



# The All-Payer Claims Database Dental Claim File Submission Guide

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## Revision History

<b>Date</b>	<b>Version</b>	<b>Description</b>	<b>Author</b>
7/8/10	1.0	Dental	M. Prettenhofer
10/22/10	2.0	The APCD Monthly Dental Claims File Grid – file format and asterisk delimiter usage added for clarification	M. Prettenhofer
10/22/10	2.0	Provider ID Definition – narrative updated for clarification	M. Prettenhofer
10/22/10	2.0	DC002 – threshold reduction to 0% until CMS mandates National PlanID	M. Prettenhofer
10/22/10	2.0	DC007 – optional reporting removed from logic	M. Prettenhofer
10/22/10	2.0	DC038 – refinement to clarify that carrier payments are to be reported in this element	M. Prettenhofer
10/22/10	2.0	DC042 – refinement to indicate Product ID = the number reported on the Product File in PR001	M. Prettenhofer
10/22/10	2.0	DC056, D057 – definition update to clarify linking logic	M. Prettenhofer
10/22/10	2.0	Appendices A & B Column Update – 1) APCD Denom refined to Required When;	M. Prettenhofer
10/22/10	2.0	Appendix D – External Code Source 15 has been added for NAICS coding	M. Prettenhofer

# Table of Contents

<b>Introduction</b> .....	4
<b>114.5 CMR 21.00 – Health Care Claims Submission</b> .....	4
<b>The APCD Monthly Dental Claims File</b> .....	5
<b>Types of Data collected in the Dental Claim File</b> .....	7
Carrier-assigned Identifiers.....	7
Claims Data.....	7
Adjudication Data .....	7
<b>Denied Claims</b> .....	7
The Provider ID .....	7
<b>File Layout</b> .....	9
<b>Appendices</b> .....	13
<b>Appendix A – Submission Guideline</b> .....	13
<b>Appendix B – Lookup Tables by Element</b> .....	21
<b>Appendix C – Claim Mapping Reference</b> .....	25
<b>Appendix D – External Code Sources</b> .....	30

## **Introduction**

Access to timely, accurate, and relevant data is essential to improving quality, mitigating costs, and promoting transparency and efficiency in the health care delivery system. A valuable source of data can be found in health care claims but it is currently collected by a variety of government entities in various formats and levels of completeness. Using its broad authority to collect health care data ("without limitation") under M.G.L. c. 118G, § 6 and 6A, the Division of Health Care Finance and Policy (Division) has adopted regulations to create a comprehensive all payer claims database (APCD) with medical, pharmacy, and dental claims as well as provider, product, and member eligibility information derived from fully-insured, self-insured, Medicare, and Medicaid data. The Division will become a clearinghouse for comprehensive quality and cost information to ensure consumers, employers, insurers, and government have the data necessary to make prudent health care purchasing decisions.

To facilitate communication and collaboration, the Division has set up a dedicated APCD website ([www.mass.gov/dhcfp/apcd](http://www.mass.gov/dhcfp/apcd)) with resources that currently include the submission and release regulations, the technical submission guide with examples, and support for providing additional feedback. These resources will be periodically updated with materials and the Division staff will continue to work with all affected payers to ensure full compliance with the regulation.

While the Division is committed to establishing an APCD that promotes transparency, improves health care quality, and mitigates health care costs, we welcome your ongoing suggestions for revising reporting requirements that facilitate our shared goal of administrative simplification. If you have any questions regarding the regulations or technical specifications we encourage you to utilize the online resources and reach out to our staff for any further questions.

Thank you for your partnership with the Division on the all payer claims database.

### **114.5 CMR 21.00 – Health Care Claims Submission**

114.5 CMR 21.00 governs the reporting requirements for Health Care Payers to submit data and information to the Division in accordance with M.G.L. c. 118G, § 6. The regulation establishes the data submission requirements for health care payers to submit information concerning the costs and utilization of health care in Massachusetts. The Division will collect data essential for the Division to monitor health care cost trends, minimize the duplication of data submissions by payers to state entities, and to promote administrative simplification among state entities in Massachusetts.

