

**City:**

**State:**

**Zip Code:**

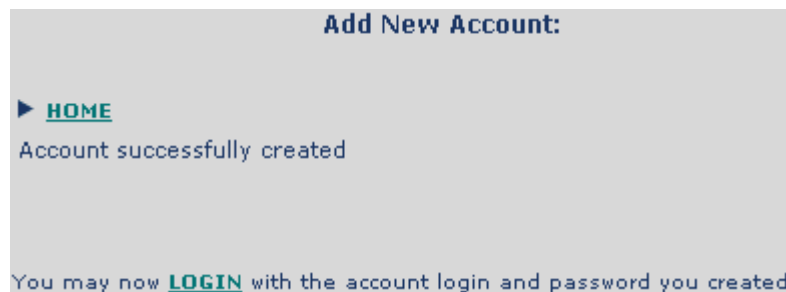
**Country:**

**Phone Number:**

**Memo:**

< BACK    SUBMIT    CANCEL

- The fields on the Personal Information screen are optional. Please enter as much information as possible in order to further identify yourself.
- Click  if you wish to change your login information,  if you wish to create the account now, with the information you entered, or  if you wish to exit without setting up a new account.
- [HOME](#) After clicking , you should see a screen similar to the one below. If you opted to have your account information e-mailed to you, it should arrive shortly. If you did not select this option, make sure to write this information down and keep it in a safe place.



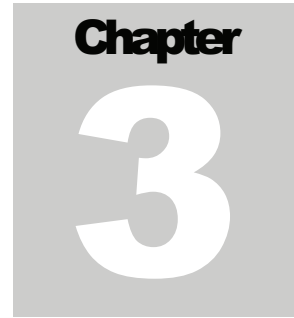
**Add New Account:**

▶ [HOME](#)  
Account successfully created

You may now [LOGIN](#) with the account login and password you created.

- Click [HOME](#) or [LOGIN](#) to the login screen where you may now log in with your new user name and password.

## INTRODUCTION



## Batch Communications

*This chapter will explain how to submit transactions in a batch mode.*

**DOWNLOAD FILES:**  
[TRADINGPARTNERS\](#) [\DOWN](#)

Current Directory: TradingPartners\ \Down

Select/Deselect All  
 [20030626 134911 20030625 276.277](#)

*To download a file, click on the hyperlinked file name above.*

**UPLOAD FILE:**

<b>Uploads Successfully Processed:</b>	<b>Uploads Pending Processing:</b>										
<table border="0"> <tr> <th>File Name</th> <th>Date</th> </tr> <tr> <td>Exist.txt</td> <td>05/15/2003</td> </tr> </table>	File Name	Date	Exist.txt	05/15/2003	<table border="0"> <tr> <th colspan="2">DIRECTORY - TradingPartners\ \Up</th> </tr> <tr> <th>File Name</th> <th>Date</th> </tr> <tr> <td>test.txt</td> <td>6/24/2003 6:04:15 PM</td> </tr> </table>	DIRECTORY - TradingPartners\ \Up		File Name	Date	test.txt	6/24/2003 6:04:15 PM
File Name	Date										
Exist.txt	05/15/2003										
DIRECTORY - TradingPartners\ \Up											
File Name	Date										
test.txt	6/24/2003 6:04:15 PM										

Destination: TradingPartners\ \Up

File To Upload:

### Upload

**UPLOAD FILE:**


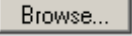

<b>Uploads Successfully Processed:</b>	<b>Uploads Pending Processing:</b>										
<table border="0"> <tr> <th>File Name</th> <th>Date</th> </tr> <tr> <td>Exist.txt</td> <td>05/15/2003</td> </tr> </table>	File Name	Date	Exist.txt	05/15/2003	<table border="0"> <tr> <th colspan="2">DIRECTORY - TradingPartners\ \Up</th> </tr> <tr> <th>File Name</th> <th>Date</th> </tr> <tr> <td>test.txt</td> <td>6/24/2003 6:04:15 PM</td> </tr> </table>	DIRECTORY - TradingPartners\ \Up		File Name	Date	test.txt	6/24/2003 6:04:15 PM
File Name	Date										
Exist.txt	05/15/2003										
DIRECTORY - TradingPartners\ \Up											
File Name	Date										
test.txt	6/24/2003 6:04:15 PM										

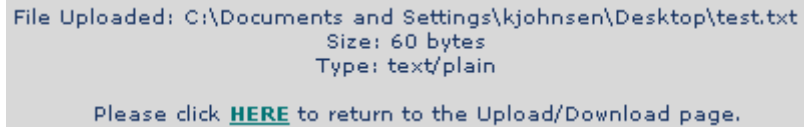
Destination: TradingPartners\ \Up

File To Upload:

- Click  to bring up a window that will let you choose the file to upload.

