UnitedHealthcare®

Standard Companion Guide

Refers to the Implementation Guide

Based on X12 Version 005010X224A2

Health Care Claim – Dental

(837D)

Companion Guide Version Number 4.0

April 9, 2024

CHANGE LOG

Version	Release Date	Changes
1.0	10/21/2011	Initial external release
1.1	03/24/2014	ICD-10 effective date change to 10/01/2014
1.2	02/09/2016	Minnesota Department of Health (MDH) language updates
2.0	09/25/2018	Updates to UnitedHealthcare and Optum contact information, including hyperlinks to online resources
2.1	11/20/2018	Section 4.2 EDI Technical Support - updates to Optum Support Team
3.0	10/01/2020	Reviewed and updated version and date.
4.0	04/09/2024	Updated logo.

PREFACE

This companion guide (CG) to the v5010 ASC X12N Technical Report Type 3 (TR3) adopted under Health Insurance Portability and Accountability Act (HIPAA) clarifies and specifies the data content when exchanging transactions electronically with UnitedHealthcare.

Transmissions based on this companion guide, used in tandem with the TR3, also called 837 Health Care Claim: Dental ASC X12N (005010X224A2), are compliant with both ASC X12 syntax and those guides. This companion guide is intended to convey information that is within the framework of the ASC X12N TR3 adopted for use under HIPAA. The companion guide is not intended to convey information that in any way exceeds the requirements or usages of data expressed in the TR3.

The TR3, also known as X12N Implementation Guide (IG), adopted under HIPAA, here on in within this document will be known as IG or TR3.

Table of Contents

1. INTRODUCTION

This section describes how Technical Report Type 3 (TR3) and X12N Implementation Guides (IGs) also called 837 Health Care Claim: Dental (837P) ASC X12N/005010X224A2, adopted under HIPAA, will be detailed with the use of a table in **Section 9**. The tables contain a row for each UnitedHealthcare Dental segment has included, in addition to the information contained in the TR3s/IGs. That information can:

1. Limit the repeat of loops, or segments
2. Limit the length of a simple data element
3. Specify a sub-set of the TR3/IG's internal code listings
4. Clarify the use of loops, segments, composite and simple data elements
5. Any other information tied directly to a loop, segment, and composite or simple data element pertinent to trading electronically with UnitedHealthcare Dental.

In addition to the row for each segment, one or more additional rows are used to describe UnitedHealthcare Dental's usage for composite and simple data elements and for any other information. Notes and comments should be placed at the deepest level of detail. For example, a note about a code value should be placed on a row specifically for that code value, not in a general note about the segment.

The table below specifies the columns and suggested use of the rows for the detailed description of the transaction set companion guides. The table contains a row for each segment that UnitedHealthcare Dental has included, in addition to the information contained in the TR3s.

The following is an example (from Section 9 – Transaction Specific Information) of the type of information that may be included:

Page #	Loop ID	Reference	Name	Codes	Length	Notes/Comments
74	1000A	**NM1**	Submitter Name			This type of row always exists to indicate that a new segment has begun. It is always shaded at 10% and notes or comment about the segment itself goes in this cell.
195	2100C	NM109	Subscriber Primary Identifier			This type of row exists to limit the length of the specified data element.
195	2100C	NM108	Identification Code Qualifier			
				MI		This type of row exists when a note for a particular code value is required. For example, this note may say that value **MI** is the default. Not populating the first 3 columns makes it clear that the code value belongs to the row immediately above it.
226	**2300**	**HI**	Health Care Diagnosis Code			
	2300	HI01-1	Code List Qualifier Code	**BK**		This row illustrates how to indicate a component data element in the Reference column and also how to specify that only one code value is applicable.

1.1 SCOPE

This document is to be used for the implementation of the TR3 HIPAA 5010 837 Health Care Claim: Dental (referred to as Dental claim or 837D claim in the rest of this document) for the purpose of submitting a dental claim electronically. This companion guide is not intended to replace the TR3.

1.2 OVERVIEW

This CG will replace, in total, the previous UnitedHealthcare CG versions for Dental claims and must be used in conjunction with the TR3 instructions.

This CG is intended to assist you in implementing electronic Dental claim transactions that meet UnitedHealthcare processing standards, by identifying pertinent structural and data related requirements and recommendations.

Updates to this companion guide occur periodically and are available online. CG documents are posted in the Electronic Data Interchange (EDI) section of our Resource Library on the Companion Guides page: https://www.uhcprovider.com/en/resource-library/edi/edi-companion-guides.html
In addition, trading partners can sign up for the Network Bulletin and other online news: https://uhg.csharmony.epsilon.com/Account/Register.

