CSRA
A General Dynamics Information Technology company

North Carolina Department of Health and Human Services (NC DHHS)

Division of Health Benefits (DHB)
Division of Mental Health (DMH)
Division of Public Health (DPH)

Standard Companion Guide Transaction Information Instructions related to Transactions based on ASC X12 Implementation Guides, version 005010X224A2 Health Care Claim: Dental (837D), for MMIS NCTracks starting July 1, 2013

NC DEPARTMENT OF HEALTH AND HUMAN SERVICES

Preface

Companion Guides (CGs) may contain two types of data, instructions for electronic communications with the publishing entity (Communications/Connectivity Instructions) and supplemental information for creating transactions for the publishing entity while ensuring compliance with the associated ASC X12 IG (Transaction Instructions). Either the Communications/Connectivity component or the Transaction Instruction component must be included in every CG. The components may be published as separate documents or as a single document.

The Communications/Connectivity component is included in the CG when the publishing entity wants to convey the information needed to commence and maintain communication exchange.

The Transaction Instruction component is included in the CG when the publishing entity wants to clarify the IG instructions for submission of specific electronic transactions. The Transaction Instruction component content is limited by ASC X12's copyrights and Fair Use statement.

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1. Transaction Instruction (TI) Introduction

1.1 BACKGROUND

1.1.1 Overview of HIPAA Legislation

The Health Insurance Portability and Accountability Act (HIPAA) of 1996 carries provisions for administrative simplification. This requires the Secretary of the Department of Health and Human Services (HHS) to adopt standards to support the electronic exchange of administrative and financial health care transactions primarily between health care providers and plans. HIPAA directs the Secretary to adopt standards for transactions to enable health information to be exchanged electronically and to adopt specifications for implementing each standard. HIPAA serves to:

- Create better access to health insurance
- Limit fraud and abuse
- Reduce administrative costs

1.1.2 Compliance According to HIPAA

The HIPAA regulations at 45 CFR 162.915 require that covered entities not enter into a trading partner agreement that would do any of the following:

- Change the definition, data condition, or use of a data element or segment in a standard
- Add any data elements or segments to the maximum defined data set
- Use any code or data elements that are marked “not used” in the standard’s implementation specifications or are not in the standard’s implementation specification(s)
- Change the meaning or intent of the standard’s implementation specification(s)

1.1.3 Compliance According to ASC X12

ASC X12 requirements include specific restrictions that prohibit trading partners from:

- Modifying any defining, explanatory, or clarifying content contained in the implementation guide
- Modifying any requirement contained in the implementation guide

1.2 INTENDED USE

The Transaction Instruction component of this companion guide must be used in conjunction with an associated ASC X12 Implementation Guide. The instructions in this companion guide are not intended to be stand-alone requirements documents. This companion guide conforms to all the requirements of any associated ASC X12 Implementation Guides and is in conformance with ASC X12’s Fair Use and Copyright statements.

1.3 INTENDED AUDIENCE

This companion guide is intended for the business and technical users, within or on behalf of trading partners, responsible for the testing and setup of electronic claims submissions to NCTracks. In addition, this information should be communicated to, and coordinated with, the provider’s billing office in order to ensure that the required billing information is provided to its billing agent/submitter.

1.4 PURPOSE OF COMPANION GUIDE

The companion guide is to be used with and to supplement the requirements in the HIPAA ASC X12 Implementation Guides, without contradicting those requirements. Implementation Guides define the national data standards, electronic format, and values for each data element within an electronic transaction. The purpose of the companion guide is to provide trading partners with a guide to communicating NCTracks-specific information required to successfully exchange transactions.

The primary purpose of this document is to assist the trading partner with the appropriate use of the transactions; it is not intended to be a billing or policy guide.

1.5 ACKNOWLEDGEMENTS

For all inbound transactions, a 999 Acknowledgement report will be sent to the trading partner's OUTBOX for retrieval. This report serves as the acknowledgement of the submission of a file. Typically, 999 Acknowledgement reports are available within moments of submission.

1.6 TRADING PARTNER AGREEMENT SETUP

Refer to Section 2.2, Trading Partner Registration, of the NCTracks Trading Partner Connectivity Guide.

