



Claim Type 837 Professional

Web Portal Changes for HIPAA version 5010

Claim Type 837 Professional

Client Info Tab	
Field Name	Change Description
State ID	No change for data entry
Last Name	No change for data entry
First Name	No change for data entry
MI	No change for data entry
Street Address	No change for data entry
City	No change for data entry
State	No change for data entry
Zip	No change for data entry
DOB	No change for data entry
Gender	No change for data entry
Patient Account Number	No change for data entry
Claim TCN	No change for data entry
Adjustment TCN	No change for data entry
Frequency Type Code	No change for data entry
(Billing) Provider ID	No change for data entry
(Billing) National Provider Identifier	No change for data entry
(Billing) Taxonomy Code	No change for data entry
CLIA Number	No change for data entry
Signature on File	No change for data entry
Release of Information	<p>The Following Valid Values were Deleted:</p> <ul style="list-style-type: none"> • A – Appropriate Release of Information on File • M – The Provider has Limited or Restricted Ability to Release Data Related to a Claim • N – No, Provider is Not Allowed to Release Data • O – On File at Payer or at Plan Sponsor <p>The Allowed Valid Values are Now:</p> <ul style="list-style-type: none"> • I – Informed Consent to Release Medical Information for Conditions or Diagnoses Regulated by Federal Statutes • Y – Yes, Provider has a Signed Statement Permitting Release of Medical Billing Data Related to a Claim
Service Facility Provider ID	No change for data entry
Service Facility National Provider Identifier	No change for data entry
Street Address	No change for data entry



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Client Info Tab	
Field Name	Change Description
City	No change for data entry
State	No change for data entry
Zip	No change for data entry
Supervising Provider ID	No change for data entry
Supervising National Provider Identifier	No change for data entry

Client Info Tab	
Field Name	Change Description
Related Cause Code (first field)	<p>The Following Valid Value was Deleted:</p> <ul style="list-style-type: none"> • AP – Another Party Responsible <p>The Allowed Valid Values are Now:</p> <ul style="list-style-type: none"> • AA – Auto Accident • EM – Employment • OA – Other Accident
Related Cause Code (second field)	<p>The Following Valid Value was Deleted:</p> <ul style="list-style-type: none"> • AP – Another Party Responsible <p>The Allowed Valid Values are Now:</p> <ul style="list-style-type: none"> • AA – Auto Accident • EM – Employment • OA – Other Accident
Related Cause Code (third field)	This field has been deleted, as it is not used in HIPAA 5010.
Accident Date (first field)	No change for data entry
Accident Date (second field)	This field has been deleted, as it is not used in HIPAA 5010.
Accident Date (third field)	This field has been deleted, as it is not used in HIPAA 5010.
Pregnancy Indicator	No change for data entry
Prior Auth Number	No change for data entry
Illness/First Symptom Date	No change for data entry



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Client Info Tab	
Field Name	Change Description
Special Program Indicator	<p>The Following Valid Value was Deleted:</p> <ul style="list-style-type: none"> • 01 – EPSDT <p>The Allowed Valid Values are Now:</p> <ul style="list-style-type: none"> • 02 – Physically Handicapped Children’s Program • 03 – Special Federal Funding (Waiver) • 05 – Disability • 09 – Second Opinion or Surgery
EPSDT Referral Given	<p>No change to data entry</p> <p>Note: If entering an EPSDT claim, select Y for this radio button to indicate it is an EPSDT claim. This replaces the selection of EPSDT from the Special Program Indicator field in 4010. If this is not selected, the claim type of EPSDT will not be assigned to the claim in MMIS.</p>
EPSDT Condition Ind (first field)	<p>The Following Valid Value was Deleted:</p> <ul style="list-style-type: none"> • NU – Not Used <p>The Allowed Valid Values are Now:</p> <ul style="list-style-type: none"> • AV – Patient Refused Referral • S2 – Under Treatment • ST – New Services Requested
EPSDT Condition Ind (second field)	<p>The Following Valid Value was Deleted:</p> <ul style="list-style-type: none"> • NU – Not Used <p>The Allowed Valid Values are Now:</p> <ul style="list-style-type: none"> • AV – Patient Refused Referral • S2 – Under Treatment • ST – New Services Requested
EPSDT Condition Ind (third field)	<p>The Following Valid Value was Deleted:</p> <ul style="list-style-type: none"> • NU – Not Used <p>The Allowed Valid Values are Now:</p> <ul style="list-style-type: none"> • AV – Patient Refused Referral • S2 – Under Treatment • ST – New Services Requested
Diag 1	No change to data entry
Diag 2	No change to data entry
Diag 3	No change to data entry
Diag 4	No change to data entry



