

California Medicaid (Denti-Cal)

Standard Transaction Information

Instructions related to Transactions based on ASC
X12 Implementation Guides, version 005010

Transaction Guide Version Number: 2.0

January 2012

Table of Contents

| | |
|--|-----------|
| 837 Transaction Specific Information..... | 1 |
| 835 Transaction Specific Information..... | 14 |
| 276 Transaction Specific Information..... | 22 |
| 277 Transaction Specific Information..... | 26 |

This page left blank intentionally.

837 Transaction Specific Information

These tables contain one or more rows for each segment for which a supplemental instruction is needed.

| |
|---|
| Legend |
| SHADED rows represent "segments" in the X12N implementation guide. |
| NON-SHADED rows represent "data elements" in the X12N implementation guide. |

Control Segments/Envelopes

ISA

| Loop ID | Reference | Name | Codes | Notes/Comments |
|---------|-----------|-------------------------------------|-------|--|
| Header | ISA | Interchange Control Header | | |
| | ISA01 | Authorization Information Qualifier | 00 | Denti-Cal expects to receive the value listed in the codes column |
| | ISA02 | Authorization Information | | Denti-Cal expects to receive: DENTICAL |
| | ISA03 | Security Information Qualifier | 00 | Denti-Cal expects to receive the value listed in the codes column |
| | ISA04 | Security Information | | Denti-Cal expects to receive: NONE |
| | ISA05 | Interchange ID Qualifier | ZZ | Denti-Cal expects to receive the value listed in the codes column |
| | ISA06 | Interchange Sender ID | | Denti-Cal expects to receive the Submitter's Denti-Cal Remote ID |
| | ISA07 | Interchange ID Qualifier | ZZ | Denti-Cal expects to receive the value listed in the codes column |
| | ISA08 | Interchange Receiver ID | | Denti-Cal expects to receive: DENTICAL |
| | ISA14 | Acknowledgement Requested | 0 | Denti-Cal expects to receive the value listed in the codes column Transactions will be acknowledged with the Denti- |

| Loop ID | Reference | Name | Codes | Notes/Comments |
|---------|-----------|------|-------|-------------------------------------|
| | | | | Cal CP-O-976 and CP-O-959-P reports |

GS

| Loop ID | Reference | Name | Codes | Notes/Comments |
|---------|-----------|-----------------------------|-------|--|
| Header | GS | Functional Group Header | | |
| | GS02 | Application Sender's Code | | Denti-Cal expects to receive the Submitter's Denti-Cal Remote ID |
| | GS03 | Application Receiver's Code | | Denti-Cal expects to receive: DENTICAL |

005010X224 Health Care Claim: Dental (837D)

| Page# | Loop ID | Reference | Name | Codes | Length | Notes/Comments |
|-------|---------|-----------|--|-------|--------|--|
| 66 | | BHT | Beginning of Hierarchical Transaction | | | |
| | | BHT06 | Claim or Encounter Identifier | CH | | Denti-Cal expects to receive the value listed in the codes column |
| 69 | 1000A | NM1 | Submitter Name | | | |
| | | NM109 | Submitter Identifier | | | Denti-Cal expects to receive the Submitter's Denti-Cal Remote ID |
| 74 | 1000B | NM1 | Receiver Name | | | |
| | | NM103 | Receiver Name | | | Denti-Cal expects to receive: DENTICAL |
| | | NM109 | Receiver Primary Identifier | | | Denti-Cal expects to receive: 1941461312 |
| 78 | 2000A | PRV | Billing Provider Specialty Information | | | This segment is not required for the payer's adjudication system. The Provider Specialty Information on file with Denti-Cal's Provider Enrollment Department will be used as needed |
| 79 | 2000A | CUR | Foreign Currency | | | This segment is not |

| Page# | Loop ID | Reference | Name | Codes | Length | Notes/Comments |
|-------|---------|-----------|---|-------|--------|--|
| | | | Information | | | required for the payer's adjudication system. All amounts within Denti-Cal's electronic transactions represent U.S. currency |
| 82 | 2010AA | NM1 | Billing Provider Name | | | By failing to submit rendering provider information in either Loop 2310B or Loop 2420A, the provider is certifying the billing provider was the rendering provider and the transaction will be processed accordingly |
| 86 | 2010AA | N3 | Billing Provider Address | | | The billing address on file with Denti-Cal's Provider Enrollment Department will be used |
| 87 | 2010AA | N4 | Billing Provider City, State, Zip Code | | | The billing address on file with Denti-Cal's Provider Enrollment Department will be used |
| 89 | 2010AA | REF | Billing Provider Tax Identification | | | The Tax Identification Number on file with Denti-Cal's Provider Enrollment Department will be used for income reporting on the 1099 forms |
| 91 | 2010AA | REF | Billing Provider UPIN/License Information | | | This segment is not required for the payer's adjudication system. Denti-Cal only accepts the NPI to identify providers in our adjudication system |
| 96 | 2010AB | NM1 | Pay-to Address Name | | | This loop is not required for the payer's adjudication system. The pay-to information on file with Denti-Cal's Provider Enrollment Department will be used to direct payment |
| 101 | 2010AC | NM1 | Pay-to Plan Name | | | This loop is not required for the payer's adjudication system. |

