

837D Institutional Claims

Secondary/Tertiary Claims to Blue Shield of California

- Claim level information can be submitted, Blue Shield of California requires line level on dental claims.
- Standard list refers to HIPAA compliant codes established by CMS and other government entities.
- Please see specific generic claim example for generating tertiary claims.*
- Both 2430 segments must equal original Total Charge in CLM02 in order to balance

Please see below for segment usage.

Page #	Loop ID	Reference	Name	Codes	Notes/Comments
210	2320	SBR01	Other Subscriber Information	P, S, T	Primary, Secondary Tertiary – can be repeated up to Tertiary
210	2320	SBR02	Individual Relationship code	Standard list	Standard list of individual relationship codes same as 2000B SBR02 segment
210	2320	SBR03	Reference Identification- Group or Policy Number		Required by subscribers payers identification includes group or plan code.
211	2320	SBR04	Name		Required if the subscribers payer identification includes group or plan name
211	2320	SBR09	Claim Filing Indicator Code	MB, CI, BL examples	Standard list of codes
216	2320	CAS01	Claim Level Adjustment codes	CO, CR, OA, PI, PR	Required if claim adjudicated by prior payer with claim level adjustments
220	2320	AMT01	Coordination of Benefits (COB) Payer Paid Amount	D	Required if claim adjudicated by prior payer. It is acceptable to show zero paid
220	2320	AMT02	Monetary Amount Paid		Claim level monetary amount paid by prior payer.

Page #	Loop ID	Reference	Name	Codes	Notes/Comments
221	2320	AMT01	Coordination of Benefits (COB) Approved Amount	AAE	Claim level approved amount by prior payer
221	2320	AMT02	Monetary Approved Amount		Claim level monetary approved amount from other payer
222	2320	AMT01	Coordination of Benefits (COB) Allowed Amount	B6	Claim level allowed amount from a specific payer plan
222	2320	AMT02	Monetary Allowed Amount		Claim level monetary allowed amount from specific payer
223	2320	AMT01	Coordination of Benefits (COB) Patient Responsibility Amount	F2	Required if there is patient responsibility from payers adjudication
223	2320	AMT02	Monetary Patient responsibility		Claim level monetary amount for patient responsibility from other payer adjudication
227	2320	DMG01	Subscriber Demographic Information – Time Date Period Format Qualifier	D8	
228	2320	DMG02	Date Time Period		Date expressed in CCYYMMDD
229	2320	OI03	Other Insurance Coverage Information – Assignments of Benefits Indicator	Y or N	Crosswalk from original 837 CLM08
230	2320	OI06	Release of Information Code	A, I, M, N, O, Y	Required
231-233	2330A	NM101-109	Other Subscriber Name	All codes represented from IG	Required - NM01, 02, 03, 04, 08 ,09
235	2330A	N301-02	Other Subscribers Street Address		Other Subscribers address including second line if needed.
236	2330A	N401-04	Other Subscribers City, State Zip		Other Subscribers city, state zip
240-241	2330B	NM101-109	Other Payer Name	All codes represented from IG	Critical field is NM109 = Identification code. This must be identical to SVD01 (Loop 2430) for this payer for COB
265-287	2400		2400 Service Line segments		Expectation of all 2400 service line fields that apply to claim

Page #	Loop ID	Reference	Name	Codes	Notes/Comments
301	2430		Line Adjudication Information		
302	2430	SVD01	Identification Code		Critical field should match coordinating NM109 in Loop ID-2330B identifying other Payer – for Tertiary there will be two
302	2430	SVD02	Service Line Paid Amount		Amount paid by specific line by specific payer. Zero is acceptable amount for this field.
302	2430	SVD03	Procedure Identifier		Crosswalk from the SVC01 in the 835 transmission
302	2430	SVD03-1	Product or Service ID Qualifier	HC	Qualifier for HCPC codes
302	2430	SVD03-2	Product/Service ID		HCPC codes
303-304	2430	SVD03-3 through 6	Procedure Code Modifier(s)		Up to 4 reporting Procedure Modifier codes for each service line
303	2430	SVD03-5	Paid Service Unit Count		Crosswalk from SVC05 in 835 or if not present in 835, use original billed units.
305	2430		Line Adjustment Information		Required if payer identified in loop 2330B made line level adjustments which caused the amount paid to differ from amount originally charged.
307	2430	CAS01	Claim Adjustment Group Code	CO, CR, OA, PI, PR	Code identifying the general category of the payment adjustment. There can be multiple segments based off claim adjustment group code. Example, 1 with CO, and 1 with PR.
307-309	2430	CAS02, 05, 08, 11, 14	Claim Adjustment Reason Code	Standard list of codes from CMS	Codes identifying specific reason for adjustment of payment. There can be up to 4 codes per specific field identified.