## INTRODUCTION

- Navigate to the file you wish to upload and either double-click on it, or click once to highlight it, then click .
- You will see the full path to the file you selected listed in the space to the left of the  button.
- Click  to send your file for processing.
- You should see a confirmation like the one below.



File Uploaded: C:\Documents and Settings\kjohansen\Desktop\test.txt  
Size: 60 bytes  
Type: text/plain  
Please click [HERE](#) to return to the Upload/Download page.

- Click on the link labeled [HERE](#) to return to the Upload/Download page.
- You will see your file listed on the right side of the screen under the heading **Uploads Pending Processing**, along with the date and time it was uploaded.
- Once your file has been processed, you will see it listed on the left side of the screen under the heading **Uploads Successfully Processed**, along with the date it was processed.



## Download

- Downloading files is done using the upper portion of the Upload/Download screen.



- Beneath the words “DOWNLOAD FILES:” there will be a list of one or more directories where files will be stored.
- Clicking on the underlined directory will set it as the “Current Directory,” below, displaying all files in the directory.
- If it is already the current directory, clicking on the link will refresh the list of available files for download.
- Clicking on an underlined filename will allow you to download that file.

## INTRODUCTION

- Clicking in the box to the left of any filename will put a check in the box allowing you to then delete the remote copy of that file by clicking .
- Clicking in the box to the left of **Select/Deselect All** will put a check in the boxes to the left of all filenames listed, allowing you to then delete them all by clicking .

## **I N T R O D U C T I O N**

### **Transfer Files Through FTP**

Client, if you will be supporting the FTP process, add your FTP instructions here.

## **Envelop Data Requirements**

*This chapter documents how to format the envelope.*

**T**he ISA and GS segments make up the header information for the transaction . The information in the tables in this chapter show what information is expected.

Within the ISA is the Test/Production indicator. It is important that this indicator be filled in properly. When sending test files be sure to use the “T” for test. Otherwise files for testing will be placed in the production processing. After testing is completed, change the indicator. to a “P”.

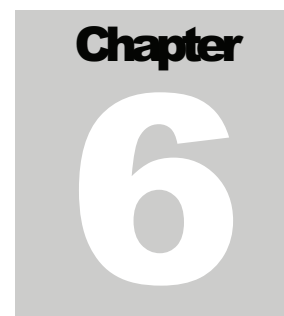
**INTRODUCTION****ISA – Interchange Control Header**

<b>Location</b>	<b>Data Element Description</b>	<b>Expected Value</b>
ISA01	<b>Authorization Information Qualifier</b>	00
ISA02	<b>Authorization Information</b>	Blank
ISA03	<b>Security Information Qualifier</b>	00
ISA04	<b>Security Information</b>	Blank
ISA05	<b>Interchange ID Qualifier</b>	30
ISA06	<b>Interchange Sender ID</b>	Client Tax Id
ISA07	<b>Interchange ID Qualifier</b>	30
ISA08	<b>Interchange Receiver ID</b>	Provider Tax Id
ISA09	<b>Interchange Date</b>	YYMMDD
ISA10	<b>Interchange Time</b>	HHMM
ISA11	<b>Interchange Control Standards Identifier</b>	U
ISA12	<b>Interchange Control Version Number</b>	00401
ISA13	<b>Interchange Control Number</b>	Increment by 1 with each submission
ISA14	<b>Acknowledgment Requested</b>	1
ISA15	<b>Usage Indicator</b>	T or P
ISA16	<b>Component Element Separator</b>	Recommend >

**INTRODUCTION**

**GS – Functional Group Header**

<b>Location</b>	<b>Data Element Description</b>	<b>Expected Value</b>
GS01	<b>Functional Identifier Code</b>	Varies by Transaction
GS02	<b>Application Sender's Code</b>	Client Fed Tax
GS03	<b>Application Receiver's Code</b>	Provider Fed Tax ID
GS04	<b>Date</b>	CCYYMMDD
GS05	<b>Time</b>	HHMM
GS06	<b>Group Control Number</b>	Provider Assigned
GS07	<b>Responsible Agency Code</b>	X
GS08	<b>Version / Release / Industry Identifier Code</b>	004010X092



## Eligibility Data Requirements and Search Capabilities

*The eligibility transaction is provided to answer questions on whether a person is eligible for benefits.*

**T**he eligibility transaction will use the following information for searching for the person in question . The eligibility/270 transaction data requirements must be filled in based upon the search criteria.

