



**FIRSTCARE Companion Document  
ANSI X12N 837 Dental Health Care Claim**

The Health Insurance Portability and Accountability Act of 1996 is the acronym for HIPAA. HIPAA legislation requires that Health Plans, Providers and Clearinghouses follow set transaction standards. The implementation guide for the ANSI ASC X12N 837 claim transactions can be found at [www.wpc-edi.com](http://www.wpc-edi.com).

This document provides specific data requirements for ANSI 837 professional claims processing for FIRSTCARE beginning 05/23/08.

**HEADER INFORMATION:**

ANSI FIELD	DATA REQUIRED
ISA01	00
ISA02	All spaces
ISA03	00
ISA04	All spaces
ISA05	ZZ
ISA06	Submitter ID (Assigned by FIRSTCARE)
ISA07	ZZ
ISA08	FIR001
ISA09	Interchange Date in the format of 'YYMMDD'
ISA10	Interchange Time in the format of 'HHMM'
ISA11	U
ISA12	00401
ISA13	Interchange control number, must be identical to the IEA02
ISA14	1
ISA15	'T' for Test or 'P' for production
ISA16	*

ANSI FIELD	DATA REQUIRED
GS01	HC
GS02	Submitter ID (Assigned by FIRSTCARE)
GS03	FIR001
GS04	Group Creation Date in the format of 'CCYYMMDD'
GS05	Creation Time in the format of 'HHMM'
GS06	Group Control Number assigned by the Sender
GS07	X
GS08	004010X097A1

**Transaction Information:**

ANSI FIELD	DATA REQUIRED
BHT02	00
BHT06	CH

**Transmission Type:**

ANSI FIELD	DATA REQUIRED
REF02	004010X097DA1 (Test) or 004010X097A1 (Production)

**Submitter Information:**

ANSI FIELD	DATA REQUIRED
Loop 1000A NM109	Submitter ID (Assigned by FIRSTCARE)

**Receiver Information:**

ANSI FIELD	DATA REQUIRED
Loop 1000B NM109	FIR001

**Billing Provider Information:** *This segment is required when the Billing/Pay-To Provider and the Rendering Provider are the same.*

ANSI FIELD	DATA REQUIRED
Loop 2010AA NM108	XX
NM109	NPI Number

**Billing Provider Information:** *This segment is required when the Billing/Pay-To Provider and the Rendering Provider are the same.*

ANSI FIELD	DATA REQUIRED
Loop 2010AA REF01	G2
REF02	FirstCare Provider ID
REF01	EI
REF02	Tax ID

**Rendering Provider Information:** *This segment is required when the Billing/Pay-To Provider and the Rendering Provider are different.*

ANSI FIELD	DATA REQUIRED
Loop 2310B NM108	XX
NM109	NPI Number

**Rendering Provider Information:** *This segment is required when the Billing/Pay-To Provider and the Rendering Provider are different.*

ANSI FIELD	DATA REQUIRED
Loop 2310B REF01	G2
REF02	FirstCare Provider ID
REF01	EI
REF02	Tax ID

**Subscriber Information:**

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<b>ANSI FIELD</b>	<b>DATA REQUIRED</b>
Loop 2000B SBR09	<b>12, 15, 16, CI, MC</b>
Loop 2010BA NM109	11 characters

**Patient Information:** *This element is **required** when the patient is different from the Subscriber.*

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<b>ANSI FIELD</b>	<b>DATA REQUIRED</b>
Loop 2010CA NM109	11 characters (FIRSTCARE assigned member ID)

**Payer Information:**

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<b>ANSI FIELD</b>	<b>DATA REQUIRED</b>
Loop 2010BB NM109	<b>CX050</b>

**EOP Account Numbers:** The account number that appears on the FIRSTCARE paper EOP's are mapped from:

Loop: 2400

Segment: REF

Element: 02

Element 01 = "6R" Provider Control Number (Only the first line item Provider Control Number will be used as the account number.)

**\*\*\*Please note the account number field on the EOP can only accommodate 12 bytes. Therefore, the data that is mapped from either field above will only map the first 12 bytes.**

**Corrected Claims:** The following fields below must be sent on the 837 claim in order for FIRSTCARE to handle as a "corrected claim."

**Loop 2300 CLM05-3**

7=Replacement

8=Void

**Loop 2300 REF02 (Original Reference Number)**

REF01=F8

REF02=FIRSTCARE Original Claim number

**Connectivity:** To establish connectivity with FIRSTCARE, please contact our EDI Team at [EDI@FirstCare.com](mailto:EDI@FirstCare.com).

**Testing Requirements:**

To obtain production status, FIRSTCARE must receive a minimum of five test files. Each of these five test files must contain at least 20 claims with an accuracy rate of 95% or above.