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Client Info Tab	
Field Name	Change Description
Note Reference Code	<p>The Following Valid Value was Deleted:</p> <ul style="list-style-type: none"> • PMT - Payment <p>The Allowed Valid Values are Now:</p> <ul style="list-style-type: none"> • ADD – Additional Information • CER – Certification Narrative • DCP – Goals, Rehabilitation Potential, or Discharge Plans • DGN – Diagnosis Description • TPO – Third Party Organization Notes
Delay Reason Code	No change to data entry

Other Insurance Info Tab	
Field Name	Change Description
Other Insurance Coverage	No change to data entry
(Insured) Last Name	No change to data entry
(Insured) First Name	No change to data entry
(Insured) MI	No change to data entry
DOB	This field has been deleted, as it is not used in HIPAA 5010.
Gender	This field has been deleted, as it is not used in HIPAA 5010.
Client Relationship to Insured	<p>The Following Valid Values were Deleted:</p> <ul style="list-style-type: none"> • 04 – Grandfather or Grandmother • 05 – Grandson or Granddaughter • 07 – Nephew or Niece • 10 – Foster Child • 15 – Ward • 17 – Stepson or Stepdaughter • 22 – Handicapped Dependent • 23 – Sponsored Dependent • 24 – Dependent of a Minor Dependent • 29 – Significant Other • 32 – Mother • 33 – Father • 36 – Emancipated Minor • 43 – Child Where Insured Has No Financial Responsibility <p>The Allowed Valid Values are Now:</p> <ul style="list-style-type: none"> • 01 - Spouse • 18 - Self



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Other Insurance Info Tab	
Field Name	Change Description
	<ul style="list-style-type: none"> 19 - Child 20 – Employee 21 - Unknown 39 – Organ Donor 40 – Cadaver Donor 53 – Life Partner G8 – Other Relationship
Company Name	No change to data entry
Claim Filing Indicator	<p>The Following Valid Values were Deleted:</p> <ul style="list-style-type: none"> 09 – Self-pay 10 – Central Certification <p>The Allowed Valid Values are Now:</p> <ul style="list-style-type: none"> 11 – Other Non-Federal Programs 12 – Preferred Provider Organization (PPO) 13 – Point of Service (POS) 14 – Exclusive Provider Organization (EPO) 15 – Indemnity Insurance 16 – Health Maintenance Organization (HMO) Medicare Risk 17 – Dental Maintenance Organization AM – Automobile Medical BL – Blue Cross/Blue Shield CH – Champus CI – Commercial Insurance Co. DS - Disability FI – Federal Employees Program HM – Health Maintenance Organization LM – Liability Medical MA – Medicare Part A MB – Medicare Part B MC - Medicaid OF – Other Federal Program TV – Title V VA – Veterans Affairs Plan WC – Workers’ Compensation Health Claim ZZ – Mutually Defined
Policy or Group Number	No change to data entry
(Insurance) Member ID	No change to data entry



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Other Insurance Info Tab	
Field Name	Change Description
Insurance Type Code	This field has been deleted, as it is not used in HIPAA 5010.
Amount Insurance Paid	No change to data entry
Date Insurance Paid/Denied	No change to data entry
Medicare ID	No change to data entry
Paid Date	No change to data entry
Allowed Amount	This field has been deleted, as it is not used in HIPAA 5010.
Amount Paid	No change to data entry
Coinsurance	No change to data entry
Deductible	No change to data entry

