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Delta Dental of California

Health Care Claim Status Request and Notification – 276/277 HIPAA Transaction Standard Companion Guide

Refers to the ASC X12N 276/277 Technical Report Type 3 Guide (Version 005010X212)

CORE v5010 Companion Guide: 0.3

Disclosure Statement

Preface

This Companion Guide to the ASC X12N Implementation Guides adopted under HIPAA clarifies and specifies the data content when exchanging electronically with Delta Dental of California. Transmissions based on this companion guide, used in tandem with the X12N Technical Report Type 3 Guides are compliant with both X12 syntax and those guides. This Companion Guide is intended to convey information that is within the framework of the ASC X12N Implementation Guides 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 Implementation Technical Report Type 3 Guides.

Table of Contents

1. INTRODUCTION

Under the Administrative Simplification provisions of the Health Insurance Portability and Accountability Act (HIPAA) of 1996, the Secretary of the Department of Health and Human Services (HHS) is directed to adopt standards to support the electronic exchange of administrative and financial health care transactions. The purpose of the Administrative Simplification portion of HIPAA is enable health information to be exchanged electronically and to adopt standards for those transactions.

1.1 SCOPE

This companion guide is intended for Delta Dental of California* Trading Partners interested in exchanging HIPAA compliant X12 transactions with Delta Dental of California. It is intended to be used in conjunction with X12N Implementation Guides and is not intended to contradict or exceed X12 standards. It is intended to be used to clarify the CORE rules. It contains information about specific Delta Dental of California requirements for processing following X12N Implementation Guides:

Health Care Claim Status Request and Response 276/277 HIPAA Transaction Standard Companion Guide
  *(Enterprise States: AL, CA, DC, DE, FL, GA, LA, MD, MS, MT, NV, NY, PA, TX, UT, WV)

All instructions in this document are written using information known at the time of publication and are subject to change.

1.2 OVERVIEW

The purpose of this document is to introduce and provide information about Delta Dental of California's B2B enterprise solution for submitting real-time 276/277 transactions. This document covers how Delta Dental will work with submitters, testing, connectivity, contact information, control segments/envelopes, payer specific business rules and limitations, acknowledgements, and trading partner agreements.

1.3 REFERENCES

The ASC X12N 276/277 (version 005010X212) Technical Report Type 3 guide for
Health Care Claim Request Status and Response has been established as the standard for status request transactions and is available at http://store.x12.org/store/healthcare-5010-original-guides

Delta Dental of California's documentation on transactions for Trading Partners is located at:
http://www.deltadentalins.com/dentists/edi-support.html

CAQH/CORE: http://www.caqh.org/COREv5010.php

1.4 ADDITIONAL INFORMATION

- Submitters must have Internet (HTTPS) connection capability to submit a 276 request and receive 277 responses. Trading partners already connected to Delta Dental of California via SFTP VPN will continue this process until a mutually agreed upon schedule for conversion to HTTPS is made.
- Delta Dental of California only supports real-time processing for the 276/277 transaction set.
- Trading partner must not use real-time transactions to submit batches of inquiries.
- The B2B enterprise solution supports inquires for Delta Dental subscribers in the States shown in 1.1 Scope.
- The 277 response returned by Delta Dental of California should not be interpreted as a guarantee of payment.
- Delta Dental does not charge or pay transaction fees for real-time 276/277. Submitters are responsible for their own cost related to testing and implementation of transactions.

2 GETTING STARTED

2.1 WORKING WITH Delta Dental of California

Entities interested in submitting 276 inquiries and receiving 277 responses via the Delta Dental of California B2B enterprise solution should email or call the Delta Dental of California contact related to Trading Partner Relations (see §5.1 CONTACT INFORMATION).

2.2 TRADING PARTNER REGISTRATION

New Submitters must submit in writing or email a request to become a Trading Partner to the Delta Dental of California contact related to Trading Partner Relations (see §5.1 CONTACT INFORMATION). Delta Dental reserves the right to have new Trading Partners use existing Trading Partner connections. In the request, submitter must include the following information:

Contact Name	
Company Name	
Address, City, State and Zip	
E-Mail address of contact	
Telephone of contact	
Number of Delta Enterprise Provider Clients Served	
Submitter CAQH CORE Certified?	

