




5010 Simplified Gap Analysis Dental Claims

Based on ASC X12-837 v5010 TR3 X224A1

Version 1.1 February 2010



This information is provided by Emdeon for education and awareness use only. While Emdeon believes that all the information in this document is correct as of July 1, 2009, Emdeon does not warrant the accuracy, completeness or fitness for any particular purpose of this information. All use is at the reader's own risk. The information provided here is for reference use only and does not constitute the rendering of legal, financial, or other professional advice or recommendations by Emdeon.

© 2009, Emdeon Corporation, 3055 Lebanon Pike Suite 1000, Nashville, TN 37214.

All Rights Reserved. Printed in the USA.



OVERVIEW



PURPOSE

Claim submitters typically enter the billing information into a Practice Management System or billing system that provides data entry screens. The format that is transmitted out of that system may not be known by the person using the system. This makes it difficult for the physician's office to determine their gaps with regards to the HIPAA data content. The purpose of this document is to provide a tool that removes the formatting from the data content differences between the X12N 004010 Implementation Guide and the X12 005010 HIPAA Technical Report 3 (TR3) X224A1. The information is presented in logical groupings rather than in the order of the TR3.

ROLE OF CLEARINGHOUSE

The Administrative Simplification Act allows the clearinghouse to take in non-standard formats and translate them into the standard format. In order to ensure that the standard format is compliant, the clearinghouse must receive the required data content from the provider regardless of the format that the provider is using to transmit the data. This document outlines the rules for the data content to help claim submitters determine what they need to do to reach a state of compliance for the type of services that they perform.

ROLE OF SOFTWARE VENDOR

As stated above, the clearinghouse can only translate the data content into the standard format if the content is present in the transaction. The software vendor must ensure that the provider can enter the required data into the system for transmission either directly to the payer or through a clearinghouse. If the software does not have the ability to generate the ASC X12 837 (005010X224A1), the claims cannot be sent directly to the payer and must go through a clearinghouse for translation. The provider should use this document to determine whether the software being used in the collection of data for electronic submission meets the HIPAA requirements. If gaps are found, the provider should work with their vendor to ensure that the gaps will be accounted for prior to the mandated date.

TECHNICAL REPORT 3 (TR3)

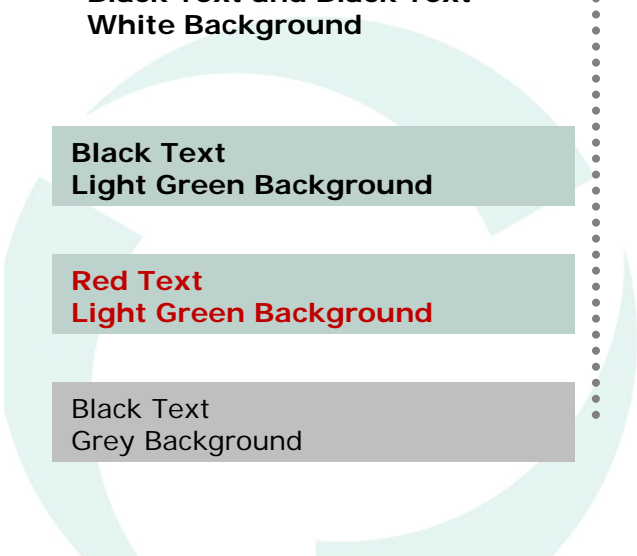
This document should be used along with the X12 5010 Dental TR3 X224A1. To obtain your copy of the TR3 visit the X12 Web Site at:

<http://www.X12.org>
Health Care Claims: Dental 837
ASC X12 837 (005010X224A1)

TEXT LEGEND



White Text Green Background	Indicates a grouping of information. The groups of information are outlined in the section of this overview titled Grouping of Information.
Black Text Orange Background	Indicates a subgroup of information that is REQUIRED on all claims regardless of the provider or procedures being rendered.
White Text Orange Background	Indicates a subgroup of information that is SITUATIONALLY REQUIRED based on the services or situation presented in the claim.
Red Text and Red Text * White Background	Indicates a Data Element that is REQUIRED whenever the subgroup of information is used. The * indicates that there is also a code change for this element.
Black Text and Black Text * White Background	Indicates a Data Element that is SITUATIONALLY REQUIRED based on the services or situation presented in the claim. The * indicates that there is also a code change for this element.
Black Text Light Green Background	Indicates a Data Element new in 005010 X224A1 that is SITUATIONALLY REQUIRED based on the services or situation presented in the claim.
Red Text Light Green Background	Indicates a Data Element new in 005010 X224A1 that is REQUIRED based on the services or situation presented in the claim.
Black Text Grey Background	Indicates a Data Element removed in 005010 X224A1 that was in the 004010 X098A1.