| Page# | Loop ID | Reference | Name | Codes | Length | Notes/Comments |
|-------|---------|-----------|---|-------|--------|--|
| | | | | | | Denti-Cal does not currently process subrogation payment requests |
| 114 | 2010BA | NM1 | Subscriber Name | | | |
| | | NM108 | Identification Code Qualifier | MI | | Denti-Cal expects to receive the value listed in the codes column |
| | | NM109 | Subscriber Primary Identifier | | | Denti-Cal processing requires the ID be submitted as it appears on the Medi-Cal identification card; always use uppercase alpha characters. Do not submit an SSN as it will cause the transaction to reject. |
| 122 | 2010BA | REF | Subscriber Secondary Identification | | | Denti-Cal strongly discourages the transmission of a secondary subscriber ID as the submission of an SSN will cause the transaction to reject. |
| 123 | 2010BA | REF | Property and Casualty Claim Number | | | This segment is not required for the payer's adjudication system |
| 124 | 2010BB | NM1 | Payer Name | | | |
| | | NM103 | Payer Name | | | Denti-Cal expects to receive: DENTICAL |
| | | NM109 | Payer Identifier | | | Denti-Cal expects to receive: 94146 |
| 129 | 2010BB | REF | Payer Secondary Identification | | | This segment is not required for the payer's adjudication system |
| 131 | 2010BB | REF | Billing Provider Secondary Identification | | | |
| | | REF01 | Reference Identification Qualifier | LU | | When a single NPI is registered with Denti-Cal for more than one Service Office (in which case the NPI is considered non-sub |

| Page# | Loop ID | Reference | Name | Codes | Length | Notes/Comments |
|-------|---------|-----------|-----------------------------------|----------|--------|---|
| | | | | | | parted), Denti-Cal expects to receive the value shown in the codes column |
| 133 | 2000C | HL | Patient Hierarchical Level | | | This loop is not required for the payer's adjudication system Denti-Cal recipients are identified by a unique identification number therefore all patients/recipients are considered the subscriber and must be identified at the Subscriber Level |
| 137 | 2010CA | NM1 | Patient Name | | | This loop is not required for the payer's adjudication system Denti-Cal recipients are identified by a unique identification number therefore all patients/recipients are considered the subscriber and must be identified at the Subscriber Level |
| 145 | 2300 | CLM | Claim Information | | | |
| | | CLM01 | Patient Control Number | | 17 | Denti-Cal processes only the first 17-characters; ensure the first 17-characters of this field represents a unique value |
| | | CLM05-3 | Claim Frequency Code | 1 7 | | Denti-Cal expects to receive the values listed in the codes column |
| | | CLM11-1 | Related Causes Code | OA EM | | Denti-Cal expects to receive the values listed in the codes column |
| | | CLM11-2 | Related Causes Code | OA EM | | Denti-Cal expects to receive the values listed in the codes column |
| | | CLM12 | Special Program Indicator | | | This data is not required by the payer's adjudication system |
| | | CLM19 | Predetermination of Benefits Code | | | This data is not required by the payer's adjudication system |

| Page# | Loop ID | Reference | Name | Codes | Length | Notes/Comments |
|-------|---------|-----------|---------------------------------------|----------|--------|---|
| | | CLM20 | Delay Reason Code | | | This data is not required by the payer's adjudication system |
| 152 | 2300 | DTP | Date – Accident | | | This segment is not required for the payer's adjudication system |
| 153 | 2300 | DTP | Date – Appliance Placement | | | This segment is not required for the payer's adjudication system |
| 154 | 2300 | DTP | Date - Service Date | | | Denti-Cal processing does not require a date of service to be submitted in 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 have not been rendered. If a date 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 |
| | | DTP02 | Date Time Period Format Qualifier | D8 | | Denti-Cal expects to receive the value listed in the codes column |
| 155 | 2300 | DTP | Date – Repricer Received Date | | | This segment is not required for the payer's adjudication system |
| 156 | 2300 | DN1 | Orthodontic Total Months of Treatment | | | This segment is not required for the payer's adjudication system |
| 158 | 2300 | DN2 | Tooth Status | | | |
| | | DN202 | Tooth Status Code | M | | Denti-Cal expects to receive the value listed in the codes column |
| 159 | 2300 | PWK | Claim Supplemental Information | | | |
| | | PWK01 | Attachment Report Type | RB OZ | | Denti-Cal expects to receive the values listed in the codes column |
| | | PWK02 | Attachment Transmission Code | BM FT | | Denti-Cal expects to receive the values listed in |

| Page# | Loop ID | Reference | Name | Codes | Length | Notes/Comments |
|-------|---------|-----------|--------------------------------------|-------|--------|---|
| | | | | | | <p>the codes column</p> <p>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</p> <p>When submitting digitized radiographs and attachments through a certified vendor, use Attachment Transmission Code 'FT' and submit the Attachment Control Number in PWK06</p> |
| | | PWK06 | Identification Code | | | <p>The Attachment Control Number for digitized radiographs and attachments MUST be submitted in the following format:</p> <p>NEA Users: 'NEA#99999999'</p> <p>Tesia/Renaissance Users: 'DTX#99999999'</p> |
| 162 | 2300 | CN1 | Contract Information | | | This segment is not required for the payer's adjudication system |
| 165 | 2300 | REF | Predetermination Identification | | | This segment is not required for the payer's adjudication system |
| 166 | 2300 | REF | Service Authorization Exception Code | | | This segment is not required for the payer's adjudication system |
| 168 | 2300 | REF | Payer Claim Control Number | | | <p>Submit this segment only when submitting an adjustment request (when CLM05-3 = '7')</p> <p>Do not use this segment when submitting NOAs for payment. The REF – Prior Authorization segment (using Reference Identification Qualifier 'G1') should be</p> |