2.3 CERTIFICATION AND TESTING OVERVIEW

See section 4.1.1 Trading Partner Registration and Certification below.

3   TESTING WITH THE PAYER

See section 4.1 Process Flows for an overview of the initial testing process.

4   CONNECTIVITY WITH THE PAYER/COMMUNICATIONS

4.1   PROCESS FLOWS

4.1.1 Trading Partner Registration

To access the Delta dental's 276/277 application, new Trading Partner need to register and complete the Trading Partner registration (see Sections 2.2 TRADING PARTNER REGISTRATION) and certification processes.

Process for exchanging 276/277 transactions

| Step1: Trading Partner Registration | ⟷ | Step2: Trading Partner Authentication | → | Step3: Trading Partner Validation/Testing | → | Step4: Trading Partner Implementation |
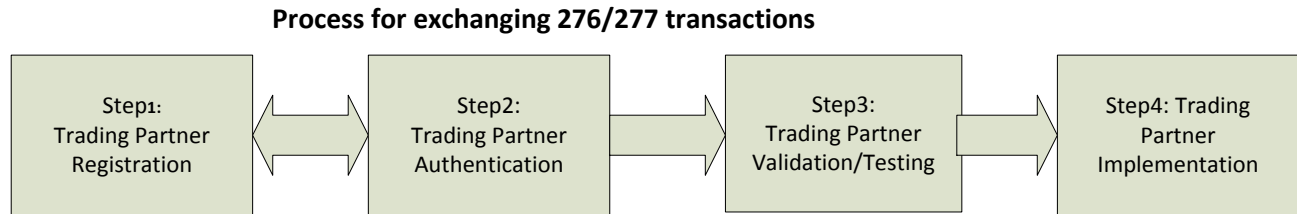
Step1: Trading Partner Registration

Trading Partner should contact Delta Dental of California to Complete and submit the Trading Partner Agreement Form for registration process.

Step2: Trading Partner Authentication

Delta Dental of California will verify the information on the Trading Partner Agreement Form and will approve the Submitter ID requests.

Step3: Trading Partner Validation/Testing

Trading Partner should send test transactions and verify that all systems involved can properly submit and receive X12 compliant transactions. The Usage Indicator (ISA15) must be "T".

Step4: Trading Partner Implementation

Once testing is complete, a Trading Partner can begin to submit 276 transactions and receive 277 transactions in the Production environment. The Usage Indicator (ISA15) must be "P".

