New MN–ITS Direct Data Entry (DDE) Screens
Dental (837D)

This handout is intended to accompany the MN–ITS DDE Dental 837D Training Webinar. It is not intended to replace the MN-ITS User Guides or specific billing instructions in the MHCP Provider Manual.

The document reflects the new layout and functionality of the MN–ITS DDE Dental (837D) claim screens. Each 837D screenshot shows examples of the individual sections within each screen. Screens are shown in the order as they appear while entering a dental claim. Refer to the appropriate MN–ITS User Guide for detailed instructions on completing a claim for a specific service.

The Dental 837D claim contains these five screens:

- Billing Provider
- Subscriber
- Claim Information
- COB – Coordination of Benefits
- Services
New MN–ITS Direct Data Entry (DDE) Screens
Dental (837D)

Billing Provider
The Billing Provider information is auto-populated from the MHCP enrollment profile for the NPI/UMPI used to log in to MN–ITS.

![Billing Provider Information Form]

If the Billing Provider information is inaccurate, complete the appropriate profile change form and fax to Provider Enrollment.
Billing Provider Continued - Consolidated Providers

Consolidated providers must select the appropriate location where the service was provided; or if provided at a non-affiliated location they must select the location that represents the recipients or providers main clinic.
**Subscriber**

Use the Subscriber screen to indicate the recipient who received the service(s) reported on this claim. Only the subscriber ID and birth date are required.
Claim Information
Use the Claim Information screen to report Header/Claim level information that will identify the type of claim and details about the service(s). The Claim Information Screen contains three sections:

- Claim Information
- Situational Claim Information
- Other Providers (Claim Level)

Claim Information Section
Use this section to report general required claim information, including:

- Claim Frequency Code (Original is default)
- Payer Claim Control Number (required for replacement or void claims)
- Place of Service (Office is default)
- Patient Control Number
- Assignment and Release Information (defaulted)
- Diagnosis Code V72.2 General Dental Examination is default)
**Situational Claim Information Section**

Use this section to report additional claim information, when required. This may include:

- Prior Authorization Number
- Claim Note
- Attachment Control Number/Type
- Property/Casualty and Accident Information/Date

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### Dental (837D) Claim Information

<table>
<thead>
<tr>
<th>Billing Provider</th>
<th>MHCQ PROVIDER</th>
</tr>
</thead>
<tbody>
<tr>
<td>Subscriber</td>
<td>0136856-FTSCTRIECP01</td>
</tr>
<tr>
<td>Total Claim Charge Amount</td>
<td></td>
</tr>
<tr>
<td>Type of Claim</td>
<td>Original</td>
</tr>
</tbody>
</table>

**Required Field**

**Situational: if applicable, complete all fields within section**

**Claim Information**

**Situational Claim Information**

- Prior Authorization Number
- Claim Note Entry
- Control Number
- Accident Information

**Attachments**

**Type**

**Control Number**

**Type ID**

**Attachment Type Description**

**Other Providers (Claim Level)**

**Related Causes**

<table>
<thead>
<tr>
<th>Code</th>
</tr>
</thead>
<tbody>
<tr>
<td>AA</td>
</tr>
<tr>
<td>EM</td>
</tr>
<tr>
<td>OA</td>
</tr>
</tbody>
</table>

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Other Providers (Claim Level) Section

Use this section to report the NPI of other providers associated with the claim or to report a service location. These may include the:

- Rendering provider
- Pay-to-provider
- Referring provider
- Service Facility Location
Use the COB screen to report other payers, such as private insurance when they pay for all or a portion of the claim. This includes:

- Other Payer Name
- Other Payer Primary ID (Carrier ID, displays on eligibility response: Other Insurance)
- Claim Filing Indicator

Refer to Medicare and Other Insurance sections in Billing Policy of the MHCP Provider Manual for instruction on Billing TPL at the Header/Claim Level and the Service/Line Level.
Commercial Insurance
Additional fields display based on the Claim Filing Indicator selection. For commercial insurance the following fields display:

- Other Payer Subscriber
- Claim Level Adjustments
- Other Payer Amounts
- Other Insurance Information
Claim Level COB Saved
Entries completed below at the COB Header/Claim level are an example of the required fields to report TPL to be adjudicated at the line level. Federally Qualified Health Center’s (FQHC), Rural Health Clinic’s (RHC) and Indian Health Service/Facility and Tribal Social Services (IHS) must report all TPL entries at the COB Header/Claim level.
**Services**

Use the Services screen to report details for each service being billed. Information reported on a service line will override information reported at the Header/Claim level for that line. The Services screen has four different sections used to report information at the line level:

- Services
- Other Payer
- Situational Services
- Other Providers

**Services**

Use this section to report service specific information, including:

- Date of Service From/To
- Place of Service
- Procedure Code
- Procedure Code Modifiers, if applicable
- Diagnosis Pointers
- Line Item Charge Amount
- Procedure Count
### Dental(837D): Services

**Billing Provider**: MHCP PROVIDER

**Subscriber**: 01348054 - FIFTY TEN TESTREC01

<table>
<thead>
<tr>
<th>Line 1</th>
</tr>
</thead>
</table>

**Services**

- **Date of Service (From)**
- **Place of Service**: 11-OFFICE
- **Procedure Code**
- **Diagnosis Pointer(s)**
  - V72.2
  - select-one-
  - select-one-
  - select-one-
- **Line Item Charge Amount**
- **Procedure Count**

**Other Payer**

**Situational Services**

**Other Providers**

**Save/View Line(s)**  **Copy**  **Delete**  **ADD**

**Application Progress**

- Billing Provider Edit
- Subscriber Edit
- Claim Information Edit
- CCB Edit
- Claim Services

**Related Links**

- MN-ITS User Guides
- Provider Website
- Electronic Claim Attachments
- MHCP Payment Claim Calendars
- Fee Schedule
- Provider Training
- MHCP Provider Profile Change Forms
  - Individual
  - Practitioner
  - Organization
- Provider Enrollment
- NDC Search
- Washington Publishing Company

**Questions or Comments?**

- Contact Us

*Required Field

**Situational, if applicable, complete all ** fields within a section*
Other Payer Section
Use this section to report other payer information for the service line:

- Other Payer Primary Identifier
- Service Line Paid Amount
- Adjudication Payment Date
- Paid Unit Count
- COB Line Adjustment Group Code
- Adjustment Reason Code
- Adjustment Amount
- Adjustment Quantity
Situational Services Section
Use this section to report additional claim information, if needed. This may include:

- Prior Authorization Number
- Fixed Form Information (not used for dental services)
- Tooth Information (tooth number, tooth surface or oral cavity designation)
- Prosthesis Information
- Orthodontic Banding Date
Other Providers Section

Use this section to report the NPI of other providers associated with the service line, or to report a service location, if different than reported on the Claim Information screen. These may include:

- Rendering Provider
- Service Facility Location
- Supervising Provider
- Assistant Surgeon Provider
**Save/View Line(s)**

Once the claim lines are completed you must select Save/View Line(s) to display both the Validate and Submit action buttons. The Services Line Table summary displays a recap of each line entered. Review the information before selecting Validate.
Validate Response

Once the claim screens are completed, select the “Validate” option before submitting. Use the Validate Response to:

- Ensure you have completed all required HIPAA-compliant fields
- Verify with MHCP that your claim information will be submitted and returned to you with the appropriate edits, allowing changes or corrections to be made. Use the Washington Publishing Company link to the right to look up the HIPAA compliant codes
- Review the Claim Status Category and Claim Status codes to determine if any errors are found on the claim
Submit Response

Use the submit response to:

- Confirm your claim was successfully submitted for processing
- Obtain a claim number
- Review the Claim Status Category and Claim Status codes to determine if any errors are found on the claim using the Washington Publishing Company link to the right to look up the HIPAA compliant codes

![Image of a submitted claim form](image_url)