1.7 TESTING

NC DHHS (Division of Health Benefits [DHB], Division of Mental Health [DMH], and Division of Public Health [DPH]) requires testing, or third-party certification, prior to approving a trading partner to submit claims in production. Once trading partner claims are in production, NC DHHS (DHB, DMH, and DPH) reserves the right to require re-testing if it is determined that the trading partner is receiving/generating an unacceptable volume of errors.

Refer to Section 3, Testing and Certification Requirements, of the NCTracks Trading Partner Connectivity Guide.

2. Included ASC X12 Implementation Guides

The following table identifies the X12N Implementation Guides for all of the transactions supported by NCTracks. Companion guides are available for each of the transactions.

Section 3 of this document provides information specific to the 837 Dental transaction set, as defined in the ASC/X12N 005010X224 Health Care Claim: Dental (837) Technical Report 3 (TR3) dated May 2006, and updated by:

- Errata 005010X224A1 Health Care Claim: Dental (837) dated October 2007
- Errata 005010X224A2 Health Care Claim: Dental (837) dated June 2010

Unique ID	Name
005010X222	Health Care Claim: Professional (837P)
005010X223	Health Care Claim: Institutional (837I)
005010X224	Health Care Claim: Dental (837D)
005010X228	Health Care Claim Pending Status Information (277P)
005010X279	Health Care Eligibility Benefit Inquiry and Response (270/271)
005010X221	Health Care Claim Payment/Advice (835)
005010X212	Health Care Claim Status Request and Response (276/277)
005010X220	Benefit Enrollment and Maintenance (834)
005010X218	Payroll Deducted and Other Group Premium Payment for Insurance Products (820)
005010X231	Implementation Acknowledgment for Health Care Insurance (999)

Pharmacy claims are submitted using the National Council for Prescription Drug Programs (NCPDP) D.0 format. Please refer to the D.0 Companion Guide for NCPDP D.0 claim formatting used by NCTracks.

3. Instruction Tables

These tables contain one or more rows for each segment for which a supplemental instruction is needed.

Legend

Header rows: Midnight blue with white text
Subheader rows: Dandelion gold with black text
Table rows: Alternate row shading with Cornflower blue with black text

005010X224A2 Health Care Claim: Dental (837D)

Loop ID	Reference	Name	Codes	Notes/Comments
Header	ISA	Interchange Control Header		
	ISA03	Security Information qualifier	00	Use ‘00’
	ISA05	Interchange ID Qualifier	ZZ	Use ‘ZZ’
	ISA06	Interchange Sender ID		Use the 4-digit Submitter ID provided in the Trading Partner Agreement
	ISA07	Interchange ID Qualifier	ZZ	Use ‘ZZ’
	ISA08	Interchange Receiver ID		‘NCTRACKSBAT’ is submitted for batch requests ‘NCTRACKSREL’ is submitted for real-time requests Most submitters will use ‘NCTRACKSBAT’ unless they have been designated as a real-time submitter
Header	GS	Functional Group Header		
	GS02	Application Sender’s Code		Use the 4-digit Submitter ID provided in the Trading Partner Agreement
	GS03	Application Receiver’s Code		‘NCTRACKSBAT’ is submitted for batch requests ‘NCTRACKSREL’ is submitted for real-time requests Most submitters will use ‘NCTRACKSBAT’ unless they have been designated as a real-time submitter

Loop ID	Reference	Name	Codes	Notes/Comments
Header	BHT	Beginning of Hierarchical Transaction		
	BHT06	Transaction Type Code	CH	Use 'CH' when submitting fee-for-service claims Note: NCTracks does not accept reporting "RP" claim files
1000A	NM1	Submitter Name		
	NM109	Submitter Identifier		Use the 4-digit Submitter ID provided in the Trading Partner Agreement. The Submitter ID should be the same value as GS02.
2000A	PRV	Billing Provider Specialty Information		
	PRV03	Provider Taxonomy Code		NCTracks' adjudication is impacted by the provider taxonomy code. Per the X12 TR3, the Billing Provider taxonomy is required for NCTracks. Provider taxonomy codes can be obtained from www.wpc-edi.com/reference.
2010BA	NM1	Subscriber Name		
	NM102	Entity Type Qualifier	1	Use '1'
	NM108	Identification Code Qualifier	MI	Use 'MI'
	NM109	Subscriber Primary Identifier		Use the subscriber's 10-digit identification number ending in an alpha character.
2010BB	NM1	Payer Name		
	NM109	Payer Identifier		Use 'NCTRACKS'.
2300	HI	Health Care Diagnosis Code		NCTracks will error the claim for the following conditions: A single claim may not have a combination of ICD-9 and ICD-10 diagnosis codes ICD-9 diagnosis codes cannot be submitted on a claim with Dates-of-Service after the ICD-10 implementation date, 10/1/2015 ICD-10 diagnosis codes cannot be submitted on a claim with Dates-of-Service before the ICD-10 implementation date, 10/1/2015
2310A	NM1	Referring Provider Name		The Referring Provider NPI is required to be enrolled in NC Medicaid and North Carolina Health Choice (NCHC) or their respective waiver programs.