| Page# | Loop ID | Reference | Name | Codes | Length | Notes/Comments |
|-------|---------|-----------|--|-------|--------|--|
| | | | | | | transmitted when submitting a NOA for payment. |
| | | REF02 | Payer Claim Control Number | | | Submit the original Denti-Cal DCN associated with the transaction to be reprocessed. |
| 169 | 2300 | REF | Referral Number | | | This segment is not required for the payer's adjudication system |
| 171 | 2300 | REF | Prior Authorization | | | Submit this segment only when submitting a NOA for payment. |
| | | REF02 | Prior Authorization Number | | | Submit the original Denti-Cal DCN associated with the approved TAR |
| 173 | 2300 | REF | Repriced Claim Number | | | This segment is not required for the payer's adjudication system |
| 174 | 2300 | REF | Adjusted Repriced Claim Number | | | This segment is not required for the payer's adjudication system |
| 175 | 2300 | REF | Claim Identifier for Transmission Intermediaries | | | This segment is not required for the payer's adjudication system |
| 177 | 2300 | K3 | File Information | | | This segment is not required for the payer's adjudication system |
| 180 | 2300 | HI | Health Care Diagnosis Code | | | This segment is not required for the payer's adjudication system |
| 185 | 2300 | HCP | Claim Pricing/Repricing Information | | | This segment is not required for the payer's adjudication system |
| 193 | 2310A | PRV | Referring Provider Specialty Information | | | This segment is not required for the payer's adjudication system |
| 194 | 2310A | REF | Referring Provider Secondary Identification | | | This segment is not required for the payer's adjudication system |
| 196 | 2310B | NM1 | Rendering Provider Name | | | Rendering Provider information submitted in this loop will be applied to all dated service lines unless overridden by the presence of segment NM1 in Loop 2420A. |

| Page# | Loop ID | Reference | Name | Codes | Length | Notes/Comments |
|-------|---------|-----------|--|-------|--------|--|
| 199 | 2310B | PRV | Rendering Provider Specialty Information | | | This segment is not required for the payer's adjudication system. The Provider Specialty Information on file with Denti-Cal's Provider Enrollment Department will be used as needed |
| 200 | 2310B | REF | Rendering Provider Secondary Identification | | | This segment is not required for the payer's adjudication system |
| 202 | 2310C | NM1 | Service Facility Location Name | | | This segment is required when TARs and claims are submitted for beneficiaries residing in an SNF or ICF |
| 205 | 2310C | N3 | Service Facility Location Address | | | This segment is 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 (NTE) segment of Loop 2300 |
| 206 | 2310C | N4 | Service Facility Location City, State, Zip Code | | | This segment is required when TARs and claims are submitted for beneficiaries residing in an SNF or ICF |
| 208 | 2310C | REF | Service Facility Location Secondary Identification | | | This segment is not required for the payer's adjudication system |
| 210 | 2310D | NM1 | Assistant Surgeon Name | | | This Loop is not required for the payer's adjudication system |
| 216 | 2310E | NM1 | Supervising Provider Name | | | This Loop is not required for the payer's adjudication system |
| 225 | 2320 | CAS | Claim Level Adjustments | | | This segment is not required for the payer's adjudication system |
| 232 | 2320 | AMT | Remaining Patient Liability | | | This segment is not required for the payer's adjudication system |

| Page# | Loop ID | Reference | Name | Codes | Length | Notes/Comments |
|-------|---------|-----------|---|-------|--------|--|
| 233 | 2320 | AMT | Coordination of Benefits (COB) Total Non-Covered Amount | | | This segment is not required for the payer's adjudication system |
| 234 | 2320 | OI | Other Insurance Coverage Information | | | This segment is not required for the payer's adjudication system |
| 236 | 2320 | MOA | Outpatient Adjudication Information | | | This segment is not required for the payer's adjudication system |
| 239 | 2330A | NM1 | Other Subscriber Name | | | This Loop is not required for the payer's adjudication system |
| 251 | 2330B | DTP | Claim Check or Remittance Date | | | This segment is not required for the payer's adjudication system |
| 252 | 2330B | REF | Other Payer Secondary Identifier | | | This segment is not required for the payer's adjudication system |
| 254 | 2330B | REF | Other Payer Prior Authorization | | | This segment is not required for the payer's adjudication system |
| 255 | 2330B | REF | Other Payer Referral Number | | | This segment is not required for the payer's adjudication system |
| 256 | 2330B | REF | Other Payer Claim Adjustment Indicator | | | This segment is not required for the payer's adjudication system |
| 257 | 2330B | REF | Other Payer Predetermination Identification | | | This segment is not required for the payer's adjudication system |
| 258 | 2330B | REF | Other Payer Claim Control Number | | | This segment is not required for the payer's adjudication system |
| 259 | 2330C | NM1 | Other Payer Referring Provider | | | This Loop is not required for the payer's adjudication system |
| 263 | 2330D | NM1 | Other Payer Rendering Provider | | | This Loop is not required for the payer's adjudication system |
| 267 | 2330E | NM1 | Other Payer Supervising Provider | | | This Loop is not required for the payer's adjudication system |
| 271 | 2330F | NM1 | Other Payer Billing Provider | | | This Loop is not required for the payer's adjudication system |
| 274 | 2330G | NM1 | Other Payer | | | This Loop is not required |