GROUPING OF INFORMATION



OVERVIEW

The information in this document has been divided into logical groups of information. The intent is to present the information in a similar manner to the data entry screens and claim forms typically used by claim submitters.

BATCH LEVEL INFORMATION

Reflects the data pertaining to the Billing Provider and Pay-to Address.

HIGH LEVEL INFORMATION

Reflects the data pertaining to the subscriber and patient. This information would apply to the entire claim.

CLAIM/BILL INFORMATION

Applies to the entire claim and all service lines within the claim. Some of the data can be overridden at the service line level. Information in this group is applicable to most claims regardless of the provider or procedures being performed.

SPECIALTY CLAIM/BILL INFORMATION

Applies to specific claim types as indicated in the subgroup heading. Required data in these subgroups are only required for the specific claim type.

SERVICE LINE INFORMATION

The data in this group is specific to the procedure or service that is being rendered. If some of the data in this group is carried at the claim level, the service line information should only be entered when different from the claim. Information in this group is applicable to most claims regardless of the provider or procedures being performed.

SPECIALTY SERVICE LINE INFORMATION

The data in this group is used for specific claim types as indicated in the subgroup heading. Required data in these subgroups is only required for the specific claim type.

GROUPING OF INFORMATION



SECONDARY BILLING

COB Claim/Line Information

Used for submitting claims to a secondary payer(s). The information should be cross walked from the remittance advice of the payer(s) and should reflect the adjudication information.

OTHER INFORMATION

Repriced Claim/Line Information

Used only by third party repricers to carry the repricing information for adjudication purposes and must never be submitted by a provider.

Clearinghouse/Van Information

Added by the clearinghouse or VAN for tracking purposes.

Subrogation

Used by Medicaid to submit claims to a Health Plan for reimbursement.

WORKERS' COMPENSATION

Subscriber Information

Workers' Compensation Bills are different from Group Health Claims when reporting Subscriber Information. In Workers' Compensation Bills the Subscriber is the Employer of the Patient.

Other Information

Based on State Jurisdiction data elements listed in the specialty section for Workers' Compensation Bills may be required. Providers should check with the State Department of Workers' Compensation for the jurisdiction of the bill to determine the requirements.



5010 GAP ANALYSIS SIMPLIFIED FOR DENTAL CLAIM 837 VERSION 5010 X224A1

Batch Level Information

Billing Provider

Taxonomy Code

Currency Code

Last or Organization Name

First Name

Middle Name or Initial

Name Suffix

NPI

Address 1

Address 2

City Name

State / Province Code

Zip Code

Country Code

Country Subdivision Code

Secondary Identifiers

State License Number

Blue Cross Number

Blue Shield Number

Medicare Number

Medicaid Number

Dentist License Number

CHAMPUS ID Number

EIN

Commercial Number

Site Number

Location Number

SSN

Tax ID Number

Tax Identification Number

EIN

SSN

License and/or UPIN Information

State License Number

Provider UPIN

Contact Name

Communication Number

Email

Telephone Extension

FAX

Telephone Number

Pay-to Address

Taxonomy Code

Last or Organization Name

First Name

Middle Name

Name Suffix

Primary Identifier

EIN

SSN

NPI

Address 1

Address 2

City Name

State / Province Code

Zip Code

Country Code

Pay-to Country Subdivision Code

Secondary Identifiers

State License Number

Blue Cross Provider Number

Blue Shield Provider Number

Medicare Number

Medicaid Number

Dental License Number

CHAMPUS ID Number

EIN

Commercial Number

Site Number

Location Number

SSN

Tax ID Number

High Level Information

Subscriber (Employer)

Payer Responsibility Sequence Number Code

Subscriber Group or Policy Number

Subscriber Group Name

Insurance Type Code

Claim Filing Indicator Code

Last Name

First Name

Middle Name

Name Suffix

Primary Identifier

Standard Unique Health Identifier

Member Identification Number

National Individual Identifier

Secondary Identifier

IHS Health Record Number

Insurance Policy Number

SSN

Other Subscriber Information

Individual Relationship Code

Birth Date

Gender Code

Address 1

Address 2

City Name

State / Province Code

Zip Code

Country Code

Country Subdivision Code

Patient

Individual Relationship Code

Student Status

Last Name

First Name

Middle Name

Name Suffix

Primary Identifier

Member Identification Number

National Individual Identifier

Address 1

Address 2

City Name

State / Province Code

Zip Code

Country Code

Country Subdivision Code

Birth Date

Gender Code

Secondary Identifiers

Member Identification Number

IHS Health Record Number

SSN

Insurance Policy Number

Payer (11 Repeats)

