



# **Standard Companion Guide**

Refers to the Implementation Guide  
Based on X12 Version 005010X224A2

**Health Care Claim – Dental  
(837D)**

Companion Guide Version Number 3.0  
October 1, 2020

## 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.  |

## **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.

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## 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 be:

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       | <b>NM1</b> | 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 |           |        |   |
|            |             |            |                               | <b>MI</b> |        | This type of row exists when a note for a particular code value is required. For example, this note may say that value <b>MI</b> is the default. Not populating the first 3 columns makes it clear that the code value belongs to the row immediately above it. |
| <b>226</b> | <b>2300</b> | <b>HI</b>  | Health Care Diagnosis Code    |           |        |   |
|            | <b>2300</b> | HI01-1     | Code List Qualifier Code      | <b>BK</b> |        | 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](mailto:IEDIsales@optum.com) or visit <https://www.optum.com/campaign/fp/free-edi.html>.

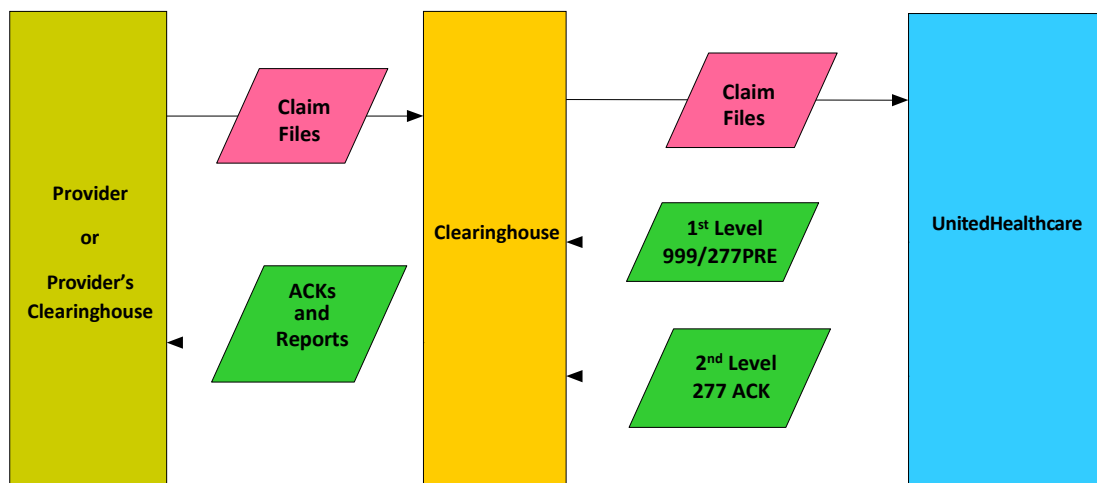
### 2.3 CERTIFICATION AND TESTING

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 [EDIsales@optum.com](mailto:EDIsales@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](http://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](http://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   |
|------------|---------|---|--------------------------------------|--|
| <b>ISA</b> |         | <b>ISA Interchange Control Header Segment</b> |                                      |  |
|            | 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<br>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<br>See note for ISA15                  |

|            |       |  |  |  |
|------------|-------|--|--|--|
|            | ISA10 | Interchange Time   | Format: HHMM                           | Time of the interchange<br>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.<br>'P' = Production Data<br>Note: Date and time fields are populated |
|            | ISA16 | Component Element Separator  | :                                      | Component element separator is a delimiter and not a data element  |
| <b>IEA</b> |       | <b>Interchange Control Trailer Segment</b>   |  |  |
|            | 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   |
|-----------|---------|--------------------------------|---------------------|--|
| <b>GS</b> |         | <b>Functional Group Header</b> |                     |  |
|           | 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:<br>CCYYMMDD | Date of functional group creation  |

|           |      |  |                                       |   |
|-----------|------|--|---------------------------------------|---|
|           | 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'. |
| <b>GE</b> |      | <b>Functional Group Trailer</b>          |                                       |   |
|           | 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  |
|-----------|---------|-------------------------------------|----------------------------------|---|
| <b>ST</b> |         | <b>Transaction Set Header</b>       |                                  |   |
|           | 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   |
| <b>SE</b> |         | <b>Transaction Set Trailer</b>      |                                  |   |
|           | 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 Location 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.