Detail Line Items Tab	
Field Name	Change Description
Total Charge	No change to data entry
From DOS	No change to data entry
Through DOS	No change to data entry
Place of Service	No change to data entry
Procedure Code	No change to data entry
NDC	No change to data entry
Modifiers	No change to data entry
CLIA Number	No change to data entry
Wheelchair Serial Number	This field has been deleted, as it is not used in HIPAA 5010.
Units of Service	No change to data entry
Anesthesia Minutes	No change to data entry
Charge Amount	No change to data entry
Rendering Provider ID	No change to data entry
Rendering National Provider Identifier	No change to data entry
Rendering Taxonomy Code	No change to data entry
Referring Provider ID	No change to data entry
Referring National Provider Identifier	No change to data entry
Referring Taxonomy Code	This field has been deleted, as it is not used in HIPAA 5010.
Emergency Indicator	No change to data entry
Family Planning Indicator	No change to data entry



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Detail Line Items Tab	
Field Name	Change Description
Are these services a follow up to an EPSDT screening?	No change to data entry
Diagnosis Indicator	No change to data entry
Medicare Allowed Amount	This field has been deleted, as it is not used in HIPAA 5010.
Medicare Paid Amount	This field has been deleted, as it is not used in HIPAA 5010.
Medicare Coinsurance Amt	This field has been deleted, as it is not used in HIPAA 5010.
Medicare Deductible Amt	This field has been deleted, as it is not used in HIPAA 5010.

Transportation Info Tab	
Field Name	Change Description
Transportation Certification	No change to data entry
Certification Condition Indicator	No change to data entry
Condition Indicator (5 fields total)	<p>The Following Valid Values were Deleted:</p> <ul style="list-style-type: none"> • 02 – Patient admitted to the hospital • 03 – Patient was bed confined after ambulance service • 60 – Transportation was to nearest facility <p>The Allowed Valid Values are Now:</p> <ul style="list-style-type: none"> • 01 – Patient admitted to the hospital • 04 – Patient was moved by stretcher • 05 –Patient was unconscious or in shock • 06 –Patient was transported in an emergency situation • 07 –Patient had to be physically restrained • 08 –Patient had visible hemorrhaging • 09 –Ambulance service was medically necessary • 12 – Patient is confined to a bed or chair
Ambulance Transport Code	This field has been deleted, as it is not used in HIPAA 5010.
Transport Distance	No change to data entry
Ambulance Transport Reason Code	No change to data entry



Claim Type 837 Institutional

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Client's Info Tab	
Field Name	Change Description
State ID	No change to data entry
Last Name	No change to data entry
First Name	No change to data entry
MI	No change to data entry
Street Address	No change to data entry
City	No change to data entry
State	No change to data entry
Zip	No change to data entry
DOB	No change to data entry
Gender	No change to data entry
Patient Account Number	No change to data entry
Claim TCN	No change to data entry
Adjustment TCN	No change to data entry
Facility Type Code	No change to data entry
Frequency Type Code	No change to data entry
(Billing) Provider ID	No change to data entry
(Billing) National Provider Identifier	No change to data entry
(Billing) Taxonomy Code	No change to data entry
Signature on File	This field has been deleted, as it is not used in HIPAA 5010.
Release of Information	<p>The Following Valid Values were Deleted:</p> <ul style="list-style-type: none"> • A – Appropriate Release of Information on File • M – The Provider has Limited or Restricted Ability to Release Data Related to a Claim • N – No, Provider is Not Allowed to Release Data • O – On File at Payer or at Plan Sponsor <p>The Allowed Valid Values are Now:</p> <ul style="list-style-type: none"> • I – Informed Consent to Release Medical Information for Conditions or Diagnoses Regulated by Federal Statutes • Y – Yes, Provider has a Signed Statement Permitting Release of Medical Billing Data Related to a Claim
(Attending) Provider ID	No change to data entry
(Attending) National Provider Identifier	No change to data entry
(Attending) Taxonomy Code	No change to data entry
(Attending) Last Name	No change to data entry
(Attending) First Name	No change to data entry



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Client's Info Tab	
Field Name	Change Description
(Operating) Provider ID	No change to data entry
(Operating) National Provider Identifier	No change to data entry
(Operating) Last Name	No change to data entry
(Operating) First Name	No change to data entry
(Other) Provider ID	No change to data entry
(Other) National Provider Identifier	No change to data entry
(Other) Last Name	No change to data entry. For Organizations, enter the Organization Name in this field.
(Other) First Name	No change to data entry. For Organizations, this field is not applicable.
Type	This field has been deleted, as it is not used in HIPAA 5010.