- A. Employee Number/Member Number/SSN and Date of Birth
- B. Patient Last Name, Patient First Name and Patient Date of Birth
- C. Employee Number/Member Number/SSN, Patient Last Name and Patient First Name

When the patient name is used, then the name must be a perfect match. The Employee Number/Member Number/SSN will be different for each of the groups. Please refer to the identification card for the exact number to be entered.

The 271 will be responded with eligibility effective dates. [Client – Optional message. Benefit information will be returned on the overall general benefits for the plan. If a specific benefit type is requested, then only the general benefits will be included.]. If a specified date of service is not requested, then a response will be based upon the current date.

Any additional information in the transaction other than needed to perform the search will be ignored.

The following tables will show where the data is expected to be located. More information about each of the pieces of data and the different locations, please refer to the HIPAA Implementation Guide for the 270/271 Eligibility Transaction.

**INTRODUCTION**

<b>Loop Id</b>	<b>Data Element</b>	<b>Data Element Description</b>	<b>Data Requirements</b>
2100A	NM108	<b>Identification Code Qualifier</b>	24- Employer's Identification Number
2100A	NM109	<b>Identification Code</b>	Client Fed Tax Identifier
2100B	NM108	<b>Identification Code Qualifier</b>	24- Employer's Identification Number
2100B	NM109	<b>Identification Code</b>	Provider Fed Tax Identifier

## INTRODUCTION

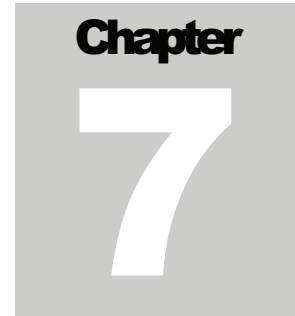
If the subscriber is the patient, then the following information must be in the transaction. The data will need to be filled in based upon the search criteria presented earlier in the chapter.

<b>Loop Id</b>	<b>Data Element</b>	<b>Data Element Description</b>	<b>Data Requirements</b>
2100C	NM103	<b>Name Last or Organization Name</b>	Subscriber's Last Name
2100C	NM104	<b>Name First</b>	Subscriber's First Name
2100C	NM108	<b>Identification Code Qualifier</b>	MI - Member Identification Number
2100C	NM109	<b>Identification Code</b>	Employee Number/Member Number/SSN
2100C	DMG02	<b>Date Time Period</b>	Subscriber's Date of Birth
2100C	DTP01	<b>Date/Time Qualifier</b>	307 - Eligibility
2100C	DTP03	<b>Date Time Period</b>	The date of the request for eligibility.

## INTRODUCTION

If the patient is a dependent of the subscriber, then please provide the following information.

<b>Loop Id</b>	<b>Data Element</b>	<b>Data Element Description</b>	<b>Data Requirements</b>
2100C	NM108	<b>Identification Code Qualifier</b>	MI - Member Identification Number
2100C	NM109	<b>Identification Code</b>	Employee Number/Member Number/SSN
2100D	NM103	<b>Name Last or Organization Name</b>	Dependent's Last Name
2100D	NM104	<b>Name First</b>	Dependent's First Name
2100D	DMG02	<b>Date Time Period</b>	Dependent's Date of Birth
2100D	DTP01	<b>Date/Time Qualifier</b>	307 - Eligibility
2100D	DTP03	<b>Date Time Period</b>	The date of the request for eligibility.



## Claim Status Data Requirements and Search Capabilities

*The claim status transaction provides the status of the claim submitted by the provider.*

**T**he system will provide the status back of all of the claims found for the criteria presented. Claims will only be presented for the dependent or patient found for the criteria requested within the transaction. The system will not return all of the claims for a family. If all of the claim statuses of all of the claims for a member are desired, then a request must be sent for each member of the family.

The system will only provide claims that have been identified with the provider's tax id as submitted on the transaction. The system will perform a search for the patient based upon the subscriber's identifier and the date of birth of the patient.

The transaction will return the status of the claim based upon the best information available. Here are some examples of the different types of statuses that will be provided.

- A. The claim has been received.
- B. The claim has been paid. Paid amount and check number will be returned.
- C. Client – Please add additional statuses that will be provided.

**PROFESSIONAL CLAIM DATA REQUIREMENTS**

The following tables will show where the data is expected to be located. More information about each of the pieces of data and the different locations, please refer to the HIPAA Implementation Guide for the 276/276 Claim Status Transaction.