| Page# | Loop ID | Reference | Name | Codes | Length | Notes/Comments |
|-------|---------|-----------|---|-------|--------|--|
| | | | Service Facility Location | | | for the payer's adjudication system |
| 277 | 2330H | NM1 | Other Payer Assistant Surgeon | | | This Loop is not required for the payer's adjudication system |
| 282 | 2400 | SV3 | Dental Service | | | |
| | | SV304 | Oral Cavity Designation Code | | | Denti-Cal will process only one oral cavity code per service Do not use this element for reporting individual teeth. Use the Tooth Information (TOO) segment to report one or more individual teeth codes |
| 288 | 2400 | TOO | Tooth Information | | | |
| | | TOO02 | Tooth Code | | | Use this element to report individual tooth codes When reporting a quadrant or arch code, use the oral cavity designation in SV304 |
| 291 | 2400 | DTP | Date – Prior Placement | | | This segment is not required for the payer's adjudication system |
| 292 | 2400 | DTP | Date – Appliance Placement | | | This segment is not required for the payer's adjudication system |
| 293 | 2400 | DTP | Date – Replacement | | | This segment is not required for the payer's adjudication system |
| 294 | 2400 | DTP | Date – Treatment State | | | This segment is not required for the payer's adjudication system |
| 295 | 2400 | DTP | Date – Treatment Completion | | | This segment is not required for the payer's adjudication system |
| 296 | 2400 | CN1 | Contract Information | | | This segment is not required for the payer's adjudication system |
| 298 | 2400 | REF | Service Predetermination Identification | | | This segment is not required for the payer's adjudication system |
| 300 | 2400 | REF | Prior Authorization | | | Denti-Cal processes prior |

| Page# | Loop ID | Reference | Name | Codes | Length | Notes/Comments |
|-------|---------|-----------|--|-------|--------|--|
| | | | | | | authorization information submitted in Loop 2300 only Prior Authorization information sent in this loop will be ignored. |
| 304 | 2400 | REF | Repriced Claim Number | | | This segment is not required for the payer's adjudication system |
| 305 | 2400 | REF | Adjusted Repriced Claim Number | | | This segment is not required for the payer's adjudication system |
| 306 | 2400 | REF | Referral Number | | | This segment is not required for the payer's adjudication system |
| 308 | 2400 | AMT | Sales Tax Amount | | | This segment is not required for the payer's adjudication system |
| 309 | 2400 | K3 | File Information | | | This segment is not required for the payer's adjudication system |
| 311 | 2400 | HCP | Line Pricing/Repricing Information | | | This segment is not required for the payer's adjudication system |
| 316 | 2420A | NM1 | Rendering Provider Name | | | Denti-Cal strongly encourages 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 2310B, the provider is certifying the billing provider was the rendering provider and the transaction will be processed accordingly |
| 319 | 2420A | PRV | Rendering Provider Specialty Information | | | This segment is not required for the payer's adjudication system. |

| Page# | Loop ID | Reference | Name | Codes | Length | Notes/Comments |
|-------|---------|-----------|---|-------|--------|---|
| | | | | | | The Provider Specialty Information on file with Denti-Cal's Provider Enrollment Department will be used as needed |
| 320 | 2420A | REF | Rendering Provider Secondary Identification | | | This segment is not required for the payer's adjudication system. Denti-Cal only accepts the NPI to identify providers in our adjudication system |
| 322 | 2420B | NM1 | Assistant Surgeon Name | | | This Loop is not required for the payer's adjudication system |
| 328 | 2420C | NM1 | Supervising Provider Name | | | This Loop is not required for the payer's adjudication system |
| 333 | 2420D | NM1 | Service Facility Location Name | | | Denti-Cal processes Service Facility Location information submitted in Loop 2310C only Service Facility Location information sent in this loop will be ignored. |
| 341 | 2430 | SVD | Line Adjudication Information | | | This Loop is not required for the payer's adjudication system |

835 Transaction Specific Information

These tables contain one or more rows for each segment for which a supplemental instruction is needed.

| Legend |
|---|
| SHADED rows represent "segments" in the X12N implementation guide. |
| NON-SHADED rows represent "data elements" in the X12N implementation guide. |

Control Segments/Envelopes

ISA

| Loop ID | Reference | Name | Codes | Notes/Comments |
|----------------|------------------|-------------------------------------|--------------|---|
| Header | ISA | Interchange Control Header | | |
| | ISA01 | Authorization Information Qualifier | 00 | Denti-Cal will populate this data element with the code value shown in the codes column |
| | ISA02 | Authorization Information | | Denti-Cal will populate this data element with the value: DENTICAL |
| | ISA03 | Security Information Qualifier | 00 | Denti-Cal will populate this data element with the code value shown in the codes column |
| | ISA04 | Security Information | | Denti-Cal will populate this data element with the value: NONE |
| | ISA05 | Interchange ID Qualifier | ZZ | Denti-Cal will populate this data element with the code value shown in the codes column |
| | ISA06 | Interchange Sender ID | | Denti-Cal will populate this data element with the value: DENTICAL |
| | ISA07 | Interchange ID Qualifier | ZZ | Denti-Cal will populate this data element with the code value shown in the codes column |
| | ISA08 | Interchange Receiver ID | | Denti-Cal will populate this data element with the |

| Loop ID | Reference | Name | Codes | Notes/Comments |
|---------|-----------|---------------------------|-------|---|
| | | | | Receiver's Denti-Cal Remote ID |
| | ISA14 | Acknowledgement Requested | 0 | Denti-Cal will populate this data element with the code value shown in the codes column |

