837D

837 Dental Health Care Claim

This companion document is for informational purposes only to describe certain aspects and expectations regarding the transaction and is not a complete guide. The details contained in this document are supplemental and should be used in conjunction with the ASC X12 Standards for Electronic Data Interchange Technical Report Type 3 (TR3) as published by the Washington Publishing Company.

Section 1 – 837D Dental Health Care Claim: Basic Instructions

Section 2 – 837D Dental Health Care Claim: Enveloping

Section 3 – 837D Dental Health Care Claim: Charts for Situational Rules

NOTE: Anthem has designated Availity to operate and serve as Anthem's EDI Gateway (entry point) as a no-cost option to our Trading Partners.

Get Started With Availity

The Availity Quick Start Guide will assist you with any EDI connection questions.

If you're a provider and wish to use a Clearinghouse or Billing company, please work with them to ensure connectivity.

Need Assistance?

For questions about signing up, contact Availity Client Services
1-800-AVAILITY (1-800-282-4548) or visit www.availity.com

Section 1 - Basic Instructions

1 X12 and HIPAA Compliance Checking, and Business Edits

EDI interchanges submitted to Anthem for processing pass through compliance edits. 5010 acknowledgments and reports for accepted/rejected files will be returned to the trading partner for pickup using the reporting method established at Availity.

- TA1 Interchange Acknowledgment. Anthem returns TA1 X12 and proprietary reports to the submitter of inbound 837 files containing envelope errors in the ISA and GS segments.
- Level 1. Immediate Batch Report (IBR). Anthem returns a 999 Interchange Acknowledgment to the submitter for every inbound 837 transaction received. If the X12 syntax or any other aspect of the 837 is not X12 compliant, the Immediate Batch Report/999 will also report the Level 1 errors in AK segments and indicate that the entire transaction set has been rejected.
- Level 2. In addition to HIPAA TR3 edits, Anthem applies business edits to ensure that the necessary information is populated and complete for efficient processing. When encountering HIPAA compliance (including balancing), code set or business errors, Anthem returns details that identify these errors to the Trading Partner in the: 1) Electronic Batch Report (EBR) and 2) Delayed Payer Report (DPR) listing which claim(s) have failed. These reports are formatted based on the settings the trading partner chooses at Availity. Review the Availity EDI Guide for more information on report formatting options.

2 HIPAA Compliant Codes

Use HIPAA-compliant codes from current versions of the following:

- Physician's Current Dental Terminology (CDT)
- Health Care Financing Administration Common Procedural Coding System (HCPCS)
- International Classification of Diseases Clinical Mod (ICD-10-CM) Clinical Modification
- International Classification of Diseases Clinical Mod (ICD-10-PCS) Procedure Coding System
- Provider Taxonomy Codes

3 Diagnosis Codes

According to the 837D TR3, a transaction is not X12 compliant if decimal points are used in diagnosis codes. Therefore, should a diagnosis code contain a decimal point, Anthem will return an Immediate Batch Report/999 to the submitter indicating that the transaction has been rejected.

4 Procedure Codes and Modifiers

All valid CDT and HCPCS codes and modifiers are accepted for claim adjudication. Refer to your billing guidelines or provider contract for submission of these codes. If submitted codes are invalid, an Electronic Batch Report and/or a Delayed Payer Report will be returned to the submitter identifying which claim(s) have failed.

5 Uppercase Letters, Special Characters, and Delimiters

As specified in the TR3, the basic character set includes uppercase letters, digits, space, and other special characters.

- All alpha characters must be submitted in UPPERCASE letters only.
- Suggested delimiters for the transaction are assigned as part of the trading partner set up.
  - Data Element Separator, Asterisk (*)
  - Repetition Separator (ISA11), Caret (^)
  - Sub-Element Separator, Colon (:)
  - Segment Terminator, Tilde (~)
- To avoid syntax errors, hyphens, parentheses and spaces are not recommended to be used in values for identifiers.

  Examples: Recommended: Zip Code 123456789 Medical Record # 1234567
- Since originally submitted values may be returned on outbound transactions, Anthem encourages trading partners to not use the following special characters as part of the value: asterisk (*), less than/greater than signs (<, >), colon (:), and slash (/). This minimizes the risk for a special character to be recognized as a delimiter.