<b>Loop Id</b>	<b>Data Element</b>	<b>Data Element Description</b>	<b>Data Requirements</b>
2100A	NM108	<b>Identification Code Qualifier</b>	FI – Federal Tax Identifier
2100A	NM109	<b>Identification Code</b>	Client Fed Tax Identifier
2100B	NM108	<b>Identification Code Qualifier</b>	FI – Federal Tax Identifier
2100B	NM109	<b>Identification Code</b>	Provider Fed Tax Identifier
2100C	NM108	<b>Identification Code Qualifier</b>	FI – Federal Tax Identifier
2100D	NM109	<b>Identification Code</b>	Provider Fed Tax Identifier

The table below shows the required data when requesting the status of a claim when the patient is the subscriber or employee.

<b>Loop Id</b>	<b>Data Element</b>	<b>Data Element Description</b>	<b>Data Requirements</b>
2100D	NM108	<b>Identification Code Qualifier</b>	MI - Member Identification Number
2100D	NM109	<b>Identification Code</b>	Employee Number/Member Number/SSN
2100D	DMG02	<b>Date Time Period</b>	Dependent’s Date of Birth
2100D	DTP01	<b>Date/Time Qualifier</b>	232 – Eligibility
2100D	DTP02	<b>Date Time Period Format Qualifier</b>	RD8 – Service Date Range
2100D	DTP03	<b>Date Time Period</b>	The date of the request for eligibility.

**PROFESSIONAL CLAIM DATA REQUIREMENTS**

For when the request is for the patient who is also not subscriber, please provide the following information.

<b>Loop Id</b>	<b>Data Element</b>	<b>Data Element Description</b>	<b>Data Requirements</b>
2100D	NM108	<b>Identification Code Qualifier</b>	MI - Member Identification Number
2100D	NM109	<b>Identification Code</b>	Employee Number/Member Number/SSN
2100E	DMG02	<b>Date Time Period</b>	Dependent's Date of Birth
2100E	DTP01	<b>Date/Time Qualifier</b>	232 – Eligibility
2100E	DTP02	<b>Date Time Period Format Qualifier</b>	RD8 – Service Date Range
2100E	DTP03	<b>Date Time Period</b>	The date of the request for eligibility.



## Professional Claim Data Requirements

*Professional claim cover a wide range of service types. Every attempt has been made to ensure that the data requirements are as consistent as possible.*

**T**he tables in this chapter cover the data that is required for a professional claim. The data presented is not all of the data required for a claim, only the data that needs clarification or further description of the expected data.

### Header

Loop Id	Data Element	Data Element Description	Data Requirements
1000A	NM108	<b>Identification Code Qualifier</b>	46 – Electronic Transmitter Identification Number
1000A	NM109	<b>Identification Code</b>	Provider Federal Tax Id Number
1000B	NM108	<b>Identification Code Qualifier</b>	46 – Electronic Transmitter Identification Number
1000B	NM109	<b>Identification Code</b>	Client Federal Tax Id Number

**PROFESSIONAL CLAIM DATA REQUIREMENTS**

**Billing Provider**

<b>Loop Id</b>	<b>Data Element</b>	<b>Data Element Description</b>	<b>Data Requirements</b>
2010AA	NM101	<b>Entity Identifier Code</b>	85 – Billing Provider
2010AA	NM103	<b>Name Last or Organization Name</b>	Provider Group Name
2010AA	NM108	<b>Identification Code Qualifier</b>	24 – Employers Identification Number
2010AA	NM109	<b>Identification Code</b>	Provider Federal Tax Id Number

**PROFESSIONAL CLAIM DATA REQUIREMENTS**

**Subscriber**

<b>Loop Id</b>	<b>Data Element</b>	<b>Data Element Description</b>	<b>Data Requirements</b>
2000B	SBR03	<b>Reference Identification</b>	The Group number is not required. If provided, it may speed processing.
2000B	SBR04	<b>Name</b>	The Group Name is not required. If provided, it may speed processing.
2010BA	NM103	<b>Name Last or Organization Name</b>	Subscriber Last Name
2010BA	NM104	<b>Name First</b>	Subscriber First Name
2010BA	NM108	<b>Identification Code Qualifier</b>	MI – Member Identifier
2010BA	NM109	<b>Identification Code</b>	The subscriber's id as presented by the ID card. If the id card is not present, then provide the Subscriber's SSN
2010BA	N301	<b>Address Information</b>	Subscriber's Street Address
2010BA	N401	<b>City Name</b>	Subscriber's City
2010BA	N402	<b>State or Province Code</b>	Subscriber's Postal State Code
2010BA	N403	<b>Postal Code</b>	Subscriber's Postal Code

**PROFESSIONAL CLAIM DATA REQUIREMENTS**

**Subscriber (Continued)**

<b>Loop Id</b>	<b>Data Element</b>	<b>Data Element Description</b>	<b>Data Requirements</b>
2010BA	DMG02	<b>Date Time Period</b>	Subscriber's Date of Birth. Only required if the subscriber is the patient.
2010BA	DMG03	<b>Gender Code</b>	Subscriber's Gender Code. Only required if the subscriber is the patient.