GS

| Loop ID | Reference | Name | Codes | Notes/Comments |
|---------|-----------|-----------------------------|-------|---|
| Header | GS | Functional Group Header | | |
| | GS02 | Application Sender's Code | | Denti-Cal will populate this data element with the value: DENTICAL |
| | GS03 | Application Receiver's Code | | Denti-Cal will populate this data element with the Receiver's Denti-Cal Remote ID |

005010X221A1 Health Care Claim Payment/Advice (835)

| Page# | Loop ID | Reference | Name | Codes | Length | Notes/Comments |
|-------|---------|-----------|------------------------------|-------|--------|---|
| 69 | | BPR | Financial Information | | | |
| | | BPR01 | Transaction Handling Code | I | | Denti-Cal will populate this data element with the code value shown in the codes column |
| | | BPR03 | Credit or Debit Flag Code | C | | Denti-Cal will populate this data element with the code value shown in the codes column |
| | | BPR04 | Payment Method Code | C | | Denti-Cal will populate this data element with the code value shown in the codes column |
| 77 | | TRN | Reassociation Trace Number | | | |
| | | TRN03 | | | | Denti-Cal will populate this data element with the value: 1941461312 |
| 79 | | CUR | Foreign Currency Information | | | This segment will not be sent. All Denti-Cal payments are made in U.S. dollars |
| 82 | | REF | Receiver Identification | | | This segment will only be included in transactions submitted to clearinghouses |

| Page# | Loop ID | Reference | Name | Codes | Length | Notes/Comments |
|-------|---------|-----------|-------------------------------------|-------|--------|---|
| | | | | | | registered with Denti-Cal |
| | | REF02 | Receiver Identification | | | Denti-Cal will populate this data element with the Denti-Cal assigned clearinghouse registration number |
| 84 | | REF | Version Identification | | | This segment will not be sent |
| 85 | | DTM | Production Date | | | This segment will not be sent |
| 87 | 1000A | N1 | Payer Identification | | | |
| | | N102 | Payer Name | | | Denti-Cal will populate this data element with the value: DENTICAL |
| 89 | 1000A | N3 | Payer Address | | | |
| | | N301 | Payer Address Line | | | Denti-Cal will populate this data element with: P.O. BOX 15609 |
| 90 | 1000A | N4 | Payer City, State, Zip Code | | | |
| | | N401 | Payer City Name | | | Denti-Cal will populate this data element with: SACRAMENTO |
| | | N402 | Payer State Code | | | Denti-Cal will populate this data element with: CA |
| | | N403 | Payer Postal Zone or Zip Code | | | Denti-Cal will populate this data element with: 958520609 |
| 92 | 1000A | REF | Additional Payer Identification | | | Denti-Cal will not send this segment |
| 94 | 1000A | PER | Payer Business Contact Information | | | Denti-Cal will not send this segment |
| 97 | 1000A | PER | Payer Technical Contact Information | | | |
| | | PER01 | Contact Function Code | BL | | Denti-Cal will populate this data element with the code value shown in the codes column |
| | | PER02 | Payer Technical Contact Name | | | Denti-Cal will populate this data element with: DENTI-CAL EDI SUPPORT GROUP |

| Page# | Loop ID | Reference | Name | Codes | Length | Notes/Comments |
|-------|---------|-----------|--|----------|--------|--|
| | | PER03 | Communication Number Qualifier | EM | | Denti-Cal will populate this data element with the code value shown in the codes column |
| | | PER04 | Payer Contact Communication Number | | | Denti-Cal will populate this data element with: DENTI-CALEDI@DELTA.ORG |
| | | PER05 | Communication Number Qualifier | TE | | Denti-Cal will populate this data element with the code value shown in the codes column |
| | | PER06 | Payer Technical Contact Communication Number | | | Denti-Cal will populate this data element with: 9168537373 |
| 100 | 1000A | PER | Payer Web Site | | | Denti-Cal will not send this segment |
| 102 | 1000B | N1 | Payee Identification | | | |
| | | N103 | Identification Code Qualifier | FI XX | | Denti-Cal will populate this data element with the code values shown in the codes column |
| 107 | 1000B | REF | Payee Additional Identification | PQ TJ | | Denti-Cal will populate this data element with the code values shown in the codes column |
| 109 | 1000B | RDM | Remittance Delivery Method | | | Denti-Cal will not send this segment |
| 112 | 2000 | TS3 | Provider Summary Information | | | Denti-Cal will not send this segment |
| 117 | 2000 | TS2 | Provider Supplemental Summary Information | | | Denti-Cal will not send this segment |
| 123 | 2100 | CLP | Claim Payment Information | | | |
| | | CLP01 | Patient Control Number | | 17 | |
| | | CLP02 | Claim Status Code | 1 22 | | Denti-Cal will populate this data element with the code values shown in the codes column |
| | | CLP06 | Claim Filing Indicator | MC | | Denti-Cal will populate this data element with the code value shown in the codes column |
| | | CLP09 | Claim Frequency Code | 1 7 | | Denti-Cal will populate this data element with the code values shown in the codes column |
| 129 | 2100 | CAS | Claim Adjustment | | | Denti-Cal will not send this segment |