  Example: Provider assigns a Patient Control Number '12*3456789'. Although an asterisk (*) is a valid special character, it adversely affects processing since it is also a common delimiter. The value '12*3456789' may process incorrectly as two separate values '12' and '3456789'.

6 Decimal "R" Data Element Types

"R" data element types contain a decimal point; involving monetary amounts, units, visits, weights, and frequency. Anthem recommends using decimal points for monetary amounts, and whole numbers for other types of "R" data elements. Except for monetary amounts, if "R" data element type includes a decimal and numbers after the decimal, Anthem adjudicates the claim based on the whole number. Numbers after the decimal will not be considered.

7 Numeric Values, Monetary Amounts and Units

Anthem pays all claims in US dollars and therefore, accepts monetary amounts in US dollars only. If codes related to foreign currencies are used, then an Electronic Batch Report and/or a Delayed Payer Report will be returned to the submitter identifying which claim(s) have failed.

- Anthem recognizes units in whole numbers only.
- Anthem recognizes units in values of less than 9999 and greater than or equal to zero.
- If a negative service line charge (SV302) or negative units (SV306) are used, then an Electronic Batch Report and/or Delayed Payer Report will be returned to the submitter identifying which claim(s) have failed.

8 Address Information

P.O. mailboxes / Lock Boxes are not allowed in the Billing Provider loop. If submitted in the Billing Provider loop, an Electronic Batch Report and/or Delayed Payer Report will be returned to the submitter identifying which claim(s) have failed.

- The Pay-to Address loop does support P.O. Box / Lock Box addresses. Therefore, if payment is expected to be remitted to a P.O. Box / Lock Box, submit the P.O. Box / Lock Box address.
- Full 9-digit zip codes are required in the Billing Provider and Service Facility Location loops. If 5-digit zip codes are used in these loops, an Electronic Batch Report and/or Delayed Payer Report will be returned to the submitter identifying which claim(s) have failed.

9 Taxonomy Codes (PRV)

The Healthcare Provider Taxonomy code set divides health care providers into hierarchical groupings by type, classification, and specialization, and assigns a code to each grouping. The Taxonomy consists of two parts: individuals (e.g., physicians) and non-individuals (e.g., ambulatory health care facilities). All codes are 10-alphanumeric positions in length. Health care providers select the taxonomy code(s) that most closely represents their education, license, or certification. If a health care provider has more than one taxonomy code associated with it, a health plan may prefer that the health care provider use one over another when submitting claims for certain services.

It is strongly recommended that the taxonomy be populated in PRV segments for all applicable claims that you are filing. Refer to the CMS website for a listing of codes, www.wpc-edi.com/taxonomy.

10 Coordination of Benefits

Specific 837 data elements work together to coordinate benefits between Anthem and Medicare or other carriers. Following the Provider-to-Payer-to-Provider model;

- The provider sends the 837 to the primary payer.
- The primary payer adjudicates the claim and sends an 835 Payment Advice to the provider. The 835 includes the claim adjustment reason code and/or remark code for the claim.
- Upon receipt of the 835, the provider sends a second 837 with COB information populated in Loops 2320, 2330A-H, and/or 2430 to the secondary payer. The secondary payer adjudicates the claim and sends an 835 Payment Advice to the provider.

Anthem recognizes submission of an 837 transaction to a sequential payer populated with data from the previous payer's 835. Based on the information provided and the level of policy, the claim will be adjudicated without the paper copy of the Explanation of Benefits from Medicare or the primary carrier.

When more than one payer is involved on a claim, data elements for all prior payers must be present (i.e., if a tertiary payer is involved, then all the data elements from the primary and secondary payers must also be present).

If data elements from previous payer(s) are omitted, Anthem will fail the particular claim.

Since 5010 has made changes to COB reporting, Anthem strongly encourages in-depth review of TR3 front matter. Anthem adjudicates and pays dental services at the line level. Therefore, when Anthem has any payment position other then primary, line level payments (SVD02), and line level adjustments (CAS), must be conveyed, when known by the submitter.

Explanation of Benefits (EOB) (PWK01=EB) is required when submitting COB claims.
Anthem will set claims to automatically suspend for further review if the PWK or COB data elements are populated. If the supporting documentation (EOB) is not received within 7 calendar days, Anthem may deny the claim.

11 Balancing – Coordination of Benefits

For COB claims, balancing is performed at both claim and service line on the payment charges for each payer. If not balanced, EBR and/or DPR reports will be returned to the submitter identifying which claim(s) have failed.

