

**Accredited Standards Committee X12, Insurance Subcommittee, ASC X12N**

**Health Care Claim: Dental (837), 005010X224  
Washington Publishing Company, May 2006**

**Health Care Claim: Dental (837), 005010X224A1  
Washington Publishing Company, Oct 2007**

**Health Care Claim: Dental (837), 005010X224A2  
Washington Publishing Company, June 2010  
<<http://www.wpc-edi.com>>**

The ASC X12 TR3s that detail the full requirements for these transactions are available at <http://store.x12.org/store/>

**This Technical Specification supplements the Health Care Claim: Dental (837) ASC X12N/005010X224 and associated A1 and A2 addendas.**

The objectives of this document are:

\*To clarify what information is needed where the Technical Specification indicates that the choice is dependent on the Payer.

\*To point out preferred selections for data elements where multiple alternatives exist.

In order to create a HIPAA compliant transaction, you must first meet the requirements of the TR3, and then incorporate the payer specific requirements.

All alpha characters must be received in upper case. Do not use special characters.

OR-MMIS requires one type of 837 transaction per transmission, for example the 837P, or the 837D, or the 837I. Only Chargeable Transactions are allowed.

Every effort has been made to prevent errors in this document. However, if there is a discrepancy between this document and the TR3, the TR3 is the final authority.

In the examples given in this Technical Specification, a lowercase "b" denotes a blank space and values contained in examples are for reference purposes only.

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**ISA - Interchange Control Header - Page C.3**

Example: ISA\*00\*bbbbbbbb\*00\*bbbbbbbb\*ZZ\*MB123456bbbb\*ZZ\*ORDHSbbbb\*120101\*1452!\*00501\*00000905\*0\*P\*::~

ELEMENT	NAME	PREFERRED VALUE	COMMENTS
ISA01	Authorization Information Qualifier	00	
ISA03	Security Information Qualifier	00	
ISA05	Interchange ID Qualifier	ZZ	
ISA06	Interchange Sender ID		The sender's mailbox number MB##### (upper-case MB)
ISA07	Interchange Receiver ID Qualifier	ZZ	
ISA08	Interchange Receiver ID	ORDHS	Insert spaces <u>after</u> data to meet 15-byte requirement.

**GS - Functional Group Header - Appendix C. 7**

Example: GS\*HC\*MB123456\*ORDHS\*20120101\*1452\*1215\*X\*005010X224A2~

ELEMENT	NAME	PREFERRED VALUE	COMMENTS
GS02	Application Senders Code		The sender's mailbox number MB##### (upper-case MB)
GS03	Application Receiver's Code	ORDHS	

**ST - Transaction Set Header - Page 65**

Example: ST\*837\*987654\*005010X224A2~

ELEMENT	NAME	PREFERRED VALUE	COMMENTS
ST02	Transaction Set Control Number		The unique number that will be returned on your 999.  In order to ensure an unique number is returned in your 999, it is recommended this number not repeat on any same transaction type for 180 days.

**BHT - Beginning of Hierarchical Transaction - Page 66**

Loop ID: None

Example: BHT\*0019\*00\*0123\*20120101\*0932\*CH~

ELEMENT	NAME	PREFERRED VALUE	COMMENTS
BHT02	Transaction Set Purpose Code	00	
BHT06	Claim Identifier	CH	

**NM1 - Submitter Name - Page 69**

Loop ID: 1000A

Example: NM1\*41\*2\*ABC SUBMITTER\*\*\*\*\*46\*MB123456~

ELEMENT	NAME	PREFERRED VALUE	COMMENTS
NM109	Submitter Identifier		The sender's mailbox number MB##### (upper-case MB)

**NM1 - Receiver Name - Page 74**

Loop ID: 1000B

Example: NM1\*40\*2\*OR-MMIS\*\*\*\*\*46\*OR-MMIS~

ELEMENT	NAME	PREFERRED VALUE	COMMENTS
NM103	Receiver Name	OR-MMIS	
NM109	Receiver Primary Identifier	OR-MMIS	

**PRV - Billing Provider Specialty Information - Page 78**

Loop ID: 2000A

Example: PRV\*BI\*PXC\*122300000X~

ELEMENT	NAME	PREFERRED VALUE	COMMENTS
PRV03	Provider Taxonomy Code		Note: Make sure you send the taxonomy code that you have registered with DMAP.

**N4 - Billing Provider City, State, Zip Code - Page 87**

Loop ID: 2010AA

Example: N4\*SALEM\*OR\*973010315~

ELEMENT	NAME	PREFERRED VALUE	COMMENTS
N403	Billing Provider Postal Zone or Zip Code		Note: Make sure you send the Zip+4 that OR-MMIS has on file.

**NM1 - Subscriber Name - Page 114**

Loop ID: 2010BA

Example: NM1\*IL\*1\*DOE\*JOHN\*T\*\*JR\*MI\*12345678~

ELEMENT	NAME	PREFERRED VALUE	COMMENTS
NM103	Subscriber Last Name		Patient's last name as it appears on the DMAP medical care identification. Do not use special characters.
NM104	Subscriber First Name		Patient's first name as it appears on the DMAP medical care identification. Cannot be blank. Do not use special characters.
NM109	Subscriber Primary Identifier		Patient's 8-character Prime I.D. as it appears on the DMAP medical care identification.

**NM1 - Payer Name - Page 124**

Loop ID: 2010BB

Example: NM1\*PR\*2\*OR-MMIS\*\*\*\*\*PI\*OR-MMIS~

ELEMENT	NAME	PREFERRED VALUE	COMMENTS
NM103	Payer Name	OR-MMIS	
NM109	Payer Identifier	OR-MMIS	

**N3 - Payer Address - Page 126**

Loop ID: 2010BB

Example: N3\*500 SUMMER STREET NE~

ELEMENT	NAME	PREFERRED VALUE	COMMENTS
N301	Payer Address Line	500 SUMMER STREET NE	

**N4 - Payer City, State, Zip Code - Page 127**

Loop ID: 2010BB

Example: N4\*SALEM\*OR\*973010315~

ELEMENT	NAME	PREFERRED VALUE	COMMENTS
N401	Payer City Name	SALEM	
N402	Payer State Code	OR	
N403		973010315	