| Page# | Loop ID | Reference | Name | Codes | Length | Notes/Comments |
|-------|---------|-----------|-------------------------------------|----------|--------|--|
| | | | | | | Adjustment amounts are sent at the CAS segment at the service level in Loop 2110 |
| 137 | 2100 | NM1 | Patient Name | | | |
| | | NM108 | Identification Code Qualifier | MR | | Denti-Cal will populate this data element with the code value shown in the codes column |
| 140 | 2100 | NM1 | Insured Name | | | Denti-Cal will not send this segment |
| 143 | 2100 | NM1 | Corrected Patient/Insured Name | | | Denti-Cal will not send this segment |
| 146 | 2100 | NM1 | Service Provider Name | | | Denti-Cal will send this segment when the rendering provider NPI is different than the billing provider NPI. Because there may be multiple rendering providers associated with a document, Denti-Cal will transmit information associated with the first rendering provider processed on the document. Use the rendering provider information (REF segment) in Loop 2110 for rendering provider information specific to each submitted service |
| | | NM108 | Identification Code Qualifier | MC XX | | Denti-Cal will populate this data element with the code values shown in the codes column |
| 150 | 2100 | NM1 | Crossover Carrier Name | | | Denti-Cal will not send this segment |
| 153 | 2100 | NM1 | Corrected Priority Payer Name | | | Denti-Cal will not send this segment |
| 156 | 2100 | NM1 | Other Subscriber Name | | | Denti-Cal will not send this segment |
| 159 | 2100 | MIA | Inpatient Adjudication Information | | | Denti-Cal will not send this segment |
| 166 | 2100 | MOA | Outpatient Adjudication Information | | | Denti-Cal will not send this segment |
| 169 | 2100 | REF | Other Claim Related Identification | | | Denti-Cal will not send this segment |
| 171 | 2100 | REF | Rendering Provider | | | Denti-Cal will not send this |

| Page# | Loop ID | Reference | Name | Codes | Length | Notes/Comments |
|-------|---------|-----------|---|----------------|--------|---|
| | | | Identification | | | segment |
| 173 | 2100 | DTM | Statement From or To Date | | | Denti-Cal will not send this segment |
| 175 | 2100 | DTM | Coverage Expiration Date | | | Denti-Cal will not send this segment |
| 177 | 2100 | DTM | Claim Received Date | | | Denti-Cal will not send this segment |
| 179 | 2100 | PER | Claim Contact Information | | | Denti-Cal will not send this segment |
| 182 | 2100 | AMT | Claim Supplemental Information | | | Denti-Cal will not send this segment |
| 184 | 2100 | QTY | Claim Supplemental Information Quantity | | | Denti-Cal will not send this segment |
| 186 | 2110 | SVC | Service Payment Information | | | |
| | | SVC01-1 | Product/Service ID Qualifier | AD | | Denti-Cal will populate this data element with the code value shown in the codes column |
| | | SVC06 | Submitted Procedure Code Information | | | Denti-Cal will only populate this composite data element when the adjudicated procedure code (reported in SVC01) is different than the submitted procedure code |
| | | SVC06-1 | Product/Service ID Qualifier | AD | | Denti-Cal will populate this data element with the code value shown in the codes column |
| | | SVC07 | Original Units of Service Count | | | Denti-Cal will not send this data |
| 195 | 2110 | DTM | Service Date | | | |
| | | DTM01 | Date Time Qualifier | 472 | | Denti-Cal will populate this data element with the code value shown in the codes column |
| 196 | 2110 | CAS | Service Adjustment | | | |
| | | CAS01 | Claim Adjustment Group Code | CO OA PR | | Denti-Cal will populate this data element with the code values shown in the codes column |
| | | CAS05 | Claim Adjustment Group Code | CO OA PR | | Denti-Cal will populate this data element with the code values shown in the codes column |
| | | CAS08 | Claim Adjustment Group Code | CO OA PR | | Denti-Cal will populate this data element with the code values shown in the codes column |

| Page# | Loop ID | Reference | Name | Codes | Length | Notes/Comments |
|-------|---------|-----------|------------------------------------|----------------------------------|--------|---|
| | | CAS11 | Claim Adjustment Group Code | CO OA PR | | Denti-Cal will populate this data element with the code values shown in the codes column |
| | | CAS14 | Claim Adjustment Group Code | CO OA PR | | Denti-Cal will populate this data element with the code values shown in the codes column |
| | | CAS17 | Claim Adjustment Group Code | CO OA PR | | Denti-Cal will populate this data element with the code values shown in the codes column |
| 204 | 2110 | REF | Service Identification | | | Denti-Cal will not send this segment |
| 207 | 2110 | REF | Rendering Provider Information | | | |
| | | REF01 | Reference Identification Qualifier | 1D HPI | | Denti-Cal will populate this data element with the code values shown in the codes column |
| 209 | 2110 | REF | Healthcare Policy Identification | | | Denti-Cal will not send this segment |
| 211 | 2110 | AMT | Service Supplemental Amount | | | Denti-Cal will not send this segment |
| 213 | 2110 | QTY | Service Supplemental Quantity | | | Denti-Cal will not send this segment |
| 215 | 2110 | LQ | Health Care Remark Codes | | | Denti-Cal will not send this segment |
| 217 | | PLB | Provider Adjustment | | | |
| | | PLB02 | Fiscal Period Date | | | Denti-Cal will populate this element with December 31 st of the current year, e.g., 20121231 |
| | | PLB05-1 | Adjustment Reason Code | 51 CS IS L3 LE WO | | Denti-Cal will populate this data element with the code values shown in the codes column |
| | | PLB07-1 | Adjustment Reason Code | 51 CS IS L3 LE WO | | Denti-Cal will populate this data element with the code values shown in the codes column |
| | | PLB09-1 | Adjustment Reason Code | 51 CS IS | | Denti-Cal will populate this data element with the code values shown in the codes column |

| Page# | Loop ID | Reference | Name | Codes | Length | Notes/Comments |
|-------|---------|-----------|------------------------|----------------------------------|--------|--|
| | | | | L3 LE WO | | |
| | | PLB11-1 | Adjustment Reason Code | 51 CS IS L3 LE WO | | Denti-Cal will populate this data element with the code values shown in the codes column |
| | | PLB13-1 | Adjustment Reason Code | 51 CS IS L3 LE WO | | Denti-Cal will populate this data element with the code values shown in the codes column |