4.1.2   Transaction Process
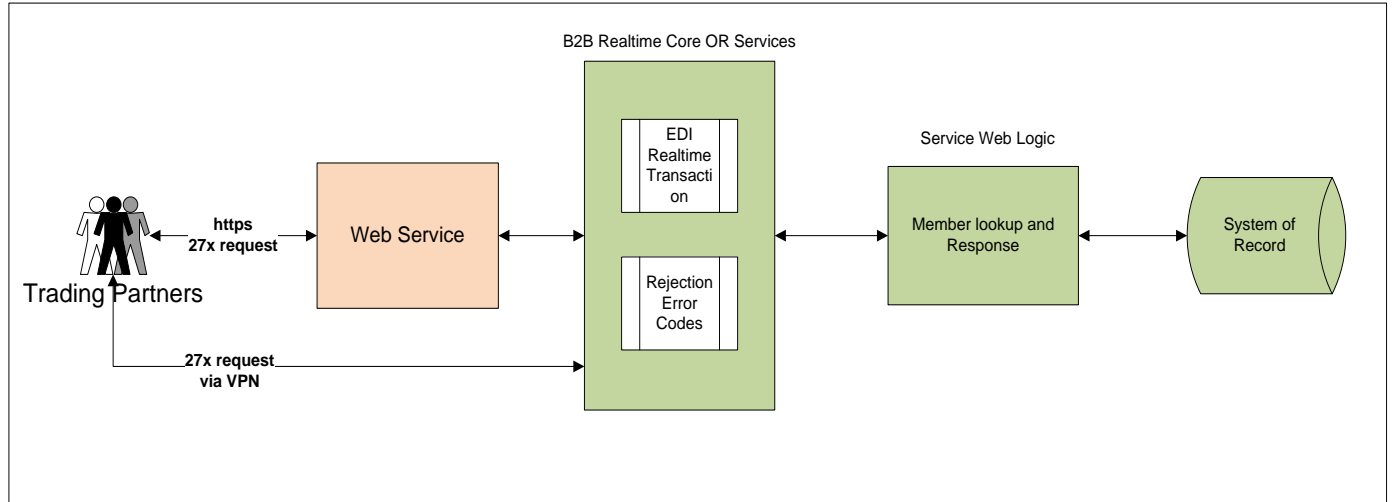
4.2   TRANSMISSION ADMINISTRATIVE PROCEDURES

Trading partners must sign a Delta Dental of California Business Associate Agreement and agree to appropriate use of the Delta Dental B2B enterprise solution and network for real-time transactions.
 For trading partners using HTTPS should use X.509 Certificate base authentication over SSL24 (Submitter Authentication Standard D in the Conformance Requirements §4.1)
For trading partner using the VPN connection should use Secure Sockets Layer (SSLv3.0) open standard for client certificate-based authentication

4.3   RE-TRANSMISSION PROCEDURE

The 277 response to a 276 request will be 20 seconds or less. If a 277 response, TA1 or 999 is not received, resubmit the request. The B2B enterprise solution is set to time-out at 20 seconds.

4.4   COMMUNICATION PROTOCOL SPECIFICATIONS

The Delta Dental B2B enterprise solution for real-time transactions supports transactions formatted according to the Simple Object Access Protocol (SOAP) compliant standards set forth by Web Services Description Language (WSDL) formatting, submission and retrieval.

SOAP XML, WSDL details will be provided as requested by the trading partner.

4.4.1 CORE Connectivity Rules are based on the following standards

HTTPS Version 1.1

SSL Version 3.0

SOAP version 1.2

Web Services-Security 1.1

4.5 PASSWORDS

Delta Dental of California security policies requires use of a user ID and passwords for log-on.

5 Please contact the Trading Partner Relations Manager (see §5.1 CONTACT INFORMATION) if you experience problems with your password. CONTACT INFORMATION

5.1 EDI CUSTOMER SERVICE AND TECHNICAL ASSISTANCE

Trading Partner Relations Manager
415-995-8725
rlee2@delta.org
or
DeltaDentalProduction@delta.org

Monday through Friday between 8:00 a.m. and 5:00 p.m., Pacific Time.

Excluding the following major holidays:
New Year's Day (1/1)
Memorial Day (Last Monday in May)
Independence Day (7/4)
Labor Day (1st Monday in September)
Thanksgiving Day (4th Thursday in November)
Christmas Day (12/25)

5.2 PROVIDER SERVICE NUMBER

If you have questions regarding information related to subscribers that are non-technical, contact center information can be found at the following:
http://www.deltadentalins.com/about/contact/

5.3 APPLICABLE WEBSITES/E-MAIL

http://www.deltadentalins.com/about/contact/

http://www.deltadentalins.com/dentists/edi-support.html

6 CONTROL SEGMENTS/ENVELOPES

6.1 Interchange Control Structure(ISA-IEA)

Table describes the value specifically required by Delta Dental 276/277 application within the ISA Header of the 276 request. The Delta Dental 276/277 application does not expect any custom values for the IEA segment within the 276 request. Please follow the rules as specified by the TR3.

276 ISA Segment Rules

TR3 Page #	Loop ID	Segment/ Element ID	Data Element Name	Codes	Delta Dental Notes
C.4	Header	ISA	Interchange Control Header		
C.4		ISA01	Authorization Information Qualifier	00	
C.4		ISA03	Authorization Information	00	
C.4		ISA05	Interchange ID Qualifier	ZZ	
C.4		ISA06	Interchange Sender ID		
C.4		ISA07	Interchange ID Qualifier	ZZ	
C.4		ISA08	Interchange Receiver ID		2 character local plan code (DE, DC, WV, NY, PA, MD, VW, AL, FL, GA, LA, MS, MT, NV, TX, UT, CA, PM) +13 blanks
C.6		ISA11	Repetition Separator	^	
C.6		ISA14	Interchange Control Version Number	0	
C.6		ISA15	Usage Indicator	T/P	
C.6		ISA16	Component Element Separator	:	

6.2   Functional Group Structure (GS-GE)

The table below describes Delta Dental of California's use of the functional group control segments. It includes a description of expected application sender and receiver codes. Also included in this section is a description concerning how Delta Dental of California expects functional groups to be sent and how Delta Dental of California will send functional groups. These discussions will describe how similar transaction sets will be packaged and Delta Dental of California's use of functional group control numbers.