Claim Info Tab	
Field Name	Change Description
Admit Date	No change to data entry
Admit Hour	No change to data entry
Admission Type Code	This field is now Required . For non-hospital and non-facility type providers, the value of 9 – InfNotAvail may be selected.
Admission Source Code	No change to data entry
Discharge Hour	No change to data entry
Patient Status	This field is now Required .
Covered Days	This field has been deleted, as it is not used in HIPAA 5010. To Report Covered Days: Use Value Code 80 , and enter the number of covered days in the Amount field on the Diag/Occur/Val/Condition Codes tab
Non-Covered Days	This field has been deleted, as it is not used in HIPAA 5010. To Report Non-Covered Days: Use Value Code 81 , and enter the number of non-covered days in the Amount field on the Diag/Occur/Val/Condition Codes tab
Statement From Date	No change to data entry
Statement Through Date	No change to data entry
Claim Notes / LBOD	No change to data entry
Note Reference Code	No change to data entry



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Claim Info Tab	
Field Name	Change Description
Client Amount Paid	<p>This field has been deleted, as it is not used in HIPAA 5010.</p> <p>To Client Amount Paid: Use Value Code 31, and enter the amount the client paid in the Amount field on the Diag/Occur/Val/Condition Codes tab</p>
Delay Reason Code	<p>The Following Valid Value was added:</p> <ul style="list-style-type: none"> • 15 – Natural Disaster <p>The other Values are also still Valid:</p> <ul style="list-style-type: none"> • 1 – Proof of Eligibility Unknown or Unavailable • 2 – Litigation • 3 – Authorization Delays • 4 – Delay in Certifying Provider • 5 – Delay in Supplying Billing Forms • 6 – Delay in Deliver of Custom-made Appliances • 7 – Third Party Processing Delay • 8 – Delay in Eligibility Determination • 9 – Original Claim Rejected or Denied Due to a Reason Unrelated to the Billing Limitation Rules • 10 – Administration Delay in the Prior Approval Process • 11 – Other

Other Insurance Info Tab	
Field Name	Change Description
Other Insurance Coverage	No change to data entry
(1st Insurance Section) Company Name	No change to data entry
(1st Insurance Section) Policy or Group Number	No change to data entry
(1st Insurance Section) Last Name	No change to data entry
(1st Insurance Section) First Name	No change to data entry
(1st Insurance Section) MI	No change to data entry
(1st Insurance Section) DOB	This field has been deleted, as it is not used in HIPAA 5010.



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Other Insurance Info Tab	
Field Name	Change Description
(1st Insurance Section) Gender	This field has been deleted, as it is not used in HIPAA 5010.
(1st Insurance Section) Member ID	No change to data entry
(1st Insurance Section) Client Relationship to Insured	<p>The Following Valid Values were Deleted:</p> <ul style="list-style-type: none"> • 04 – Grandfather or Grandmother • 05 – Grandson or Granddaughter • 07 – Nephew or Niece • 10 – Foster Child • 15 – Ward • 17 – Stepson or Stepdaughter • 22 – Handicapped Dependent • 23 – Sponsored Dependent • 24 – Dependent of a Minor Dependent • 29 – Significant Other • 32 – Mother • 33 – Father • 36 – Emancipated Minor • 43 – Child Where Insured Has No Financial Responsibility <p>The Allowed Valid Values are Now:</p> <ul style="list-style-type: none"> • 01 - Spouse • 18 - Self • 19 - Child • 20 – Employee • 21 - Unknown • 39 – Organ Donor • 40 – Cadaver Donor • 53 – Life Partner • G8 – Other Relationship
(1st Insurance Section) Claim Filing Indicator	<p>The Following Valid Values were Deleted:</p> <ul style="list-style-type: none"> • 09 – Self-pay • 10 – Central Certification <p>The Following Valid Values were Added:</p> <ul style="list-style-type: none"> • 17 – Dental Maintenance Organization • FI – Federal Employees Program <p>The Following Values are Also Still Valid:</p> <ul style="list-style-type: none"> • 11 – Other Non-Federal Programs



