Appendix 5

Data Specifications – Dental
Version 1.0
7/22/2016

Data Element ID	Data Element	Description	Type	Format	Length	PACDR 837D Map
File Specification for: Dental Claims File Submission						
HD001	Record Type	Header Record Identifier	Text	char[2]	2	N/A
HD002	Submitter	Header Submitter Defined by Contractor	Integer	varchar[6]	6	N/A
HD003	National Plan ID	Header Plan Identification Number (PlanID) Defined by Contractor	Integer	int[10]	10	N/A
HD004	Type of File	Defines the file type and data expected	Text	char[2]	2	N/A
HD005	Period Beginning Date	Header Period Start Date	Date Period - Integer	int[6] CCYYMM	6	N/A
HD006	Period Ending Date	Header Period Ending Date	Date Period - Integer	int[6] CCYYMM	6	N/A
HD007	Record Count	Header Record Count	Integer	varchar[10]	10	N/A
HD008	Comments	Header Carrier Comments	Text	varchar[80]	80	N/A
HD009	Version Number	Submission Guide Version	Decimal - Numeric	char[3]	3	N/A
DC001	Submitter	Defined and maintained unique identifier	Integer	varchar[6]	6	Loop 1000A Segment NM109
DC002	National Plan ID	National Plan Identification Number (PlanID)	Text	int[10]	10	N/A
DC003	Insurance Type Code / Product	Type / Product Identification Code	Lookup Table - Text	char[2]	2	N/A
DC004	Payer Claim Control Number	Payer Claim Control Identification	Text	varchar[35]	35	Loop 2300 Segment CLM01
DC005	Line Counter	Incremental Line Counter	Integer	varchar[4]	4	Loop 2400 Segment LX01
DC005A	Version Number	Claim Service Line Version Number	Integer	varchar[4]	4	N/A
DC006	Insured Group or Policy Number	Group / Policy Number	Text	varchar[30]	30	N/A

Data Element ID	Data Element	Description	Type	Format	Length	PACDR 837D Map
DC007	Subscriber SSN	Subscriber's Social Security Number	Numeric	char[9]	9	Loop 2010BA Segment REF02 where REF01 - SY
DC008	Plan Specific Contract Number	Contract Number	Text	varchar[30]	30	Loop 2300 Segment CN104
DC009	Member Suffix or Sequence Number	Member/Patient's Contract Sequence Number	Text	varchar[20]	20	N/A
DC010	Member SSN	Member/Patient's Social Security Number	Numeric	char[9]	9	Loop 2010BA Segment REF02 where REF01 = SY when Segment SBR02 = 18 - ELSE - Loop 2010CA Segment REF02 where REF01 = SY
DC011	Individual Relationship Code	Patient to Subscriber Relationship Code	Lookup Table - Numeric	varchar[2]	2	When present Loop 2000B SBR02 = 18 - ELSE - Loop 2000C Segment PAT01
DC012	Member Gender	Patient's Gender	Lookup Table - Text	char[1]	1	Loop 2010BA Segment DMG03 when Loop 2000B Segment SBR02 = 18 - ELSE - Loop 2010CA Segment DMG03

Data Element ID	Data Element	Description	Type	Format	Length	PACDR 837D Map
DC013	Member Date of Birth	Member/Patient's date of birth	Full Date - Integer	int[8] CCYY MMDD	8	Loop 2010BA Segment DMG02 when Loop 2000B Segment SBR02 = 18 - ELSE - Loop 2010CA Segment DMG02
DC014	Member City Name	City name of the Member/Patient	Text	varchar[50]	50	Loop 2010BA Segment N401 when Loop 2000B Segment SBR02 = 18 - ELSE - Loop 2010CA Segment N401
DC015	Member State	State / Province of the Patient	External Code Source 2 - Text	char[2]	2	Loop 2010BA Segment N402 when Loop 2000B Segment SBR02 = 18 - ELSE - Loop 2010CA Segment N402
DC016	Member ZIP Code	Zip Code of the Member / Patient	External Code Source 2 - Text	varchar[9]	9	Loop 2010BA Segment N403 when Loop 2000B Segment SBR02 = 18 - ELSE - Loop 2010CA Segment N403
DC017	Date Service Approved (AP Date)	Date Service Approved by Payer	Full Date - Integer	int[8]	8	N/A
DC018	Service Provider Number	Service Provider Identification Number	Text	varchar[30]	30	Assuming Service Provider = Billing Provider: Loop 2010AA Segment REF02 where REF01 = G2
DC019	Service Provider Tax ID Number	Service Provider's Tax ID number	Numeric	char[9]	9	Assuming Service Provider = Billing Provider: Loop 2010AA Segment REF02 where REF01 = EI or SY