The Delta Dental 276/277 application does not expect any custom values for the GE segment within the 276 request. Please follow the rules as specified by the TR3 for the GE segment.

276 GS Segment Rules

TR3 Page #	Loop ID	Segment/ Element ID	Data Element Name	Codes	Delta Dental Notes
C.6	Header	GS	Functional Group Header		
C.6		GS01	Functional Identifier Code	HR	

C.6		GS02	Application Sender's Code	00	
		GS03	Application Receiver's Code		2 character local plan code (DE, DC, WV, NY, PA, MD, VW, AL, FL, GA, LA, MS, MT, NV, TX, UT, CA, PM)
		GS07	Responsible Agency Code	X	
		GS08	Version/Release/Industry Identifier Code		005010X0212

6.3   Transaction Set Header/Trailer (ST-SE)

The Delta Dental 276/277 application does not expect any custom values for the ST/SE segments within the 276 request. Please follow the rules as specified by the TR3

7   PAYER SPECIFIC BUSINESS RULES AND LIMITATIONS

This section describes Delta Dental of California's business rules and limitations of the 276/277 application.

7.1 General Structural Notes

- Trading Partners should follow the ST/SE guidelines outlined in the 276 section of the TR3

- Trading Partners should follow the ISA/IEA and GS/GE guidelines for HIPAA in Appendix C of the TR3 and follow the 999 and TA1 guidelines outlined in the Implementation Acknowledgement for Health Care Insurance.

- Each transaction must contain only one Patient Request. Each 276 request must have only one ISA/IEA, one GS/GE, one ST/SE, and a single 2100D Subscriber Loop.

7.2 Date of Service Rules

- The 276/277 application will respond with current claim status information if no date is contained in the 277 request.

- Delta Dental of California's System will verify that the requested date(s) on the 276 request are within the 276/277 application's allowable date span. The allowable date span is up to 12 months in the past and up to four months in the future, based on the date the transaction was received. If requests are outside of this range, the 276/277 application will return an AAA error in the 2100C Loop with a reject reason code of AAA03 = "62".

- For a future or past coverage request Waiting will not be sent in 277 responses.

7.3 Pre-Query and Post-Query validation

7.3.1 Pre-Query validation

Delta Dental's 276/277 transaction will perform a pre-query validation to make sure the required Subscriber/Dependent data elements are preset prior to routing the information to Claim Status inquiry system.

For Subscriber request below data elements are required:

2100D/NM109 Subscriber ID and

2100D/NM103 Subscriber Last Name and

2100D/NM104 Subscriber First Name or 2000D/DMG Subscriber DOB

For Dependent request below data elements are required:

2100D/NM109 Subscriber ID and

2100E/NM103 Dependent Last Name and

2100E/NM104 Dependent First Name and

 2000E/DMG Dependent Date of Birth

If any of the above data elements are missing an AAA error codes will be sent out as defined in the CORE guidelines. Multiple AAA segments can be returned based on the missing data elements.

7.3.2 Post-Query validation

If the Pre-Query validation passes a Post-Query validation will be performed to match the Subscriber/Dependent against the Delta Dental's Claim Status and Response System

For Subscriber request below data elements are used to match the subscriber:

2100D/NM109 Subscriber ID and

2100D/NM103 Subscriber Last Name and

2100D/NM104 Subscriber First Name

If not Found below Data elements are used for search

2100D/NM109 Subscriber ID and

2100D/NM103 Subscriber Last Name and

2000D/DMG Subscriber DOB

For Dependent request below data elements are required:

2100D/NM109 Subscriber ID and

2100E/NM103 Dependent Last Name and

2100E/NM104 Dependent First Name and

2000E/DMG Dependent Date of Birth

If any of the above data elements are not matched an AAA error codes will be sent out as defined in the CORE guidelines. Multiple AAA segments can be returned based on the data element not matched.

