



South Carolina

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ANSI X12N 837D (004010X097A1)
HEALTH CARE CLAIM: DENTAL
SUPPLEMENTAL IMPLEMENTATION GUIDE

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INTRODUCTION

The Secretary of Health and Human Services has established version 4010A1 of the X12N 837 Electronic Data Interchange Transaction Set Implementation Guides as national standards for use by all health plans in the United States. This fulfills certain requirements of the Administrative Simplification provisions of HIPAA. Further information on the HIPAA standards requirements in general may be obtained at <http://aspe.hhs.gov/admsimp>.

Version 4010A1 (addenda) of the 837 - Dental transaction will be the version recognized by BlueCross BlueShield of South Carolina.

The following information is intended to serve only as a companion document to the HIPAA ANSI X12N 837 Dental Implementation guide. The use of this document is solely for the purpose of clarification. The information describes specific requirements to be used in processing BlueCross BlueShield of South Carolina HIPAA ANSI X12N 837 Dental Claims submitted via EDI (Electronic Data Interchange). Please note that the HIPAA ANSI X12N 837 Supplemental Implementation Guide is subject to change. Any changes will be available at www.SouthCarolinaBlues.com.

BlueCross BlueShield of South Carolina currently accepts one type of transaction per transmission. Therefore, all ST01 elements within the transmission will equal the same transaction number. For example, fourteen 837I transactions are acceptable within one enveloping sequence, but thirteen 837Is and one 276 within one enveloping sequence is unacceptable.

**Shaded text in the body of this document indicates
 BlueCross BlueShield of South Carolina-specific information.**

REVISION LOG

Date	Author	Revision Description
May 7, 2003		Original with 4010A1
October 29, 2003	E. Baylor-Elks	Formatting
November 12, 2003	E. Baylor-Elks	Added ST01 note to introduction
January 7, 2004	E. Baylor-Elks, K. Harris	Clarified note at 2400 SV3
September 10, 2008	E. Baylor-Elks	NPI changes; reformatted document

Segment: **BHT** Beginning of Hierarchical Transaction
Position: 010
Loop:
Level: Heading
Usage: Mandatory
Max Use: 1

Data Element Summary

Ref.	Data	
<u>Des.</u>	<u>Element</u>	<u>Name</u>
BHT06	640	Transaction Type Code
The claim must be a chargeable claim.		
	CH	Chargeable

Segment: **PRV** Billing/Pay-to Provider Specialty Information
Position: 003
Loop: 2000A
Level: Detail
Usage: Optional
Max Use: 1

Notes: The billing provider's specialty information is required when the claim does not contain rendering provider information at the claim level.

Data Element Summary

Ref.	Data	
<u>Des.</u>	<u>Element</u>	<u>Name</u>
PRV01	1221	Provider Code
This element must equal 'BI'.		
	BI	Billing

Segment: **NM1** Billing Provider Name
Position: 015
Loop: 2010AA
Level: Detail
Usage: Required
Max Use: 1

Data Element Summary

Ref.	Data	
<u>Des.</u>	<u>Element</u>	<u>Name</u>
NM108	66	Identification Code Qualifier
All providers eligible under CMS guidelines to receive a National Provider ID number must report the NPI number in element 09, using the qualifier 'XX' in element 08.		
If a provider is not eligible to receive a NPI, either the Employer Identification Number or the provider's Social Security Number may be used in element 09, and element 08 may contain either '24' or '34'.		
	24	Employer's Identification Number (EIN)
	34	Social Security Number (SSN)
	XX	Health Care Financing Administration National Provider Identifier (NPI)

Segment: **REF** **Billing Provider Secondary Identification Number**
Position: 035
Loop: 2010AA
Level: Detail
Usage: Optional
Max Use: 5