- Loop 2300 CLM02 (Total Claim Charge) must equal the sum of Loop 2400 SV302 (Line Item Charge).
- Loop 2320 AMT02 (COB Payer Paid Amount) must equal the sum of Loop 2430 SVD02 (Line Adjudication Information) less the sum of Loop 2300 CAS (Claim Level Adjustments).
- Loop 2400 SV302 (Line Item Charge Amount) must equal the sum of Loop 2430 SVD02 (Line Adjudication Information) plus the sum of Loop 2430 CAS (Claim Level Adjustments).

12 Preparing and Sending Paper Attachments to Support a Claim

Loop 2300 PWK segment is required when documentation (attachments) support a claim.

A) Sending attachment(s) electronically (PWK02=EL) with National Electronic Attachment, Inc. (NEA)

Many providers use NEA to transmit attachments (x-rays, lab reports, primary EOBs, narratives, periocharts and other chart notes) in support of claims submitted electronically.

- Contact NEA by accessing their site at www.nea-fast.com.
- Populate the NEA assigned Attachment Control Number (PWK06) in the electronic claim.

B) Sending attachment(s) by mail (PWK02=BM); completing the Attachment Face Sheet

- Create unique Attachment Control Number (PWK06) for each attachment as recommended in chart below.
- Mail the attachment(s) the day the claim is submitted. **Addresses at bottom of Attachment Face Sheet (see next page)*
- Do not send unnecessary attachments (i.e., copy of the member's ID card).
- Ensure claim and attachment matches based on the Attachment Control Number (PWK06), or the claim may be denied.
- Ensure that the same Attachment Control Number (PWK06) is used for multiple attachments supporting a single claim.
- Ensure all information is legible to avoid processing delays.
- If claim with supporting documentation is rejected, correct the claim using the same Attachment Control Number (PWK06). Anthem will hold the attachment and match the claim once it is received. However, if a new Attachment Control Number is assigned, supporting documentation referencing the new Attachment Control Number will need to be submitted.

Attachment Control # **A11056789BE** or **C11056789BE**

Position #	Example	Definition
1	A or C	Represents the type of claim associated with the attachment A = non-COB claim C = COB claim
2-5	1105	Represents the date the claim was submitted electronically. Date = 11/05/2004, enter **1105**
6-9	6789	Represents the last four digits of the submitted Member ID#. Member ID = 123456789, enter **6789**
10-11	BE	Represents the first two letters of the patient's first name. Patient Name = Betty, enter **BE**

DENTAL

Attachment Face Sheet

Loop 2300 PWK Claim Supplemental Information

The paper documentation included in this mailing supports the electronically submitted claim.

Type of Attachment:

- ☐ Explanation of Benefits (EOB)
- ☐ X-rays/Radiology Films
- ☐ Other _____

Date Claim Transmitted	
Subscriber ID # / HCID# (Health Card ID)	
Patient Name & DOB	
State Services were Rendered In	
Date of Service	
Name of Provider	
Provider ID #	
Identification Code (Attachment Control #)	

In order to match the supporting documentation to the appropriate claim, ensure that the Attachment Control # on this Attachment Face Sheet matches the identification code in PWK06 of the corresponding electronically submitted claim.

Send attachments to appropriate mailing address:	
For FEP claims (submitter ID beginning with 'R' prefix): Federal Employees Program P.O. Box 105557 Atlanta, GA 30348-5557	For HMO Encounters (CA): Anthem Blue Cross P.O. Box 659451 San Antonio, TX 78265-9444

If the correspondence is not received in 7 calendar days and is necessary for adjudication, the claim may be denied. After 7 calendar days, the claim will be reviewed on an inquiry basis only.

13 Sending Electronic Attachments to Support a Claim

The 275 Companion Document (from www.anthem.com/edi, EDI Companion Guide) assists with specific attachment requirements and enables providers to electronically submit attachments based on their business needs.

When attachments are sent electronically (PWK02 = EL) but transmitted in an X12 275 rather than by paper, PWK06 is used to identify the attached electronic documentation. The number in PWK06 of the 837 claim is carried in the TRN segment of the 275 attachment transaction.

