

NEBLUE *connect*



Dental
Health Care Claim
ANSI ASC X12N 837D

Companion Document
Health Insurance Portability and Accountability Act



**BlueCross BlueShield
of Nebraska**

A Not-For-Profit Mutual Insurance Company and an Independent Licensee
of the Blue Cross and Blue Shield Association.

ANSI ASC X12N 837D Dental Health Care Claim

Companion Document
Version 4010A1
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The Health Insurance Portability and Accountability Act (HIPAA) requires that all health insurance payers in the United States comply with the electronic data interchange (EDI) standards for health care as established by the Secretary of Health and Human Services (HHS). The ANSI X12N 837D implementation guide has been established as the standards of compliance for eligibility transactions. The implementation guides for each transaction are available electronically at www.wpc-edi.com.

The following information is intended to serve only as a companion document to the HIPAA ANSI X12N 837D implementation guide. The use of this document is solely for the purpose of clarification. This companion document supplements, but does not contradict any requirements in the X12N 837D implementation guide.

This document is subject to change as new information is available. Please check the BCBSNE Provider Web Site at www.bcbsneprovider.com for updated documents. Just click on the NEBLUECONNECT link to find all of the BCBSNE Companion Guides.

BCBSNE Requirements – 837D

General Information

NEBLUECONNECT requires using delimiters from the following list: > * ~ ^ | :
Submitting delimiters not supported with this list may cause an interchange (transmission) to be rejected.

NEBLUECONNECT will generate a 997 Functional Acknowledgement transaction in reply to the 837 transaction. The 997 performs validation against the X12 Standard.

NEBLUECONNECT will also generate a Claims Confirmation Report, also known as Gen Response Report, if the 837 passes X12 Standard validation. This is a report of the validation against the HIPAA Implementation Guide.

BCBSNE will reject an interchange (transmission) submitted with more than 9999 loops.

BCBSNE will reject an interchange (transmission) submitted with more than 9999 segments per loop.

BCBSNE will reject an interchange (transmission) with more than 5000 CLM segments (claims) submitted per transaction set.

BCBSNE applies Business Quality Edits to the claim after the claims have passed syntax and structure edits. Any claims that are rejected during the Quality Edit Process are reported on the Quality Edit Reject Report. The Quality Edit Reject Report is generated during the nightly batch cycle and sent back out to the trading partner mailbox.

Credit/Debit card information will be ignored and will not be processed. Credit/Debit card information must not be used to bill payers.

Negative dollar amounts will not be processed and will result in the claim being rejected, unless the negative dollar amounts are in COB segments. The maximum size for dollar amount fields is 10 characters (8 digits and 2 decimals). Blue Cross claims submitted with dollar amounts in excess of 99999999.99 will be returned to the submitter.

Dollar amounts must be rounded to two decimal spaces.

BCBSNE requires that percentages and/or units must be rounded to the nearest whole number.

Interchange Sender and Receiver ID Requirements

ISA and GS	ISA05 = ZZ
	ISA06 = Seven digit BCBSNE Trading Partner Number
	ISA07 = ZZ
	ISA08 = NEBLUECONNECT

GS02 = Seven digit BCBSNE Trading Partner Number
GS03 = NEBLUECONNECT

NPI Information

BCBSNE requires the NPI number on 837D transactions.

Loop, Segment, Element

Receiver Name 1000B Loop

NM1 Segment Receiver Name

NM103 Please use NEBLUECONNECT for the Organization Name.

Billing Provider Name 2010AA Loop

NM108 NPI Qualifier

NM109 NPI number

REF01 Please use EI (Employer's Identification Number)

REF02 Employer's Identification Number

Subscriber Information 2000B Loop

SBR Segment Subscriber Information

SBR09 For the claim to route correctly to BCBSNE please use BL.

BCBSNE also accepts HM.

Your claims will be rejected with "Unable to Determine Route" if one of these values is not sent.

Payer Name 2010BB Loop

NM1 Segment Payer Information

NM108 Please use PI for BCBSNE.

NM109 For your claims to route to BCBSNE correctly please use following:
00260 or 00760

Your claims will be rejected with "Unable to Determine Route" if one of these values is not sent.

Claim Information 2300 Loop

PWK Segment Claim Supplemental Information

You may submit the PWK related to the claim by the following Report Transmission codes:

BM - By Mail at the following address:

PWK837
Blue Cross and Blue Shield of Nebraska
PO Box 247039
Omaha, NE 68124-7039

EM - Email to: PWK837@BCBSNE.com

FX - Fax to local #402-548-4684 or toll free to 1-888-233-8084

If the PWK segment is utilized, each page of PWK submitted MUST have the attachment control number clearly visible.

BCBSNE will not be able to process any PWK that is sent via fax, email, regular mail or electronically without the attachment control number.

ONLY information relating to Claim Supplemental Information (PWK) may be sent to these addresses.

NTE Segment Claim Note

Data submitted in this segment will not be used for processing.

Rendering Provider Name 2310B Loop

NM108	NPI Qualifier
NM109	NPI number
REF01	Please use EI (Employer's Identification Number)
REF02	Employer's Identification Number