Denti-Cal EDI Companion Guide

837 Health Care Claim : Dental V5010X224A2

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Table of Contents

837 Health Care Claim : Dental 1
ISA Interchange Control Header 4
GS Functional Group Header 5
ST Transaction Set Header 6
BHT Beginning of Hierarchical Transaction 7
NM1 Submitter Name 8
PER Submitter EDI Contact Information 9
NM1 Receiver Name 10
HL Billing Provider Hierarchical Level 11
PRV Billing Provider Specialty Information 12
CUR Foreign Currency Information 13
NM1 Billing Provider Name 14
N3 Billing Provider Address 15
N4 Billing Provider City, State, ZIP Code 16
REF Billing Provider Tax Identification 17
REF Billing Provider UPIN/License Information 18
PER Billing Provider Contact Information 19
NM1 Pay-to Address Name 20
NM1 Pay-To Plan Name 21
HL Subscriber Hierarchical Level 22
SBR Subscriber Information 23
NM1 Subscriber Name 24
N3 Subscriber Address 25
N4 Subscriber City, State, ZIP Code 26
DMG Subscriber Demographic Information 27
REF Subscriber Secondary Identification 28
NM1 Payer Name 29
REF Billing Provider Secondary Identification 30
CLM Claim Information 31
DTP Date - Service Date 33
DN2 Tooth Status 34
PWK Claim Supplemental Information 35
AMT Patient Amount Paid 36
REF Payer Claim Control Number 37
REF Prior Authorization 38
REF Claim Identifier For Transmission Intermediaries 39
NTE Claim Note 40
NM1 Referring Provider Name 41
NM1 Rendering Provider Name 42
PRV Rendering Provider Specialty Information 43
NM1 Service Facility Location Name 44
N3 Service Facility Location Address 45
N4 Service Facility Location City, State, Zip Code 46
SBR Other Subscriber Information 47
CAS Claim Level Adjustments 48
AMT Coordination of Benefits (COB) Payer Paid Amount 49
OI Other Insurance Coverage Information 50
NM1 Other Subscriber Name 51
N3 Other Subscriber Address 52
N4 Other Subscriber City/State/Zip Code 53
NM1 Other Payer Name 54
N3 Other Payer Address 55
N4 Other Payer City, State ,ZIP Code 56
DTP Claim Check Or Remittance Date 57
LX Service Line Number 58
SV3 Dental Service 59
TOO Tooth Information 60
DTP Date - Service Date 61

REF Prior Authorization 62
REF Line Item Control Number 63
NM1 Rendering Provider Name 64
PRV Rendering Provider Specialty Information 65
NM1 Service Facility Location Name 66
SVD Line Adjudication Information 67
CAS Line Adjustment 68
DTP Line Check or Remittance Date 69
HL Patient Hierarchical Level 70
NM1 Patient Name 71
SE Transaction Set Trailer 72
GE Functional Group Trailer 73
IEA Interchange Control Trailer 74

837 Health Care Claim : Dental

Functional Group=HC

Purpose: This X12 Transaction Set contains the format and establishes the data contents of the Health Care Claim Transaction Set (837) for use within the context of an Electronic Data Interchange (EDI) environment. This transaction set can be used to submit health care claim billing information, encounter information, or both, from providers of health care services to payers, either directly or via intermediary billers and claims clearinghouses. It can also be used to transmit health care claims and billing payment information between payers with different payment responsibilities where coordination of benefits is required or between payers and regulatory agencies to monitor the rendering, billing, and/or payment of health care services within a specific health care/insurance industry segment. For purposes of this standard, providers of health care products or services may include entities such as physicians, hospitals and other medical facilities or suppliers, dentists, and pharmacies, and entities providing medical information to meet regulatory requirements. The payer refers to a third party entity that pays claims or administers the insurance product or benefit or both. For example, a payer may be an insurance company, health maintenance organization (HMO), preferred provider organization (PPO), government agency (Medicare, Medicaid, Civilian Health and Medical Program of the Uniformed Services (CHAMPUS), etc.) or an entity such as a third party administrator (TPA) or third party organization (TPO) that may be contracted by one of those groups. A regulatory agency is an entity responsible, by law or rule, for administering and monitoring a statutory benefits program or a specific health care/insurance industry segment.

Not Defined:

Pos	Id	Segment Name	Req	Max Use	Repeat	Notes
	ISA	Interchange Control Header	M	1		
	GS	Functional Group Header	M	1		

Heading:

Pos	Id	Segment Name	Req	Max Use	Repeat	Notes
0050	ST	Transaction Set Header	M	1		
0100	BHT	Beginning of Hierarchical Transaction	M	1		
LOOP ID - 1000A					**1**	
0200	NM1	Submitter Name	O	1		
0450	PER	Submitter EDI Contact Information	O	2		
LOOP ID - 1000B					**1**	
0200	NM1	Receiver Name	O	1		

Detail:

Pos	Id	Segment Name	Req	Max Use	Repeat	Notes
LOOP ID - 2000A					**>1**	
0010	HL	Billing Provider Hierarchical Level	M	1		
0030	PRV	Billing Provider Specialty Information	O	1		
0100	CUR	Foreign Currency Information	O	1		
LOOP ID - 2010AA					**1**	
0150	NM1	Billing Provider Name	O	1		
0250	N3	Billing Provider Address	O	1		
0300	N4	Billing Provider City, State, ZIP Code	O	1		
0350	REF	Billing Provider Tax Identification	O	1		
0350	REF	Billing Provider UPIN/License Information	O	2		
0400	PER	Billing Provider Contact Information	O	2		
LOOP ID - 2010AB					**1**	
0150	NM1	Pay-to Address Name	O	1		
LOOP ID - 2010AC					**1**	
0150	NM1	Pay-To Plan Name	O	1		
LOOP ID - 2000B					**>1**	
0010	HL	Subscriber Hierarchical Level	M	1		

0050	SBR	Subscriber Information	O	1	
LOOP ID - 2010BA					**1**
0150	NM1	Subscriber Name	O	1	
0250	N3	Subscriber Address	O	1	
0300	N4	Subscriber City, State, ZIP Code	O	1	
0320	DMG	Subscriber Demographic Information	O	1	
0350	REF	Subscriber Secondary Identification	O	1	
LOOP ID - 2010BB					**1**
0150	NM1	Payer Name	O	1	
0350	REF	Billing Provider Secondary Identification	O	1	
LOOP ID - 2300					**100**
1300	CLM	Claim Information	O	1	
1350	DTP	Date - Service Date	O	1	
1500	DN2	Tooth Status	O	35	
1550	PWK	Claim Supplemental Information	O	10	
1750	AMT	Patient Amount Paid	O	1	
1800	REF	Payer Claim Control Number	O	1	
1800	REF	Prior Authorization	O	1	
1800	REF	Claim Identifier For Transmission Intermediaries	O	1	
1900	NTE	Claim Note	O	5	
LOOP ID - 2310A					**2**
2500	NM1	Referring Provider Name	O	1	
LOOP ID - 2310B					**1**
2500	NM1	Rendering Provider Name	O	1	
2550	PRV	Rendering Provider Specialty Information	O	1	
LOOP ID - 2310C					**1**
2500	NM1	Service Facility Location Name	O	1	
2650	N3	Service Facility Location Address	O	1	
2700	N4	Service Facility Location City, State, Zip Code	O	1	
LOOP ID - 2320					**10**
2900	SBR	Other Subscriber Information	O	1	
2950	CAS	Claim Level Adjustments	O	5	
3000	AMT	Coordination of Benefits (COB) Payer Paid Amount	O	1	
3100	OI	Other Insurance Coverage Information	O	1	
LOOP ID - 2330A					**1**
3250	NM1	Other Subscriber Name	O	1	
3320	N3	Other Subscriber Address	O	1	
3400	N4	Other Subscriber City/State/Zip Code	O	1	
LOOP ID - 2330B					**1**
3250	NM1	Other Payer Name	O	1	
3320	N3	Other Payer Address	O	1	
3400	N4	Other Payer City, State ,ZIP Code	O	1	
3500	DTP	Claim Check Or Remittance Date	O	1	
LOOP ID - 2400					**50**
3650	LX	Service Line Number	O	1	
3800	SV3	Dental Service	O	1	
3820	TOO	Tooth Information	O	32	
4550	DTP	Date - Service Date	O	1	
4700	REF	Prior Authorization	O	5	
4700	REF	Line Item Control Number	O	1	

