

## MN-ITS Help – 837D Dental Claim Information

The table below describes the individual fields on the Claim Information screens. The Field Name column identifies X12 loops and segments only for fields that display in the MN-ITS screens. Refer to the X12 HIPAA Companion Guides available through the [WPC X12 Registry](#) for additional instruction when submitting batch claims.

Select [MN-ITS User Guides](#) to obtain instruction for submitting claims for specific services using MN-ITS Direct Data Entry (DDE).

<b>Field Name</b> <i>(X12; Loop &amp; Element)</i>	<b>Valid Values</b>	<b>Character Length</b>	<b>Field Description</b>
<b>Claim Information</b>			
<b>Claim Frequency Code</b> <i>(Loop: 2300, CLM05-3)</i>	Refer to the MN-ITS screen for values available		Specifies if the claim is an original, replacement or void
<b>Payer Claim Control Number (PCN)</b> <i>(Loop: 2300, REF02)</i>	Original/or last paid or denied claim PCN	17 (numeric)	Identifies the previously processed claim when the Claim Frequency Code is replacement or void
<b>Place of Service</b> <i>(Loop: 2300, CLM05-1)</i>	CMS place of service code values	2	Identifies where the service/item was rendered
<b>Patient Control Number</b> <i>(Loop: 2300, CLM01)</i>		1-20 (alphanumeric)	A unique identifier, assigned by the provider, that will be reported on the remittance advice to help identify this claim for this patient
<b>Assignment/Plan Participation</b> <i>(Loop: 2300, CLM07)</i>	Assigned - provider has a participation agreement with MHCP Assignment Accepted - provider accepts assignment only for clinical lab services Not Assigned - neither assigned nor assignment accepted apply		Code indicating whether the provider accepts payment from MHCP  Default is Assigned
<b>Benefits Assignment</b>	Yes – Benefits - assigned		The determination of the policy holder or person authorized to act on their behalf, to

<i>(Loop: 2300, CLM08)</i>	benefits to the provider No - did not assign benefits to the provider Not Applicable - Patient refuses to assign benefits		give the other payer permission to pay the provider directly  Default is Yes
<b>Release of Information</b> <i>(Loop: 2300, CLM09)</i>	Yes - Signature collected or required. Informed Consent - Signature not collected and not required		The determination of whether the provider has on file a signed statement by the recipient authorizing the release of medical data to other organizations  Default is Yes
<b>Provider Signature Indicator</b> <i>(Loop 2300, CLM06)</i>	N = No Signature not on File Y = Yes Signature on File		Identifies whether the provider's signature is on file, certifying services were performed by the provider  Default is Yes
<b>Diagnosis Type Code</b> <i>(Loop: 2300, HI01-1)</i>			From the drop down menu, select whether the diagnosis code reported on this claim is in the ICD-9 or ICD-10 classification. (When required)
<b>Diagnosis Code</b> <i>(Loop 2300, HI01-2, HI02-2, HI03-2, HI04-2)</i>		1-6 (alphanumeric)	ICD or Industry accepted code(s) that best describes the condition/reason the recipient needed the service(s) (When required)
<b>Situational Claim Information</b>			
<b>Prior Authorization Number</b> <i>(Loop 2330B, REF02)</i>		11 (numeric)	Authorization number for the service
<b>Claim Note Entry</b> <i>(Loop 2400, NTE02)</i>		1-80 (alphanumeric)	Free form description to provide additional information/clarification about this claim
<b>Attachments – Control Number</b> <i>(Loop 2300, PWK06)</i>		50 (alphanumeric)	Code/number assigned by the provider, identifying an attachment for this claim
<b>Attachments – Type</b> <i>(Loop: 2300, PWK01)</i>	Refer to the MN-ITS screen for values available for this field		Code indicating the type ID and description of the attachment
<b>Accident Information –</b>	AA = Auto Accident		The code identifying the type of accident that caused an illness or injury

<b>Related Causes</b> (Loop: 2300, CLM11-1)	EM = Employment OA = Other Accident		
<b>Accident Information – Date</b> (Loop: 2300, DTP03)	MMDDCCYY	8 (numeric)	The date of the accident that caused an illness or injury
<b>Other Providers (Claim Level)</b>			
<b>Rendering Provider – Provider Identifier NPI/UMPI</b> (Loop: 2310B, NM109)		10 (numeric)	NPI of the provider who performed the service
<b>Pay-To-Provider</b>			
<b>Pay-to-Provider – Provider Identifier NPI/UMPI</b> (Loop: 2010AA, NM109)		10 (numeric)	NPI of the provider who will be paid
<b>Referring Provider</b>			
<b>Referring Provider – Provider Identifier NPI/UMPI</b> (Loop: 2310A, NM109)		10 (numeric)	NPI of the provider who made the referral for the service
<b>Service Facility Location</b>			
<b>Service Facility Location – Provider Identifier NPI/UMPI</b> (Loop: 2310C, NM109)		10 (numeric)	NPI identifying one of the following:  Where the service was actually provided  The recipient’s or provider’s home/clinic location when the location of health care service is different than the billing provider
<b>Supervising Provider</b>			
<b>Supervising Provider– Provider Identifier NPI/UMPI</b> (Loop: 2310E, NM109)			(Optional) Enter the NPI of the provider who supervised the service.  Next select the <b>Add</b> action button in this section to have MN-ITS find and display the provider associated with the NPI/UMPI.
<b>Assistant Surgeon Provider</b>			
<b>Assistant Surgeon Provider – Provider Identifier</b> (Loop: 2310D, NM109)		10 (numeric)	NPI of the assistant surgeon who performed the service