Data Element Summary

<u>Ref. Des.</u>	<u>Data Element</u>	<u>Name</u>
REF01	128	Reference Identification Qualifier If the NPI is reported in the billing provider's name segment (2010AA-NM1), then this segment must report the provider's EIN or SSN or FTIN. If the EIN or SSN is reported in the billing provider's name segment (2010AA-NM1), then this segment must report a: <ul style="list-style-type: none"> o Blue Cross Provider Number o Blue Shield Provider Number o Payer-Assigned Provider Number
	1A	Blue Cross Provider Number
	1B	Blue Shield Provider Number
	EI	Employer's Identification Number (EIN)
	G2	Provider Commercial Number
	SY	Social Security Number (SSN)
	TJ	Federal Taxpayer's Identification Number (FTIN)

Segment: **NM1** **Pay-to Provider's Name**
Position: 015
Loop: 2010AB
Level: Detail
Usage: Optional
Max Use: 1

Data Element Summary

<u>Ref. Des.</u>	<u>Data Element</u>	<u>Name</u>
NM108	66	Identification Code Qualifier If this loop is used, all providers eligible under CMS guidelines to receive a National Provider ID number must report the NPI number in element 09, using the qualifier 'XX' in element 08. If a provider is not eligible to receive a NPI, either the Employer Identification Number or the provider's Social Security Number may be used in element 09.
	24	Employer's Identification Number
	34	Social Security Number
	XX	Health Care Financing Administration National Provider Identifier

Segment: **REF** Pay-to Provider Secondary Identification Number
Position: 035
Loop: 2010AB
Level: Detail
Usage: Optional
Max Use: 5

Data Element Summary

<u>Ref.</u>	<u>Data</u>	<u>Name</u>
<u>Des.</u>	<u>Element</u>	
REF01	128	Reference Identification Qualifier
		If the pay-to provider's NPI is reported in the pay-to provider name segment (2010AB-NM109), either the provider's Employer Identification Number or Social Security number must be reported in this segment.
		If the pay-to provider's EIN or SSN is reported in the pay-to provider name segment (2010AB-NM109), one of the following must be reported:
	1A	Blue Cross Provider Number
	1B	Blue Shield Provider Number
	EI	Employer's Identification Number
	G2	Provider Commercial Number
	SY	Social Security Number
	TJ	Federal Taxpayer Identification Number

Segment: **NM1** Subscriber Name
Position: 015
Loop: 2010BA
Level: Detail
Usage: Required
Max Use: 1

Data Element Summary

<u>Ref.</u>	<u>Data</u>	<u>Name</u>
<u>Des.</u>	<u>Element</u>	
NM102	1065	Entity Type Qualifier
		This element must equal '1' because only a person may be a subscriber.
	1	Person
NM108	66	Identification Code Qualifier
		This element must equal 'MI', indicating that the number is element 09 is the Member Identification Number from the member's ID card.
	MI	Member Identification Number

Segment: **NM1 Payer Name**
Position: 015
Loop: 2010BB
Level: Detail
Usage: Required
Max Use: 1

Data Element Summary

<u>Ref.</u>	<u>Data</u>	<u>Name</u>
<u>Des.</u>	<u>Element</u>	
NM108	66	Identification Code Qualifier This element must be 'PI', indicating that the number in element 09 is the Payer ID number, until the National Plan ID is implemented. PI Payer Identification
NM109	67	Identification Code For electronic dental claims, one of the following payer codes must be used. 38520 BlueCross BlueShield of South Carolina 76031 Florida Combined Life 77828 Companion Life

Segment: **CLM Claim Information**
Position: 130
Loop: 2300
Level: Detail
Usage: Optional
Max Use: 1

Data Element Summary

<u>Ref.</u>	<u>Data</u>	<u>Name</u>
<u>Des.</u>	<u>Element</u>	
CLM05	C023	Health Care Service Location Information
C02301	1331	Facility Code Value The following facility codes are accepted. 11 Office 12 Home 21 Inpatient Hospital 22 Outpatient Hospital 31 Skilled Nursing Facility 35 Adult Living Care Facility
C02303	1325	Claim Frequency Type Code The following frequency codes are accepted. 1 Original 7 Replacement