LOOP ID - 2420A					**1**	
5000	NM1	Rendering Provider Name	O	1		
5050	PRV	Rendering Provider Specialty Information	O	1		
LOOP ID - 2420D					**1**	
5000	NM1	Service Facility Location Name	O	1		
LOOP ID - 2430					**15**	
5400	SVD	Line Adjudication Information	O	1		
5450	CAS	Line Adjustment	O	5		
5500	DTP	Line Check or Remittance Date	O	1		
LOOP ID - 2000C					**>1**	
0010	HL	Patient Hierarchical Level	O	1		
LOOP ID - 2010CA					**1**	
0150	NM1	Patient Name	O	1		
5550	SE	Transaction Set Trailer	M	1		

Not Defined:

Pos	Id	Segment Name	Req	Max Use	Repeat	Notes
	GE	Functional Group Trailer	M	1		
	IEA	Interchange Control Trailer	M	1		

ISA Interchange Control Header

Pos:	Max: 1
Not Defined - Mandatory	
Loop: N/A	Elements: 16

Element Summary:

Ref	Id	Element Name	Req	Type	Min/Max	Usage
ISA01	I01	**Authorization Information Qualifier**	M	ID	2/2	Required
		DENTI-CAL NOTE: *Submit '00'*				
ISA02	I02	**Authorization Information**	M	AN	10/10	Required
		DENTI-CAL NOTE: *Submit 'DENTICAL'*				
ISA03	I03	**Security Information Qualifier**	M	ID	2/2	Required
		DENTI-CAL NOTE: *Submit '00'*				
ISA04	I04	**Security Information**	M	AN	10/10	Required
		DENTI-CAL NOTE: *Submit 'NONE'*				
ISA05	I05	**Interchange ID Qualifier**	M	ID	2/2	Required
		DENTI-CAL NOTE: *Submit 'ZZ'*				
ISA06	I06	**Interchange Sender ID**	M	AN	15/15	Required
		DENTI-CAL NOTE: *Submit the Denti-Cal Remote ID*				
ISA07	I05	**Interchange ID Qualifier**	M	ID	2/2	Required
		DENTI-CAL NOTE: *Submit 'ZZ'*				
ISA08	I07	**Interchange Receiver ID**	M	AN	15/15	Required
		DENTI-CAL NOTE: *Submit 'DENTICAL'*				
ISA09	I08	**Interchange Date**	M	DT	6/6	Required
ISA10	I09	**Interchange Time**	M	TM	4/4	Required
ISA11	I65	**Repetition Separator**	M		1/1	Required
		Description: Type is not applicable; the repetition separator is a delimiter and not a data element; this field provides the delimiter used to separate repeated occurrences of a simple data element or a composite data structure; this value must be different than the data element separator, component element separator, and the segment terminator				
ISA12	I11	**Interchange Control Version Number**	M	ID	5/5	Required
ISA13	I12	**Interchange Control Number**	M	N0	9/9	Required
ISA14	I13	**Acknowledgment Requested**	M	ID	1/1	Required
		DENTI-CAL NOTE: *Submit '0'*				
ISA15	I14	**Interchange Usage Indicator**	M	ID	1/1	Required
		DENTI-CAL NOTE: *Submit 'P'*				
ISA16	I15	**Component Element Separator**	M		1/1	Required

Example:

*ISA*00*DENTICAL.*00*NONE.....*ZZ*DC999999.....*ZZ*DENTICAL.....*120501*1253*^*00501*000000905*0*P*:~*

GS Functional Group Header

Pos: **Max: 1**
Not Defined - Mandatory
Loop: N/A **Elements: 8**

Element Summary:

Ref	Id	Element Name	Req	Type	Min/Max	Usage
GS01	479	**Functional Identifier Code**	M	ID	2/2	Required
		DENTI-CAL NOTE: *Submit 'HC'*				
GS02	142	**Application Sender's Code**	M	AN	2/15	Required
		DENTI-CAL NOTE: *Submit the Denti-Cal Remote ID*				
GS03	124	**Application Receiver's Code**	M	AN	2/15	Required
		DENTI-CAL NOTE: *Submit 'DENTICAL'*				
GS04	373	**Date**	M	DT	8/8	Required
GS05	337	**Time**	M	TM	4/8	Required
GS06	28	**Group Control Number**	M	N0	1/9	Required
GS07	455	**Responsible Agency Code**	M	ID	1/2	Required
GS08	480	**Version / Release / Industry Identifier Code**	M	AN	1/12	Required

Example:

*GS*HC*DC999999*DENTICAL*20120331*0802*1*X*005010X224A2~*

ST Transaction Set Header

Pos: 0050 **Max: 1**
Heading - Mandatory
Loop: N/A **Elements: 3**

Element Summary:

Ref	Id	Element Name	Req	Type	Min/Max	Usage
ST01	143	**Transaction Set Identifier Code**	M	ID	3/3	Required
ST02	329	**Transaction Set Control Number**	M	AN	4/9	Required
ST03	1705	**Implementation Convention Reference**	O	AN	1/35	Required
		DENTI-CAL NOTE: *Denti-Cal processes version '005010X224A2'*				

Example:

*ST*837*987654*005010X224A2~*

BHT Beginning of Hierarchical Transaction

Pos: 0100 **Max: 1**
Heading - Mandatory
Loop: N/A **Elements: 6**

Element Summary:

Ref	Id	Element Name	Req	Type	Min/Max	Usage
BHT01	1005	**Hierarchical Structure Code**	M	ID	4/4	Required
BHT02	353	**Transaction Set Purpose Code**	M	ID	2/2	Required
BHT03	127	**Originator Application Transaction Identifier**	O	AN	1/30	Required
BHT04	373	**Transaction Set Creation Date**	O	DT	8/8	Required
BHT05	337	**Transaction Set Creation Time**	O	TM	4/8	Required
BHT06	640	**Claim or Encounter Identifier**	O	ID	2/2	Required
		DENTI-CAL NOTE: *Submit 'CH'*				

Example:

*BHT*0019*00*0123*20120618*0932*CH~*

NM1 Submitter Name

Pos: 0200 **Max: 1**
Heading - Optional
Loop: 1000A **Elements: 7**

Element Summary:

Ref	Id	Element Name	Req	Type	Min/Max	Usage
NM101	98	**Entity Identifier Code**	M	ID	2/3	Required
NM102	1065	**Entity Type Qualifier**	M	ID	1/1	Required
NM103	1035	**Submitter Last or Organization Name**	X	AN	1/60	Required
NM104	1036	**Submitter First Name**	O	AN	1/35	Situational
NM105	1037	**Submitter Middle Name or Initial**	O	AN	1/25	Situational
NM108	66	**Identification Code Qualifier**	X	ID	1/2	Required
NM109	67	**Submitter Identification Code**	X	AN	2/80	Required
		DENTI-CAL NOTE: *Use the Denti-Cal Remote ID as the submitter identifier.*				

Example:

*NM1*41*2*ABC SUBMITTER*****46*DC900000~*

PER Submitter EDI Contact Information

Pos: 0450 **Max: 2**
Heading - Optional
Loop: 1000A **Elements: 8**

Element Summary:

Ref	Id	Element Name	Req	Type	Min/Max	Usage
PER01	366	**Contact Function Code**	M	ID	2/2	Required
PER02	93	**Submitter Contact Name**	O	AN	1/60	Situational
PER03	365	**Communication Number Qualifier**	X	ID	2/2	Required
PER04	364	**Communication Number**	X	AN	1/256	Required
PER05	365	**Communication Number Qualifier**	X	ID	2/2	Situational
PER06	364	**Communication Number**	X	AN	1/256	Situational
PER07	365	**Communication Number Qualifier**	X	ID	2/2	Situational
PER08	364	**Communication Number**	X	AN	1/256	Situational

Example:

*PER*IC*JOHN SMITH*TE*5555551234*EX*123~*

NM1 Receiver Name

Pos: 0200 **Max: 1**
Heading - Optional
Loop: 1000B **Elements: 5**

Element Summary:

Ref	Id	Element Name	Req	Type	Min/Max	Usage
NM101	98	**Entity Identifier Code**	M	ID	2/3	Required
NM102	1065	**Entity Type Qualifier**	M	ID	1/1	Required
NM103	1035	**Receiver Name**	X	AN	1/60	Required
		DENTI-CAL NOTE: *Submit 'DENTICAL'*				
NM108	66	**Identification Code Qualifier**	X	ID	1/2	Required
NM109	67	**Receiver Identification Code**	X	AN	2/80	Required
		DENTI-CAL NOTE: *Submit '1941461312'*				

Example:

*NM1*40*2*DENTICAL*****46*1941461312~*

HL Billing Provider Hierarchical Level

Pos: 0010 **Max: 1**
Detail - Mandatory
Loop: 2000A **Elements: 3**

Element Summary:

Ref	Id	Element Name	Req	Type	Min/Max	Usage
HL01	628	**Hierarchical ID Number**	M	AN	1/12	Required
HL03	735	**Hierarchical Level Code**	M	ID	1/2	Required
HL04	736	**Hierarchical Child Code**	O	ID	1/1	Required

Example:

*HL*1**20*1~*

PRV Billing Provider Specialty Information

Pos: 0030 **Max: 1**
Detail - Optional
Loop: 2000A **Elements: 3**

Element Summary:

Ref	Id	Element Name	Req	Type	Min/Max	Usage
PRV01	1221	**Provider Code**	M	ID	1/3	Required
PRV02	128	**Reference Identification Qualifier**	X	ID	2/3	Required
PRV03	127	**Provider Taxonomy Code**	X	AN	1/50	Required

Example:

*PRV*BI*PXC*1223G0001X~*

CUR Foreign Currency Information

Pos: 0100	Max: 1
Detail - Optional	
Loop: 2000A	Elements: 0

DENTI-CAL NOTE:

This segment is not processed by Denti-Cal.

NM1 Billing Provider Name

Pos: 0150 **Max: 1**
Detail - Optional
Loop: 2010AA **Elements: 8**

Element Summary:

Ref	Id	Element Name	Req	Type	Min/Max	Usage
NM101	98	**Entity Identifier Code**	M	ID	2/3	Required
NM102	1065	**Entity Type Qualifier**	M	ID	1/1	Required
NM103	1035	**Billing Provider Last or Organization Name**	X	AN	1/60	Required
NM104	1036	**Billing Provider First Name**	O	AN	1/35	Situational
NM105	1037	**Billing Provider Middle Name or Initial**	O	AN	1/25	Situational
NM107	1039	**Billing Provider Name Suffix**	O	AN	1/10	Situational
NM108	66	**Identification Code Qualifier**	X	ID	1/2	Situational
NM109	67	**Billing Provider ID**	X	AN	2/80	Situational

DENTI-CAL NOTE:
Submit the billing provider's NPI. Submission of the Denti-Cal Legacy Provider ID will result in claim rejection.

Example:

*NM1*85*1*SMITH*JOHN*B****XX*1234567890~*

DENTI-CAL NOTE:

By failing to submit rendering provider information in either Loop 2420A or Loop 2310B, the provider is certifying the billing provider was the rendering provider and the document will be processed accordingly.

N3 Billing Provider Address

Pos: 0250 **Max: 1**
Detail - Optional
Loop: 2010AA **Elements: 2**

Element Summary:

Ref	Id	Element Name	Req	Type	Min/Max	Usage
N301	166	**Billing Provider Address Line 1**	M	AN	1/55	Required
N302	166	**Billing Provider Address Line 2**	O	AN	1/55	Situational

Example:

*N3*123 MAIN STREET~*

N4 Billing Provider City, State, ZIP Code

Pos: 0300 **Max: 1**
Detail - Optional
Loop: 2010AA **Elements: 3**

Element Summary:

Ref	Id	Element Name	Req	Type	Min/Max	Usage
N401	19	**Billing Provider City Name**	O	AN	2/30	Required
N402	156	**Billing Provider State Code**	X	ID	2/2	Situational
N403	116	**Billing Provider Zip Code**	O	ID	3/15	Situational

Example:

*N4*MONTEREY*CA*939402347~*

REF Billing Provider Tax Identification

Pos: 0350	Max: 1
Detail - Optional	
Loop: 2010AA	Elements: 2

Element Summary:

Ref	Id	Element Name	Req	Type	Min/Max	Usage
REF01	128	**Reference Identification Qualifier**	M	ID	2/3	Required
REF02	127	**Billing Provider Tax ID**	X	AN	1/50	Required

Example:

*REF*EI*123456789~*

REF Billing Provider UPIN/License Information

Pos: 0350	Max: 2
Detail - Optional	
Loop: 2010AA	Elements: 0

DENTI-CAL NOTE:

This segment is not processed by Denti-Cal.

PER Billing Provider Contact Information

Pos: 0400	Max: 2
Detail - Optional	
Loop: 2010AA	Elements: 8

Element Summary:

Ref	Id	Element Name	Req	Type	Min/Max	Usage
PER01	366	**Contact Function Code**	M	ID	2/2	Required
PER02	93	**Billing Provider Contact Name**	O	AN	1/60	Situational
PER03	365	**Communication Number Qualifier**	X	ID	2/2	Required
PER04	364	**Communication Number**	X	AN	1/256	Required
PER05	365	**Communication Number Qualifier**	X	ID	2/2	Situational
PER06	364	**Communication Number**	X	AN	1/256	Situational
PER07	365	**Communication Number Qualifier**	X	ID	2/2	Situational
PER08	364	**Communication Number**	X	AN	1/256	Situational

Example:

*PER*IC*JOHN SMITH*TE*5555551234*EX*123~*

NM1 Pay-to Address Name

Pos: 0150	Max: 1
Detail - Optional	
Loop: 2010AB	Elements: 0

DENTI-CAL NOTE:

Loop 2010AB and the associated segments are not processed by Denti-Cal. The Pay-To information on file with Denti-Cal's Provider Enrollment Department will be used to direct payment.