**Patient (Dependent)**

The patient information should only be provided if the subscriber is not the patient.

<b>Loop Id</b>	<b>Data Element</b>	<b>Data Element Description</b>	<b>Data Requirements</b>
2010CA	NM103	<b>Name Last or Organization Name</b>	Patient Last Name
2010CA	NM104	<b>Name First</b>	Patient First Name
2010CA	NM109	<b>Identification Code</b>	No patient identification is expected.
2010CA	N301	<b>Address Information</b>	Patient's Street Address
2010CA	N401	<b>City Name</b>	Patient's City
2010CA	N402	<b>State or Province Code</b>	Patient's Postal State Code
2010CA	N403	<b>Postal Code</b>	Patient's Postal Code

## Patient (Continued)

The patient information should only be provided if the subscriber is not the patient.

Loop Id	Data Element	Data Element Description	Data Requirements
2010CA	DMG02	<b>Date Time Period</b>	Patient's Date of Birth.
2010CA	DMG03	<b>Gender Code</b>	Patient's Gender Code.

## Claim Information

Loop Id	Data Element	Data Element Description	Data Requirements
2300	CLM01	<b>Claim Submitter's Identifier</b>	The provider should attempt to make this number unique. This number will be echoed back in the 835. A unique number will make it easier to identify the claim.
2300	DTP01	<b>Date/Time Qualifier</b>	431 – Onset of current illness or symptom
2300	DTP03	<b>Date Time Period</b>	The date of the illness or incident that caused the illness may speed up the processing of the claim for certain types of claims.

**Claim Information (Continued)**

Loop Id	Data Element	Data Element Description	Data Requirements
2300	DTP01	<b>Date/Time Qualifier</b>	439 – Accident
2300	DTP03	<b>Date Time Period</b>	If the claim is for an accident, then the accident date should be included.
2300	DTP01	<b>Date/Time Qualifier</b>	484 – Last Menstrual Period
2300	DTP03	<b>Date Time Period</b>	If the claim is for a pregnancy, then the date of last menstrual period should be included.
2300	DTP01	<b>Date/Time Qualifier</b>	435 – Date of Admission
2300	DTP03	<b>Date Time Period</b>	If the claim is associated with a hospital stay, then the date of admission should be included.
2300	AMT01	<b>Amount Qualifier Code</b>	F5 – Patient Amount Paid
2300	AMT02	<b>Monetary Amount</b>	For correct payment, please indicate any amounts the patient paid toward this service.

**Claim Information (Continued)**

Loop Id	Data Element	Data Element Description	Data Requirements
2300	REF01	<b>Reference Identification Qualifier</b>	G1 – Prior Authorization Number
2300	REF02	<b>Reference Identification</b>	If the service had a prior authorization, then please include the authorization number for faster processing.
2300	NTE02	<b>Description</b>	Note text should not be sent unless absolutely necessary to explain the claim.
2300	HI01-1	<b>Code List Qualifier Code</b>	BK – Principle Diagnosis
2300	HI01-2	<b>Industry Code</b>	ICD-9 Primary Diagnosis required, additional diagnosis codes are optional
2310BA	NM103	<b>Name Last or Organization Name</b>	Rendering Provider Last Name
2310B	NM104	<b>Name First</b>	Rendering Provider First Name
2310B	NM108	<b>Identification Code Qualifier</b>	XX –National Provider Identifier
2310B	NM109	<b>Identification Code</b>	A code does not need to be sent until NPI is available

**PROFESSIONAL CLAIM DATA REQUIREMENTS**

**Other Subscriber Information**

Any information about secondary insurance should be sent on the claim.