(1) Unsolicited

When the provider knows that the payer requires additional information to process the claim

- Provider sends additional information when submitting the claim
- Provider sends the 837 claim with the Loop 2300 PWK segment:
  - PWK02 = EL (electronically only)
  - PWK05 = AC (Identification Code Qualifier); required if PWK02 = EL
  - PWK06 = Identification Code (Attachment Control #) assigned by the provider or their clearinghouse vendor
- Provider then sends the 275 attachment transaction (TRN02 = Attachment Control #)

Provider PWK06 Attachment Control # is the key to unsolicited transaction matching

- When the attachment is unsolicited the Attachment Control # = X12 837 PWK06 = X12 275 TRN02

(2) Solicited

When the payer requests additional information from the provider to process a claim

- Provider sends a claim.
- When Anthem determines not enough information exists to process the claim, Anthem sends letter request for the additional information.
- Provider uses the X12 275 to respond to the letter request

Anthem Attachment Control # (Claim Number) is the key to solicited transaction matching.

- When the attachment is solicited, the Attachment Control # (Claim Number) is in both the Anthem request and the Provider Attachment response (X12 275 TRN02)
- The Attachment Control # (Claim Number) is assigned by Anthem

14 Social Security Number

Unless requested, do not send Social Security Number in the following of the 837 TR3:

- Loop 2010AA REF Billing Provider Tax Identification
- Loop 2010BA NM1 Subscriber Name
- Loop 2010BA REF Subscriber Name
- Loop 2330A NM1 Other Subscriber Name
- Loop 2330A REF Other Subscriber Secondary Identification

Section 2 - Enveloping

EDI envelopes control and track communications between you and Anthem. One envelope may contain many transaction sets grouped into the following:

- Interchange Control Header (ISA)
- Functional Group Header (GS)
- Functional Group Trailer (GE)
- Interchange Control Trailer (IEA)

Anthem has designated Availity to operate and serve as Anthem's EDI Gateway (entry point) as a no-cost option to our Trading Partners. Availity has specific requirements that must be adhered to and should be reviewed in order to ensure transactions are accepted, processed and ultimately delivered to Anthem.

For more information on submitting claims and the required ISA and GS envelope values, review the following topics in the Availity EDI Guide.

- Uploading and downloading EDI files
- Control Segments/Envelopes
- FTP Client Confirmation
- Acknowledgements and Reports

Section 3 - Charts for Situational Rules

Listed below are loops, segments, and data elements required for proper adjudication by Anthem per the situational rules in the 837D TR3.

837 Dental Health Care Claim				
TR3	**Segment**	**Reference Designator(s)**	**Value**	**Definitions and Notes Specific to Anthem Blue Cross**
P.70	**ST** Transaction Set Header	**ST03** Implementation Convention Ref	***005010X224A2***	005010X224A2 - Health Care Claim, Dental
P.71	**BHT** Beginning of Hierarchical Trx	**BHT06** Transaction Type Code	***CH***	CH - Chargeable
			RP	RP - Reporting (for encounters)
Loop ID 1000A—Submitter Name				
P.74	**NM1** Submitter Name	**NM109** Identification Code	***(Submitter Identifier) UPPERCASE***	▪ EDI assigned Sender ID. ▪ Equals the value entered in ISA06 and GS02.
P.76	**PER**	*Submitter EDI Contact Information - Refer to TR3*		
Loop ID 1000B—Receiver Name				
P.79	**NM1** Receiver Name	**NM103** Org Name	***ANTHEM DENTAL***	Receiver Name
		NM109 Identification Code	***ANTHEM DENTAL***	Represents Anthem Dental
Loop ID 2000A—Billing Provider Hierarchical Level				
P.76	**HL**	*Billing Provider Hierarchical Level - Refer to TR3*		
P.78	**PRV** Billing Provider Specialty Info	**PRV03** Reference Identification	***(Provider Taxonomy Code)***	Enter the taxonomy code to uniquely identify the provider.
P.79	**CUR** Foreign Currency Information	**CUR02** Currency Code	***USD***	USD - US dollars ▪ Monetary amounts recognized in US dollars only.
Loop ID 2010AA—Billing Provider Name				
P.82	**NM1** Billing Provider Name	**NM103** Last Name or Organization Name	Enter the provider name noted on the W-9 (Request for taxpayer Identification Number and Certification).	
			Group Practice	Represents name of group practice/clinic
			Sole Proprietor	Represents name of treating dentist
		NM109 Identification Code	*Group Practice*	Represented using Group Entity Type 2 NPI
			Sole Proprietor	Represented using Indiv Entity Type 1 NPI
P.86	**N3** Billing Provider Address	**N301** Address Information	***(Billing Provider Address Line)***	Enter the physical address to uniquely identify the provider. Submitting PO Box address will result in claim failure, and return of EBR/DPR report.
P.87	**N4**	*Billing Prov City, State, ZIP Code - Refer to TR3*		
P.89	**REF** **REF01**	*Billing Provider Tax Identification Number - Refer to TR3* Unless requested, do not send SSN (SY - Social Security Number)		
P.91	**REF**	*Billing Provider UPIN/License Information - Refer to TR3*		
P.93	**PER**	*Billing Provider Contact Information - Refer to TR3*		

