

Dear QUIC Claim Submitter:

As you know, the HIPAA-mandated conversion to the new 837Dx4010A1 (Addendum 1) format for electronic dental claims is now upon us. Many insurance companies (“payors”) have been working diligently to have their systems ready by the intended deadline of October 16, 2003. QSI has been testing and implementing this new format and we plan to be fully prepared to initiate submission in the new format by the deadline dates of each Payor. Our highest priority is to ensure that all claims continue to be paid.

QSI has modified our QUIC Network to accommodate the new format for those claims submitted directly from QUIC to payors and clearinghouses able and ready to receive this new format. As more payors are able to meet HIPAA electronic transaction compliance, QSI intends to transition your claims appropriately. For claims submitted via clearinghouses, the claim formats will be translated by the clearinghouse into the formats each payer is able to accept from the clearinghouse.

QSI has tested files through Claredi (a widely used third party HIPAA testing and certification service) containing claims from nearly all of our individual providers. QSI has been certified by Claredi as compliant for the 837Dx4010A1 dental claim transaction format. During our testing process, errors were identified that resulted from invalid or incorrect data submitted by provider offices. Examples include missing payor name, non-use of CDT4 codes, missing patient relation code, and special characters (like, # or “”). These types of errors, if encountered in live submission, may be fixed by updating your system as detailed below (Client Preparation Required). Note that a file tested through Claredi with reported errors would not necessarily be rejected by the end payor. QSI will work to meet the payers’ requirements so as to not disrupt your cash flow.)

On the following pages, you will find two sections of importance to you:

- **Data Mapping** we will perform on your claims.
- **Client Preparation Required** to take to help prepare for the new HIPAA 837 data formats.

Also, you can find further information, including most recent updates to this document and information about special requirements and limitations of the QSI/QUIC Network on our website at:

<http://quic.qsii.com/hipaa.doc>
http://quic.qsii.com/hipaa_limitations.doc

QSI remains committed to working with you to ensure a safe, smooth and successful transition to the new HIPAA-mandated claim formats. Please feel free to contact us via ,HELP if you have any questions or concerns as we move forward with this transition.

The QSI/QUIC Support Team

Data Mapping:

The current **relationship codes** available in the QSI System in Patient Insurance Update (Program 11 for IPS, or Program 3 for Open-item), will be mapped to the corresponding values in the new ANSI format.

QUIC Network Values		HIPAA 837 Value	
System Menu	Numeric Code	System Menu	Numeric Code
A Self-Male	01	Self	18
B Self-Female	01	Self	18
H Husband	02	Spouse	01
W Wife	02	Spouse	01
S Son	03	Child	19
D Daughter	03	Child	19
M Other	99	Dependent	76
F Other Female	99	Dependent	76

Taxonomy codes will be mapped from the current specialty code values in Doctor File Update (Program 83, A'dditional screen, field 7 for IPS, or Program 86, field 21 for Open-item) to the corresponding values in the new ANSI format. Taxonomy codes have been deemed optional in the new ANSI 837x4010A1 format, and will only be submitted when deemed necessary for proper adjudication.

StandardCode	HIPAA TaxonomyCode
308 - Denturist	122400000X
307 - Orthodontics	1223X0400X
306 - Prosthodontics	1223P0700X
305 - Periodontics	1223P0300X
304 - Pedodontics	1223P0221X
303 - Endodontics	1223E0200X
302 - Independent Hygienst	124Q00000X
301 - General Practice	122300000X
Default - General Practice	122300000X

CDT-4 Procedure codes should be updated on your system where appropriate to help facilitate the switch. However, for Payors accepting the CDT-3/4 codes, QSI will modify any numeric codes submitted by prefixing a "D" to the code. Although this will work for many codes, there are some situations where this is insufficient. Therefore, it is highly recommended that you properly update your code set in Update Procedure Codes (Program 81); you may then use Insurance Company Update (Program 91 for IPS; contact QSI for Open-item) to use code sets that are still used by carriers requiring pre-HIPAA code sets.

Old Value (after prefixed "D")	New Value (CDT-4)	Old Value (after prefixed "D")	New Value (CDT-4)
D0110	D0150	D7110	D7140
D0130	D0140	D7120	D7140
D0471	D0350	D7130	D7140
D2110	D2140	D8005	D0140
D2120	D2150	D8140	D8051
D2130	D2160	D8499	D8099
D2131	D2161	D8670	D8051
D2336	D2390	D8680	D8099
D2337	D2390	D8700	D8051
D2380	D2391	D8750	D8099
D2381	D2392	D8755	D8051
D2382	D2393		
D2385	D2391		
D2386	D2392		
D2387	D2393		

The **Billing Provider Name and Address** will be mapped from the QUIC registration stored at QSI (in QN.PR, as is done currently).

Client Preparation Required:

Please ensure that the following items are addressed

Please **update your Procedure Code lists** to ensure that valid CDT-4 (and prior codes if you submit to carriers not capable of accepting the CDT-4 codes yet) are used (see Program 81 for procedure code fields, and use Insurance Company Update (Program 91 “QUIC Options” field 12 for IPS; contact QSI for Open-item), for selection of which codes are submitted to each carrier). As stated above, codes will be modified as appropriate when possible to assist you during the transition, but please modify the codes on your system to ensure they are submitted correctly.

Please ensure that all **Provider Names** are entered in the **format** “FirstName MI. LastName, DDS [or other title]” (e.g., “JOHN D SMITH, DMD”) in Doctor File Update (Program 83 for IPS, or Program 86 for Open-item). There are no spaces or periods between the suffix letters (DDS, not D.D.S. or D D S)

Please make sure your **QUIC Network registration information** (QN.PR) is accurate and up to date. If you are unsure, please ask a support representative to generate a current listing. This will become increasingly important as we work to keep information up to date, with special attention to the following two items:

- Please make sure you are sending accurate **Provider Identification numbers**. For some Medicaid and Blue Cross payors, these numbers are set up on both the QUIC Network, and on your own system. In an effort to simplify and unify this data, we will be using the Provider Identification number passed to us by *your* QSI system from Doctor File Update (Program 83 for IPS, or Program 86 for Open-item) based on the setting in Insurance Company Update (Program 91 “QUIC Options” field 12 for IPS; contact QSI for Open-item). We will continue to support the current QUIC-stored data during this transition period.
- Please be sure to fill in your **specialty codes** in Doctor File Update (Program 83, A'dditional screen, field 7 for IPS, or Program 86, field 21 for Open-item). Although we will only send to Payors that specifically need them, it will be best to have a specialty code listed when needed. Some payors may use this as reference to determine higher reimbursement for specialists. The default code will be a general dentist (301).

Although QSI is working with Payors to help inform you if you need to re-enroll for the new 837D formats, it is a good idea for you to also **check with your high volume Payors** for confirmation.

Closely monitor your **rejection reports** daily upon the initiation of the new submission format.

Closely monitor the actual **insurance payments** received for claims submitted with the new format.