Organization Name

Primary Identifier

Payer ID

CMS Plan ID

Address 1

Address 2

City Name

State / Province Code

Zip Code

Country Code

Country Subdivision Code

Secondary Identifiers

Payer ID

EIN

Claim Office Number

NAIC Code

TIN

Billing Provider Secondary Identifiers

Commercial Number

Location Number

Medicare Assignment Code

Assignment of Benefits

Release of Information Code

Payer Claim Control Number

Referral Number

Prior Authorization Number

Other Payer Contact Name

Communication Number

EDI Access Number

Fascimile

Telephone Ext

E-Mail

Telephone

Claim/Bill Information

Generic Claims

Patient Control Number
Total Claim Charge Amount
Place of Service Code
Claim Frequency Code
Provider Signature On File
 Delay Reason Code
 Admission Date
 Discharge Date
 Referral Date
 Service Date
 Tooth Number
 Tooth Status Code
 Patient Amount Paid
 Service Authorization Exception Code

State / Regulatory Information

Claim Note Text

Diagnosis Type Code

Diagnosis Code (1)

Diagnosis Code (2-4)

Supplemental Information (Repeat 10)

Report Type Code

Report Transmission Code

Attachment Control Number

Contract Information

Contract Type Code

Contract Amount
 Contract Percentage
 Contract Code
 Terms Discount Percentage
 Contract Version Identifier

Rendering Provider

Last or Organization Name

First Name
 Middle Name or Initial
 Name Suffix
 Primary Identifier

EIN

SSN

NPI

Provider Taxonomy Code

Secondary Identifiers

State License Number

Blue Cross Number

Blue Shield Number

Medicare Number

Medicaid Number

Dental License Number

Provider UPIN

CHAMPUS ID Number

EIN

Commercial Number

Site Number

Location Number

SSN

Tax ID Number

Service Facility Location

Organization Name

Primary Identifier

EIN

SSN

NPI

Address 1

Address 2

City name

State / Province Code

Zip Code

Country Code

County Subdivision Code

Secondary Identifiers

State License Number

Blue Cross Number

Blue Shield Number

Medicare Number

Medicaid Number

Provider UPIN

CHAMPUS ID Number

Commercial Number

Location Number

Tax ID Number

CLIA Number

State Industrial Acc Number

Claim/Bill Information

Referring / PCP Providers (2 Repeats)

Last Name

First Name

Middle Name

Name Suffix

Primary Identifier

EIN

SSN

NPI

Provider Taxonomy Code

Secondary Identifiers

State License Number

Blue Cross Number

Blue Shield Number

Medicare Number

Medicaid Number

Dentist License Number

Provider UPIN

CHAMPUS ID Number

EIN

Commercial Number

Site Number

Location Number

SSN

Tax ID Number

Assistant Surgeon

Last Name

First Name

Middle Name or Initial

Name Suffix

Primary Identifier

EIN

SSN

NPI

Provider Taxonomy code

Secondary Identifiers

State License Number

Blue Cross Number

Blue Shield Number

Medicare Number

Medicaid Number

Dentist License Number

Provider UPIN

CHAMPUS ID Number

Commercial Number

Location Number

Tax ID Number

CLIA Number

State Industrial Acc Number

Repriced Claim Information

Repricer Received Date

Specialty Claim/Bill Information

CMS Claims

Special Program Code

Related Causes

Auto Accident

Employment Related

Other Accident

Auto Accident State/Province Code

Auto Accident Country Code

Accident Date

Worker Comp/Disability/P&C Claims

Property Casualty Claim Number

Supervising Provider Information

Last or Organization Name

First Name

Middle Name or Initial

Name Suffix

Primary Identifier

NPI

Secondary Identifiers

State License Number

Provider UPIN

Commercial Number

Location Number

Orthodontic Information

Appliance Placement Date

Treatment Months Count

Treatment Months Remaining Count

Orthodontic Treatment Indicator

Predetermination of Benefits

Predetermination of Benefits Code

Predetermination of Benefits Identifier

Service Line Information

Generic Claims

Procedure Code

Procedure Modifier 1
 Procedure Modifier 2
 Procedure Modifier 3
 Procedure Modifier 4

Description

Line Item Charge Amount

Place of Service Code
 Oral Cavity Code (Repeat 5)
 Prosthesis, Crown or Inlay Code
 Procedure Count
 Diagnosis Code Pointer 1
 Diagnosis Code Pointer 2
 Diagnosis Code Pointer 3
 Diagnosis Code Pointer 4

Tooth Code
 Tooth Surface (Repeat 5)
 Service Date

Prior Authorization Number
 Line Item Control Number

Referral Number
 Sales Tax Amount

State / Regulatory Information
 Line Note Text (Repeat 10)