837 Dental Health Care Claim				
TR3	**Segment**	**Reference Designator(s)**	**Value**	**Definitions and Notes Specific to Anthem Blue Cross**
Loop ID 2010AB—Pay-To Address Name				
P.96	**NM1**	*Pay-to Address Name- Refer to TR3*		
P.98	**N3** Pay-to Address	**N301** Address Information	***(Pay-to Provider Address Line)***	Enter the address to uniquely identify the provider.
P.99	**N4**	*Pay-To Address City, State, ZIP Code - Refer to TR3*		
Loop ID 2010AC—Pay-To Plan Name				
P.101	**NM1**	*Pay-to Plan Name - Refer to TR3*		
P.103	**N3**	*Pay-to Plan Address - Refer to TR3*		
P.104	**N4**	*Pay-to Plan City, State, ZIP Code - Refer to TR3*		
P.106	**REF**	*Pay-to Plan Secondary Identification - Refer to TR3*		
P.108	**REF**	*Pay-to Plan Tax Identification Number - Refer to TR3*		
Loop ID 2000B—Subscriber Hierarchical Level				
P.109	**HL**	*Subscriber Hierarchical Level - Refer to TR3*		
P.111	**SBR**	*Subscriber Information - Refer to TR3*		
Loop ID 2010BA—Subscriber Name				
P.114	**NM1** Subscriber Name	**NM109** Identification Code	***Enter the ID Number exactly as it appears on the front of the ID card, including ANY PREFIX.*** **Unless requested, do not send SSN**	
P.117	**N3**	*Subscriber Address - Refer to TR3*		
P.118	**N4**	*Subscriber City, State, ZIP Code - Refer to TR3*		
P.120	**DMG**	*Subscriber Demographic Information - Refer to TR3*		
P.122	**REF** **REF01**	*Subscriber Secondary Identification - Refer to TR3* Unless requested, do not send SSN (SY – Social Security Number)		
P.123	**REF**	*Property and Casualty Claim Number - Refer to TR3*		
Loop ID 2010BB—Payer Name				
P.124	**NM1** Payer Name	**NM109** Identification Code	***ANTHEM DENTAL***	Represents Anthem Dental.
P.126	**N3**	*Payer Address - Refer to TR3*		
P.127	**N4**	*Payer City, State, ZIP Code - Refer to TR3*		
P.129	**REF**	*Payer Secondary Identification - Refer to TR3*		
P.131	**REF**	*Billing Provider Secondary Identification - Refer to TR3*		
Loop ID 2000C—Patient Hierarchical Level				
P.133	**HL**	*Patient Hierarchical Level - Refer to TR3*		
P.135	**PAT**	*Patient Information - Refer to TR3*		
Loop ID 2010CA—Patient Name				
P.137	**NM1**	*Patient Name - Refer to TR3*		
P.139	**N3**	*Patient Address - Refer to TR3*		
P.140	**N4**	*Patient City, State, ZIP Code - Refer to TR3*		
P.142	**DMG**	*Patient Demographic Information - Refer to TR3*		
P.144	**REF**	*Property and Casualty Claim Number - Refer to TR3*		