1.3 REFERENCE

For more information regarding the ASC X12 Standards for Electronic Data Interchange 837 Health Care Claim: Dental (005010X224A2) and to purchase copies of the TR3 documents, consult the Washington Publishing Company website: http://www.wpc-edi.com

The transaction-specific information for entities subject to Minnesota Statutes, section 62J.536 and related rules is incorporated by reference from the applicable Minnesota Uniform Companion Guide (MUCG) at: http://www.health.state.mn.us/asa/rules.html. Readers are referred to the MUCG for information and instructions to comply with Minnesota's requirements.

1.4 ADDITIONAL INFORMATION

The American National Standards Institute (ANSI) is the coordinator for information on national and international standards. In 1979 ANSI chartered the Accredited Standards Committee (ASC) X12 to develop uniform standards for electronic interchange of business transactions and eliminate the problem of non-standard electronic data communication. The objective of the ASC X12 Committee is to develop standards to facilitate electronic interchange relating to all types of business transactions. The ANSI X12 standards is recognized by the United States as the standard for North America. EDI adoption has been proved to reduce the administrative burden on providers. Please note that this is UnitedHealthcare's approach to 837 Dental claim transactions. After careful review of the existing IG for the Version 005010X224A2, we have compiled the UnitedHealthcare specific CG. We are not responsible for any changes and updates made to the IG.

2. GETTING STARTED

2.1 EXCHANGING TRANSACTIONS WITH UNITEDHEALTHCARE

UnitedHealthcare exchanges transactions with clearinghouses and direct submitters, also referred to as Trading Partners. Most transactions go through the Optum clearinghouse, also known as Optum 360, the managed gateway for UnitedHealthcare EDI transactions.

2.2 CLEARINGHOUSE CONNECTION

Dental care providers should contact their current clearinghouse vendor to discuss their ability to support the Dental claim transaction, as well as associated timeframes, costs, etc. This includes protocols for testing the exchange of transactions with UnitedHealthcare through your clearinghouse.

Optum: Dental care providers can submit and receive EDI transactions direct. Optum partners with providers to deliver the tools that help drive administrative simplification at minimal cost and realize the benefits originally intended by HIPAA — standard, low-cost claim transactions.
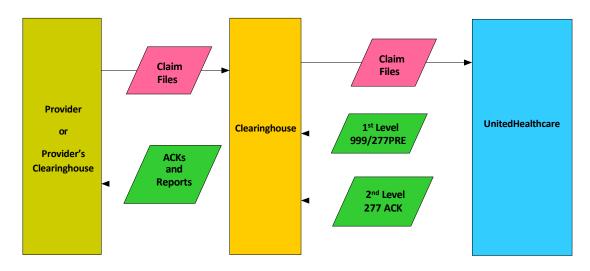
- Please contact Optum Support at 800-341-6141 to get set up.
- If interested in using Optum's online solution, Intelligent EDI (IEDI), contact the Optum sales team at 866-367-9778, option 3, send an email to IEDIsales@optum.com or visit https://www.optum.com/campaign/fp/free-edi.html.

2.3 CERTIFICATION AND TESTING

All trading partners who wish to submit 837D claim transactions to UnitedHealthcare via the ASC X12 837 (Version 005010X224A2), and receive corresponding EDI responses, must complete testing to ensure that their systems and connectivity are working correctly before any production transactions can be processed.

For testing EDI transactions with UnitedHealthcare, care providers and health care professionals should contact their current clearinghouse vendor or Optum.

3. CONNECTIVITY AND COMMUNICATION PROTOCOLS

3.1 PROCESS FLOW: BATCH 837 INSTITUTIONAL CLAIM

3.2 TRANSMISSION ADMINISTRATIVE PROCEDURES

UnitedHealthcare supports both batch and real-time 837D claim transmissions. Contact your current clearinghouse vendor to discuss transmission types and availability.

3.3 RE-TRANSMISSION PROCEDURES

Dental care providers should contact their current clearinghouse vendor for information on whether resubmission is allowed or what data corrections need to be made for a successful response.

3.4 COMMUNICATION PROTOCOL SPECIFICATIONS

Dental care providers should contact their current clearinghouse for communication protocols with UnitedHealthcare.

3.5 PASSWORDS

Dental care providers should contact their current clearinghouse vendor to discuss password policies.

3.6 SYSTEM AVAILABILITY

UnitedHealthcare will accept 837 claim transaction submissions at any time, 24 hours per day, 7 days a week. Unplanned system outages may occur occasionally and impact our ability to accept or immediately process incoming transactions. UnitedHealthcare will send an email communication for scheduled and unplanned outages.