Segment: **NM1 Referring Provider Name**
Position: 250
Loop: 2310A
Level: Detail
Usage: Optional
Max Use: 1

Data Element Summary

<u>Ref. Des.</u>	<u>Data Element</u>	<u>Name</u>
NM108	66	Identification Code Qualifier If this loop is used, all providers eligible under CMS guidelines to receive a National Provider ID number must report the NPI number in element 09, using the qualifier 'XX' in element 08. If a provider is not eligible to receive a NPI, either the Employer Identification Number or the provider's Social Security Number may be used in element 09, and element 08 should contain either '24' or '34'. 24 Employer's Identification Number (EIN) 34 Social Security Number (SSN) XX Health Care Financing Administration National Provider Identifier (NPI)

Segment: **REF Referring Provider Secondary Identification**
Position: 271
Loop: 2310A
Level: Detail
Usage: Optional
Max Use: 5

Data Element Summary

<u>Ref. Des.</u>	<u>Data Element</u>	<u>Name</u>
REF01	128	Reference Identification Qualifier If this loop is used and the NPI is reported in its name segment, this REF segment must not be reported. If the EIN/SSN is used in 2310A-NM109, this REF segment must be reported and must contain one of the following codes. 1A Blue Cross Provider Number 1B Blue Shield Provider Number G2 Provider Commercial Number

Segment: **NM1** **Rendering Provider Name**
Position: 250
Loop: 2310B
Level: Detail
Usage: Optional
Max Use: 1

Data Element Summary

<u>Ref. Des.</u>	<u>Data Element</u>	<u>Name</u>
NM108	66	Identification Code Qualifier If this loop is used, all providers eligible under CMS guidelines to receive a National Provider ID number must report the NPI number in element 09, using the qualifier 'XX' in element 08. If a provider is not eligible to receive a NPI, either the Employer Identification Number or the provider's Social Security Number may be used in element 09, and element 08 should contain either '24' or '34'. 24 Employer's Identification Number (EIN) 34 Social Security Number (SSN) XX Health Care Financing Administration National Provider Identifier (NPI)

Segment: **REF** **Rendering Provider Secondary Identification**
Position: 271
Loop: 2310B
Level: Detail
Usage: Optional
Max Use: 5

Data Element Summary

<u>Ref. Des.</u>	<u>Data Element</u>	<u>Name</u>
REF01	128	Reference Identification Qualifier If this loop is used and the NPI is reported in 2310B-NM109, this segment must not be reported. If the EIN/SSN is used in 2310B-NM109, this REF segment must be reported and must contain one of the following codes. 1A Blue Cross Provider Number 1B Blue Shield Provider Number G2 Provider Commercial Number

Segment: **NM1** Service Facility Location
Position: 250
Loop: 2310C
Level: Detail
Usage: Optional
Max Use: 1

Data Element Summary

<u>Ref. Des.</u>	<u>Data Element</u>	<u>Name</u>
NM108	66	Identification Code Qualifier When this loop is used, all providers eligible under CMS guidelines to receive a National Provider ID number must report the NPI number in element 09, using the qualifier 'XX' in element 08. If a provider is not eligible to receive a NPI, the Employer Identification Number should be used in element 09, and element 08 should contain '24'. 24 Employer's Identification Number (EIN) XX Health Care Financing Administration National Provider Identifier (NPI)

Segment: **REF** Service Facility Location Secondary Identification
Position: 271
Loop: 2310C
Level: Detail
Usage: Optional
Max Use: 5

Data Element Summary

<u>Ref. Des.</u>	<u>Data Element</u>	<u>Name</u>
REF01	128	Reference Identification Qualifier If this loop is used and the NPI is reported in its name segment, this REF segment must not be reported. If the EIN/SSN is used in 2310C-NM109, this REF segment must be reported and must contain one of the following codes. 1A Blue Cross Provider Number 1B Blue Shield Provider Number G2 Provider Commercial Number