Contract Information

Contract Type Code

Contract Amount
 Contract Percentage
 Contract Code
 Terms Discount Percentage
 Contract Version Identifier

Rendering Provider

Last or Organization Name

First Name
 Middle Name or Initial
 Name Suffix
 Rendering Primary Identifier

EIN

SSN

NPI

Taxonomy Code

Secondary Identifiers
 State License Number

Blue Cross Number

Blue Shield Number

Medicare Number

Medicaid Number

Dentist License Number

Provider UPIN

CHAMPUS ID Number

EIN

Commercial Number

Site Number

Location Number

SSN

Tax ID Number

Service Facility Location

Organization Name

Primary Identifier
 NPI

Address 1

Address 2

City Name

State / Province Code
 Postal Zone or Zip Code
 Country Code
 Country Subdivision Code
 Secondary Identifiers
 Provider UPIN
 Commercial Number
 Location Number

Anesthesia Claims

Anesthesia Modifying Units (Repeat 5)
 Anesthesia Unit Count (Repeat 5)

Service Line Information

Assistant Surgeon

Last or Organization Name

First Name

Middle Name or Initial

Name Suffix

Primary Identifier

EIN

SSN

NPI

Taxonomy Code

Secondary Identifiers

State License number

Blue Cross Number

Blue Shield Number

Medicare Number

Medicaid Number

Dental License Number

Provider UPIN

CHAMPUS ID Number

Commercial Number

Location Number

Tax ID Number

CLIA Number

State Industrial Acc Number

Repriced Line Information

Repriced Claim Number

Adjusted Repriced Claim Number

Specialty Service Line Information

Supervising Provider Information

Last Name

First Name

Middle Name or Initial

Name Suffix

Primary Identifier

NPI

Secondary Identifiers

State License Number

Provider UPIN

Commercial Number

Location Number

Orthodontic Information

Estimated Prior Placement Date

Prior Placement Date

Orthodontic Banding Date

Replacement Date

Treatment Start Date

Treatment Completion Date

Predetermination of Benefits

Predetermination of Benefits Identifier

Secondary Billing Information

COB Claim Information

Claim Adjustment Group Code (Repeat 5)

Adjustment Reason Code (Repeat 6)

Adjustment Amount (Repeat 6)

Adjustment Quantity (Repeat 6)

Payer Paid Amount

Approved Amount

Allowed Amount

Patient Responsibility Amount

Covered Amount

Discount Amount

Patient Paid Amount

Patient Remaining Liability

Non-Covered Charge Amount

Reimbursement Rate

HCPCS Payable Amount

Claim Payment Remark Code (Repeat 5)

Adjudication or Payment Date

Other Payer Original Reference Number

Approved Amount

COB Line Information

Service Line Paid Amount

Procedure Code

Procedure Modifier 1

Procedure Modifier 2

Procedure Modifier 3

Procedure Modifier 4

Procedure Code Description

Paid Service Unit Count

Bundled or Unbundled Line Number

Claim Adjustment Group Code (Repeat 5)

Adjustment Reason Code (Repeat 6)

Adjustment Amount (Repeat 6)

Adjustment Quantity (Repeat 6)

Adjudication or Payment Date

Remaining Patient Liability

Other Information

Repriced Claim Information

Repriced Claim Reference Number
Adjusted Repriced Claim Reference Number

Pricing Methodology

Repriced Allowed Amount

Repriced Savings Amount
Repricing Organization Identifier
Repricing Per Diem or Flat Rate Amount
Repriced Approved APG Code
Reject Reason Code
Policy Compliance Code
Exception Code

Repriced Line Information

Pricing Methodology

Allowed Amount

Savings Amount
Organization Identifier
Per Diem or Flat Rate
Product or Service ID Qualifier
Repriced Approved HCPCS Code
Unit or Basis for Measurement Code
Approved Service Unit Count
Reject Reason Code
Policy Compliance Code
Exception Code

Credit-Debit Information

Billing Identifiers (Repeat 8)
System Number
Bank Assigned Security Identifier
Electronic Payment Reference Number
Standard Industry Classification (SIC)
Location Number
Rate Code Number
Store Number
Terminal Code
Last or Organization Name
First Name
Middle Name
Name Suffix
Card Number
Authorization Number
Credit or Debit Card Maximum Amount

Clearinghouse/Van Information

Value Added Network Trace Number

Pay-to Plan (Subrogation Claims)

Organization Name

Pay-to Plan Primary Identifier

Payer Id
CMS Plan ID

Address 1

Address 2

City Name

State / Province Code
Zip Code
Country Code
Country Subdivision Code
Secondary Identifiers
Payer Id
Claim Office Number
NAIC Code

Tax Identification Number