3.7 COSTS TO CONNECT

Clearinghouse Connection: Dental care providers should contact their current clearinghouse vendor or Optum to discuss costs.
Optum:
- Optum Support – 800-341-6141
- Optum's online solution, Intelligent EDI (IEDI)
    - Call 866-367-9778, option 3
    - Email IEDIsales@optum.com
    - Visit https://www.optum.com/campaign/fp/free-edi.html

4. CONTACT INFORMATION

4.1 EDI SUPPORT

- UnitedHealthcare Dental: 877-816-3596
- Some questions can be answered by referring to the UnitedHealthcare Dental Provider Portal: www.dbp.com
- For questions related to submitting transactions through a clearinghouse, please contact your clearinghouse or software vendor directly.

4.2 EDI TECHNICAL SUPPORT

- Dental care providers should contact their current clearinghouse vendor or Optum for technical support.
- Optum Support Team:
    - Optum Connectivity Portal – Check the status of an existing incident/case or open a new service request incident/case 24 hours a day, 7 days a week. Connect online or contact Customer Support Representatives at 866-367-9778.

4.3 PROVIDER SERVICES

- Dental providers can contact UnitedHealthcare Dental: 877-816-3596

4.4 APPLICABLE WEBSITES/EMAIL

Companion Guides: https://www.uhcprovider.com/en/resource-library/edi/edi-companion-guides.html

Optum: https://www.optum.com

UnitedHealthcare Administrative Guide: UHCprovider.com > Administrative Guides and Manuals

UnitedHealthcare Dental Clinical Policies and Coverage Guidelines: UHCprovider.com > Policies and Protocols

UnitedHealthcare Dental Provider Portal: www.dbp.com

Washington Publishing Company: http://www.wpc-edi.com

5. CONTROL SEGMENTS/ENVELOPES

5.1 ISA-IEA

Transactions transmitted during a session or as a batch are identified by an interchange header segment (ISA) and trailer segment (IEA) which form the envelope enclosing the transmission. Each ISA marks the beginning of the transmission (batch) and provides sender and receiver identification information and delimiter use within the data contained. The following table identifies the specific separator to be used in the designated situations.

Character	Name	Delimiter
*	Asterisk	Data Element Separator
^	Carat	Repetition Separator
:	Colon	Component Element Separator
~	Tilde	Segment Terminator

The table below identifies UnitedHealthcare Dental ISA/IEA requirements.

Segment	Element	Name	Code	Definition of Code
ISA		**ISA Interchange Control Header Segment**		
	ISA01	Authorization Information Qualifier	00	No authorization information present
	ISA02	Authorization Information	10 <spaces>	Authorization information
	ISA03	Security Information Qualifier	00	No security information present
	ISA04	Security Information	10 <spaces>	No security information Note: Value should always be spaces
	ISA05	Interchange ID Qualifier of Sender	ZZ	Mutually defined
	ISA06	Interchange Sender ID	<defined by trading partner>	Interchange sender id for trading partner
	ISA07	Interchange ID Qualifier of Receiver	ZZ	Mutually defined
	ISA08	Interchange Receiver ID	<defined by UnitedHealthcare Dental>	Interchange receiver id for Optum
	ISA09	Interchange Date	Format: YYMMDD	Date of the interchange See note for ISA15

	ISA10	Interchange Time	Format: HHMM	Time of the interchange See note for ISA15
	ISA11	Repetition Separator	^	Repetition Separator is a delimiter used to separate repeated occurrences of simple data element or composite data structure
	ISA12	Interchange Control Version Number	00501	Standards Approved for Publication by ASC X12 Procedures Review Board through October 2003
	ISA13	Interchange Control Number	<interchange control number>	Control Number used by the interchange sender; must be identical to the
	ISA14	Acknowledgment Requested	0	0: No acknowledgment requested
	ISA15	Usage Indicator; Code to indicate whether data enclosed by this interchange envelope is test or production information	P	Note: Date and Time fields in ISA09, ISA10, GS04 and GS05 are returned in the X12 response. 'P' = Production Data Note: Date and time fields are populated
	ISA16	Component Element Separator	:	Component element separator is a delimiter and not a data element
IEA		**Interchange Control Trailer Segment**		
	IEA01	Number of Included Functional Groups	<number of included functional groups>	Optum Functional Group count
	IEA02	Interchange Control Number	<interchange control number>	Optum Interchange Control number

5.2 GS-GE

EDI transactions of a similar nature and destined for one trading partner may be gathered into a functional group, identified by a functional group header segment (GS) and a functional group trailer segment (GE). Each GS segment marks the beginning of a functional group. UnitedHealthcare Dental requires only one functional group (GS-GE) be present per physical file.