Loop ID	Reference	Name	Codes	Notes/Comments
				The Referring Provider NPI must be a person and not an organization. NCTracks will deny a claim if the Referring Provider NPI submitted on a claim is an organization.
	NM103	Referring Provider Last Name		The Referring Provider name must be a person and not an organization.
2310A	PRV	Referring Provider Specialty Information		
	PRV03	Provider Taxonomy Code		NCTracks' adjudication is impacted by the provider taxonomy code. Per the X12 TR3, the Referring Provider Taxonomy is required for NCTracks when the Referring Provider NPI is submitted. Provider taxonomy codes can be obtained from www.wpc-edi.com/reference.
2310B	NM1	Rendering Provider Name		The Rendering Provider NPI is required to be enrolled in NC Medicaid and North Carolina Health Choice (NCHC) or their respective waiver programs.
2310B	PRV	Rendering Provider Specialty Information		
	PRV03	Provider Taxonomy Code		NCTracks' adjudication is impacted by the provider taxonomy code. Per the X12 TR3, the Rendering Provider Taxonomy is required for NCTracks when the Rendering Provider NPI is submitted. Provider taxonomy codes can be obtained from www.wpc-edi.com/reference.
2310D	PRV	Assistant Surgeon Specialty Information		
	PRV03	Provider Taxonomy Code		NCTracks' adjudication is impacted by the provider taxonomy code. Per the X12 TR3, the Assistant Surgeon Provider Taxonomy is required for NCTracks when the Assistant Surgeon Provider NPI is submitted. Provider taxonomy codes can be obtained from www.wpc-edi.com/reference.
2320	SBR	Other Subscriber Information		

Loop ID	Reference	Name	Codes	Notes/Comments
	SBR09	Claim Filing Indicator Code		For Medicare Part A, use 'MA' For Medicare Part B, use 'MB' For HMO Medicare Risk, use '16' All other values will be calculated as Third Party Liability (TPL)
2320	CAS	Claim Level Adjustments		Claim or Line Level Adjustments are required by NCTracks to report prior adjudication results made by the payer identified in the 2330B loop, "Other Payer Name"
2320	AMT	Coordination of Benefits (COB) Payer Paid Amount		
	AMT02	Payer Paid Amount		$0 payment is expected when the "Other Payer" denied or paid $0 on the claim
2420A	NM1	Rendering Provider Name		The Rendering Provider NPI is required to be enrolled in NC Medicaid and North Carolina Health Choice (NCHC) or their respective waiver programs.
2420A	PRV	Rendering Provider Specialty Information		
	PRV03	Provider Taxonomy Code		NCTracks' adjudication is impacted by the provider taxonomy code. Per the X12 TR3, the Rendering Provider Taxonomy is required for NCTracks when the Rendering Provider NPI ID is submitted. Provider taxonomy codes can be obtained from www.wpc-edi.com/reference
2420B	PRV	Assistant Surgeon Specialty Information		
	PRV03	Provider Taxonomy Code		NCTracks' adjudication is impacted by the provider taxonomy code. Per the X12 TR3, the Assistant Surgeon Provider Taxonomy is required for NCTracks when the Assistant Surgeon Provider NPI is submitted. Provider taxonomy codes can be obtained from www.wpc-edi.com/reference
2430	SVD	Line Adjudication Information		
	SVD02	Service Line Paid Amount		$0 payment is expected when the "Other Payer" denied or paid $0 on the claim

Loop ID	Reference	Name	Codes	Notes/Comments
2430	CAS	Line Level Adjustments		Claim or Line Level Adjustments are required by NCTracks to report prior adjudication results made by the payer identified in the 2330B loop, “Other Payer Name” and 2430, SVD01, “Other Payer Primary Identifier”

4. TI Additional Information

4.1 BUSINESS SCENARIOS

The 837D is used to submit Dental claims, adjustments, and voids.

