



Arkansas Medicaid Enterprise MMIS Core System and Services

837D_Companion_Guide

837D Health Care Claim: Dental Companion Guide

X005010X224A2

Version 0.3

Change history

Version #	Date of release	Author	Description of change
0.1	MM/DD/YYYY	EDI Technical Team	Initial document.
0.2	03/09/2018	EDI Technical Team	Added BHT Segment
0.3	05/16/19	Bruce Dunn	Added Loop 2320 – Other Subscriber Information for the Claim Filing Indicator (SBR09) field

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1 Introduction

1.1 Scope

This document is a companion guide to the ASC X12 Standards for Electronic Data Interchange TR3 Technical Report Type 3 and Errata for Health Care Claim: Dental, ASC X12N 837 (005010X224A2). It is intended for vendors who design software or systems for submitting health care transactions electronically to Arkansas Medicaid. This document supplements, but does not supersede, requirements outlined in the ASC X12N TR3 and errata.

The Health Insurance Portability and Accountability Act (HIPAA) requires Arkansas Medicaid and other covered entities to comply with the electronic data interchange standards for health care as established by the Secretary of Health and Human Services. The ASC X12N TR3 and errata were established as the standards of compliance. This companion guide provides the supplemental requirements specific to Arkansas Medicaid, as permitted within the 837 transaction sets.

Arkansas Medicaid follows the TR3 for placement of the National Provider Identifier (NPI) for all transactions.

To develop and test a system for Arkansas Medicaid 837 transactions, follow both the 837 TR3, errata and this companion guide.

AR currently supports 837D version 005010X224A2.

1.2 Updates

Changes to this guide are published on the Arkansas Medicaid website:
<https://medicaid.mmis.arkansas.gov/>.

1.3 Contact

See the Arkansas Medicaid website for contact information:
<https://medicaid.mmis.arkansas.gov/>.

1.4 Links

- HIPAA Implementation Guides: www.wpc-edi.com
- Other Arkansas Medicaid companion guides: <https://medicaid.mmis.arkansas.gov/>

1.5 Conventions

Most of the companion guide is in table format (see example below). Only loops, elements, or segments with clarifications or comments are listed. For further information, please see the TR3 for each transaction.

Table 1: Conventions Sample

Loop ID – Loop Name	SEG	Element	Comments	Page
2010BA – Subscriber Name	NM	NM102	Value = 1	104
		NM103	Length = 2	104

The table lists the following information:

Table 2: Conventions Fields

Loop ID – Loop Name	Loop, header, or trailer
SEG	Segment ID.
Element	Element ID. Always incorporates the segment ID.
Comments	Comments or clarifications for Arkansas Medicaid. Values, data length, and repeats are also listed here. Clarifications in field length only indicate what Arkansas Medicaid uses or returns to process the transaction. Arkansas Medicaid still accepts the minimum and maximum field lengths required by the TR3 for each element.
Page	Page of the TR3 on which the loop, segment, or element is listed.

2 Transaction 837, Health Care Claim: Dental

Table 3: 837 Conventions

Loop ID – Loop Name	SEG	Element	Comments	Page
ISA – Interchange Control Header				
ISA – Interchange Control Header	ISA	ISA01	Value = 00	C.4
		ISA03	Value = 00	C.4
		ISA05	Value = ZZ	C.4
		ISA06	Value = Trading Partner ID	C.4
		ISA07	Value = 30	C.5
		ISA08	Value = 716007869	C.5
		ISA15	Value = P in Production, T in Test	C.6
GS – Functional Group Header				
GS – Functional Group Header	GS	GS02	Value = same as ISA06	C.7
		GS03	Value = same as ISA08	C.7
BHT – Beginning of Hierarchal Transaction				
BHT – Beginning of Hierarchal Transaction	BHT	BHT06	Value = CH or RP CH = Chargeable (Fee for Service) RP = Reporting (Encounters)	66
1000A – Submitter Name				
1000A – Submitter Name	NM1	NM101	Value = 41	69
		NM109	Value = Trading Partner ID Length = 8	70
1000B – Receiver Name				
1000B – Receiver Name	NM1	NM101	Value = 40	74
		NM109	Length = 9 Value = 716007869	75
2000A – Billing Provider Specialty Information				
2000A – Billing Provider Specialty Information	PRV	PRV03	If the Billing Provider requires taxonomy to identify themselves, Arkansas Medicaid expects the taxonomy code in Loop 2000A.	78
2010AA – Billing Provider Name				
2010AA – Billing Provider Name		AR Medicaid uses the 2010AA Billing Provider information. 2010AB Pay-To Address information is not used.		
	NM1	NM101	Value = 85	83
		NM108	Value = XX (National Provider Identifier)	84
		NM109	Length = 10	85
		NM101	Value = IL	114
2010BA – Subscriber Name				

Loop ID – Loop Name	SEG	Element	Comments	Page
2010BA – Subscriber Name	NM1	NM108	Value = MI	115
		NM109	Value = Recipient's Medicaid ID Number Length = 10	116
2000C – Patient Hierarchical Level				
2000C – Patient Hierarchical Level		Arkansas Medicaid does not use the Patient Loop.		
2300 – Claim Information				
2300 – Claim Information	CLM	CLM01	Max Length = 20	146
		CLM02	Length = 8	147
	REF	REF01	Payer Claim Control Number Value = F8	168
		REF02	Length = 13	168
	REF	REF01	Prior Authorization Number Value = G1	172
		REF02	Length = 10	172
2320 – Other Subscriber Information				
2320 – Other Subscriber Information	SBR	SBR09	For “encounter” submitters (DMCOs and PASSEs) always populate with value ‘HM’ for the occurrence of this loop that contains what the encounter submitter paid. On additional occurrences of the loop, that contain what Medicare or other insurers paid, utilize the appropriate SBR09 value for that entity. For FFS claim submitters, all currently valid HIPAA values are accepted.	224
	AMT	AMT02	Payer Paid Amount AMT01 = D Length = 8	231
2330A – Other Subscriber Name				
2330A – Other Subscriber Name	NM1	NM101	Value = IL	240
			Value = PR	246
2400 – Service Line Number				
2400 – Service Line Number	SV3	SV301-2	Length = 5	282
		SV302	Length = 8	284
		SV304-1	Length = 2	285
		SV304-2	Length = 2	285
		SV304-3	Length = 2	285
		SV304-4	Length = 2	285
		SV304-5	Length = 2	285
		SV306	Length = 5	286

Loop ID – Loop Name	SEG	Element	Comments	Page
	TOO	TOO02	Length = 2	288
	DTP	DTP03	DTP01 = 472 Date – Service If the detail-level Service Dates are not sent, the 2300 claim-level From Date of Service will be used for the detail.	290
2420A – Rendering Provider Name				
2420A – Rendering Provider Name	NM1	NM101	Value = 82	317
		NM108	Value = XX (National Provider Identifier)	318
		NM109	Length = 10	318
	PRV	PRV01	Value = PE	319
		PRV02	Value = PXC (Health Care Provider Taxonomy Code)	319
		PRV03	Provider Taxonomy Code	319