276 Transaction Specific Information

These tables contain one or more rows for each segment for which a supplemental instruction is needed.

| |
|---|
| Legend |
| SHADED rows represent "segments" in the X12N implementation guide. |
| NON-SHADED rows represent "data elements" in the X12N implementation guide. |

Control Segments/Envelopes

ISA

| Loop ID | Reference | Name | Codes | Notes/Comments |
|---------|-----------|-------------------------------------|-------|---|
| Header | ISA | Interchange Control Header | | |
| | ISA01 | Authorization Information Qualifier | 00 | Denti-Cal expects to receive the value listed in the codes column |
| | ISA02 | Authorization Information | | Denti-Cal expects to receive: DENTICAL |
| | ISA03 | Security Information Qualifier | 00 | Denti-Cal expects to receive the value listed in the codes column |
| | ISA04 | Security Information | | Denti-Cal expects to receive: NONE |
| | ISA05 | Interchange ID Qualifier | ZZ | Denti-Cal expects to receive the value listed in the codes column |
| | ISA06 | Interchange Sender ID | | Denti-Cal expects to receive the Denti-Cal Submitter's Remote ID |
| | ISA07 | Interchange ID Qualifier | ZZ | Denti-Cal expects to receive the value listed in the codes column |
| | ISA08 | Interchange Receiver ID | | Denti-Cal expects to receive: DENTICAL |
| | ISA14 | Acknowledgement Requested | 0 | Denti-Cal expects to receive the value listed in the codes column |

GS

| Loop ID | Reference | Name | Codes | Notes/Comments |
|---------|-----------|-----------------------------|-------|--|
| Header | GS | Functional Group Header | | |
| | GS02 | Application Sender's Code | | Denti-Cal expects to receive the Submitter's Denti-Cal Remote ID |
| | GS03 | Application Receiver's Code | | Denti-Cal expects to receive: DENTICAL |

005010X212 Health Care Claim Status Request (276)

| Page# | Loop ID | Reference | Name | Codes | Length | Notes/Comments |
|-------|---------|-----------|--|-------|--------|---|
| 41 | 2100A | NM1 | Payer Name | | | |
| | | NM103 | Payer Name | | | Denti-Cal expects to receive: DENTICAL |
| | | NM108 | Identification Code Qualifier | PI | | Denti-Cal expects to receive the value listed in the codes column |
| | | NM109 | Payer Identifier | | | Denti-Cal expects to receive: 94146 |
| 45 | 2100B | NM1 | Information Receiver Name | | | |
| | | NM109 | Information Receiver Identification Number | | | Denti-Cal expects to receive the Submitter's Denti-Cal Remote ID |
| 49 | 2100C | NM1 | Provider Name | | | |
| | | NM108 | Identification Code Qualifier | XX | | Denti-Cal expects to receive the value listed in the codes column |
| 56 | 2100D | NM1 | Subscriber Name | | | |
| | | NM108 | Identification Code Qualifier | MI | | Denti-Cal expects to receive the value listed in the codes column |
| | | NM109 | Subscriber Identifier | | | Denti-Cal processing requires the ID be submitted as it appears on the Medi-Cal identification card; always use uppercase alpha characters. Do not submit |

| Page# | Loop ID | Reference | Name | Codes | Length | Notes/Comments |
|-------|---------|-----------|---|-------|--------|---|
| | | | | | | an SSN as it will cause the transaction to reject. |
| 60 | 2200D | REF | Institutional Bill Type Identification | | | This segment is not required for the payer's adjudication system |
| 61 | 2200D | REF | Application or Location System Identifier | | | This segment is not required for the payer's adjudication system |
| 62 | 2200D | REF | Group Number | | | This segment is not required for the payer's adjudication system |
| 63 | 2200D | REF | Patient Control Number | | | |
| | | REF02 | Patient Control Number | | 17 | |
| 64 | 2200D | REF | Pharmacy Prescription Number | | | This segment is not required for the payer's adjudication system |
| 66 | 2200D | AMT | Claim Submitted Charges | | | This segment is not required for the payer's adjudication system |
| 67 | 2200D | DTP | Claim Service Date | | | Denti-Cal requires dates of service being traced to be submitted in this Loop Dates of service submitted in Loop 2210D will be ignored |
| | | DTP02 | Date Time Period Format Qualifier | | | Submit 'D8' when inquiring on claims or NOAs that include a single date of service Submit 'RD8' when inquiring on claims or NOAs that include multiple dates of service |
| 69 | 2210D | SVC | Service Line Information | | | This Loop is not used in the payer's adjudication system Information submitted in Loop 2200D will be used to determine claim status – data submitted in Loop 2210D will be ignored |
| 75 | 2200E | HL | Dependent Level | | | This loop is not required for the payer's |

| Page# | Loop ID | Reference | Name | Codes | Length | Notes/Comments |
|-------|---------|-----------|------|-------|--------|---|
| | | | | | | adjudication system Denti-Cal recipients are identified by a unique identification number therefore all patients/recipients are considered the subscriber and must be identified in the Subscriber Loop (Loop 2000D) |

