TennCare

Standard Companion Guide Transaction Information

Instructions related to Transactions based on ASC X12 Implementation Guides, version 005010

837 Dental Transactions

Companion Guide Version Number: 1.1

5/16/2013

Preface

Companion Guides (CG) may contain two types of data, instructions for electronic communications with the publishing entity (Communications/Connectivity Instructions) and supplemental information for creating transactions for the publishing entity while ensuring compliance with the associated ASC X12 IG (Transaction Instructions). Either the Communications/Connectivity component or the Transaction Instruction component must be included in every CG. The components may be published as separate documents or as a single document.

The Communications/Connectivity component is included in the CG when the publishing entity wants to convey the information needed to commence and maintain communication exchange.

The Transaction Instruction component is included in the CG when the publishing entity wants to clarify the IG instructions for submission of specific electronic transactions. The Transaction Instruction component content is limited by ASCX12's copyrights and Fair Use statement.

Express permission to use ASC X12 copyrighted materials has been granted to TennCare related to this CG. The underlying TR3 that is used as the basis for this CG can be purchased at http://store.X12.org.

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Transaction Instruction (TI)

1 TI Introduction

1.1 Background

1.1.1 Overview of HIPAA Legislation

The Health Insurance Portability and Accountability Act (HIPAA) of 1996 carries provisions for administrative simplification. This requires the Secretary of the Department of Health and Human Services (HHS) to adopt standards to support the electronic exchange of administrative and financial health care transactions primarily between health care providers and plans. HIPAA directs the Secretary to adopt standards for transactions to enable health information to be exchanged electronically and to adopt specifications for implementing each standard HIPAA serves to:

- Create better access to health insurance
- Limit fraud and abuse
- Reduce administrative costs

1.1.2 Compliance according to HIPAA

The HIPAA regulations at 45 CFR 162.915 require that covered entities not enter into a trading partner agreement that would do any of the following:

- Change the definition, data condition, or use of a data element or segment in a standard.
- Add any data elements or segments to the maximum defined data set.
- Use any code or data elements that are marked “not used” in the standard’s implementation specifications or are not in the standard’s implementation specification(s).
- Change the meaning or intent of the standard’s implementation specification(s).

1.1.3 Compliance according to ASC X12

ASC X12 requirements include specific restrictions that prohibit trading partners from:

- Modifying any defining, explanatory, or clarifying content contained in the implementation guide.
- Modifying any requirement contained in the implementation guide.

1.2 Intended Use

The Transaction Instruction component of this companion guide must be used in conjunction with an associated ASC X12 Implementation Guide. The instructions in this companion guide are not intended to be stand-alone requirements documents. This companion guide conforms to all the requirements of any associated ASC X12 Implementation Guides and is in conformance with ASC X12's Fair Use and Copyright statements.

2 Included ASC X12 Implementation Guides

This table lists the X12N Implementation Guides for which specific transaction Instructions apply and which are included in Section 3 of this document.

Unique ID	Name
V5010X224A2	Health Care Claim : Dental (837)

3 Instruction Tables

These tables contain one or more rows for each segment for which a supplemental instruction is needed.

Legend
SHADED rows represent “segments” in the X12N implementation guide.
NON-SHADED rows represent “data elements” in the X12N implementation guide.

V5010X224A2 Health Care Claim : Dental

Loop ID	Reference	Name	Codes	Notes/Comments
	BHT	Beginning of Hierarchical Transaction		In BHT06: "RP" is expected for encounters. "CH" is expected for all other claims.
2000B	SBR	Subscriber Information		In SBR09: "MC" is used for encounters. "16" is used for claims submitted by MAP/DSNP plans. Refer to TR3 for all other situations.
2010BA	NM1	Subscriber Name		
2010BA	NM108	Identification Code Qualifier		TennCare uses "MI".
2010BA	NM109	Identification Code		Acceptable values are an SSN, which is 9-bytes numeric, or a RID, which is 11-bytes alphanumeric.

2010BB	NM1	Payer Name		When NM101 = "PR", TennCare requires NM109 = "626001445".
2300	CLM	Claim Information		TennCare processes voids (frequency code = 8), but does not process other electronic adjustments.
2300	NTE	Claim Note		This segment may be used by an MCC or MAP/DSNP submitter to sequence the posting of claims within a single file, independently of the actual location in the file. The primary use for this segment is to ensure that a void is processed by TennCare before a replacement original transaction. When used, NTE01 must be "ADD" NTE02 may be any free-form sequencer, up to 80 characters in length. TennCare uses a standard ascending alphanumeric sort on this element when it is used.
2310C	N4	Service Facility Location City, State, Zip Code		
2310C	N404	Country Code		TennCare requires services to be provided in the United States or one of its territories.. Valid values are "US", "PR", "VI", "GU", "MP", and "AS".
2320	CAS	Claim Level		All Valid Adjustment Reason Codes

		Adjustments		may be submitted. TennCare uses "A1" for denials and also uses "107" as a denial for encounters only.
2320	AMT	Coordination of Benefits (COB) Payer Paid Amount		
2320	AMT02	Monetary Amount		If 2330B loop REF01 = "2U" and REF02 starts with "MCC" or "DSNP" and CAS Adjustment Reason Code is "24", "A1" or "107", value is expected to be zero.
2330B	DTP	Claim Check Or Remittance Date		
2330B	DTP01	Date/Time Qualifier		DTP01 must be "573" for post-adjudicated claims.
2330B	REF	Other Payer Secondary Identifier		When the submitter is either an MCC or a MAP/DSNP, TennCare requires a REF, where REF01 = "2U" and REF02 = "MCCxxx" or "DSNPxxx", where "xxx" is the TennCare-assigned organizational number. When third party liability is reported by an MCC or a MAP/DSNP, REF02 must be = a TennCare-assigned TPL Carrier Code.

2330B	REF	Other Payer Claim Control Number		When the submitter is either an MCC or a MAP/DSNP, TennCare also requires a REF, where REF01 = '"F8" and REF02 = the reporting payer's internal control number.
2420D	N4	Service Facility Location City, State, ZIP Code		
2420D	N404	Country Code		See rules for N404 in the header 2310C loop.
2430	SVD	Line Adjudication Information		
2430	SVD02	Monetary Amount		See rules for AMT segment in the header 2320 loop.
2430	CAS	Line Adjustment		See rules for CAS segment in the header 2320 loop.
2000C	HL	Patient Hierarchical Level		All TennCare coverage is provided at the subscriber level, so 2000C is not used by TennCare.

4 TI Additional Information

4.1 Business Scenarios

(Intentionally left blank.)

4.2 Payer Specific Business Rules and Limitations

Each trading partner must identify itself to TennCare by the trading partner id assigned by TennCare and must be used in ISA06, GS02, and 1000A NM109.

The trading partner id for TennCare is “626001445TC” and must be used in ISA08, GS03, and 1000B NM109.

4.3 Frequently Asked Questions

(Intentionally left blank.)

4.4 Other Resources

(Intentionally left blank.)

5 TI Change Summary

There are no previous versions in this format.