7.4   Identification Number Requirements

Valid Member ID is required for Delta Dental's 276/277 application. Member IDs should not contain hyphens, spaces, or any special characters.

7.5   Claim Status Name search

An exact match on the patient's Last Name and Date of Birth (or First Name) is required in order to return claim status of the patient.

7.5.1 Name Normalization

In accordance with CAQH CORE requirements Delta Dental normalizes the patient's last name from the submitted 276 request and compares them to a normalized version of the patient information contained in Delta Dental of California's membership files. When making name comparisons:
*   The match will not be case-sensitive
*   All special characters within the basic character set are ignored:
    "!", "'", "&", "'", "(", ")", "*", "+", ",", "-", ".", "/", ":", ";", "?", "=" and space
*   All of the following character strings are ignored when they are:
*   At the beginning of the data element and followed by a space, comma, or forward slash
*   At the end of the data element and preceded by a space, comma, or forward slash
    JR, SR, I, II, III, IV, V, RN, MD, MR, MS, DR, MRS, PHD, REV, ESQ

7.5.2 INS Segment usage

If the Last Name submitted in 276 request doesn't match the Last Name in Delta Dental of California's Claim Status System where as the Normalized Last Name matches the Delta Dental's Claims Status System, an INS segment is returned with the corrected Last Name.

7.6 Patient Relation

A 276 request can contain Subscriber Request (2100D Loop) and Dependent Request (2100E Loop). For a Subscriber request Subscriber ID, Last Name and Date of Birth (or First Name) is required. For a dependent request Subscriber ID is required along with the Dependent First Name, Last Name and DOB

8 ACKNOWLEDGEMENTS AND/OR REPORTS

Only one response will be sent for each 276 request that is submitted – a TA1, a 999, a 277, or a proprietary error message. There are no specific reports regarding the 276/277 transactions available to Trading Partners.

276 Claim Status Requests submitted to Delta Dental must be HIPAA compliant.

8.1 Custom Message

Custom error messages will be sent only when the ISA segment of the 276 request cannot be read, making it impossible to formulate an ISA segment for a 277 response. Trading Partners may contact Delta Dental of California for assistance with custom Errors
"We are unable to process your request. Please correct the EDI error and resubmit the request".

8.2 999

Delta Dental will issue a 999 Acknowledgment for Health Care Insurance (005010X231) when a 276 request (Real Time) fails validation of WEDI SNIP Type 1-5 HIPAA edits. Delta Dental does not return positive acknowledgments for successful 276 requests (the 277 acts as the acknowledgment).

The purpose of the 999 Acknowledgment (Reject) is to identify critical errors within the 276 request based on the ASC X12N 277 (version 005010X212A1) Technical Report Type 3 guide. The submitter should review the 999 to determine what errors occurred.

8.3 TA1

The TA1 Interchange Acknowledgement is used by the 276/277 application to communicate the rejection of a 276 request based on errors encountered with X12 compliance, formatting, or specific requirements of the ISA/IEA Interchange segments.
A 5010A1 TA1 may be returned if one of the following conditions exists:
- A 276 request is received and the version of the transmission cannot be determined.
- A 276 request is received and the version of the transmission is unsupported by the 276/277 application. This includes previously accepted versions that are no longer supported.
- The Trading Partner has not been authorized for the submitted X12 version.

8.4 277

When the 276 request complies with the X12 standard syntax requirements and all additional formatting rules as specified by this Companion Guide, then a 277 response is returned to the Trading Partner. If no error exists, the Dental Claim Status data will be returned within the 277 response.

The AAA error segment is utilized within the 277 response to communicate error conditions based on CORE rules.

9   TRADING PARTNER AGREEMENTS

All trading partners, clearinghouses, and providers that connect directly to Delta Dental of California will be sent the applicable agreement during the enrollment period

9.1   TRADING PARTNERS

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

10 TRANSACTION SPECIFIC INFORMATION

This section describes how ASC X12N Implementation Guides (IGs) adopted under HIPAA will be detailed with the use of a table. The tables contain a row for each segment that Delta Dental of California has something additional, over and above, the information in the 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 IGs 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 Delta Dental of California

In addition to the row for each segment, one or more additional rows are used to describe Delta Dental of California's usage for composite and simple data elements and for any other information.