Data Element ID	Data Element	Description	Type	Format	Length	PACDR 837D Map
DC020	National Provider ID - Service	National Provider Identification (NPI) of the Service Provider	External Code Source 3 - Integer	int[10]	10	Assuming Service Provider = Billing Provider: Loop 2010AA Segment NM109
DC021	Service Provider Entity Type Qualifier	Service Provider Entity Identifier Code	Lookup Table - integer	int[1]	1	Assuming Service Provider = Billing Provider: Loop 2010AA Segment NM102 - sets this value = 2 always
DC022	Service Provider First Name	First name of Service Provider	Text	varchar[25]	25	Assuming Service Provider = Billing Provider: Loop 2010AA Segment NM104 when present
DC023	Service Provider Middle Name	Middle initial of Service Provider	Text	varchar[25]	25	Assuming Service Provider = Billing Provider: Loop 2010AA Segment NM105 when present
DC024	Service Provider Last Name or Organization Name	Last name or Organization Name of Service Provider	Text	varchar[60]	60	Assuming Service Provider = Billing Provider: Loop 2010AA Segment NM103
DC025	Delegated Benefit Administrator Organization ID	Defined and maintained Org ID for linking across submitters	Integer	varchar[6]	6	N/A
DC026	Service Provider Taxonomy	Taxonomy Code	External Code Source 5 - Text	varchar[10]	10	Assuming Service Provider = Billing Provider: Loop 2000A Segment PRV03

Data Element ID	Data Element	Description	Type	Format	Length	PACDR 837D Map
DC027	Service Provider City Name	City name of the Provider	Text	varchar[30]	30	Assuming Service Provider = Billing Provider: Loop 2010AA Segment N401
DC028	Service Provider State	State of the Service Provider	External Code Source 2 - Text	char[2]	2	Assuming Service Provider = Billing Provider: Loop 2010AA Segment N402
DC029	Service Provider ZIP Code	Zip Code of the Service Provider	External Code Source 2 - Text	varchar[9]	9	Assuming Service Provider = Billing Provider: Loop 2010AA Segment N403
DC030	Facility Type - Professional	Place of Service Code	External Code Source 13 - Numeric	char[2]	2	Loop 2300 CLM05-01 where CLM05-02 = B
DC031	Claim Status	Claim Line Status	Lookup Table - Numeric	varchar[2]	2	N/A
DC032	CDT Code	HCPCS / CDT Code	External Code Source 10 - Text	char[5]	5	As Sent by Provider - Loop 2400 Segment SV301- 02 -OR- As Adjudicated - Loop 2430 Segment SVD03-02
DC033	Procedure Modifier - 1	HCPCS / CPT Code Modifier	External Code Source 9 - Text	char[2]	2	As Sent by Provider - Loop 2400 Segment SV301- 03 - OR- As Adjudicated - Loop 2430 Segment SVD03-03

Data Element ID	Data Element	Description	Type	Format	Length	PACDR 837D Map
DC034	Procedure Modifier - 2	HCPCS / CPT Code Modifier	External Code Source 9 - Text	char[2]	2	As Sent by Provider - Loop 2400 Segment SV301- 04 - OR- As Adjudicated - Loop 2430 Segment SVC03-04
DC035	Date of Service - From	Date of Service	Full Date - Integer	int[8] CCYY MMDD	8	Loop 2300 Segment DTP03 when DTP02 = D8 where DTP01 = 472; Else first eight digits of Loop 2300 Segment DTP03 when DTP02 = RD8 where DTP01 = 4 72 - OR - Loop 2400 Segment DTP03 when DTP02 = D8 where DTP01 = 472
DC036	Date of Service - Thru	Last date of service for this service line.	Full Date - Integer	int[8] CCYY MMDD	8	Loop 2300 Segment DTP03 when DTP02 = D8 where DTP01 = 472; Else last eight digits of Loop 2300 Segment DTP03 when DTP02 = RD8 where DTP01 = 4 72 - OR - Loop 2400 Segment DTP03 when DTP02 = D8 where DTP01 = 472