The GS-GE will be validated for both compliant structure and UnitedHealthcare Dental required values contained within. Any edit failure at the Functional Group level will result in the entire Functional Group (GS-GE) being rejected

The below table identifies UnitedHealthcare Dental GS/GE requirements.

Segment	Element	Name	Code	Definition of Code
GS		**Functional Group Header**		
	GS01	Functional Identifier Code	HC	Health Care Claim: 837 Dental
	GS02	Application Sender's Code	<Defined by TP>	Code identifying party sending transmission; codes agreed to by trading partners
	GS03	Application Receiver's Code	FACETS	Code identifying party receiving transmission; valid values are OptumHealth.
	GS04	Date	Format: CCYYMMDD	Date of functional group creation

Segment	Element	Name	Code	Definition of Code
	GS05	Time	Format: HHMM	Creation time
	GS06	Group Control Number	<Group Control Number>	Assigned number originated by sender; Control Number must be equal same data element in Group Trailer, GE02.
	GS07	Responsible Agent Code	X	Accredited standards committee x12; value should always be X
	GS08	Version/Release/Industry Identifier Code	005010X224A2	Health Care Claim: 837D Implementation Guide originally published in May 2006 as '005010X223', and now includes the addenda published in June 2010 as '005010X223A2'.
GE		**Functional Group Trailer**		
	GE01	Number of Transaction Sets Included	<Number of Transaction Sets Included>	Number of transactions included
	GE02	Group Control Number	<Group Control Number>	Group Control Number must be identical to same data element in functional group header, GS06.

5.3 ST-SE

The beginning of each individual transaction is identified using a transaction set header segment (ST). The end of every transaction is marked by a transaction set trailer segment (SE).

The ST-SE will be validated for both compliant structure, and UnitedHealthcare Dental required values contained within. Any edit failure at the Transaction Set level will result in the entire Transaction Set (GS-GE) being rejected.

The below table identifies UnitedHealthcare Dental ST/SE requirements.

Segment	Element	Name	Code	Definition of Code
ST		**Transaction Set Header**		
	ST01	Transaction Set Identifier Code	837	Health care claim: 837 dental
	ST02	Transaction Set Control Number	<Transaction Set Control Number>	Transaction Set Control Number assigned by sending party. The transaction set control numbers in ST02 and SE02 must be identical.
	ST03	Implementation Convention Reference	005010X224A2	Always matches GS08
SE		**Transaction Set Trailer**		
	SE01	Transaction Segment Count	<Total Segments>	Total number of segments included in a transaction set including ST and SE segments
	SE02	Transaction Set Control Number	<Transaction Set Control Number>	Transaction Set Control Number assigned by sending party

6. PAYER SPECIFIC BUSINESS RULES AND LIMITATIONS

6.1 ELECTRONIC CLAIM SUBMISSION GUIDELINES

Optum will apply pre-determined payer specific edits and business rules on all inbound files that are sent to UnitedHealthcare Dental. In addition to the edits noted below, please contact your Optum representative for the details on additional rules and edits:

1. "The Billing Provider Address must be a street address. Post Office Box or Lock Box addresses are to be sent in the Pay-to-Provider Address". This edit is relaxed to allow Post Office Box or Lock Box in the loop NM1*85.
2. The Billing Provider tax id must be sent in the Billing Provider loop REF*EI.
3. The Rendering Provider loop NM1*82 must be sent.
4. If the Billing Provider is the same as the Rendering Provider, then the PRV specialty (taxonomy code) should be sent in loop 2000A. Once a Rendering Provider is sent, the PRV specialty is required in loop 2310B.
5. "Facility Name Must be Present" – UnitedHealthcare Dental requires this edit to be in place and requires the full address to be submitted in the loop NM1*77 in order to process claims in Facets.
6. REF*D9 – Document control number: This segment is of critical importance in processing claims at UnitedHealthcare Dental. If you are a current submitter, please continue to use the same format for your DCN numbers that you are using today. If you are a new submitter, please work with Optum to determine the DCN format for your claims submissions.

7. ACKNOWLEDGEMENTS AND REPORTS

7.1 ACKNOWLEDGEMENTS

UnitedHealthcare Dental provides a processing report detailing the counts of inbound, errored and processed claims per inbound file back to Optum. Optum will provide each Trading Partner a 999 acknowledgement file per inbound file from the Trading Partner.