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Other Insurance Info Tab	
Field Name	Change Description
	<ul style="list-style-type: none"> • 12 – Preferred Provider Organization (PPO) • 13 – Point of Service (POS) • 14 – Exclusive Provider Organization (EPO) • 15 – Indemnity Insurance • 16 – Health Maintenance Organization (HMO) Medicare Risk • AM – Automobile Medical • BL – Blue Cross/Blue Shield • CH - Champus • CI – Commercial Insurance Co. • DS - Disability • HM – Health Maintenance Organization • LM – Liability Medical • MA – Medicare Part A • MB – Medicare Part B • MC – Medicaid • OF – Other Federal Program • TV – Title V • VA – Veteran Administration Plan • WC – Workers’ Compensation Health Claim • ZZ – Mutually Defined
(1st Insurance Section) Amount Insurance Paid	No change to data entry
(1st Insurance Section) Estimated Amount Due	This field has been deleted, as it is not used in HIPAA 5010.
(1st Insurance Section) Date Insurance Paid/Denied	No change to data entry
(2nd Insurance Section) Company Name	No change to data entry
(2nd Insurance Section) Policy or Group Number	No change to data entry
(2nd Insurance Section) Last Name	No change to data entry
(2nd Insurance Section) First Name	No change to data entry
(2nd Insurance Section) MI	No change to data entry
(2nd Insurance Section) DOB	This field has been deleted, as it is not used in HIPAA 5010.



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Other Insurance Info Tab	
Field Name	Change Description
(2nd Insurance Section) Gender	This field has been deleted, as it is not used in HIPAA 5010.
(2nd Insurance Section) Member ID	No change to data entry
(2nd Insurance Section) Client Relationship to Insured	<p>The Following Valid Values were deleted:</p> <ul style="list-style-type: none"> • 04 – Grandfather or Grandmother • 05 – Grandson or Granddaughter • 07 – Nephew or Niece • 10 – Foster Child • 15 – Ward • 17 – Stepson or Stepdaughter • 22 – Handicapped Dependent • 23 – Sponsored Dependent • 24 – Dependent of a Minor Dependent • 29 – Significant Other • 32 – Mother • 33 – Father • 36 – Emancipated Minor • 43 – Child Where Insured Has No Financial Responsibility <p>The Allowed Valid Values are Now:</p> <ul style="list-style-type: none"> • 01 - Spouse • 18 - Self • 19 - Child • 20 – Employee • 21 - Unknown • 39 – Organ Donor • 40 – Cadaver Donor • 53 – Life Partner • G8 – Other Relationship
(2nd Insurance Section) Claim Filing Indicator	<p>The Following Valid Values were Deleted:</p> <ul style="list-style-type: none"> • 09 – Self-pay • 10 – Central Certification <p>The Following Valid Values were Added:</p> <ul style="list-style-type: none"> • 17 – Dental Maintenance Organization • FI – Federal Employees Program <p>The Following Values are Also Still Valid:</p> <ul style="list-style-type: none"> • 11 – Other Non-Federal Programs



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Other Insurance Info Tab	
Field Name	Change Description
	<ul style="list-style-type: none"> • 12 – Preferred Provider Organization (PPO) • 13 – Point of Service (POS) • 14 – Exclusive Provider Organization (EPO) • 15 – Indemnity Insurance • 16 – Health Maintenance Organization (HMO) Medicare Risk • AM – Automobile Medical • BL – Blue Cross/Blue Shield • CH - Champus • CI – Commercial Insurance Co. • DS - Disability • HM – Health Maintenance Organization • LM – Liability Medical • MA – Medicare Part A • MB – Medicare Part B • MC – Medicaid • OF – Other Federal Program • TV – Title V • VA – Veteran Administration Plan • WC – Workers’ Compensation Health Claim • ZZ – Mutually Defined
(2nd Insurance Section) Amount Insurance Paid	No change to data entry
(2nd Insurance Section) Estimated Amount Due	This field has been deleted, as it is not used in HIPAA 5010.
(2nd Insurance Section) Date Insurance Paid/Denied	No change to data entry
Medicare ID	No change to data entry
(Medicare) Paid / Denied Date	No change to data entry
(Medicare) Allowed Amount	This field has been deleted, as it is not used in HIPAA 5010.
(Medicare) Amount Paid	No change to data entry
Coinsurance	No change to data entry
Deductible	No change to data entry