Page #	Loop ID	Reference	Name	Codes	Notes/Comments
307-309	2430	CAS03, 06, 09, 12, 15	Monetary amount adjusted		Adjusted amount at line level
307-310	2430	CAS04, 07, 10, 13, 16	Adjustment Quantity		Use this quantity for units of service being adjusted by specific payer designated.

Example of Tertiary critical fields

- Both 2430 segments must equal original Total Charge in CLM02 in order to balance*

Claim information (2300)

24 CLM*TESTDENTALCOB*203.8***11>>1*Y*A*Y*Y~

Other Subscriber Information (2320)

25 SBR*P*18**MEDICARE*****MB~
 26 CAS*PR*1*50~
 27 AMT*D*94.9~
 28 AMT*B6*200.9~
 29 AMT*F2*50~
 30 OI***Y***Y~

Other Subscriber Name (2330A)

31 NM1*IL*1*BILLITERE*J****MI*55555555A~
 31 DMG*D8*19290329*M~
 32 N3*TWO BILLIES BLOCK~
 33 N4*SAN FRANCISCO*CA*94119~

Other Payer Name (2330B)

34 NM1*PR*2*MEDICARE*****PI*PAYER01~
35 REF*G1*123456789321~

Other Subscriber Information (2320)

36 SBR*S*18*COMM*****CI~
37 DMG*D8*19290329*M~
38 OI***Y***Y~

Other Subscriber Name (2330A)

39 NM1*IL*1*BILLITERE*J****MI*ABC123456789~
40 N3*TWO BILLIES BLOCK~
41 N4*SAN FRANCISCO*CA*94119~

Other Payer Name (2330B)

42 NM1*PR*2*COMMERCIAL*****PI*PAYER02~
43 REF*G1*123456789987654321~

Line Counter (2400)

44 LX*1~
45 SV3*AD>D7510*51.9****1~
46 TOO*JP*30*D>M>B>L~
47 DTP*472*D8*20080320~
48 REF*6R*658457~

Line Adjudication Information (2430)

49 SVD*PAYER01*27.45*AD>D2332**1~
50 CAS*PR*1*24.45*1~
51 DTP*573*D8*20080407~

Line Adjudication Information (2430)

52 SVD*PAYER02*20*AD>D2332**1~

53 CAS*PR*1*31.90*1~
53 **W10046:** Syntax Error for CAS03, trailing zeros following the decimal point should be suppressed.
54 DTP*573*D8*20080409~
Line Counter (2400)
55 LX*2~
56 SV3*AD>D0170*50****1~
57 DTP*472*D8*20080320~
58 QTY*P3*4~
59 REF*6R*658458~
Line Adjudication Information (2430)
60 SVD*PAYER01*500**0250*3~
61 CAS*PR*1*50**2*250**3*15~
62 CAS*CO*45*50**17*90~
Service Line Adjudication Information (2430)
63 SVD*PAYER02*20*AD>D7220**1~
64 CAS*PR*1*30*1~
65 DTP*573*D8*20080409~
Line Counter (2400)
66 LX*3~
67 SV3*AD>D7912*51.9****1~
68 TOO*JP*30*D>M>B>L~
69 DTP*472*D8*20080320~
70 REF*6R*658457~
Line Adjudication Information (2430)
71 SVD*PAYER01*27.45*AD>D2332**1~

72 CAS*PR*1*24.45*1~
73 DTP*573*D8*20080407~
Line Adjudication Information (2430)
74 SVD*PAYER02*20*AD>D2332**1~
75 CAS*PR*1*31.9*1~
76 DTP*573*D8*20080409~
Line Counter (2400)
77 LX*4~
78 SV3*AD>D7910*50****1~
79 TOO*JP*30*D>M>B>L~
80 DTP*472*D8*20080320~
81 REF*6R*658457~
Line Adjudication Information (2430)
82 SVD*PAYER01*30*AD>D2332**1~
83 CAS*PR*1*20*1~
84 DTP*573*D8*20080407~
Line Adjudication Information (2430)
85 SVD*PAYER02*10*AD>D2332**1~
86 CAS*PR*1*40*1~
87 DTP*573*D8*20080409~