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

Any questions?

Contact E-Solutions
www.unicare.com/edi, LiveChat

Section 1 - Basic Instructions

1.1 X12 and HIPAA Compliance Checking, and Business Edits

EDI interchanges submitted to UniCare for processing pass through compliance edits. 5010 acknowledgments and reports for accepted/rejected files will be placed in the submitter's trading partner mailbox for pickup.

- TA1 Interchange Acknowledgment. UniCare returns TA1 X12 and proprietary reports to the submitter of inbound 837 files containing envelope errors in the ISA and GS segments.
- Level 1. UniCare returns a 999 Interchange Acknowledgment to the submitter for every inbound 837 transaction received. Each transaction passes through edits to ensure that it is X12 compliant. If the X12 syntax or any other aspect of the 837 is not X12 compliant, the 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, UniCare applies business edits, such as member validation to each 837 transaction. These business edits ensure that the necessary information is populated and complete for efficient processing. When encountering HIPAA compliance (including balancing), code set or business errors, UniCare returns: 1) 277 Claims Acknowledgment (277CA) and 2) 864 Level 2 Status Report to the submitter identifying which claim(s) have failed.

1.2 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-9-CM) Diseases
- Provider Taxonomy Codes

*ICD-10 Codes will not be accepted any earlier than October 1, 2015.

1.3 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, UniCare will return a 999 FA to the submitter indicating that the transaction has been rejected.

1.4 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, a 277CA and an 864 Level 2 Status Report will be returned to the submitter identifying which claim(s) have failed.

1.5 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. EDI Representative will discuss options with trading partners, if applicable.

Inbound Delimiters		
	Suggested Value	
Data Element Separator	*	Asterisk
Sub-Element Separator	:	Colon
Segment Terminator	~	Tilde
Repetition Separator	^	Caret

- 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, UniCare 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 incorrectly be identified as two separate values '12' and '3456789'.

1.6 Decimal "R" Data Element Types

"R" data element types contain a decimal point; involving monetary amounts, units, visits, weights, and frequency. UniCare 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, UniCare adjudicates the claim based on the whole number. Numbers after the decimal will not be considered.

1.7 Numeric Values, Monetary Amounts and Units

- The use of a decimal point is recommended for monetary amounts only. All monetary amounts should include trailing zeroes for precision (for example: $100; enter 100.00).
- Units, visits, weights and frequency amounts are recognized in whole numbers only. Any non-monetary amount that is a fraction, should be rounded to the nearest whole number.
- If a negative service line charge (SV302) or negative units (SV306) are used, then a 277CA and an 864 Level 2 Status Report will be returned to the submitter identifying which claim(s) have failed.

1.8 Address Information

- P.O. mailboxes / Lock Boxes are not allowed in the Billing Provider loop. If submitted in the Billing Provider loop, a 277CA and an 864 Level 2 Status 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, a 277CA and an 864 Level 2 Status Report will be returned to the submitter identifying which claim(s) have failed.

1.9 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: Individual (e.g., phsyicians) and non-individuals (e.g., amublatory health care facilities). All codes are alphanumeric and are 10 positions in length. These codes are not "assigned" to health care providers; rather, 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 Loops 2000A, 2310A, 2310B, and 2420A PRV segment for all applicable claims that you are filing. Refer to the CMS website for a list of codes, www.wpc-edi.com/taxonomy.

1.10 Coordination of Benefits

Specific 837 data elements work together to coordinate benefits between UniCare 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. NOTE: Loop 2430, Line adjudication Information must be completed in order adjudicate the claim more efficiently.
- The secondary payer adjudicates the claim and sends an 835 Payment Advice to the provider.

UniCare 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, UniCare will fail the particular claim.

Since 5010 has made changes to COB reporting, UniCare strongly encourages in-depth review of TR3 front matter. UniCare adjudicates and pays dental services at the line level. Therefore, when UniCare 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.
UniCare 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, UniCare may deny the claim.

1.11 Claim and COB Balancing

For COB claims, balancing is performed at both claim and service line on the payment charges for each payer. If not balanced, a 277CA and an 864 Level 2 Status Report 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).

1.12 Preparing and Sending Attachments to Support a Claim (Loop 2300 PWK)

Loop 2300 PWK segment is required when documentation (attachments) supports 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), otherwise 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). UniCare 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:

UniCare Dental
P.O. Box 659444
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.