4.2 PAYER-SPECIFIC BUSINESS RULES AND LIMITATIONS

NCTracks expects a segment terminator (~) at the end of each segment, as defined in section B.1.1.2.5 Delimiters of all (837P, 837D, 837I, 270/271, 276/277, 834) TR3 documents. In addition:

- NCTracks does not accept Carriage Return (CR), Line Feed (LF), or Carriage Return Line Feed (CRLF) characters as segment terminators.
- NCTracks accepts files with or without Carriage Return Line Feed (CRLF) characters, but if the CRLF is sent, a segment terminator is still required.
- There should not be any spaces or any junk characters after the end of the IEA segment.
- Only one ISA IEA is allowed in the file.

Files without a segment delimiter, with an unidentified segment terminator, or with spaces after the IEA segment will receive a negative TA1 and will not be processed.

4.3 SCHEDULED MAINTENANCE

NCTracks maintenance will occur Sunday morning from 12:01 a.m. through 4:00 a.m. NCTracks will not be available to submit files during this time.

4.4 FREQUENTLY ASKED QUESTIONS

This section will contain a compilation of questions and answers as they are identified.

4.5 OTHER RESOURCES

- **Washington Publishing Company**

  The Implementation Guides for X12N and all other HIPAA standard transactions are available electronically at www.wpc-edi.com.

- **ASC X12 Organization**

  http://www.x12.org/

- **United States Department of Health and Human Services (HHS)**

  This site is a resource for the Notice of Proposed Rule Making, rules and other information about HIPAA:
  www.aspe.hhs.gov/admnsimp

- **Workgroup for Electronic Data Interchange (WEDI)**

  A workgroup dedicated to improving healthcare through electronic commerce, which includes the Strategic National Implementation Process (SNIP) for complying with the administrative simplification provisions of HIPAA:
  www.wedi.org

- **North Carolina Department of Health and Human Services**
  www.ncdhhs.gov
- **North Carolina Division of Health Benefits**
  https://medicaid.ncdhhs.gov/
- **North Carolina Division of Mental Health/Developmental Disabilities/Substance Abuse Services**
  http://www.ncdhhs.gov/mhddsas/
- **North Carolina Division of Public Health**
  http://publichealth.nc.gov/

5. Contact Information

5.1 ELECTRONIC DATA INTERCHANGE (EDI) TECHNICAL ASSISTANCE

Phone: 1-800-688-6696, option #1

Email: NCMMIS_EDI_SUPPORT@gdit.com

Website: http://www.nctracks.nc.gov/provider/index.html

Companion Guides: http://www.nctracks.nc.gov/provider/guides/index.html

5.2 PROVIDER/TRADING PARTNER ENROLLMENT

Currently Enrolled Provider (CEP), Billing Agent Enrollment
Phone: 1-800-688-6696

Email: NCTracksprovider@nctracks.com

Website: https://www.nctracks.nc.gov/provider/providerEnrollment/

NCTracks Enrollment
Phone: 1-800-688-6696

Email: NCTracksprovider@nctracks.com

Website: https://www.nctracks.nc.gov/content/public/providers/provider-enrollment.html

Change Summary

Date	Change	Responsible Party
November 16, 2012	Initial trading partner test version	CSC under the direction of NC DHHS
July 1, 2013	Production version	CSC under the direction of NC DHHS
January 21, 2014	Encounters version	CSC under the direction of NC DHHS
October 1, 2015	ICD-10 version update	CSC under the direction of NC DHHS
February 03, 2016	Update to Fiscal Agent name and logo	CSRA under the direction of NC DHHS
December 14, 2016	Rendering and Referring Providers updates	CSRA under the direction of NC DHHS
March 20, 2017	Update EDI contact information	CSRA under the direction of NC DHHS
April 26, 2017	Update Copyright statement	CSRA under the direction of NC DHHS
December 03, 2018	Updated from Division of Medical Assistance to Division of Health Benefits	CSRA under the direction of NC DHHS
March 3, 2021	Updated EDI Support email address	CSRA under the direction of NC DHHS
June 23, 2026	Encounter claim information removed	CSRA under the direction of NC DHHS