7.2 REPORT INVENTORY

There are no known applicable reports.

8. TRADING PARTNER AGREEMENTS

8.1 TRADING PARTNERS

An EDI Trading Partner is defined as any UnitedHealthcare Dental customer (provider, billing service, software vendor, clearinghouse, employer group, financial institution, etc.) that transmits to or receives electronic data from UnitedHealth Dental.

Payers have EDI Trading Partner Agreements that accompany the standard implementation guide to ensure the integrity of the electronic transaction process. The Trading Partner Agreement is related to the electronic exchange of information, whether the agreement is an entity or a part of a larger agreement, between each party to the agreement.

9. TRANSACTION SPECIFIC INFORMATION

A Transaction Loop is a group of related segments. UnitedHealthcare Dental specific values are required for the elements which comprise the segments for the 837D Transaction Loops. The following section identifies these loops, their segments and their required element values:

- Loop N/A – Beginning of Hierarchical Transaction
- Loop 2010AA – Billing Provider Name
- Loop 2010AB – Pay-to Address Name
- Loop 2010BA – Subscriber Name
- Loop 2300 – Claim Information
- Loop 2310C – Service Facility Location Name

9.2 LOOP N/A (837D) – BEGINNING OF HIERARCHICAL TRANSACTION

Page #	Loop	Segment	Element	Name	Code	Definition of Code
71	N/A	BHT		Beginning of Hierarchical Transaction		
72	N/A		BHT06	Transaction Type Code	'31'	UnitedHealthcare Dental doesn't utilize the Code Value '31' in the BHT06 Element at this time

9.3 LOOP 2010AA (837D) – BILLING PROVIDER NAME

Page #	Loop	Segment	Element	Name	Code	Definition of Code
91	N2010AA	N3		Billing Provider Address		
91	2010AA		N301	Address Information		Follow the 5010 Implementation Guide; Dental recommends sending the full street address.
92	2010AA	N4		Billing Provider City, State, Zip Code		
93	2010AA		N403	Zip Code		N403 (2010AA) must contain 9 digit Zip Code

9.4 LOOP 2010AA (837D) – BILLING PROVIDER NAME

Page #	Loop	Segment	Element	Name	Code	Definition of Code
94	2010AA	REF		Billing Provider Tax ID		
94	2010AA		REF01	Billing Provider Tax ID	EI	This segment must contain tax identification number of the billing provider.

9.5 LOOP 2010AB (837D) – PAY-TO ADDRESS

Page #	Loop	Segment	Element	Name	Code	Definition of Code
95	2010AB	N3		Pay-to Address		
95	2010AB		N301	Address Information		Follow the 5010 Implementation Guide. Dental recommends sending the full street address rather than a PO Box address.

9.6 LOOP 2310C (837D) – SERVICE FACILITY LOCATION

Page #	Loop	Segment	Element	Name	Code	Definition of Code
208	2310C	NM1		Service Facility Location Name		
208	2310C		NM101	Service Facility Location Name	77	UnitedHealthcare Dental will use the code 77
209	2310C	N3		Service Facility Location Address		Dental requires the treating address be sent in this segment
209	2310C		N301	Service Facility Location Address		Follow the 5010 Implementation Guide. Dental recommends sending the full street address rather than a PO Box address.
210	2010AA	N4		Service Facility Loaction Address City, State, Zip Code		Dental requires the treating address be sent in this segment
210	2010AA		N403	Zip Code		N403 (2010AA) must contain a 9 digit zip code

10. APPENDECIES

10.1 IMPLEMENTATION CHECKLIST

The implementation check list will vary depending on your clearinghouse connection. A basic check list would be to:
1. Register with trading partner
2. Create and sign contract with trading partner
3. Establish connectivity
4. Send test transactions
5. If testing succeeds, proceed to send production transactions

10.2 FREQUENTLY ASKED QUESTIONS

1. **Does this Companion Guide apply to all UnitedHealthcare payers and payer IDs?**
   No. It's applicable to UnitedHealthcare Dental, Payer ID 52133.
2. **How does UnitedHealthcare support, monitor and communicate expected and unexpected connectivity outages?**
   Our systems do have planned outages. We will send an email communication for scheduled and unplanned outages.
3. **If an 837 is successfully transmitted to UnitedHealthcare, are there any situations that would result in no response being sent back?**
   No. UnitedHealthcare will always send a response. Even if UnitedHealthcare systems are down and the transaction cannot be processed at the time of receipt, a response detailing the situation will be returned.