277 Transaction Specific Information

These tables contain one or more rows for each segment for which a supplemental instruction is needed.

| |
|---|
| Legend |
| SHADED rows represent "segments" in the X12N implementation guide. |
| NON-SHADED rows represent "data elements" in the X12N implementation guide. |

Control Segments/Envelopes

ISA

| Loop ID | Reference | Name | Codes | Notes/Comments |
|---------|-----------|-------------------------------------|-------|---|
| Header | ISA | Interchange Control Header | | |
| | ISA01 | Authorization Information Qualifier | 00 | Denti-Cal will populate this data element with the code value shown in the codes column |
| | ISA02 | Authorization Information | | Denti-Cal will populate this data element with the value: DENTICAL |
| | ISA03 | Security Information Qualifier | 00 | Denti-Cal will populate this data element with the code value shown in the codes column |
| | ISA04 | Security Information | | Denti-Cal will populate this data element with the value: NONE |
| | ISA05 | Interchange ID Qualifier | ZZ | Denti-Cal will populate this data element with the code value shown in the codes column |
| | ISA06 | Interchange Sender ID | | Denti-Cal will populate this data element with the value: DENTICAL |
| | ISA07 | Interchange ID Qualifier | ZZ | Denti-Cal will populate this data element with the code value shown in the codes column |
| | ISA08 | Interchange Receiver ID | | Denti-Cal will populate this data element with the |

| Loop ID | Reference | Name | Codes | Notes/Comments |
|---------|-----------|---------------------------|-------|---|
| | | | | Receiver's Denti-Cal Remote ID |
| | ISA14 | Acknowledgement Requested | 0 | Denti-Cal will populate this data element with the code value shown in the codes column |

GS

| Loop ID | Reference | Name | Codes | Notes/Comments |
|---------|-----------|-----------------------------|-------|---|
| Header | GS | Functional Group Header | | |
| | GS02 | Application Sender's Code | | Denti-Cal will populate this data element with the value: DENTICAL |
| | GS03 | Application Receiver's Code | | Denti-Cal will populate this data element with the Receiver's Denti-Cal Remote ID |

005010X212 Health Care Claim Status Response (277)

| Page# | Loop ID | Reference | Name | Codes | Length | Notes/Comments |
|-------|---------|-----------|--|-------|--------|---|
| 111 | 2100A | NM1 | Payer Name | | | |
| | | NM108 | Identification Code Qualifier | PI | | Denti-Cal will populate this data element with the code value shown in the codes column |
| | | NM109 | Payer Identifier | | | Denti-Cal will populate this data element with the value: DENTICAL |
| 113 | 2100A | PER | Payer Contact Information | | | Denti-Cal will not send this segment |
| 118 | 2100B | NM1 | Information Receiver Name | | | |
| | | NM109 | Information Receiver Identification Number | | | Denti-Cal will populate this data element with the Receiver's Denti-Cal Remote ID |
| 120 | 2200B | TRN | Information Receiver Trace Identifier | | | Denti-Cal will not send this Loop |
| 126 | 2100C | NM1 | Provider Name | | | |
| | | NM108 | Identification Code Qualifier | XX | | Denti-Cal will populate this data element with the code value |

| Page# | Loop ID | Reference | Name | Codes | Length | Notes/Comments |
|-------|---------|-----------|--|----------------------------|--------|---|
| | | | | | | shown in the codes column |
| 129 | 2200C | TRN | Provider of Service Trace Identifier | | | Denti-Cal will not send this Loop |
| 135 | 2100D | NM1 | Subscriber Name | | | |
| | | NM108 | Identification Code Qualifier | MI | | Denti-Cal will populate this data element with the code value shown in the codes column |
| 138 | 2200D | STC | Claim Level Status Information | | | Denti-Cal will report on the status of all documents that meet the submitted trace criteria - this may result in multiple responses to a single request When a single NPI is registered with Denti-Cal for more than one service office (the NPI is considered to be non-subparted), Denti-Cal will generate a status response for each service office |
| | | STC01-1 | Health Care Claim Status Category Code | D0 P1 F1 F2 E0 | | Denti-Cal will populate this data element with the code values shown in the codes column |
| | | STC01-2 | Status Code | 0 1 | | Denti-Cal will populate this data element with the code values shown in the codes column |
| | | STC01-3 | Entity Identifier Code | | | Denti-Cal will not send this data element |
| 150 | 2200D | REF | Institutional Bill Type Identification | | | Denti-Cal will not send this segment |
| 152 | 2200D | REF | Pharmacy Prescription Number | | | Denti-Cal will not send this segment |
| 153 | 2200D | REF | Voucher Identifier | | | Denti-Cal will not send this segment |
| 155 | 2200D | DTP | Claim Service Date | | | |
| | | DTP03 | Claim Service Period | | | Denti-Cal will populate this data element with the first and last date of service for each document that matches the submitted trace criteria |
| 157 | 2220D | SVC | Service Line Information | | | Denti-Cal will not send this Loop |

| Page# | Loop ID | Reference | Name | Codes | Length | Notes/Comments |
|-------|---------|-----------|-----------------|-------|--------|--|
| | | | | | | Denti-Cal reports document status at the claim level with Loop 2200D |
| 173 | 2000E | HL | Dependent Level | | | <p>Denti-Cal will not send this Loop</p> <p>Denti-Cal recipients are identified by a unique identification number therefore all patients/recipients are considered the subscriber and are reported in the Subscriber Loop (Loop 2000D)</p> |