Segment: **NM1** Assistant Surgeon Name
Position: 280
Loop: 2310D
Level: Detail
Usage: Optional
Max Use: 1

Data Element Summary

<u>Ref. Des.</u>	<u>Data Element</u>	<u>Name</u>
NM108	66	Identification Code Qualifier When this loop is used, all providers eligible under CMS guidelines to receive a National Provider ID number must report the NPI number in element 09, using the qualifier 'XX' in element 08. If a provider is not eligible to receive a NPI, the Employer Identification Number should be used in element 09, and element 08 should contain '24'. 24 Employer's Identification Number (EIN) 34 Social Security Number (SSN) XX Health Care Financing Administration National Provider Identifier (NPI)

Segment: **REF** Assistant Surgeon Secondary Identification
Position: 287
Loop: 2310D
Level: Detail
Usage: Optional
Max Use: 1

Data Element Summary

<u>Ref. Des.</u>	<u>Data Element</u>	<u>Name</u>
REF01	128	Reference Identification Qualifier If this loop is used and the NPI is reported in 2310D-NM109, this segment must not be reported. If the EIN/SSN is used in 2310D-NM109, this REF segment must be reported and must contain one of the following codes. 1A Blue Cross Provider Number 1B Blue Shield Provider Number G2 Provider Commercial Number

Segment: **SBR** Other Subscriber Information
Position: 290
Loop: 2320
Level: Detail
Usage: Optional
Max Use: 1
Notes: Only two repeats of this segment are allowed.

Segment: **AMT** Coordination of Benefits (COB) Payer Paid Amount
Position: 300
Loop: 2320
Level: Detail
Usage: Optional
Max Use: 1
Notes: Payer Prior Payment Amount must be reported when BlueCross BlueShield of South Carolina or one of its subsidiaries is not the primary payer (2300B-SBR does not equal 'P') and the Claim Filing Indicator (2320-SBR09) reports that the claim is neither a Medicare Part A nor Medicare Part B claim.

Segment: **SV3 Dental Service**
Position: 380
Loop: 2400
Level: Detail
Usage: Required
Max Use: 1
Notes:

Use the following guidelines for filing claims for orthodontic services:

When claims are filed that pertain to orthodontic services, only orthodontic procedure codes beginning with 'D8' must be used. If the claim is for initial orthodontic treatment, such as banding for braces, one of the following procedure codes 'D8010', 'D8020', 'D8030', 'D8040', 'D8050', 'D8060', 'D8070', 'D8080', or 'D8090' must be present on the claim. This procedure code must equal the initial down payment for the orthodontic services.

Procedure code 'D8670' must be used to identify the monthly contractual fee for orthodontic services. This procedure code must be used in conjunction with either orthodontic total months of treatment (2300DN101) or orthodontic treatment months remaining (2300 DN102).

Only one line of procedure code 'D8670' may be filed per claim and must equal the sum of the monthly charges over the course of the treatment plan. Example: D8670, 10 month treatment plan @ \$125.00/mo., 2300SV302 will equal \$1,250.00. BlueCross BlueShield of South Carolina will disburse payments for monthly treatment at the beginning of each month until the submitted treatment plan is complete.

When filing an orthodontic claim for a transfer patient, orthodontic treatment months remaining (2300 DN102) must be present. Transfer patients may contain but do not require codes D8010--D8090 in 2300SV301, but D8670 must be present regardless.

Procedure code 'D8660' should be used to identify orthodontic treatment services such as exams, records, or X-rays.

Data Element Summary

<u>Ref.</u>	<u>Data</u>	<u>Name</u>
SV304	C006	Oral Cavity Designation
		Only SV3-04:01 should be submitted per line.
		If this element is present, TOO01 and TOO02 must be present.
C00601	1361	Oral Cavity Designation Code
		If this information is reported, the following codes are accepted.
		00 Entire Oral Cavity
		01 Maxillary Area
		02 Mandibular Area
		10 Upper Right Quadrant
		20 Upper Left Quadrant
		30 Lower Left Quadrant
		40 Lower Right Quadrant

Segment: **TOO** **Tooth Information**
Position: 382
Loop: 2400
Level: Detail
Usage: Optional
Max Use: 32
Notes: TOO01 and TOO02 are required when a quadrant is selected in 2400-SV302. This segment designates whether the quadrant is for a primary or permanent dentition.