Section 2 - Enveloping

EDI envelopes control and track communications between you and UniCare. 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)

837 Dental Health Care Claim–Envelope Specific to UniCare (TR3, Appendix C)

ISA—Interchange Control Header	
ISA01	00
ISA02	*refer to TR3*
ISA03	00
ISA04	*refer to TR3*
ISA05	ZZ
ISA06	*SENDER ID*
	EDI assigned
	Left-justified followed by spaces
ISA07	ZZ
ISA08	UNICARE
ISA09	*refer to TR3*
ISA10	*refer to TR3*
ISA11	*^ (5E)*
ISA12	00501
ISA13	*refer to TR3*
ISA14	*refer to TR3*
ISA15	*refer to TR3*
ISA16	*refer to TR3*

GS—Functional Group Header	
GS01	HC
GS02	*SENDER ID*
	EDI assigned
	Left-justified followed by no zeroes or spaces
GS03	UNICARE ENCUNICARE
GS04	*refer to TR3*
GS05	*refer to TR3*
GS06	*refer to TR3*
GS07	X
GS08	005010X224A2

GE—Functional Group Trailer	
GE01	*refer to TR3*
GE02	*refer to TR3*

IEA—Interchange Control Trailer	
IEA01	*refer to TR3*
IEA02	*refer to TR3*

UNICARE - for chargeable claims
ENCUNICARE - for encounters

NOTE. Critical Batching and Editing Information
****Transactions must be batched in separate functional group by GS03.***
****Unique group control number (GS06) MUST NOT be duplicated within 365 days by Trading Partner ID (GS02); files containing duplicate or previously received group control numbers will be rejected.***

Section 3 - Charts for Situational Rules

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

837 Dental Health Care Claim				
TR3	**Segment**	**Reference Designator(s)**	**Value**	**Definitions and Notes Specific to UniCare**
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	***UNICARE***	Receiver Name
		NM109 Identification Code	***UNICARE***	Represents UniCare 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 277CA and Level 2 Status report.
P.87	**N4** *Billing Prov City, State, ZIP Code - Refer to TR3*			
P.89	**REF** *Billing Provider Tax Identification Number - Refer to TR3*			
P.91	**REF** *Billing Provider UPIN/License Information - Refer to TR3*			
P.93	**PER** *Billing Provider Contact Information - Refer to TR3*			
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*			

837 Dental Health Care Claim				
TR3	**Segment**	**Reference Designator(s)**	**Value**	**Definitions and Notes Specific to UniCare**
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.***	
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** *Subscriber Secondary Identification - Refer to TR3*			
P.123	**REF** *Property and Casualty Claim Number - Refer to TR3*			
Loop ID 2010BB—Payer Name				
P.124	**NM1** Payer Name	**NM109** Identification Code	***UNICARE***	Represents UniCare 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*			
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 the 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*			

837 Dental Health Care Claim				
TR3	**Segment**	**Reference Designator(s)**	**Value**	**Definitions and Notes Specific to UniCare**
Loop ID 2300—Claim Information (cont'd)				
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 UniCare. 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 Level 2 Status Report, if submitted.
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	▪ ICD-10 Codes will not be accepted any earlier than October 1, 2015. ▪ 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	
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

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TR3	**Segment**		**Reference Designator(s)**	**Value**	**Definitions and Notes Specific to UniCare**
Loop ID 2310B—Rendering Provider Name (cont'd)					
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*			
Loop ID 2330A—Other Subscriber Name					
P.239	**NM1**	*Other Subscriber Name - Refer to TR3*			
P.242	**N3**	*Other Subscriber Address - Refer to TR3*			
P.243	**N4**	*Other Subscriber City, State, ZIP Code - Refer to TR3*			
P.245	**REF**	*Other Subscriber Secondary Identification - Refer to TR3*			
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*			

837 Dental Health Care Claim				
TR3	**Segment**	**Reference Designator(s)**	**Value**	**Definitions and Notes Specific to UniCare**
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		
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 - Treament 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*		

837 Dental Health Care Claim				
TR3	**Segment**	**Reference Designator(s)**	**Value**	**Definitions and Notes Specific to UniCare**
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*		