**Service Line Information**

<b>Loop Id</b>	<b>Data Element</b>	<b>Data Element Description</b>	<b>Data Requirements</b>
2400	SV101-1	<b>Product/Service ID Qualifier</b>	HC – CPT or HCPCS codes
2400	SV101-2	<b>Product/Service ID</b>	Procedure code
2400	SV102	<b>Monetary Amount</b>	Line item charge amount.
2400	SV103	<b>Unit or Basis for Measurement Code</b>	UN- Units, used for most cases. MJ – Minutes for Anesthesia claims.
2400	SV104	<b>Quantity</b>	Units or Minutes for this claim line.
2400	SV105	<b>Facility Code Value</b>	The place of service is required, unless presented at the claim level.
2400	SV106 - 1	<b>Diagnosis Code Pointer</b>	At least the first diagnosis code must be entered.
2400	SV109	<b>Diagnosis Code Pointer</b>	At least the first diagnosis code pointer must be entered.
2400	DTP02	<b>Date Time Period Format Qualifier</b>	The service date for the procedure.

## Hospital Claim Data Requirements

*Hospital or institutional claims cover both inpatient and output services.*

The tables in this chapter cover the data that is required for a hospital claim. The data presented is not all of the data required for a claim, only the data that needs clarification or further description of the expected data.

### Header

Loop Id	Data Element	Data Element Description	Data Requirements
1000A	NM108	<b>Identification Code Qualifier</b>	46 – Electronic Transmitter Identification Number
1000A	NM109	<b>Identification Code</b>	Provider Federal Tax Id Number
1000B	NM108	<b>Identification Code Qualifier</b>	46 – Electronic Transmitter Identification Number
1000B	NM109	<b>Identification Code</b>	Client Federal Tax Id Number

**DENTAL CLAIM DATA REQUIREMENTS****Billing Provider**

Loop Id	Data Element	Data Element Description	Data Requirements
2010AA	NM101	<b>Entity Identifier Code</b>	85 – Billing Provider
2010AA	NM103	<b>Name Last or Organization Name</b>	Provider Group Name
2010AA	NM108	<b>Identification Code Qualifier</b>	24 – Employers Identification Number
2010AA	NM109	<b>Identification Code</b>	Provider Federal Tax Id Number

**Subscriber**

Loop Id	Data Element	Data Element Description	Data Requirements
2000B	SBR03	<b>Reference Identification</b>	The Group number is not required. If provided, it may speed processing.
2000B	SBR04	<b>Name</b>	The Group Name is not required. If provided, it may speed processing.
2010BA	NM103	<b>Name Last or Organization Name</b>	Subscriber Last Name
2010BA	NM104	<b>Name First</b>	Subscriber First Name
2010BA	NM108	<b>Identification Code Qualifier</b>	MI – Member Identifier
2010BA	NM109	<b>Identification Code</b>	The subscriber's id as presented by the ID card. If the id card is not present, then provide the Subscriber's SSN

**DENTAL CLAIM DATA REQUIREMENTS****Subscriber (Continued)**

<b>Loop Id</b>	<b>Data Element</b>	<b>Data Element Description</b>	<b>Data Requirements</b>
2010BA	N301	<b>Address Information</b>	Subscriber's Street Address
2010BA	N401	<b>City Name</b>	Subscriber's City
2010BA	N402	<b>State or Province Code</b>	Subscriber's Postal State Code
2010BA	N403	<b>Postal Code</b>	Subscriber's Postal Code
2010BA	DMG02	<b>Date Time Period</b>	Subscriber's Date of Birth. Only required if the subscriber is the patient.
2010BA	DMG03	<b>Gender Code</b>	Subscriber's Gender Code. Only required if the subscriber is the patient.

**Patient (Dependent)**

The patient information should only be provided if the subscriber is not the patient.

<b>Loop Id</b>	<b>Data Element</b>	<b>Data Element Description</b>	<b>Data Requirements</b>
2010CA	NM103	<b>Name Last or Organization Name</b>	Patient Last Name
2010CA	NM104	<b>Name First</b>	Patient First Name
2010CA	NM109	<b>Identification Code</b>	No patient identification is expected.
2010CA	N301	<b>Address Information</b>	Patient's Street Address

**DENTAL CLAIM DATA REQUIREMENTS**

**Patient (Continued)**

The patient information should only be provided if the subscriber is not the patient.

<b>Loop Id</b>	<b>Data Element</b>	<b>Data Element Description</b>	<b>Data Requirements</b>
2010CA	N401	<b>City Name</b>	Patient's City
2010CA	N402	<b>State or Province Code</b>	Patient's Postal State Code
2010CA	N403	<b>Postal Code</b>	Patient's Postal Code
2010CA	DMG02	<b>Date Time Period</b>	Patient's Date of Birth.
2010CA	DMG03	<b>Gender Code</b>	Patient's Gender Code.