Segment: **NM1** **Rendering Provider Name**
Position: 500
Loop: 2420A
Level: Detail
Usage: Optional
Max Use: 1

Data Element Summary

<u>Ref. Des.</u>	<u>Data Element</u>	<u>Name</u>
NM108	66	Identification Code Qualifier If this loop is used, all providers eligible under CMS guidelines to receive a National Provider ID number must report the NPI number in element 09, using the qualifier 'XX' in element 08. If a provider is not eligible to receive a NPI, either the Employer Identification Number or the provider's Social Security Number may be used in element 09, and element 08 may contain either '24' or '34'. 24 Employer's Identification Number (EIN) 34 Social Security Number (SSN) XX Health Care Financing Administration National Provider Identifier (NPI)

Segment: **REF** **Rendering Provider Secondary Identification**
Position: 525
Loop: 2420A
Level: Detail
Usage: Optional
Max Use: 5

Data Element Summary

<u>Ref. Des.</u>	<u>Data Element</u>	<u>Name</u>
REF01	128	Reference Identification Qualifier If this loop is used and the NPI is reported in 2420A-NM109, this segment must not be reported. If the EIN/SSN is used in 2420A-NM109, this REF segment must be reported and must contain one of the following codes. 1A Blue Cross Provider Number 1B Blue Shield Provider Number SY Social Security Number TJ Federal Taxpayer Identification Number

Segment: **NM1** Assistant Surgeon Name
Position: 280
Loop: 2420C
Level: Detail
Usage: Optional
Max Use: 1

Data Element Summary

<u>Ref. Des.</u>	<u>Data Element</u>	<u>Name</u>
NM108	66	Identification Code Qualifier If this loop is used, all providers eligible under CMS guidelines to receive a National Provider ID number must report the NPI number in element 09, using the qualifier 'XX' in element 08. If a provider is not eligible to receive a NPI, either the Employer Identification Number or the provider's Social Security Number may be used in element 09, and element 08 may contain either '24' or '34'. 24 Employer's Identification Number (EIN) 34 Social Security Number (SSN) XX Health Care Financing Administration National Provider Identifier (NPI)

Segment: **REF** Assistant Surgeon Secondary Identification
Position: 287
Loop: 2420C
Level: Detail
Usage: Optional
Max Use: 1

Data Element Summary

<u>Ref. Des.</u>	<u>Data Element</u>	<u>Name</u>
REF01	128	Reference Identification Qualifier If this loop is used and the NPI is reported in 2420C-NM109, this segment must not be reported. If the EIN/SSN is used in 2420C-NM109, this segment must be reported and must contain one of the following codes. 1A Blue Cross Provider Number 1B Blue Shield Provider Number G2 Provider Commercial Number

Segment: **SVD** Line Adjudication Information
Position: 540
Loop: 2430
Level: Detail
Usage: Optional
Max Use: 1

Notes: This information must be reported if Coordination of Benefits is required, and BlueCross BlueShield of South Carolina, or one of its subsidiaries, is not reported as the primary payer in the Other Subscriber Information loop (2000B-SBR).