NM1 Pay-To Plan Name

Pos: 0150	Max: 1
Detail - Optional	
Loop: 2010AC	Elements: 0

DENTI-CAL NOTE:

Loop 2010AC and the associated segments are not processed by Denti-Cal.

HL Subscriber Hierarchical Level

Pos: 0010 Max: 1
Detail - Mandatory
Loop: 2000B Elements: 4

Element Summary:

Ref	Id	Element Name	Req	Type	Min/Max	Usage
HL01	628	**Hierarchical ID Number**	M	AN	1/12	Required
HL02	734	**Hierarchical Parent ID Number**	O	AN	1/12	Required
HL03	735	**Hierarchical Level Code**	M	ID	1/2	Required
HL04	736	**Hierarchical Child Code**	O	ID	1/1	Required

Example:

*HL*2*1*22*0~*

SBR Subscriber Information

Pos: 0050 **Max: 1**
Detail - Optional
Loop: 2000B **Elements: 3**

Element Summary:

Ref	Id	Element Name	Req	Type	Min/Max	Usage
SBR01	1138	**Payer Responsibility Sequence Number Code**	M	ID	1/1	Required
SBR02	1069	**Individual Relationship Code**	O	ID	2/2	Situational
SBR09	1032	**Claim Filing Indicator Code**	O	ID	1/2	Situational
		DENTI-CAL NOTE: *Submit 'MC'*				

Example:

*SBR*P*18*******MC~*

NM1 Subscriber Name

Pos: 0150 **Max: 1**
Detail - Optional
Loop: 2010BA **Elements: 8**

Element Summary:

Ref	Id	Element Name	Req	Type	Min/Max	Usage
NM101	98	**Entity Identifier Code**	M	ID	2/3	Required
NM102	1065	**Entity Type Qualifier**	M	ID	1/1	Required
NM103	1035	**Beneficiary Last Name**	X	AN	1/60	Required
NM104	1036	**Beneficiary First Name**	O	AN	1/35	Situational
NM105	1037	**Beneficiary Middle Name or Initial**	O	AN	1/25	Situational
NM107	1039	**Beneficiary Name Suffix**	O	AN	1/10	Situational
NM108	66	**Identification Code Qualifier**	X	ID	1/2	Situational
		DENTI-CAL NOTE: *Submit 'MI'*				
NM109	67	**Beneficiary ID**	X	AN	2/80	Situational
		DENTI-CAL NOTE: *Submit the beneficiary's ID as it appears on the Medi-Cal identification card; always use uppercase alpha characters. Do not submit an SSN - it will cause the document to reject.*				

Example:

*NM1*IL*1*DOE*JOHN*T**JR*MI*12345678A12340~*

N3 Subscriber Address

Pos: 0250 **Max: 1**
Detail - Optional
Loop: 2010BA **Elements: 2**

Element Summary:

Ref	Id	Element Name	Req	Type	Min/Max	Usage
N301	166	**Beneficiary Address Line 1**	M	AN	1/55	Required
N302	166	**Beneficiary Address Line 2**	O	AN	1/55	Situational

Example:

*N3*123 MAIN STREET~*

N4 Subscriber City, State, ZIP Code

Pos: 0300 **Max: 1**
Detail - Optional
Loop: 2010BA **Elements: 3**

Element Summary:

Ref	Id	Element Name	Req	Type	Min/Max	Usage
N401	19	**Beneficiary City Name**	O	AN	2/30	Required
N402	156	**Beneficiary State Code**	X	ID	2/2	Situational
N403	116	**Beneficiary Zip Code**	O	ID	3/15	Situational

Example:

*N4*PASADENA*CA*91101~*

DMG Subscriber Demographic Information

Pos: 0320	Max: 1
Detail - Optional	
Loop: 2010BA	Elements: 3

Element Summary:

Ref	Id	Element Name	Req	Type	Min/Max	Usage
DMG01	1250	**Date Time Period Format Qualifier**	X	ID	2/3	Required
DMG02	1251	**Beneficiary Date of Birth**	X	AN	1/35	Required
DMG03	1068	**Gender Code**	O	ID	1/1	Required

Example:

*DMG*D8*19690815*M~*

REF Subscriber Secondary Identification

Pos: 0350 **Max: 1**
Detail - Optional
Loop: 2010BA **Elements: 2**

Element Summary:

Ref	Id	Element Name	Req	Type	Min/Max	Usage
REF01	128	**Reference Identification Qualifier**	M	ID	2/3	Required
REF02	127	**Supplemental Beneficiary ID**	X	AN	1/50	Required
		DENTI-CAL NOTE: *Submitters are strongly discouraged from transmitting a beneficiary supplemental ID as the submission of an SSN will cause the document to reject.*				

Example:

*REF*SY*123456789~*

NM1 Payer Name

Pos: 0150 **Max: 1**
Detail - Optional
Loop: 2010BB **Elements: 5**

Element Summary:

Ref	Id	Element Name	Req	Type	Min/Max	Usage
NM101	98	**Entity Identifier Code**	M	ID	2/3	Required
NM102	1065	**Entity Type Qualifier**	M	ID	1/1	Required
NM103	1035	**Payer Name**	X	AN	1/60	Required
		DENTI-CAL NOTE: *Submit 'DENTICAL'*				
NM108	66	**Identification Code Qualifier**	X	ID	1/2	Required
NM109	67	**Payer Identification Code**	X	AN	2/80	Required
		DENTI-CAL NOTE: *Submit '94146'*				

Example:

*NM1*PR*2*DENTICAL*****PI*94146~*

REF Billing Provider Secondary Identification

Pos: 0350	Max: 1
Detail - Optional	
Loop: 2010BB	Elements: 2

Element Summary:

Ref	Id	Element Name	Req	Type	Min/Max	Usage
REF01	128	**Reference Identification Qualifier**	M	ID	2/3	Required
		DENTI-CAL NOTE: *Use 'LU' to qualify the submission of the Service Office Number in REF02.*				
REF02	127	**Billing Provider Secondary ID**	X	AN	1/50	Required

Example:

*REF*LU*03~*

DENTI-CAL NOTE:

When a single NPI is registered with Denti-Cal for more than one Service Office (in which case the NPI is considered non-subparted), Denti-Cal strongly recommends the use of this segment to identify the associated billing service office number.