Data Element ID	Data Element	Description	Type	Format	Length	PACDR 837D Map
DC037	Charge Amount	Amount of provider charges for the claim line	Integer	±varchar[10]	10	Loop 2400 Segment SV302
DC038	Paid Amount	Amount paid by the carrier for the claim line	Integer	±varchar[10]	10	Loop 2430 Segment SVD02
DC039	Copay Amount	Amount of Copay member/patient is responsible to pay	Integer	±varchar[10]	10	Loop 2430 Segment CAS03, 06, 09, 12, 15 or 18 where CAS01 = PR and CAS02 = 3
DC040	Coinsurance Amount	Amount of coinsurance member/patient is responsible to pay	Integer	±varchar[10]	10	Loop 2430 Segment CAS03, 06, 09, 12, 15 or 18 where CAS01 = PR and CAS02 = 2
DC041	Deductible Amount	Amount of deductible member/patient is responsible to pay on the claim line	Integer	±varchar[10]	10	Loop 2430 Segment CAS03, 06, 09, 12, 15 or 18 where CAS01 = PR and CAS02 = 1
DC042	Product ID Number	Product Identification	Text	varchar[30]	30	N/A
DC043	Member Street Address	Street address of the Member/Patient	Text	varchar[50]	50	Loop 2010BA Segment N301 when Loop 2000B SBR02 = 18 - ELSE - Loop 2010CA Segment N301
DC044	Billing Provider Tax ID Number	The Billing Provider's Federal Tax Identification Number (FTIN)	Numeric	char[9]	9	Loop 2010AA Segment REF02 when REF01 = EI
DC045	Paid Date	Paid date of the claim line	Full Date - Integer	int[8] CCYY MMDD	8	Loop 2430 Segment DTP03
DC046	Allowed Amount	Allowed Amount	Integer	±varchar[10]	10	N/A
DC047	Tooth Number/Letter	Tooth Number or Letter Identification	External Code Source 10 - Text	varchar[2]	2	Loop 2400 Segment TOO02

Data Element ID	Data Element	Description	Type	Format	Length	PACDR 837D Map
DC048	Dental Quadrant	Dental Quadrant	External Code Source 10 - Numeric	char[2]	2	Loop 2400 Segment SV304-01, and/or SV304-02 and/or SV304-03 and/or SV304-04 and/or SVC304-05
DC049	Tooth Surface	Tooth Service Identification	External Code Source 10 - Text	varchar[5]	5	Loop 2400 Segment TOO03-01 and/or TOO03- 02 and/or TOO03-03 and/or TOO03-04 and/or TOO03-05
DC050	Subscriber Last Name	Last name of Subscriber	Text	varchar[60]	60	Loop 2010BA Segment NM103
DC051	Subscriber First Name	First name of Subscriber	Text	varchar[25]	25	Loop 2010BA Segment NM104
DC052	Subscriber Middle Initial	Middle initial of Subscriber	Text	char[1]	1	Loop 2010BA Segment NM105
DC053	Member Last Name	Last name of Member/Patient	Text	varchar[60]	60	Loop 2010BA Segment NM103 when Loop 2000B Segment SBR02 = 18 - ELSE - Loop 2010CA Segment NM103
DC054	Member First Name	First name of Member/Patient	Text	varchar[25]	25	Loop 2010BA Segment NM104 when Loop 2000B Segment SBR02 = 18 - ELSE - Loop 2010CA Segment NM104

Data Element ID	Data Element	Description	Type	Format	Length	PACDR 837D Map
DC055	Member Middle Initial	Middle initial of the Member/Patient	Text	char[1]	1	Loop 2010BA Segment NM105 when Loop 2000B Segment SBR02 = 18 - ELSE - Loop 2010CA Segment NM105
DC056	Carrier Specific Unique Member ID	Member's Unique ID	Text	varchar[50]	50	Loop 2010BA Segment NM109 when Loop 2000B SBR02 = 18 - ELSE - Loop 2010CA Segment NM109
DC057	Carrier Specific Unique Subscriber ID	Subscriber's Unique ID	Text	varchar[50]	50	Loop 2010BA Segment NM109
DC058	Member Street Address 2	Secondary Street Address of the Member/Patient	Text	varchar[50]	50	Loop 2010BA Segment N302 when Loop 2000B SBR02 = 18 - ELSE - Loop 2010CA Segment N302
DC059	Claim Line Type	Claim Line Activity Type Code	Lookup Table - Text	char[1]	1	N/A
DC060	Former Claim Number	Previous Claim Number	Text	varchar[35]	35	N/A
DC061	Diagnosis Code	ICD Diagnosis Code	External Code Source 8 - Text	varchar[7]	7	Loop 2300 Segment HI01-02
DC062	ICD Indicator	International Classification of Diseases version	Lookup Table - Integer	int[1]	1	Set value here based upon value in Loop 2300 Segment HI01-01 starting with the letter A
DC063	Denied Flag	Denied Claim Line Indicator	Lookup Table - Integer	int[1]	1	Loop 2430 CAS identification will set value to 1 or 2 - THIS REQUIRES PAYER BY PAYER MAPPING