Segment: **PAT Patient Information**
Position: 007
Loop: 2000C
Level: Detail
Usage: Required
Max Use: 1

Data Element Summary

<u>Ref. Des.</u>	<u>Data Element</u>	<u>Name</u>
PAT01	1069	Individual Relationship Code
The following relationship codes are accepted.		
	01	Spouse
	19	Child
	20	Employee
	22	Handicapped Dependent
	29	Significant Other
	53	Life Partner
	76	Dependent

Segment: **CLM Claim Information**
Position: 130
Loop: 2300
Level: Detail
Usage: Optional
Max Use: 1

Data Element Summary

<u>Ref. Des.</u>	<u>Data Element</u>	<u>Name</u>
CLM05	C023	Health Care Service Location Information
C02301	1331	Facility Code Value
The following facility codes are accepted.		
	11	Office
	12	Home
	21	Inpatient Hospital
	22	Outpatient Hospital
	31	Skilled Nursing Facility
	35	Adult Living Care Facility
C02303	1325	Claim Frequency Type Code
The following frequency codes are accepted.		
	1	Original
	7	Replacement

Segment: **NM1 Referring Provider Name**
Position: 250
Loop: 2310A
Level: Detail
Usage: Optional
Max Use: 1

Data Element Summary

<u>Ref. Des.</u>	<u>Data Element</u>	<u>Name</u>
NM108	66	Identification Code Qualifier If this loop is used, all providers eligible under CMS guidelines to receive a National Provider ID number must report the NPI number in element 09, using the qualifier 'XX' in element 08. If a provider is not eligible to receive a NPI, either the Employer Identification Number or the provider's Social Security Number may be used in element 09, and element 08 should contain either '24' or '34'. 24 Employer's Identification Number (EIN) 34 Social Security Number (SSN) XX Health Care Financing Administration National Provider Identifier (NPI)

Segment: **REF Referring Provider Secondary Identification**
Position: 271
Loop: 2310A
Level: Detail
Usage: Optional
Max Use: 5

Data Element Summary

<u>Ref. Des.</u>	<u>Data Element</u>	<u>Name</u>
REF01	128	Reference Identification Qualifier If this loop is used and the NPI is reported in its name segment, this REF segment must not be reported. If the EIN/SSN is used in 2310A-NM109, this REF segment must be reported and must contain one of the following codes. 1A Blue Cross Provider Number 1B Blue Shield Provider Number G2 Provider Commercial Number

Segment: **NM1** **Rendering Provider Name**
Position: 250
Loop: 2310B
Level: Detail
Usage: Optional
Max Use: 1

Data Element Summary

<u>Ref. Des.</u>	<u>Data Element</u>	<u>Name</u>
NM108	66	Identification Code Qualifier If this loop is used, all providers eligible under CMS guidelines to receive a National Provider ID number must report the NPI number in element 09, using the qualifier 'XX' in element 08. If a provider is not eligible to receive a NPI, either the Employer Identification Number or the provider's Social Security Number may be used in element 09, and element 08 should contain either '24' or '34'. 24 Employer's Identification Number (EIN) 34 Social Security Number (SSN) XX Health Care Financing Administration National Provider Identifier (NPI)

Segment: **REF** **Rendering Provider Secondary Identification**
Position: 271
Loop: 2310B
Level: Detail
Usage: Optional
Max Use: 5

Data Element Summary

<u>Ref. Des.</u>	<u>Data Element</u>	<u>Name</u>
REF01	128	Reference Identification Qualifier If this loop is used and the NPI is reported in 2310B-NM109, this segment must not be reported. If the EIN/SSN is used in 2310B-NM109, this REF segment must be reported and must contain one of the following codes. 1A Blue Cross Provider Number 1B Blue Shield Provider Number G2 Provider Commercial Number

Segment: **NM1** Service Facility Location
Position: 250
Loop: 2310C
Level: Detail
Usage: Optional
Max Use: 1

Data Element Summary

<u>Ref. Des.</u>	<u>Data Element</u>	<u>Name</u>
NM108	66	Identification Code Qualifier When this loop is used, all providers eligible under CMS guidelines to receive a National Provider ID number must report the NPI number in element 09, using the qualifier 'XX' in element 08. If a provider is not eligible to receive a NPI, the Employer Identification Number should be used in element 09, and element 08 should contain '24'. 24 Employer's Identification Number (EIN) XX Health Care Financing Administration National Provider Identifier (NPI)

Segment: **REF** Service Facility Location Secondary Identification
Position: 271
Loop: 2310C
Level: Detail
Usage: Optional
Max Use: 5