837 Dental Health Care Claim				
TR3	**Segment**	**Reference Designator(s)**	**Value**	**Definitions and Notes Specific to Anthem Blue Cross**
Loop ID 2300—Claim Information				
P.145	**CLM** Claim Information	**CLM01** Claim Submitter's Identifier	***(Patient Account Number)***	▪ Maximum of 20 alphanumeric characters. ▪ Value is returned on outbound 835 and other transactions.
		CLM02 Monetary Amount	***(Total Claim Charge Amt)***	Value must equal the sum of submitted service line charges in Loop 2400 SV302.
		CLM05-3 Claim Frequency Type Code	***7, 8***	If '7' (replacement) or '8' (void/cancel) then the Payer Claim Control # (Loop 2300 REF02) is required and must contain Anthem's originally assigned claim #.
P.152	**DTP**	*Date - Accident - Refer to TR3*		
P.153	**DTP**	*Date - Appliance Placement - Refer to TR3*		
P.154	**DTP** Date - Service Date	**DTP03** Date Time Period	***(Date of Service)***	When a date of service is not submitted, the claim submitted will be considered a Predetermination of Benefits.
P.155	**DTP**	*Date - Repricer Received Date - Refer to TR3*		
P.156	**DN1**	*Orthodontic Total Months of Treatment - Refer to TR3*		
P.158	**DN2**	*Tooth Status - Refer to TR3*		
P.159	**PWK** Claim Supplemental Information	**PWK02** Report Transmission Code	***BM*** ***EL***	Illegible information will delay processing. All documentation must be received within 7 calendar days of receipt of the electronic claim (See Basic Instructions).
		PWK06 Identification Code	▪ Field reserved for self-assigned attachment control number - max. 10 digit alphanumeric. ▪ Digits will be drawn beginning from the left to match the Attachment with the appropriate electronically submitted claim.	
P.162	**CN1**	*Contract Information - Refer to TR3*		
P.164	**AMT**	*Patient Amount Paid - Refer to TR3*		
P.165	**REF**	*Predetermination Identification - Refer to TR3*		
P.166	**REF**	*Service Authorization Exception Code - Refer to TR3*		
P.168	**REF** Payer Claim Control Number	**REF01** Ref ID Qualifier	***F8***	F8 - Original Reference Number
		REF02 Reference Identification	***(Claim Original Reference Number)***	Represents the claim # assigned by Anthem. Providers should submit the original claim # indicated on the 835 when Loop 2300, CLM05-3 equals values of '7' or '8'.
P.169	**REF**	*Referral Number - Refer to TR3*		
P.171	**REF**	*Prior Authorization - Refer to TR3*		
P.173	**REF**	*Repriced Claim Number - Refer to TR3*		
P.174	**REF**	*Adjusted Repriced Claim Number - Refer to TR3*		
P.175	**REF** Claim ID for Transmission Intermediaries	**REF01** Ref ID Qualifier	***D9***	D9 - Claim Number
		REF02 Reference Identification	***(Value Added Network Trace Number)***	Will be returned on EBR/DPR Report, if submitted.

837 Dental Health Care Claim				
TR3	**Segment**	**Reference Designator(s)**	**Value**	**Definitions and Notes Specific to Anthem Blue Cross**
Loop ID 2300—Claim Information (cont'd				
P.177	**K3**	*File Information - Refer to TR3*		
P.179	**NTE**	*Claim Note - Refer to TR3*		
P.180	**HI** Health Care Diagnosis Code	**HI01-2 -- HI0X-2** Industry Code		▪ Include diagnosis information to promote more efficient adjudication and processing of bill type 4XX, 5XX, and 14 transactions. ▪ ICD-9-CM Guide requires diagnosis codes to the highest level of specificity. A 3-digit code cannot be used if a 4-digit exists, no 4-digit if a 5-digit code exists, etc. A code is invalid if it has not been coded to the full number of digits required for that code.
P.185	**HCP**	*Claim Pricing/Repricing Information - Refer to TR3*		
Loop ID 2310A—Referring Provider Name				
P.190	**NM1**	*Referring Provider Name - Refer to TR3*		
P.193	**PRV**	*Rendering Provider Specialty Information - Refer to TR3*		
P.194	**REF**	*Referring Provider Secondary Identification - Refer to TR3*		
Loop ID 2310B—Rendering Provider Name				
P.196	**NM1** Rendering Provider Name	**NM103** Last Name or Organization Name	*Group Practice*	Represents name of treating dentist
			Sole Proprietor	Only if required by billing practice system, data should match Loop 2010AA
		NM109 Identification Code	*Group Practice*	Represented using Indiv Entity Type 1 NPI
			Sole Proprietor	Only if required by billing practice system, data should match Loop 2010AA
P.199	**PRV** Rendering Provider Specialty Info	**PRV03** Reference Identification	***(Provider Taxonomy Code)***	Enter the taxonomy code to uniquely identify the provider.
P.200	**REF**	*Rendering Provider Secondary Identification - Refer to TR3*		
Loop ID 2310C—Service Facility Location Name				
P.202	**NM1**	*Service Facility Location Name - Refer to TR3*		
P.205	**N3**	*Service Facility Location Address - Refer to TR3*		
Loop ID 2310D—Assistant Surgeon Name				
P.210	**NM1**	*Assistant Surgeon Name - Refer to TR3*		
P.213	**PRV**	*Assistant Surgeon Specialty Information - Refer to TR3*		
P.214	**REF**	*Assistant Surgeon Secondary Identification - Refer to TR3*		
Loop ID 2310E—Supervising Provider Name				
P.216	**NM1**	*Supervising Provider Name - Refer to TR3*		
P.219	**REF**	*Supervising Provider Secondary Identification - Refer to TR3*		
Loop ID 2320—Other Subscriber Information				
P.221	**SBR**	*Other Subscriber Information - Refer to TR3*		
P.225	**CAS**	*Claim Level Adjustments - Refer to TR3*		
P.231	**AMT**	*COB Payer Paid Amount - Refer to TR3*		
P.232	**AMT**	*Remaining Patient Liability - Refer to TR3*		
P.233	**AMT**	*COB Total Non-Covered Amount - Refer to TR3*		
P.234	**OI**	*Other Insurance Coverage Information - Refer to TR3*		
P.236	**MOA**	*Outpatient Adjudication Information - Refer to TR3*		