10.1 276 Claim Status Inquiry

This section describes the values required by Delta Dental of California in the 276 claim status request transaction. Any segments or elements not referenced in the following tables should be sent on the 276 as per the TR3.

10.1.1 Information Source Level Structures

TR3 Page #	Loop ID	Segment/ Element ID	Data Element Name	Codes	Delta Dental Notes
	Header	BHT	Beginning of Hierarchical Transaction		
		BHT01	Hierarchical Structure Code	0010	
		BHT02	Transaction Set Purpose Code	13	
		BHT03	Reference Identification		
	2100A	NM1	Payer Name		
		NM101	**Entity Identifier Code**	PR	
		NM102	**Entity Type Qualifier**	2	
		NM103	**Name Last or Organization Name**		*Delta Dental plan name Possible values: Delta Dental of California Delta Dental Insurance Company Delta Dental of Delaware Delta Dental of West Virginia Delta Dental District of Columbia Delta Dental of Pennsylvania Delta Dental of New York*
		NM108	**Identification Code Qualifier**	PI	

					Two-character plan code Possible values: For Delta Dental of California: CA For Delta Dental Insurance Company: AL, FL, GA, LA, MS, TX, UT, MT, or NV For Delta Dental of Delaware: DE For Delta Dental of West Virginia: WV For Delta Dental District of Columbia: DC For Delta Dental of Pennsylvania: PA or MD For Delta Dental of New
		NM109	**Identification Code**		York: NY

10.1.2   Information Receiver Level Structures

Trading Partners that submit transactions on behalf of the Provider must ensure that the correct, valid, and active Medicare Provider identification is submitted as the Information Receiver. Only National Provider Identifier (NPI) numbers are accepted.

TR3 Page #	Loop ID	Segment/ Element ID	Data Element Name	Codes	Delta Dental Notes
	2100B	NM1	Information Receiver Name		
		NM101	**Entity Identifier Code**	41	
		NM102	**Entity Type Qualifier**	1 or 2	
		NM108	**Identification Code Qualifier**	46	
		NM109	**Information Receiver Identification Code**		Health Care Financing Administration National Provider Identifier.

10.1.3   Service Provider Level Structures

TR3 Page #	Loop ID	Segment/ Element ID	Data Element Name	Codes	Delta Dental Notes
	2100C	NM1	Provider Name		
		NM101	**Entity Identifier Code**	1P	
		NM102	**Entity Type Qualifier**	1 or 2	
		NM103	**Name Last or Organization Name**		
		NM104	**Name First**		
		NM108	**Identification Code Qualifier**	XX	

TR3 Page #	Loop ID	Segment/ Element ID	Data Element Name	Codes	Delta Dental Notes
		NM109	**Information Code**	External Code List	

10.1.4 Subscriber Level Structures

Trading Partners must ensure that only one Dental Beneficiary request is submitted in the Subscriber Level for each transaction.

TR3 Page #	Loop ID	Segment/ Element ID	Data Element Name	Codes	Delta Dental Notes
	2000D	DMG	Subscriber Demographic Information		
		DMG01	Date Time Period Format Qualifier	D8	
	2100D	NM1	Subscriber Name		
		NM101	**Entity Identifier Code**	IL	
		NM102	**Entity Type Qualifier**	1	
		NM103	**Name Last or Organization Name**		
		NM104	**Name First**		*Required when the subscriber is the Patient*
		NM108	**Identification Code Qualifier**	MI	
		NM109	**Identification Code**	External Code List	

10.1.5 Claim Status Tracking Structure

Trading Partners must ensure that only one Dental Beneficiary request is submitted in the Subscriber Level for each transaction.

