NDEDIC FORUM
Uniting the Industry

7030 Task Group Overview of Changes Relevant to the Dental Community

Documentation changes: To be Discussed

- Front matter verbiage improvements.
- TR2 explains how to use service type codes, etc.
- Search option section moved from 1.4.8 to 1.4.9 and re-written.
- New wording in all the references to search options, now in 1.4.9.
- Codes removed to external code sets.
- Many usage clarifications in descriptions and situational rules. For example, the old language was flexible about the NPI because it wasn't yet implemented, now it's implemented, so the language is strict about using NPI.
- Better explanation of the HSD segment usage (copied from the 278).

Transaction changes

- ✓ Cascading search for identifying the member
- ✓ HL segment has rules added to enforce discipline in hierarchical levels.
- ✓ AAA messages can now be sent with responses for non-severe errors.
- ✓ AAA03 – not used anymore (at least in some loops).
- ✓ AAA05 – new element.
- ✓ Contract ID is being removed as a reference for information receiver.
- ✓ N408 – new element.
- ✓ New loop 2105 in 271 allows grouping of benefits, for example to separate medical and dental. The EB segments must be preceded by an LX segment. The 271 can have bunches of EB segments with each bunch having its LX segment counting them incrementally.
- ✓ DTP segment - new way to send the benefit period dates.
- Information sources must support at least 10 service type codes in EQ01.
- EQ01 becomes a composite element.
- EQ02 can have a range of procedure codes in the 270 and the 271 information source is expected to return all the procedure codes in the range.
- EQ06 can specify a network so that benefits returned are just for that in or out of network.
- EB01 can be a repeating data element if all the other data in EB is the same for multiple benefit codes in EB01 (just like EB03)(not required).
- ✓ EB03 becomes a composite element (service type code and, optionally, description). If multiple service types all share the same benefit, send them all in one EB segment.
- ✓ EB03 (service type code) and EB13 (procedure code) can be used together in the same segment to clarify the benefit).
- ✓ EB15 is an indicator to say benefits are shared across service type codes.
- EB*C for deductible can still have an amount in EB07 or it can be in EB09 and EB10.

- In the 271 version 5010, the deductible dollar amount is in EB07. Here is the example from the TR3, v5010: EB*C*FAM****23*600~
- Deductible for the family is $600 per calendar year.

- In the 271 version 7030, the above can still be done, and can be further clarified by using EB09 and EB10. Here is the example from the TR3, v7030: EB*C*FAM*F1***23***NP*3~
- Three individual deductibles must be met to satisfy the family deductible per calendar year for Medical Coverage.
  - The preauth indicator is moving from EB11 to EB16.
  - A = Authorization
  - AC = Authorization or Certification
  - AD = Admission
  - C = Certification
  - N = Notification
  - R = Referral
  - SP = Specialist Referral
  - SR = Service Referral
  - U = Unknown (not available or too complicated)

New segment SBI for tiered benefit information, to be used with EB01 = TB. – *used by Delta Dental NJ, review from Joe Stanton:*
By way of example, this is a snippet of a 5010 271 transaction reporting benefit levels for Restorative (service type code = 25).

EB*A**25*****0.10****Y
(these first 2 segments report a patient responsibility of 10% for PPO service providers)
REF*N6*20*Delta Dental PPO
EB*A**25*****0.20****Y
(these next 2 segments report a patient responsibility of 20% for Premier service providers)
REF*N6*01*Delta Dental Premier
EB*A**25*****0.20****N
(this last segment reports a patient responsibility of 20% for Out of Network service providers)

If I've interpreted the SBI segment in the 7030 correctly, the same data could be reported like this (or something like this):
EB***TB****25**********Y
(this first segment states that Restorative benefit levels are tiered)
SBI*A***0.10***1*Delta Dental PPO
(these next 2 segment report patient responsibilities of 10% and 20% for PPO and Premier providers, respectively)
SBI*A***0.20***2*Delta Dental Premier
EB*A**25*****0.20****N
(this last segment reports a patient responsibility of 20% for Out of Network service providers)

Contributed by Michelle Pinzon. Examples for Non-PPO Provider:

EB*A**23*****0****N~
EB*A*******1****N*AD:D0160~
EB*A*******1****N*AD:D0171~
EB*A*******1****N*AD:D0190~
EB*A*******1****N*AD:D0191~

PPO provider:

EB*A**23*****0****Y~
EB*A*******1****Y*AD:D0160~
EB*A*******1****Y*AD:D0171~
EB*A*******1****Y*AD:D0190~
EB*A*******1****Y*AD:D0191~

- HSD segment can now have dollar amounts as a measurement in HSD03.
- HSD segment can now send the amount used of a limited benefit, with HSD05 = 38.
- New segment TOO for tooth number.

Special thanks to the NDEDIC 7030 Review Task Group Members:

Ian Shomper, UCCI
Shelbie Yount, Aspen Dental
Jason Wolan, Great Expressions
Geralyn Wigert, Ameritas
Kristina Steece, Ameritas
Joe Stanton, Delta Dental NJ
Damon Dunsmore, Benevis
Dhruv Sikka, Aspen Dental
M.Dockery, Ameritas
Kathy Jönzzon, Delta Dental
Michelle Pinzon, Ameritas
Toni Moody, Aspen Dental
Kevin Moore, Delta Dental WA