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Diag/Occur/Val/Condition Codes Tab	
Field Name	Change Description
(Admitting) Diagnosis	No change to data entry
(Principal) Diagnosis	No change to data entry
(E-Code) Diagnosis	No change to data entry. Up to 12 E-codes are now allowed. Ensure the E-code starts with an E .
(Other) Diagnosis	No change to data entry
Present on Admission Indicator	<p>This field is no longer required. However, it should be included for inpatient claims to indicate whether the condition was present at the time the client was admitted to the facility, unless the diagnosis code is exempt from POA reporting requirements.</p> <p>The Allowed Valid Values are Now:</p> <ul style="list-style-type: none"> • N - No • U - Unknown • W – Clinically Undetermined • Y – Yes
Occurrence Code	No change to data entry
(Occurrence) Date	No change to data entry
Span Code	No change to data entry
(Span Code) From Date	No change to data entry
(Span Code) To Date	No change to data entry
Value Code	No change to data entry
Amount	No change to data entry
Condition Code	No change to data entry

Procedure Codes Tab	
Field Name	Change Description
(Principal) Procedure Code	No change to data entry
(Principal) Procedure Date	The Procedure Date field is now Required when a Procedure Code is entered.
Procedure Code	No change to data entry
Procedure Date	The Procedure Date field is now Required when a Procedure Code is entered.
Authorization Code A	No change to data entry
Authorization Code B	No change to data entry
Medical Record Number	No change to data entry



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Detail Line Items Tab	
Field Name	Change Description
Total Charge	No change to data entry
Revenue Code	No change to data entry
HCPCS Code	No change to data entry
Modifiers	No change to data entry
NDC	No change to data entry
Charge Amount	No change to data entry
Date of Service	No change to data entry
Unit Rate	This field has been deleted, as it is not used in HIPAA 5010. Providers do not need to report a unit rate, as this information is already stored in the MMIS and used for the organization's claims appropriately.
Units of Service	No change to data entry
Non-Covered Charges	No change to data entry



Claim Type 837 Dental

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Client's Info Tab	
Field Name	Change Description
State ID	No change to data entry
Last Name	No change to data entry
First Name	No change to data entry
MI	No change to data entry
Street Address	No change to data entry
City	No change to data entry
State	No change to data entry
Zip	No change to data entry
DOB	No change to data entry
Gender	No change to data entry
Patient Account Number	No change to data entry
Claim TCN	No change to data entry
Adjustment TCN	No change to data entry
Frequency Type Code	No change to data entry
(Billing) Provider ID	No change to data entry
(Billing) National Provider Identifier	No change to data entry
(Billing) Taxonomy Code	No change to data entry
Signature on File	No change to data entry
Release of Information	<p>The Following Valid Values were Deleted:</p> <ul style="list-style-type: none"> • A – Appropriate Release of Information on File • M – The Provider has Limited or Restricted Ability to Release Data Related to a Claim • N – No, Provider is Not Allowed to Release Data • O – On File at Payer or at Plan Sponsor <p>The Allowed Valid Values are Now:</p> <ul style="list-style-type: none"> • I – Informed Consent to Release Medical Information for Conditions or Diagnoses Regulated by Federal Statutes • Y – Yes, Provider has a Signed Statement Permitting Release of Medical Billing Data Related to a Claim
Rendering Provider ID	No change to data entry
(Rendering) National Provider Identifier	No change to data entry
(Rendering) Taxonomy Code	No change to data entry