TR3 Page #	Loop ID	Segment/ Element ID	Data Element Name	Codes	Delta Dental Notes
	2200D	TRN	**Claim Status Tracking Number**		
		TRN01	Trace Type Code	1	
	2200D	REF	**Payer Claim Control Number**		
		REF01	Reference Identification Qualifier	1K	
	2200D	REF	**Patient Control Number**		

		REF01	Reference Identification Qualifier	EJ	
	2200D	REF	**Claim Identification Number for Clearing Houses and Other Transmission Intermediaries**		
		REF01	Reference Identification Qualifier	D9	
	2200D	DTP	**Claim Service Date**		
		DTP01	Date/Time Qualifier	472	
		DTP02	Date Time Period Format Qualifier	D8 & RD8	

10.1.1 Dependent Level Structures

Trading Partners must ensure that only one Dependent request is submitted in the Dependent Level for each transaction.

TR3 Page #	Loop ID	Segment/ Element ID	Data Element Name	Codes	Delta Dental Notes
	2000E	HL	Dependent Level		
		HL03	Hierarchical Level Code	23	
	2000E	DMG	Dependent Demographic Information		
		DMG01	Date Time Period Format Qualifier	D8	
	2100E	NM1	Dependent Name		
		NM101	Entity Identifier Code	QC	
		NM102	Entity Type Qualifier	1	
		NM103	Name Last or Organization Name		*Required when the Dependent is the Patient*
		NM104	Name First		*Required when the Dependent is the Patient*

10.2 277 Claim Status Response Transaction

This section describes the values returned by Delta Dental in the 277 claim status transaction. The following tables describe the utilization of segments and elements when there is a type of uniqueness or restriction. All other values comply with the TR3.

Header and Information Source

TR3 Page #	Loop ID	Segment/ Element ID	Data Element Name	Codes	Delta Dental Notes
	Header	BHT	Beginning of Hierarchical Transaction		
		BHT01	Hierarchical Structure Code	0010	
		BHT02	Transaction Set Purpose Code	08	
		BHT03	Reference Identification		
		BHT06	Transaction Type Code	DG	
	2000A	HL	Information Source Level		
		HL03	Hierarchical Level Code	20	
		HL04	Hierarchical Child Code	1	
	2100A	NM1	Payer Name		
		NM101	**Entity Identifier Code**	PR	
		NM102	**Entity Type Qualifier**	2	
		NM103	**Name Last or Organization Name**		*Delta Dental plan name Possible values: Delta Dental of California Delta Dental Insurance Company Delta Dental of Delaware Delta Dental of West Virginia Delta Dental District of Columbia Delta Dental of Pennsylvania Delta Dental of New York*
		NM108	**Identification Code Qualifier**	PI	
		NM109	**Identification Code**		*Two-character plan code Possible values: For Delta Dental of California: CA For Delta Dental Insurance Company: AL, FL, GA, LA, MS, TX, UT, MT, or NV For Delta Dental of Delaware: DE For Delta Dental of West Virginia: WV For Delta Dental District of Columbia: DC For Delta Dental of Pennsylvania: PA or MD For Delta Dental of New York: NY*
	2100A	PER	Payer Contact Information		

| | | PER01 | Contact Function Code | IC | |
| | | PER03 | Communication Number Qualifier | TE | |

Information Receiver

TR3 Page #	Loop ID	Segment/ Element ID	Data Element Name	Codes	Delta Dental Notes
	2000B	HL	Information Receiver Level		
		HL03	Hierarchical Level Code	21	
		HL04	Hierarchical Child Code	0,1	
	2100B	NM1	Information Receiver Name		
		NM101	**Entity Identifier Code**	41	
		NM102	**Entity Type Qualifier**	1 or 2	
		NM108	**Identification Code Qualifier**	46	
		NM109	**Information Receiver Identification Code**		
	2200B	TRN	Information Receiver Trace Identifier		
		TRN01	Trace Type Code	2	
		TRN02	Reference Identification		*BHT03 data element value from the 276 Claim Status Request being rejected*
	2200B	STC	Information Receiver Status Information		
		STC01	Health Care Claim Status		
		STC01-01	Industry Code	External Code List	
		STC01-02	Industry Code	External Code List	
		STC01-03	Entity Identifier Code	PR	

Service Provider Level Structures

TR3 Page #	Loop ID	Segment/ Element ID	Data Element Name	Codes	Delta Dental Notes
	2000C	HL	Service Provider Level		
		HL03	Hierarchical Level Code	19	