CLM Claim Information

Pos: 1300	Max: 1
Detail - Optional	
Loop: 2300	Elements: 11

Element Summary:

Ref	Id	Element Name	Req	Type	Min/Max	Usage
CLM01	1028	**Provider Document Control Number (PDCN)**	M	AN	1/17	Required
		DENTI-CAL NOTE: *Denti-Cal supports a maximum of 17 characters for this field.*				
CLM02	782	**Total Claim Billed Amount**	O	R	1/18	Required
CLM05	C023	**Health Care Service Location Information**	O	Comp		Required
CLM05-01	1331	**Place of Service Code**	M	AN	1/2	Required
CLM05-02	1332	**Facility Code Qualifier**	O	ID	1/2	Required
CLM05-03	1325	**Claim Frequency Type Code**	O	ID	1/1	Required
		DENTI-CAL NOTE: *Submit '7' for adjustment requests; otherwise, submit '1'.*				
CLM06	1073	**Provider Signature Indicator**	O	ID	1/1	Required
CLM07	1359	**Provider Assignment Code**	O	ID	1/1	Required
CLM08	1073	**Benefit Assignment Certification Indicator**	O	ID	1/1	Required
CLM09	1363	**Release of Information Code**	O	ID	1/1	Required
CLM11	C024	**Related Causes Information**	O	Comp		Situational
CLM11-01	1362	**Related-Causes Code**	M	ID	2/3	Required
		DENTI-CAL NOTE: *Submit 'OA' to indicate the beneficiary was in an accident or incurred an injury that resulted in the need for dental services. Submit 'EM' if the beneficiary's accident or injury was caused by or occurred at work.*				
CLM11-02	1362	**Related-Causes Code**	O	ID	2/3	Situational
		DENTI-CAL NOTE: *Submit 'OA' to indicate the beneficiary was in an accident or incurred an injury that resulted in the need for dental services. Submit 'EM' if the beneficiary's accident or injury was caused by or occurred at work.*				
CLM12	1366	**Special Program Code**	O	ID	2/3	Situational
		DENTI-CAL NOTE: *Denti-Cal does not process this field.*				
CLM19	1383	**Predetermination of Benefits Code**	O	ID	2/2	Situational
		DENTI-CAL NOTE: *This field is not applicable to Denti-Cal and is not processed.*				
CLM20	1514	**Delay Reason Code**	O	ID	1/2	Situational

Example:

*CLM*120191800001*500***11:B:1*Y*A*Y*Y~*

DTP Date - Service Date

Pos: 1350 **Max: 1**
Detail - Optional
Loop: 2300 **Elements: 3**

Element Summary:

Ref	Id	Element Name	Req	Type	Min/Max	Usage
DTP01	374	**Date/Time Qualifier**	M	ID	3/3	Required
DTP02	1250	**Date Time Period Format Qualifier**	M	ID	2/3	Required
DTP03	1251	**Date of Service**	M	AN	1/35	Required

DENTI-CAL NOTE:
*Denti-Cal processing does not require a date of service to be submitted in this segment of Loop 2300. However, if one is submitted, ensure **all** of the services in Loop 2400 have been rendered.*

Do not submit a date of service in this loop if any of the services in Loop 2400 of this claim have not been rendered. If a date of service is present in this loop, it will apply to all service lines in Loop 2400 - unless overridden by a date of service in Loop 2400.

Example:

*DTP*472*D8*20120108~*

DN2 Tooth Status

Pos: 1500	Max: 35
Detail - Optional	
Loop: 2300	Elements: 3

Element Summary:

Ref	Id	Element Name	Req	Type	Min/Max	Usage
DN201	127	**Tooth Number**	M	AN	1/50	Required
DN202	1368	**Tooth Status Code**	O	ID	1/2	Required
		DENTI-CAL NOTE: *Denti-Cal will only recognize Tooth Status Code 'M'.*				
DN206	1270	**Code List Qualifier Code**	M	ID	1/3	Required

Example:

*DN2*8*M****JP~*

PWK Claim Supplemental Information

Pos: 1550 **Max: 10**
Detail - Optional
Loop: 2300 **Elements: 4**

Element Summary:

Ref	Id	Element Name	Req	Type	Min/Max	Usage
PWK01	755	**Report Type Code**	M	ID	2/2	Required
		DENTI-CAL NOTE: *Denti-Cal recognizes 'RB' and 'OZ'.*				
PWK02	756	**Attachment Transmission Code**	O	ID	1/2	Required
		DENTI-CAL NOTE: *Denti-Cal accepts digitized images submitted through certified electronic attachment vendors. For a listing of certified vendors, refer to Section 3 of the Denti-Cal Provider Handbook.* *When submitting digitized radiographs and attachments through a certified vendor, be sure to use Attachment Transmission Code 'FT' and submit the Attachment Control Number in PWK06.*				
PWK05	66	**Identification Code Qualifier**	X	ID	1/2	Situational
PWK06	67	**Attachment Control Number**	X	AN	2/80	Situational
		DENTI-CAL NOTE: *The Attachment Control Number for digitized radiographs and attachments MUST be submitted in the following format:* *NEA Users - 'NEA#9999999'* *Tesia/Renaissance Users - 'DTX#9999999'*				

Example:

*PWK*RB*FT***AC*NEA#99999999~*

AMT Patient Amount Paid

Pos: 1750 **Max: 1**
Detail - Optional
Loop: 2300 **Elements: 2**

Element Summary:

Ref	Id	Element Name	Req	Type	Min/Max	Usage
AMT01	522	**Amount Qualifier Code**	M	ID	1/3	Required
AMT02	782	**Patient Share of Cost Amount**	M	R	1/18	Required

Example:

*AMT*F5*50~*

REF Payer Claim Control Number

Pos: 1800	Max: 1
Detail - Optional	
Loop: 2300	Elements: 2

Element Summary:

Ref	Id	Element Name	Req	Type	Min/Max	Usage
REF01	128	**Reference Identification Qualifier**	M	ID	2/3	Required
REF02	127	**Denti-Cal DCN**	X	AN	1/11	Required

Example:

*REF*F8*12005180000~*

DENTI-CAL NOTE:

This segment should only be used when submitting an adjustment request for processing (when CLM05-3 = '7'). Submit the original Denti-Cal DCN associated with the document to be reprocessed.

Do not use this segment when submitting NOAs for payment. The REF - Prior Authorization segment (using Reference Identification Qualifier 'G1') should be transmitted when submitting a NOA for payment.

REF Prior Authorization

Pos: 1800	Max: 1
Detail - Optional	
Loop: 2300	Elements: 2

Element Summary:

Ref	Id	Element Name	Req	Type	Min/Max	Usage
REF01	128	**Reference Identification Qualifier**	M	ID	2/3	Required
REF02	127	**Denti-Cal DCN**	X	AN	1/11	Required

Example:

*REF*G1*12131180000~*

DENTI-CAL NOTE:

This segment should be used when submitting NOAs for payment. Submit the Denti-Cal DCN associated with the approved TAR.

REF Claim Identifier For Transmission Intermediaries

Pos: 1800	Max: 1
Detail - Optional	
Loop: 2300	Elements: 0

DENTI-CAL NOTE:

Denti-Cal does not process this segment.

NTE Claim Note

Pos: 1900 **Max: 5**
Detail - Optional
Loop: 2300 **Elements: 2**

Element Summary:

Ref	Id	Element Name	Req	Type	Min/Max	Usage
NTE01	363	**Note Reference Code**	O	ID	3/3	Required
NTE02	352	**Claim Note Text**	M	AN	1/80	Required

Example:

*NTE*ADD*PATIENT IS EXTREMELY SENSITIVE TO PAIN AND REQUIRES ADDITIONAL SEDATION~*

NM1 Referring Provider Name

Pos: 2500	Max: 1
Detail - Optional	
Loop: 2310A	Elements: 8

Element Summary:

Ref	Id	Element Name	Req	Type	Min/Max	Usage
NM101	98	**Entity Identifier Code**	M	ID	2/3	Required
NM102	1065	**Entity Type Qualifier**	M	ID	1/1	Required
NM103	1035	**Referring Provider Last Name**	X	AN	1/60	Required
NM104	1036	**Referring Provider First Name**	O	AN	1/35	Situational
NM105	1037	**Referring Provider Middle Name or Initial**	O	AN	1/25	Situational
NM107	1039	**Referring Provider Name Suffix**	O	AN	1/10	Situational
NM108	66	**Identification Code Qualifier**	X	ID	1/2	Situational
NM109	67	**Referring Provider ID**	X	AN	2/80	Situational