837 Dental Health Care Claim				
TR3	**Segment**	**Reference Designator(s)**	**Value**	**Definitions and Notes Specific to Anthem Blue Cross**
Loop ID 2330A—Other Subscriber Name				
P.239	**NM1** **NM109**	*Other Subscriber Name - Refer to TR3* Unless requested, do not send SSN		
P.242	**N3**	*Other Subscriber Address - Refer to TR3*		
P.243	**N4**	*Other Subscriber City, State, ZIP Code - Refer to TR3*		
P.245	**REF** **REF01**	*Other Subscriber Secondary Identification - Refer to TR3* Unless requested, do not send SSN (SY – Social Security Number)		
Loop ID 2330B—Other Payer Name				
P.246	**NM1**	*Other Payer Name - Refer to TR3*		
P.248	**N3**	*Other Payer Address - Refer to TR3*		
P.249	**N4**	*Other Payer City, State, ZIP Code - Refer to TR3*		
P.251	**DTP**	*Claim Check or Remittance Date - Refer to TR3*		
P.252	**REF**	*Other Payer Secondary Identifier - Refer to TR3*		
P.254	**REF**	*Other Payer Prior Authorization Number - Refer to TR3*		
P.255	**REF**	*Other Payer Referral Number - Refer to TR3*		
P.256	**REF**	*Other Payer Claim Adjustment Indicator - Refer to TR3*		
P.257	**REF**	*Other Payer Predetermination Number - Refer to TR3*		
P.258	**REF**	*Other Payer Claim Control Number - Refer to TR3*		
Loop ID 2330C—Other Payer Referring Provider				
P.259	**NM1**	*Other Payer Referring Provider - Refer to TR3*		
P.261	**REF**	*Other Payer Referring Provider Secondary Identification - Refer to TR3*		
Loop ID 2330D—Other Payer Rendering Provider				
P.263	**NM1**	*Other Payer Rendering Provider - Refer to TR3*		
P.265	**REF**	*Other Payer Rendering Provider Secondary Identification - Refer to TR3*		
Loop ID 2330E—Other Payer Supervising Provider				
P.267	**NM1**	*Other Payer Supervising Provider - Refer to TR3*		
P.269	**REF**	*Other Payer Supervising Provider Secondary Identification - Refer to TR3*		
Loop ID 2330F—Other Payer Billing Provider				
P.271	**NM1**	*Other Payer Billing Provider - Refer to TR3*		
P.273	**REF**	*Other Payer Billing Provider Secondary Identification - Refer to TR3*		
Loop ID 2330G—Other Payer Service Facility Location				
P.274	**NM1**	*Other Payer Service Facility Location - Refer to TR3*		
P.276	**REF**	*Other Payer Service Facility Location Secondary Identification - Refer to TR3*		
Loop ID 2330H—Other Payer Assistant Surgeon				
P.277	**NM1**	*Other Payer Assistant Surgeon - Refer to TR3*		
P.279	**REF**	*Other Payer Assistant Surgeon Secondary Identifier - Refer to TR3*		
Loop ID 2400—Service Line				
P.281	**LX**	*Service Line Number - Refer to TR3*		
P.282	**SV3** Dental Service	**SV302** Monetary Amount	***(Line Item Charge Amt)***	Sum of line charges must equal the Total Claim Charge Amount in Loop 2300 CLM02.
		SV306 Quantity	***(Procedure Count)***	Accept values greater than or equal to zero, and up to 9999.
P.288	**TOO** Tooth Information	**TOO02** Tooth Number	If procedure code requires: ▪ Surface codes - submit 1 tooth # and up to 4 surfaces per procedure line. ▪ No surface codes - submit up to 6 tooth # per procedure line. ▪ Range of teeth - submit up to 1 range per procedure line.	
		TOO03 Tooth Surface Code		