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Claim Info Tab	
Field Name	Change Description
(first) Related Cause Code	No change to data entry
(second) Related Cause Code	No change to data entry
(third) Related Cause Code	This field has been deleted, as it is not used in HIPAA 5010.
Accident Date	A date is now Required if a value is selected in the first Related Cause Code field.
Appliance Application Date	No change to data entry
Orthodontic Total Months of Treatment	No change to data entry. Reminder: This value must be greater than the value entered in the Orthodontic Treatment Months Remaining field.
Orthodontic Treatment Months Remaining	No change to data entry. Reminder: This value must be less than the value entered in the Orthodontic Total Months of Treatment field.
Prior Auth No	No change to data entry
Admit Date	This field has been deleted
Discharge Date	This field has been deleted
Claim Notes / LBOD	No change to data entry
Note Reference Code	No change to data entry
Delay Reason Code	<p>The Following Valid Value was Added:</p> <ul style="list-style-type: none"> • 15 – Natural Disaster <p>The other Values are also still Valid:</p> <ul style="list-style-type: none"> • 1 – Proof of Eligibility Unknown or Unavailable • 2 – Litigation • 3 – Authorization Delays • 4 – Delay in Certifying Provider • 5 – Delay in Supplying Billing Forms • 6 – Delay in Deliver of Custom-made Appliances • 7 – Third Party Processing Delay • 8 – Delay in Eligibility Determination • 9 – Original Claim Rejected or Denied Due to a Reason Unrelated to the Billing Limitation Rules • 10 – Administration Delay in the Prior Approval Process • 11 – Other



Claim Type 837 Dental

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Other Insurance Info Tab	
Field Name	Change Description
Other Insurance Coverage	No change to data entry
Last Name	No change to data entry
First Name	No change to data entry
MI	No change to data entry
DOB	This field has been deleted
Gender	This field has been deleted
Client Relationship to Insured	<p>The Following Valid Values were Deleted:</p> <ul style="list-style-type: none"> • 22 – Handicapped Dependent • 29 – Significant Other • 76 - Dependent <p>The Allowed Valid Values are Now:</p> <ul style="list-style-type: none"> • 01 - Spouse • 18 - Self • 19 - Child • 20 – Employee • 21 - Unknown • 39 – Organ Donor • 40 – Cadaver Donor • 53 – Life Partner • G8 – Other Relationship
Company Name	No change to data entry
Claim Filing Indicator	<p>The Following Valid Values were Added:</p> <ul style="list-style-type: none"> • AM – Automobile Medical • MA – Medicare Part A • TV – Title V <p>The Following Valid Values are also Still Allowed:</p> <ul style="list-style-type: none"> • 11 – Other Non-Federal Programs • 12 – Preferred Provider Organization (PPO) • 13 – Point of Service (POS) • 14 – Exclusive Provider Organization (EPO) • 15 – Indemnity Insurance • 16 – Health Maintenance Organization (HMO) Medicare Risk • 17 – Dental Maintenance Organization • BL – Blue Cross/Blue Shield • CH - Champus • CI – Commercial Insurance Co. • DS - Disability



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Other Insurance Info Tab	
Field Name	Change Description
	<ul style="list-style-type: none"> • FI – Federal Employees Program • HM – Health Maintenance Organization • LM – Liability Medical • MB – Medicare Part B • MC - Medicaid • OF – Other Federal Program • VA – Veterans Affairs Plan • WC – Workers’ Compensation Health Claim ZZ – Mutually Defined
Policy/Group Number	No change to data entry
Member ID	No change to data entry
Amount Insurance Paid	No change to data entry
Date Insurance Paid / Denied	No change to data entry

Detail Line Items Tab	
Field Name	Change Description
Total Charge	No change to data entry
Date of Service	No change to data entry
Place of Service	No change to data entry
Tooth Number	No change to data entry
Tooth Surface	No change to data entry
Procedure Code	No change to data entry
Modifiers	No change to data entry. Note: A Modifier should not be entered on the detail line when a Tooth Number has also been selected on the same detail line.
Units of Service	No change to data entry
Charge Amount	No change to data entry
Placement Status	No change to data entry
Prior Placement Date	No change to data entry