Example:

*NM1*DN*1*WELBY*MARCUS*W**JR*XX*1234567891~*

NM1 Rendering Provider Name

Pos: 2500 **Max: 1**
Detail - Optional
Loop: 2310B **Elements: 8**

Element Summary:

Ref	Id	Element Name	Req	Type	Min/Max	Usage
NM101	98	**Entity Identifier Code**	M	ID	2/3	Required
NM102	1065	**Entity Type Qualifier**	M	ID	1/1	Required
NM103	1035	**Rendering Provider Last Name**	X	AN	1/60	Required
NM104	1036	**Rendering Provider First Name**	O	AN	1/35	Situational
NM105	1037	**Rendering Provider Middle Name or Initial**	O	AN	1/25	Situational
NM107	1039	**Rendering Provider Name Suffix**	O	AN	1/10	Situational
NM108	66	**Identification Code Qualifier**	X	ID	1/2	Situational
NM109	67	**Rendering Provider ID**	X	AN	2/80	Situational

Example:

*NM1*82*1*DOE*JANE*C***XX*1234567804~*

DENTI-CAL NOTE:

Rendering Provider information submitted in Loop 2310B applies to all dated service lines unless overridden by the presence of segment NM1 in Loop 2420A.

PRV Rendering Provider Specialty Information

Pos: 2550 **Max: 1**
Detail - Optional
Loop: 2310B **Elements: 3**

Element Summary:

Ref	Id	Element Name	Req	Type	Min/Max	Usage
PRV01	1221	**Provider Code**	M	ID	1/3	Required
PRV02	128	**Reference Identification Qualifier**	X	ID	2/3	Required
PRV03	127	**Rendering Provider Taxonomy Code**	X	AN	1/50	Required

Example:

*PRV*PE*PXC*1223G0001X~*

NM1 Service Facility Location Name

Pos: 2500 **Max: 1**
Detail - Optional
Loop: 2310C **Elements: 5**

Element Summary:

Ref	Id	Element Name	Req	Type	Min/Max	Usage
NM101	98	**Entity Identifier Code**	M	ID	2/3	Required
NM102	1065	**Entity Type Qualifier**	M	ID	1/1	Required
NM103	1035	**Facility Name**	X	AN	1/60	Required
NM108	66	**Identification Code Qualifier**	X	ID	1/2	Situational
NM109	67	**Facility ID**	X	AN	2/80	Situational

Example:

*NM1*77*2*A-OK MOBILE CLINIC*****XX*1112233301~*

DENTI-CAL NOTE:

Required when TARs and claims are submitted for beneficiaries residing in an SNF or ICF.

N3 Service Facility Location Address

Pos: 2650 **Max: 1**
Detail - Optional
Loop: 2310C **Elements: 2**

Element Summary:

Ref	Id	Element Name	Req	Type	Min/Max	Usage
N301	166	**Facility Address Line 1**	M	AN	1/55	Required
N302	166	**Facility Address Line 2**	O	AN	1/55	Situational

Example:

*N3*123 MAIN STREET~*

DENTI-CAL NOTE:

Required when TARs and claims are submitted for beneficiaries residing in an SNF or ICF. The Facility Phone Number is also required and should be submitted in the Claim Note segment (NTE) of Loop 2300.

N4 Service Facility Location City, State, Zip Code

Pos: 2700 **Max: 1**
Detail - Optional
Loop: 2310C **Elements: 3**

Element Summary:

Ref	Id	Element Name	Req	Type	Min/Max	Usage
N401	19	**Facility City Name**	O	AN	2/30	Required
N402	156	**Facility State Code**	X	ID	2/2	Situational
N403	116	**Facility Zip Code**	O	ID	3/15	Situational

Example:

*N4*SACRAMENTO*CA*95822~*

SBR Other Subscriber Information

Pos: 2900 **Max: 1**
Detail - Optional
Loop: 2320 **Elements: 6**

Element Summary:

Ref	Id	Element Name	Req	Type	Min/Max	Usage
SBR01	1138	**Payer Responsibility Sequence Number Code**	M	ID	1/1	Required
SBR02	1069	**Individual Relationship Code**	O	ID	2/2	Required
SBR03	127	**Insurance Group or Policy Number**	O	AN	1/50	Situational
SBR04	93	**Other Insured Group Name**	O	AN	1/60	Situational
SBR05	1336	**Insurance Type Code**	O	ID	1/3	Situational
SBR09	1032	**Claim Filing Indicator Code**	O	ID	1/2	Situational

Example:

*SBR*U*01*GR0786******12~*

CAS Claim Level Adjustments

Pos: 2950 **Max: 5**
Detail - Optional
Loop: 2320 **Elements: 19**

Element Summary:

Ref	Id	Element Name	Req	Type	Min/Max	Usage
CAS01	1033	**Claim Adjustment Group Code**	M	ID	1/2	Required
CAS02	1034	**Adjustment Reason Code**	M	ID	1/5	Required
CAS03	782	**Adjustment Amount**	M	R	1/18	Required
CAS04	380	**Adjustment Quantity**	O	R	1/15	Situational
CAS05	1034	**Adjustment Reason Code**	X	ID	1/5	Situational
CAS06	782	**Adjustment Amount**	X	R	1/18	Situational
CAS07	380	**Adjustment Quantity**	X	R	1/15	Situational
CAS08	1034	**Adjustment Reason Code**	X	ID	1/5	Situational
CAS09	782	**Adjustment Amount**	X	R	1/18	Situational
CAS10	380	**Adjustment Quantity**	X	R	1/15	Situational
CAS11	1034	**Adjustment Reason Code**	X	ID	1/5	Situational
CAS12	782	**Adjustment Amount**	X	R	1/18	Situational
CAS13	380	**Adjustment Quantity**	X	R	1/15	Situational
CAS14	1034	**Adjustment Reason Code**	X	ID	1/5	Situational
CAS15	782	**Adjustment Amount**	X	R	1/18	Situational
CAS16	380	**Adjustment Quantity**	X	R	1/15	Situational
CAS17	1034	**Adjustment Reason Code**	X	ID	1/5	Situational
CAS18	782	**Adjustment Amount**	X	R	1/18	Situational
CAS19	380	**Adjustment Quantity**	X	R	1/15	Situational

Example:

*CAS*PR*1*7.93~ CAS*OA*93*15.06~*

AMT Coordination of Benefits (COB) Payer Paid Amount

Pos: 3000 **Max: 1**
Detail - Optional
Loop: 2320 **Elements: 2**

Element Summary:

Ref	Id	Element Name	Req	Type	Min/Max	Usage
AMT01	522	**Amount Qualifier Code**	M	ID	1/3	Required
AMT02	782	**Other Coverage Paid Amount**	M	R	1/18	Required

Example:

*AMT*D*411~*

OI Other Insurance Coverage Information

Pos: 3100 **Max: 1**
Detail - Optional
Loop: 2320 **Elements: 2**

Element Summary:

Ref	Id	Element Name	Req	Type	Min/Max	Usage
OI03	1073	**Benefits Assignment Certification Indicator**	O	ID	1/1	Required
OI06	1363	**Release of Information Code**	O	ID	1/1	Required

Example:

*OI***Y***I~*

NM1 Other Subscriber Name

Pos: 3250 **Max: 1**
Detail - Optional
Loop: 2330A **Elements: 8**

Element Summary:

Ref	Id	Element Name	Req	Type	Min/Max	Usage
NM101	98	**Entity Identifier Code**	M	ID	2/3	Required
NM102	1065	**Entity Type Qualifier**	M	ID	1/1	Required
NM103	1035	**Other Insured Last Name**	X	AN	1/60	Required
NM104	1036	**Other Insured First Name**	O	AN	1/35	Situational
NM105	1037	**Other Insured Middle Name or Initial**	O	AN	1/25	Situational
NM107	1039	**Other Insured Name Suffix**	O	AN	1/10	Situational
NM108	66	**Identification Code Qualifier**	X	ID	1/2	Required
NM109	67	**Other Insured ID**	X	AN	2/80	Required

Example:

*NM1*IL*1*DOE*JOHN*T**JR*MI*123456~*

N3 Other Subscriber Address

Pos: 3320 **Max: 1**
Detail - Optional
Loop: 2330A **Elements: 2**

Element Summary:

Ref	Id	Element Name	Req	Type	Min/Max	Usage
N301	166	**Other Insured Address Line 1**	M	AN	1/55	Required
N302	166	**Other Insured Address Line 2**	O	AN	1/55	Situational

Example:

*N3*123 MAIN STREET~*

N4 Other Subscriber City/State/Zip Code

Pos: 3400 **Max: 1**
Detail - Optional
Loop: 2330A **Elements: 3**

Element Summary:

Ref	Id	Element Name	Req	Type	Min/Max	Usage
N401	19	**Other Insured City Name**	O	AN	2/30	Required
N402	156	**Other Insured State Code**	X	ID	2/2	Situational
N403	116	**Other Insured Zip Code**	O	ID	3/15	Situational

Example:

*N4*FRESNO*CA*93650~*

NM1 Other Payer Name

Pos: 3250	Max: 1
Detail - Optional	
Loop: 2330B	Elements: 5

Element Summary:

Ref	Id	Element Name	Req	Type	Min/Max	Usage
NM101	98	**Entity Identifier Code**	M	ID	2/3	Required
NM102	1065	**Entity Type Qualifier**	M	ID	1/1	Required
NM103	1035	**Other Payer Name**	X	AN	1/60	Required
NM108	66	**Identification Code Qualifier**	X	ID	1/2	Required
NM109	67	**Other Payer Primary Identifier**	X	AN	2/80	Required

Example:

*NM1*PR*2*ABC INSURANCE CO*****PI*11122333~*

N3 Other Payer Address

Pos: 3320	Max: 1
Detail - Optional	
Loop: 2330B	Elements: 2

Element Summary:

Ref	Id	Element Name	Req	Type	Min/Max	Usage
N301	166	**Other Payer Address Line 1**	M	AN	1/55	Required
N302	166	**Other Payer Address Line 2**	O	AN	1/55	Situational

Example:

*N3*123 MAIN STREET~*

N4 Other Payer City, State ,ZIP Code

Pos: 3400 **Max: 1**
Detail - Optional
Loop: 2330B **Elements: 3**

Element Summary:

Ref	Id	Element Name	Req	Type	Min/Max	Usage
N401	19	**Other Payer City Name**	O	AN	2/30	Required
N402	156	**Other Payer State Code**	X	ID	2/2	Situational
N403	116	**Other Payer Zip Code**	O	ID	3/15	Situational

Example:

*N4*KANSAS CITY*MO*64108~*

DTP Claim Check Or Remittance Date

Pos: 3500 **Max: 1**
Detail - Optional
Loop: 2330B **Elements: 3**

Element Summary:

Ref	Id	Element Name	Req	Type	Min/Max	Usage
DTP01	374	**Date/Time Qualifier**	M	ID	3/3	Required
DTP02	1250	**Date Time Period Format Qualifier**	M	ID	2/3	Required
DTP03	1251	**Adjudication or Payment Date**	M	AN	1/35	Required

Example:

*DTP*573*D8*20120203~*

LX Service Line Number

Pos: 3650 **Max: 1**
Detail - Optional
Loop: 2400 **Elements: 1**

Element Summary:

Ref	Id	Element Name	Req	Type	Min/Max	Usage
LX01	554	**Assigned Number**	M	N0	1/6	Required

Example:

*LX*1~*

SV3 Dental Service

Pos: 3800 **Max: 1**
Detail - Optional
Loop: 2400 **Elements: 5**

Element Summary:

Ref	Id	Element Name	Req	Type	Min/Max	Usage
SV301	C003	**Composite Medical Procedure Identifier**	M	Comp		Required
SV301-01	235	**Product/Service ID Qualifier**	M	ID	2/2	Required
SV301-02	234	**Procedure Code**	M	AN	1/48	Required
SV301-07	352	**Procedure Description**	O	AN	1/80	Situational
SV302	782	**Line Item Billed Amount**	O	R	1/18	Required
SV303	1331	**Place of Service Code**	O	AN	1/2	Situational
SV304	C006	**Oral Cavity Designation**	O	Comp		Situational
		DENTI-CAL NOTE: *Do not use this element for reporting individual teeth. If it is necessary to report one or more individual teeth, use the Tooth Information (TOO) segment in this loop.* *Denti-Cal will process only one oral cavity code per service line.*				
SV304-01	1361	**Oral Cavity Designation Code**	M	ID	1/3	Required
SV306	380	**Quantity**	O	R	1/15	Situational

Example:

*SV3*AD:D2150*80****1~*

TOO Tooth Information

Pos: 3820 **Max: 32**
Detail - Optional
Loop: 2400 **Elements: 3**

Element Summary:

Ref	Id	Element Name	Req	Type	Min/Max	Usage
TOO01	1270	**Code List Qualifier Code**	X	ID	1/3	Required
TOO02	1271	**Tooth Code**	X	AN	1/30	Required
		DENTI-CAL NOTE: *Use this element to report individual tooth codes only. When reporting a quadrant or arch code, use the oral cavity designation in SV304.*				
TOO03	C005	**Tooth Surface**	O	Comp		Situational
TOO03-01	1369	**Tooth Surface Code**	M	ID	1/2	Required
TOO03-02	1369	**Tooth Surface Code**	O	ID	1/2	Situational
TOO03-03	1369	**Tooth Surface Code**	O	ID	1/2	Situational
TOO03-04	1369	**Tooth Surface Code**	O	ID	1/2	Situational
TOO03-05	1369	**Tooth Surface Code**	O	ID	1/2	Situational

Example:

*TOO*JP*12*L:O~*

DTP Date - Service Date

Pos: 4550	Max: 1
Detail - Optional	
Loop: 2400	Elements: 3

Element Summary:

Ref	Id	Element Name	Req	Type	Min/Max	Usage
DTP01	374	**Date/Time Qualifier**	M	ID	3/3	Required
DTP02	1250	**Date Time Period Format Qualifier**	M	ID	2/3	Required
DTP03	1251	**Date of Service**	M	AN	1/35	Required

Example:

*DTP*472*D8*20120108~*

REF Prior Authorization

Pos: 4700	Max: 5
Detail - Optional	
Loop: 2400	Elements: 0

DENTI-CAL NOTE:

*Submit Prior Authorization information in **Loop 2300 only**. Prior Authorization information sent in this loop will be ignored.*

REF Line Item Control Number

Pos: 4700	Max: 1
Detail - Optional	
Loop: 2400	Elements: 2

Element Summary:

Ref	Id	Element Name	Req	Type	Min/Max	Usage
REF01	128	**Reference Identification Qualifier**	M	ID	2/3	Required
REF02	127	**Line Item Control Number**	X	AN	1/50	Required

Example:

*REF*6R*54321~*

NM1 Rendering Provider Name

Pos: 5000	Max: 1
Detail - Optional	
Loop: 2420A	Elements: 8

Element Summary:

Ref	Id	Element Name	Req	Type	Min/Max	Usage
NM101	98	**Entity Identifier Code**	M	ID	2/3	Required
NM102	1065	**Entity Type Qualifier**	M	ID	1/1	Required
NM103	1035	**Rendering Provider Last Name**	X	AN	1/60	Required
NM104	1036	**Rendering Provider First Name**	O	AN	1/35	Situational
NM105	1037	**Rendering Provider Middle Name or Initial**	O	AN	1/25	Situational
NM107	1039	**Rendering Provider Name Suffix**	O	AN	1/10	Situational
NM108	66	**Identification Code Qualifier**	X	ID	1/2	Situational
NM109	67	**Rendering Provider ID**	X	AN	2/80	Situational

Example:

*NM1*82*1*DOE*JANE*C***XX*1234567804~*

DENTI-CAL NOTE:

Denti-Cal strongly encourages the submission of rendering provider information in Loop 2420A. If rendering provider data is not present in Loop 2420A, data sent in Loop 2310B will be applied to all dated service lines.

By failing to submit rendering provider information in either Loop 2420A or Loop 2310B, the provider is certifying the billing provider was the rendering provider and the document will be processed accordingly.

PRV Rendering Provider Specialty Information

Pos: 5050 **Max: 1**
Detail - Optional
Loop: 2420A **Elements: 3**

Element Summary:

Ref	Id	Element Name	Req	Type	Min/Max	Usage
PRV01	1221	**Provider Code**	M	ID	1/3	Required
PRV02	128	**Reference Identification Qualifier**	X	ID	2/3	Required
PRV03	127	**Rendering Provider Taxonomy Code**	X	AN	1/50	Required

Example:

*PRV*PE*PXC*1223G0001X~*

NM1 Service Facility Location Name

Pos: 5000	Max: 1
Detail - Optional	
Loop: 2420D	Elements: 0

DENTI-CAL NOTE:

*Submit Service Facility Information in **Loop 2310C only**. Service Facility information sent in Loop 2420D will be ignored.*

SVD Line Adjudication Information

Pos: 5400	Max: 1
Detail - Optional	
Loop: 2430	Elements: 5

Element Summary:

Ref	Id	Element Name	Req	Type	Min/Max	Usage
SVD01	67	**Other Payer Primary Identifier**	M	AN	2/80	Required
SVD02	782	**Service Line Paid Amount**	M	R	1/18	Required
SVD03	C003	**Composite Medical Procedure Identifier**	O	Comp		Required
SVD03-01	235	**Product/Service ID Qualifier**	M	ID	2/2	Required
SVD03-02	234	**Procedure Code**	M	AN	1/48	Required
SVD03-07	352	**Procedure Description**	O	AN	1/80	Situational
SVD05	380	**Quantity**	O	R	1/15	Required
SVD06	554	**Bundled or Unbundled Line Number**	O	N0	1/6	Situational

Example:

*SVD*43*55*AD:D0330**1~*

CAS Line Adjustment

Pos: 5450 Max: 5
Detail - Optional
Loop: 2430 Elements: 19

Element Summary:

Ref	Id	Element Name	Req	Type	Min/Max	Usage
CAS01	1033	**Claim Adjustment Group Code**	M	ID	1/2	Required
CAS02	1034	**Adjustment Reason Code**	M	ID	1/5	Required
CAS03	782	**Adjustment Amount**	M	R	1/18	Required
CAS04	380	**Adjustment Quantity**	O	R	1/15	Situational
CAS05	1034	**Adjustment Reason Code**	X	ID	1/5	Situational
CAS06	782	**Adjustment Amount**	X	R	1/18	Situational
CAS07	380	**Adjustment Quantity**	X	R	1/15	Situational
CAS08	1034	**Adjustment Reason Code**	X	ID	1/5	Situational
CAS09	782	**Adjustment Amount**	X	R	1/18	Situational
CAS10	380	**Adjustment Quantity**	X	R	1/15	Situational
CAS11	1034	**Adjustment Reason Code**	X	ID	1/5	Situational
CAS12	782	**Adjustment Amount**	X	R	1/18	Situational
CAS13	380	**Adjustment Quantity**	X	R	1/15	Situational
CAS14	1034	**Adjustment Reason Code**	X	ID	1/5	Situational
CAS15	782	**Adjustment Amount**	X	R	1/18	Situational
CAS16	380	**Adjustment Quantity**	X	R	1/15	Situational
CAS17	1034	**Adjustment Reason Code**	X	ID	1/5	Situational
CAS18	782	**Adjustment Amount**	X	R	1/18	Situational
CAS19	380	**Adjustment Quantity**	X	R	1/15	Situational

Example:

*CAS*PR*1*7.93~ CAS*OA*93*15.06~*

DTP Line Check or Remittance Date

Pos: 5500 **Max: 1**
Detail - Optional
Loop: 2430 **Elements: 3**

Element Summary:

Ref	Id	Element Name	Req	Type	Min/Max	Usage
DTP01	374	**Date/Time Qualifier**	M	ID	3/3	Required
DTP02	1250	**Date Time Period Format Qualifier**	M	ID	2/3	Required
DTP03	1251	**Adjudication or Payment Date**	M	AN	1/35	Required

Example:

*DTP*573*D8*20120203~*

HL Patient Hierarchical Level

Pos: 0010	Max: 1
Detail - Optional	
Loop: 2000C	Elements: 0

DENTI-CAL NOTE:

Loop 2000C and associated segments are not applicable to Denti-Cal and will not be processed.

NM1 Patient Name

Pos: 0150	Max: 1
Detail - Optional	
Loop: 2010CA	Elements: 0

DENTI-CAL NOTE:

Loop 2010CA and associated segments are not applicable to Denti-Cal and will not be processed.

SE Transaction Set Trailer

Pos: 5550 **Max: 1**
Detail - Mandatory
Loop: N/A **Elements: 2**

Element Summary:

Ref	Id	Element Name	Req	Type	Min/Max	Usage
SE01	96	**Number of Included Segments**	M	N0	1/10	Required
SE02	329	**Transaction Set Control Number**	M	AN	4/9	Required

Example:

*SE*1230*987654~*

GE Functional Group Trailer

Pos: **Max: 1**
Not Defined - Mandatory
Loop: N/A **Elements: 2**

Element Summary:

Ref	Id	Element Name	Req	Type	Min/Max	Usage
GE01	97	**Number of Transaction Sets Included**	M	N0	1/6	Required
GE02	28	**Group Control Number**	M	N0	1/9	Required

Example:

*GE*1*1~*

IEA Interchange Control Trailer

Pos:	Max: 1
Not Defined - Mandatory	
Loop: N/A	Elements: 2

Element Summary:

Ref	Id	Element Name	Req	Type	Min/Max	Usage
IEA01	I16	**Number of Included Functional Groups**	M	N0	1/5	Required
IEA02	I12	**Interchange Control Number**	M	N0	9/9	Required

Example:

*IEA*1*000000905~*