**DENTAL CLAIM DATA REQUIREMENTS**

**Claim Information**

<b>Loop Id</b>	<b>Data Element</b>	<b>Data Element Description</b>	<b>Data Requirements</b>
2300	CLM01	<b>Claim Submitter’s Identifier</b>	The provider should attempt to make this number unique. This number will be echoed back in the 835. A unique number will make it easier to identify the claim.
2300	CLM1	<b>Facility Code Value</b>	Client –Place you special instructions about special bills, such as interim bills.
2300	REF01	<b>Reference Identification Qualifier</b>	G1 – Prior Authorization
2300	REF02	<b>Reference Identification</b>	Client – Put in any helpful instructions for provider.
2300	HI01-1	<b>Health Care Code Information</b>	BK – Principle Diagnosis
2300	HI01-2	<b>Industry Code</b>	Principle Diagnosis – Client – Any special instructions, such as E codes.
2300	HI01-1	<b>Health Care Code Information</b>	DR – Diagnosis Related Group (DRG)
2300	HI01-2	<b>Industry Code</b>	Diagnosis Related Group (DRG) – Client – Any special requirements for DRG codes.

**DENTAL CLAIM DATA REQUIREMENTS**

**Claim Information (Cont)**

<b>Loop Id</b>	<b>Data Element</b>	<b>Data Element Description</b>	<b>Data Requirements</b>
2300	HI01-1	<b>Health Care Code Information</b>	BP - Health Care Financing Administration Common Procedural Coding System Principal Procedure  BR - International Classification of Diseases Clinical Modification (ICD-9-CM) Principal Procedure
2300	HI01-2	<b>Industry Code</b>	Client – Indicate which coding schema to use.
2310A	NM101	<b>Entity Identifier Code</b>	71 – Attending Physician Client – Indicate when attending physician information must be sent.
2310A	NM101	<b>Entity Identifier Code</b>	DN – Referring Physician Client – Indicate when referring physician information must be sent.

DENTAL CLAIM DATA REQUIREMENTS

**Service Line Information**

Loop Id	Data Element	Data Element Description	Data Requirements
2400	SV201-1	<b>Product/Service ID Qualifier</b>	HC - Health Care Financing Administration Common Procedural Coding System (HCPCS) Codes  Client – Indicate any special instructions as to when a procedure code is expected for specified revenue code.

# Chapter 10

## Dental Claim Data Requirements

*Dental claims are supported. Dental claims can be adjudicated quickly and are strongly encouraged to be supported electronically.*

The tables in this chapter cover the data that is required for a dental claims. Dental claims are highly encouraged to be submitted electronic. Electronic submission through either X12 or the web page allow for faster processing.

### Header

Loop Id	Data Element	Data Element Description	Data Requirements
1000A	NM108	<b>Identification Code Qualifier</b>	46 – Electronic Transmitter Identification Number
1000A	NM109	<b>Identification Code</b>	Provider Federal Tax Id Number
1000B	NM108	<b>Identification Code Qualifier</b>	46 – Electronic Transmitter Identification Number
1000B	NM109	<b>Identification Code</b>	Client Federal Tax Id Number

**PRIOR AUTHORIZATIONS DATA REQUIREMENTS**

**Subscriber**

<b>Loop Id</b>	<b>Data Element</b>	<b>Data Element Description</b>	<b>Data Requirements</b>
2000B	SBR03	<b>Reference Identification</b>	The Group number is not required. If provided, it may speed processing.
2000B	SBR04	<b>Name</b>	The Group Name is not required. If provided, it may speed processing.
2010BA	NM103	<b>Name Last or Organization Name</b>	Subscriber Last Name
2010BA	NM104	<b>Name First</b>	Subscriber First Name
2010BA	NM108	<b>Identification Code Qualifier</b>	MI – Member Identifier
2010BA	NM109	<b>Identification Code</b>	The subscriber's id as presented by the ID card. If the id card is not present, then provide the Subscriber's SSN

**Subscriber (Continued)**

Loop Id	Data Element	Data Element Description	Data Requirements
2010BA	N301	<b>Address Information</b>	Subscriber's Street Address
2010BA	N401	<b>City Name</b>	Subscriber's City
2010BA	N402	<b>State or Province Code</b>	Subscriber's Postal State Code
2010BA	N403	<b>Postal Code</b>	Subscriber's Postal Code
2010BA	DMG02	<b>Date Time Period</b>	Subscriber's Date of Birth. Only required if the subscriber is the patient.
2010BA	DMG03	<b>Gender Code</b>	Subscriber's Gender Code. Only required if the subscriber is the patient.

**Patient (Dependent)**

The patient information should only be provided if the subscriber is not the patient.