837 Dental Health Care Claim				
TR3	**Segment**	**Reference Designator(s)**	**Value**	**Definitions and Notes Specific to Anthem Blue Cross**
Loop ID 2400—Service Line				
P.290	**DTP**	*Date - Service Date - Refer to TR3*		
P.291	**DTP**	*Date - Prior Placement - Refer to TR3*		
P.292	**DTP**	*Date - Appliance Placement - Refer to TR3*		
P.293	**DTP**	*Date - Replacement - Refer to TR3*		
P.294	**DTP**	*Date - Treatment Start - Refer to TR3*		
P.295	**DTP**	*Date - Treatment Completion - Refer to TR3*		
P.296	**CN1**	*Contract Information - Refer to TR3*		
P.298	**REF**	*Service Predetermination Identification - Refer to TR3*		
P.300	**REF**	*Prior Authorization - Refer to TR3*		
P.302	**REF**	*Line Item Control Number - Refer to TR3*		
P.304	**REF**	*Repriced Claim Number - Refer to TR3*		
P.305	**REF**	*Adjusted Repriced Claim Number - Refer to TR3*		
P.306	**REF**	*Referral Number - Refer to TR3*		
P.308	**AMT**	*Service Tax Amount - Refer to TR3*		
P.309	**K3**	*File Information - Refer to TR3*		
P.311	**HCP**	*Line Pricing/Repricing Information - Refer to TR3*		
Loop ID 2420A—Rendering Provider Name				
P.316	**NM1**	*Rendering Provider Name - Refer to TR3*		
P.319	**PRV** Rendering Provider Specialty Info	**PRV03** Reference Identification	***(Provider Taxonomy Code)***	Enter the taxonomy code to uniquely identify the provider.
P.320	**REF**	*Rendering Provider Secondary Identification - Refer to TR3*		
Loop ID 2420B—Assistant Surgeon Name				
P.322	**NM1**	*Assistant Surgeon Name - Refer to TR3*		
P.325	**PRV**	*Assistant Surgeon Specialty Information - Refer to TR3*		
P.326	**REF**	*Assistant Surgeon Secondary Identification - Refer to TR3*		
Loop ID 2420C—Supervising Provider Name				
P.328	**NM1**	*Supervising Provider Name - Refer to TR3*		
P.331	**REF**	*Supervising Provider Secondary Identification - Refer to TR3*		
Loop ID 2420D—Service Facility Location Name				
P.333	**NM1**	*Service Facility Location Name - Refer to TR3*		
P.336	**N3**	*Service Facility Location Address - Refer to TR3*		
P.337	**N4**	*Service Facility Location City, State, ZIP Code - Refer to TR3*		
P.339	**REF**	*Service Facility Location Secondary Identification - Refer to TR3*		
Loop ID 2430—Line Adjudication Information				
P.341	**SVD**	*Line Adjudication Information - Refer to TR3*		
P.345	**CAS**	*Line Adjustment - Refer to TR3*		
P.351	**DTP**	*Line Check or Remittance Date - Refer to TR3*		
P.352	**AMT**	*Remaining Patient Liability - Refer to TR3*		
P.353	**SE**	*Transaction Set Trailer - Refer to TR3*		

Release Notes

Number	Page(s)	Description
AV-1		*Updated references for Availity EDI Gateway* *Updated Acknowledgement and Reports to Electronic Batch Report and Delayed Payer Report* *Updated Basic Instructions – Social Security Number*
AV-2		*Removed Availity Welcome Kit* *Updated Availity Quick Start Guide* *Updated Availity EDI Guide*