Data Element ID	Data Element	Description	Type	Format	Length	PACDR 837D Map
DC064	Denial Reason	Denial Reason Code	Carrier Defined Table - OR - External Code Source 16	varchar[20]	20	Loop 2430 CAS/Carrier Defined Table identification will set value to 1 or 2 - THIS REQUIRES PAYER BY PAYER MAPPING
DC065	Payment Arrangement Type	Payment Arrangement Type Value	Lookup Table - Numeric	char[2]	2	N/A
DC066	GIC ID	GIC Member ID	Text	varchar[9]	9	N/A
DC067	ID Code	Member Enrollment Type	Lookup Table - Integer	int[1]	1	N/A
DC068	Claim Line Paid Flag	Claim Line Paid Indicator	Lookup Table - Integer	int[1]	1	Loop 2300 Segment CLM05-03
DC899	Record Type	File Type Identifier	Text	char[2]	2	N/A
TR001	Record Type	Trailer Record Identifier	Text	char[2]	2	N/A
TR002	Submitter	Trailer Submitter Defined by Contractor	Integer	varchar[6]	6	N/A
TR003	National Plan ID	Trailer Plan Identification Number (PlanID) Defined by Contractor	Integer	int[10]	10	N/A
TR004	Type of File	Validates the file type defined in HD004.	Text	char[2]	2	N/A
TR005	Period Beginning Date	Trailer Period Start Date	Date Period - Integer	int[6] CCYYMM	6	N/A
TR006	Period Ending Date	Trailer Period Ending Date	Date Period - Integer	int[6] CCYYMM	6	N/A
TR007	Date Processed	Trailer Processed Date	Full Date - Integer	int[8] CCYY MMDD	8	N/A

Code	Value
HD001 - Record Type	
HD	
HD004 - Type of File	
DC	DENTAL CLAIM
HD009 - Version Number	
DC003 - Insurance Type Code / Product	
09	Self-pay
10	Central Certification
11	Other Non-Federal Programs
12	Preferred Provider Organization (PPO)
13	Point of Service (POS)
14	Exclusive Provider Organization (EPO)
15	Indemnity Insurance
16	Health Maintenance Organization (HMO) Medicare Risk
17	Dental Maintenance Organization (DMO)
AM	Automobile Medical
BL	Blue Cross / Blue Shield
CC	Commonwealth Care
CE	Commonwealth Choice
CH	Champus
CI	Commercial Insurance Co.
DS	Disability
HM	Health Maintenance Organization
LI	Liability
LM	Liability Medical
MA	Medicare Part A
MB	Medicare Part B
MC	Medicaid
OF	Other Federal Program
TF	HSN Trust Fund
TV	Title V
VA	Veterans Administration Plan
WC	Workers' Compensation
ZZ	Other

DC011 - Individual Relationship Code	
1	Spouse
4	Grandfather or Grandmother
5	Grandson or Granddaughter
7	Nephew or Niece
10	Foster Child
15	Ward
17	Stepson or Stepdaughter
19	Child
20	Self/Employee
21	Unknown
22	Handicapped Dependent
23	Sponsored Dependent
24	Dependent of a Minor Dependent
29	Significant Other
32	Mother
33	Father
36	Emancipated Minor
39	Organ Donor
40	Cadaver Donor
41	Injured Plaintiff
43	Child Where Insured Has No Financial Responsibility
53	Life Partner
76	Dependent
DC012 - Member Gender	
F	Female
M	Male
O	Other
U	Unknown
DC021 - Service Provider Entity Type Qualifier	
1	Person
2	Non-person entity
DC031 - Claim Status	
1	Processed as primary
2	Processed as secondary
3	Processed as tertiary
4	Denied
19	Processed as primary, forwarded to additional payer(s)
20	Processed as secondary, forwarded to additional payer(s)

21	Processed as tertiary, forwarded to additional payer(s)
22	Reversal of previous payment
23	Not our claim, forwarded to additional payer(s)
25	Predetermination Pricing Only - no payment

DC059 - Claim Line Type

A	Amendment
B	Back Out
O	Original
R	Replacement
V	Void

DC062 - ICD Indicator

0	ICD-10
9	ICD-9

DC063 - Denied Flag

1	Yes
2	No
3	Unknown
4	Other
5	Not Applicable

DC065 - Payment Arrangement Type

01	Capitation
02	Fee for Service
03	Percent of Charges
04	DRG
05	Pay for Performance
06	Global Payment
07	Other
08	Bundled Payment
09	Payment Amount Per Episode

DC067 - ID Code

0	Unknown / Not Applicable
1	FIG - Fully-Insured Commercial Group Enrollee
2	SIG - Self-Insured Group Enrollee
3	GIC - Group Insurance Commission Enrollee
4	MCO - Managed Care Organization Enrollee
5	Supplemental Policy Enrollee
6	ICO - Integrated Care Organization or SCO - Senior Care Option

DC068 - Claim Line Paid Flag

1	Yes
2	No
3	Unknown
4	Other
5	Not Applicable

DC899 - Record Type

DC

TR001 - Record Type

TR

TR004 - Type of File

DC