Data Element Summary

<u>Ref. Des.</u>	<u>Data Element</u>	<u>Name</u>
REF01	128	Reference Identification Qualifier If this loop is used and the NPI is reported in its name segment, this REF segment must not be reported. If the EIN/SSN is used in 2310C-NM109, this REF segment must be reported and must contain one of the following codes. 1A Blue Cross Provider Number 1B Blue Shield Provider Number G2 Provider Commercial Number

Segment: **NM1** Assistant Surgeon Name
Position: 280
Loop: 2310D
Level: Detail
Usage: Optional
Max Use: 1

Data Element Summary

<u>Ref. Des.</u>	<u>Data Element</u>	<u>Name</u>
NM108	66	Identification Code Qualifier When this loop is used, all providers eligible under CMS guidelines to receive a National Provider ID number must report the NPI number in element 09, using the qualifier 'XX' in element 08. If a provider is not eligible to receive a NPI, the Employer Identification Number should be used in element 09, and element 08 should contain '24'. 24 Employer's Identification Number (EIN) 34 Social Security Number (SSN) XX Health Care Financing Administration National Provider Identifier (NPI)

Segment: **REF** Assistant Surgeon Secondary Identification
Position: 287
Loop: 2310D
Level: Detail
Usage: Optional
Max Use: 1

Data Element Summary

<u>Ref. Des.</u>	<u>Data Element</u>	<u>Name</u>
REF01	128	Reference Identification Qualifier If this loop is used and the NPI is reported in 2310D-NM109, this segment must not be reported. If the EIN/SSN is used in 2310D-NM109, this REF segment must be reported and must contain one of the following codes. 1A Blue Cross Provider Number 1B Blue Shield Provider Number G2 Provider Commercial Number

Segment: **SBR** Other Subscriber Information
Position: 290
Loop: 2320
Level: Detail
Usage: Optional
Max Use: 1
Notes: Only 2 repeats of this segment are allowed.

Segment: **AMT** Coordination of Benefits (COB) Payer Paid Amount
Position: 300
Loop: 2320
Level: Detail
Usage: Optional
Max Use: 1
Notes: Payer Prior Payment Amount must be reported when BlueCross BlueShield of South Carolina or one of its subsidiaries is not the primary payer (2300B-SBR does not equal 'P') and the Claim Filing Indicator (2320-SBR09) reports that the claim is neither a Medicare Part A nor Medicare Part B claim.

Segment: **SV3 Dental Service**
Position: 380
Loop: 2400
Level: Detail
Usage: Required
Max Use: 1
Notes:

Use the following guidelines for filing claims for orthodontic services:

When claims are filed that pertain to orthodontic services, only orthodontic procedure codes beginning with 'D8' must be used. If the claim is for initial orthodontic treatment, such as banding for braces, one of the following procedure codes 'D8010', 'D8020', 'D8030', 'D8040', 'D8050', 'D8060', 'D8070', 'D8080', or 'D8090' must be present on the claim. This procedure code must equal the initial down payment for the orthodontic services.

Procedure code 'D8670' must be used to identify the monthly contractual fee for orthodontic services. This procedure code must be used in conjunction with either orthodontic total months of treatment (2300DN101) or orthodontic treatment months remaining (2300 DN102).

Only one line of procedure code 'D8670' may be filed per claim and must equal the sum of the monthly charges over the course of the treatment plan. Example: D8670, 10 month treatment plan @ \$125.00/mo., 2300SV302 will equal \$1,250.00. BlueCross BlueShield of South Carolina will disburse payments for monthly treatment at the beginning of each month until the submitted treatment plan is complete.

When filing an orthodontic claim for a transfer patient, orthodontic treatment months remaining (2300 DN102) must be present. Transfer patients may contain but do not require codes D8010--D8090 in 2300SV301, but D8670 must be present regardless.

Procedure code 'D8660' should be used to identify orthodontic treatment services such as exams, records, or X-rays.