		HL04	Hierarchical Child Code	0,1	
	2100C	NM1	Provider Name		
		NM101	**Entity Identifier Code**	1P	
		NM102	**Entity Type Qualifier**	1 or 2	
		NM103	**Name Last or Organization Name**		
		NM104	**Name First**		
		NM108	**Identification Code Qualifier**	XX	
		NM109	**Information Code**	External Code List	
	2200C	TRN	Information Receiver Trace Identifier		
		TRN01	Trace Type Code	1	
		TRN02	Reference Identification		
	2200C	STC	Information Receiver Status Information		
		STC01	Health Care Claim Status		
		STC01-01	Industry Code	External Code List	
		STC01-02	Industry Code	External Code List	
		STC01-03	Entity Identifier Code	1P	

Subscriber Level Structure

TR3 Page #	Loop ID	Segment/ Element ID	Data Element Name	Codes	Delta Dental Notes
	2000D	HL	Service Provider Level		
		HL03	Hierarchical Level Code	22	
		HL04	Hierarchical Child Code	0,1	
	2100D	NM1	Subscriber Name		
		NM101	**Entity**	IL	

			Identifier Code		
		NM102	Entity Type Qualifier	1	
		NM103	Name Last or Organization Name		
		NM104	Name First		*Required when the subscriber is the Patient*
		NM108	Identification Code Qualifier	MI	
		NM109	Identification Code		

Dependent Level Structure

TR3 Page #	Loop ID	Segment/ Element ID	Data Element Name	Codes	Delta Dental Notes
	2000E	HL	Dependent Level		
		HL03	Hierarchical Level Code	23	
	2100E	NM1	Dependent Name		
		NM101	Entity Identifier Code	QC	
		NM102	Entity Type Qualifier	1	
		NM103	Name Last or Organization Name		*Required when the Dependent is the Patient*
		NM104	Name First		*Required when the Dependent is the Patient*

Claim Level Status Structure

TR3 Page #	Loop ID	Segment/ Element ID	Data Element Name	Codes	Delta Dental Notes
	2200D	TRN	**Claim Status Tracking Number**		
		TRN01	Trace Type Code	2	
	2200D	STC	Claim Level Status Information		
		STC01	Health Care Claim Status		
		STC01-01	Industry Code	External Code List	
		STC01-02	Industry Code	External Code List	
		STC01-03	Entity Identifier Code	1P, P2	
	2200D	REF	**Payer Claim Control Number**		
		REF01	Reference Identification Qualifier	1K	
	2200D	REF	**Patient Control Number**		
		REF01	Reference Identification Qualifier	EJ	
	2200D	REF	**Claim Identification Number for Clearing Houses and Other Transmission Intermediaries**		

	REF01	Reference Identification Qualifier	D9	
2200D	**DTP**	**Claim Service Date**		
	DTP01	Date/Time Qualifier	472	

APPENDICES

This section contains one or more appendices.

A. **Implementation Checklist**

<<Insert Check List>>

B. **Business Scenarios**

- *Supported Request Type*
  1. Dental Health Benefit Plan Coverage
  2. Health Plans (Information Source)
  - Delta Dental of California
  - Delta Dental Insurance Company
  - Delta Dental of Delaware
  - Delta Dental of West Virginia
  - Delta Dental District of Columbia
  - Delta Dental of Pennsylvania
  - Delta Dental of New York

- *Implementation Mode*
  Real-Time usage

- *NPI Mode*
  NPI-Only

- *HIPAA Validation*
  SNIP levels 1 and 2 HIPAA validation will be followed.

C. **Transmission Examples**

Sample 276 Claim Status Inquiry Transactions
<<Insert Sample>>

Sample 277 Claim Status Response
<<Insert Sample>>

D.   Frequently Asked Questions

This appendix contains a compilation of questions and answers relative to Delta Dental of California and its providers. Typical question would involve a discussion about code sets and their effective dates.

E.   Change Summary

Document Revision History.

Version	Date	Description of Changes
0.1	03-07-2013	Initial Draft
0.3	03-21-2013	Final updates based on 270/271 comments provided by Bern, Dick and Earl