Loop Id	Data Element	Data Element Description	Data Requirements
2010CA	NM103	<b>Name Last or Organization Name</b>	Patient Last Name
2010CA	NM104	<b>Name First</b>	Patient First Name
2010CA	NM109	<b>Identification Code</b>	No patient identification is expected.
2010CA	N301	<b>Address Information</b>	Patient's Street Address

## Patient (Continued)

The patient information should only be provided if the subscriber is not the patient.

Loop Id	Data Element	Data Element Description	Data Requirements
2010CA	N401	<b>City Name</b>	Patient's City
2010CA	N402	<b>State or Province Code</b>	Patient's Postal State Code
2010CA	N403	<b>Postal Code</b>	Patient's Postal Code
2010CA	DMG02	<b>Date Time Period</b>	Patient's Date of Birth.
2010CA	DMG03	<b>Gender Code</b>	Patient's Gender Code.

## Claim Information

Loop Id	Data Element	Data Element Description	Data Requirements
2300	CLM01	<b>Claim Submitter's Identifier</b>	The provider should attempt to make this number unique. This number will be echoed back in the 835. A unique number will make it easier to identify the claim.
2300	DTP01	<b>Date/Time Qualifier</b>	330 – Date of Referral
2300	DTP03	<b>Date Time Period</b>	Client – Indicate any requirements on referrals.

**Claim Information (Continued)**

Loop Id	Data Element	Data Element Description	Data Requirements
2300	DTP01	<b>Date/Time Qualifier</b>	452 – Appliance Placement
2300	DTP03	<b>Date Time Period</b>	Client – Indicate any requirements on appliance reporting.
2300	DN1	<b>Quantity</b>	Indicate the number of months of orthodontic treatment.
2300	DN2	<b>Reference Identification</b>	Tooth number needed for services other than preventative care.
2300	DN2	<b>Tooth Status Code</b>	Required for services other preventative care.
2300	REF01	<b>Reference Identification Qualifier</b>	G3 - Predetermination of Benefits Identification Number
2300	REF02	<b>Reference Identification</b>	If the request is for predetermination of benefits, then enter the code here.
2300	REF01	<b>Reference Identification Qualifier</b>	9F- Referral Number
2300	REF02	<b>Reference Identification</b>	If the service was the result of a referral, please enter the referral number.

**Claim Information (Continued)**

Loop Id	Data Element	Data Element Description	Data Requirements
2310B	REF01	<b>Reference Identification Qualifier</b>	0B - State License Number
2300	REF02	<b>Reference Identification</b>	Client – Please indicate that if you would like the state license number of the rendering dentist.

**Service Line Information**

There are no special requirements for dental service lines.



## Prior Authorizations Data Requirements

Client – Please choose one of the sections below that apply, then delete the other group.

*Prior authorizations for client are conducted by XYZ.*

**T**he prior authorizations are conducted by XYZ. XYZ can be contacted at 1-800-123-45678. The XYZ web site is <http://www.xyz.com>.

*Prior authorizations transactions will collect the information.  
After receiving the information, the provider's office will be  
contacted within 24 hours to discuss the requested authorization.*

**I**f the prior authorizations is for emergency or urgent care, then an authorization is not required and care should be administered immediately. All requests will be considered and discussed with the provider's appropriate personal. The information from the transaction will be used for our preparation for the discussion and expedite the data gathering portion of the contact.

The data requirements in this chapter will assist in your preparation of the transaction.

### Utilization Management Organization (UMO)

Loop Id	Data Element	Data Element Description	Data Requirements
2010A	NM108	Identification Code Qualifier	24- Employer's Identification Number
2010A	NM109	Identification Code	Client Fed Tax Identifier

### Requester

Loop Id	Data Element	Data Element Description	Data Requirements
2010B	NM108	Identification Code Qualifier	24- Employer's Identification Number
2010B	NM109	Identification Code	Provider Fed Tax Identifier
2010B	PER03	Communication Number Qualifier	TE – Telephone
2010B	PER04	Communication Number	Presenting the telephone number provides quicker call back.

**PRIOR AUTHORIZATIONS DATA REQUIREMENTS**

**Subscriber**

Loop Id	Data Element	Data Element Description	Data Requirements
2010C	NM108	Identification Code Qualifier	MI - Member Identification Number
2010C	NM109	Identification Code	Employee Number/Member Number/SSN

**Dependent**

Loop Id	Data Element	Data Element Description	Data Requirements
2010D	DMG02	Date Time Period	Dependent's Date of Birth.
2010D	DMG03	Gender Code	Dependent's Gender Code.

**Service Provider**

No special information instructions are required. Provide as much information as available.

**Service Level Detail**

No special instructions are required. Provide as much information has available.