Data Element Summary

<u>Ref.</u>	<u>Data</u>	<u>Name</u>
SV304	C006	Oral Cavity Designation
		Only SV3-04:01 should be submitted per line.
		If this element is present, TOO01 and TOO02 must be present.
C00601	1361	Oral Cavity Designation Code
		If this information is reported, the following codes are accepted.
		00 Entire Oral Cavity
		01 Maxillary Area
		02 Mandibular Area
		10 Upper Right Quadrant
		20 Upper Left Quadrant
		30 Lower Left Quadrant
		40 Lower Right Quadrant

Segment: **TOO** **Tooth Information**
Position: 382
Loop: 2400
Level: Detail
Usage: Optional
Max Use: 32
Notes: TOO01 and TOO02 are required when a quadrant is selected in 2400-SV302. This segment designates whether the quadrant is for a primary or permanent dentition.

Segment: **NM1** **Rendering Provider Name**
Position: 500
Loop: 2420A
Level: Detail
Usage: Optional
Max Use: 1

Data Element Summary

<u>Ref.</u> <u>Des.</u>	<u>Data</u> <u>Element</u>	<u>Name</u>
NM108	66	Identification Code Qualifier If this loop is used, all providers eligible under CMS guidelines to receive a National Provider ID number must report the NPI number in element 09, using the qualifier 'XX' in element 08. If a provider is not eligible to receive a NPI, either the Employer Identification Number or the provider's Social Security Number may be used in element 09, and element 08 may contain either '24' or '34'. 24 Employer's Identification Number (EIN) 34 Social Security Number (SSN) XX Health Care Financing Administration National Provider Identifier (NPI)

Segment: **REF** **Rendering Provider Secondary Identification**
Position: 525
Loop: 2420A
Level: Detail
Usage: Optional
Max Use: 5

Data Element Summary

<u>Ref. Des.</u>	<u>Data Element</u>	<u>Name</u>
REF01	128	Reference Identification Qualifier If this loop is used and the NPI is reported in 2420A-NM109, this segment must not be reported. If the EIN/SSN is used in 2420A-NM109, this REF segment must be reported and must contain one of the following codes. 1A Blue Cross Provider Number 1B Blue Shield Provider Number SY Social Security Number TJ Federal Taxpayer Identification Number

Segment: **NM1** **Assistant Surgeon Name**
Position: 280
Loop: 2420C
Level: Detail
Usage: Optional
Max Use: 1

Data Element Summary

<u>Ref. Des.</u>	<u>Data Element</u>	<u>Name</u>
NM108	66	Identification Code Qualifier If this loop is used, all providers eligible under CMS guidelines to receive a National Provider ID number must report the NPI number in element 09, using the qualifier 'XX' in element 08. If a provider is not eligible to receive a NPI, either the Employer Identification Number or the provider's Social Security Number may be used in element 09, and element 08 may contain either '24' or '34'. 24 Employer's Identification Number (EIN) 34 Social Security Number (SSN) XX Health Care Financing Administration National Provider Identifier (NPI)

Segment: **REF** **Assistant Surgeon Secondary Identification**
Position: 287
Loop: 2420C
Level: Detail
Usage: Optional
Max Use: 1

Data Element Summary

<u>Ref.</u>	<u>Data</u>	<u>Name</u>
REF01	128	Reference Identification Qualifier
		If this loop is used and the NPI is reported in 2420C-NM109, this segment must not be reported.
		If the EIN/SSN is used in 2420C-NM109, this segment must be reported and must contain one of the following codes.
		1A Blue Cross Provider Number
		1B Blue Shield Provider Number
		G2 Provider Commercial Number

Segment: **SVD** **Line Adjudication Information**
Position: 540
Loop: 2430
Level: Detail
Usage: Optional
Max Use: 1

Notes: This information must be reported if Coordination of Benefits is required, and BlueCross BlueShield of South Carolina or one of its subsidiaries is not reported as the primary payer in the Other Subscriber Information loop (2000B-SBR).