Health care data and information submitted by Health Care Payers to the Division is not a public record. No public disclosure of any health plan information or data shall be made unless specifically authorized under 114.5 CMR 21.00 or 114.5 CMR 22.00

## The APCD Monthly Dental Claims File

As part of the new All Payer Claims Database (APCD) carriers will be required to submit a Dental Claims File. The Division of Healthcare Finance and Policy (Division), in an effort to decrease any programming burden, has adopted a file layout currently in use by another state. There are minor changes to this layout so that it will connect appropriately across other required filings for the APCD and has made efforts to simplify the data submission.

Below we have provided details on business rules, data definitions and the potential uses of this data.

Specification Question	Clarification	Rationale
Frequency of submission	Dental claim files are to be submitted monthly	The Division requires this frequency to maintain a current dataset for analysis.
What is the format of the file	Each submission must be a variable field length asterisk delimited file	An asterisk cannot be used within a field in lieu of another character. Example: if the file includes “Smith*Jones” in the Last Name, the system will read an incorrect number of fields and drop the file.
What each row in the file represents	Each row represents a claim line. If there are multiple services performed and billed on a claim, each of those services will be uniquely identified and reported on a line.	It is necessary to obtain line item data to better understand how services are utilized and adjudicated by different carriers.
Won't reporting claim lines create redundant data?	Yes, claim level data will be repeated in every row in order to report unique line item processing. The repeated claim level data will be de-duplicated at the Division.	It is necessary to maintain the link between line item processing and claim level data.
Are denied claims to be reported?	No. Wholly denied claims should not be reported at this time. However, if a single procedure is denied within a paid claim that denied line should be reported.	Denied line items of an adjudicated claim aid with analysis in the APCD in terms of covered benefits and/or eligibility.

<b>Specification Question</b>	<b>Clarification</b>	<b>Rationale</b>
Should claims that are paid under a 'global payment', thus zero paid, be reported in this file.	Yes. Any dental claim that is considered 'paid' by the carrier should appear in this filing. Paid amount should be reported as 0 and the corresponding Allowed, Contractual, Deductible Amounts should be calculated accordingly.	The reporting of Zero Paid Dental Claims aids with the analysis of Member Eligibility as they apply to Dental Products.
Should previously paid but now Voided claims be reported?	Yes. Claims that were paid and reported in one period and voided by either the Provider or the Carrier should be reported in the next file. See DC060 below.	The reporting of Voided Claims maintains logic integrity between services utilized and deductibles applied.
The word 'Member' is used in the specification. Are 'Member' and 'Patient' used synonymously?	Yes. Member and Patient are to be used in the same manner in this specification	Member is used in the claim specification to strengthen the reporting bond between Member Eligibility and the claims attached to a Member.

## **Types of Data collected in the Dental Claim File**

### Carrier-assigned Identifiers

The Division requires various Carrier-assigned identifiers for matching-logic to the other files, i.e., Product File, Member Eligibility. Examples of these fields include DC003, DC006, DC056 and DC057. These fields will be used by the Division to aid with the matching algorithm to those other files.

### Claims Data

The Division requires the line-level detail of all Dental Claims for analysis. The line-level data aids with understanding utilization within products across Carriers. The specific dental data reported in DC030, DC032, DC035, DC036, DC037, DC047, DC048, and DC049 would be the same elements that are reported to a Dental Carrier on the ADA J400 and any of its versions (including eADA), the HIPAA 837D 4010 or a Carrier specific direct data entry system.

Subscriber and Member (Patient) Carrier unique identifiers are being requested to aid with the matching algorithm, see DC056 and DC057.

Provider data is outlined below.

### Adjudication Data

The Division requires adjudication-centric data on the file for analysis of Member Eligibility to Product. The elements typically used in an adjudication process are DC017, DC030, DC031, DC037 through DC041, DC045, DC046 are variations of paper remittances or the HIPAA 835 4010.

**Denied Claims:** Payers will be not be required to submit denied claims effective July 1, 2010. The Division will issue an Administrative Bulletin notifying Payers when the requirement to submit denied claims will become effective, and will notify Payers about the procedures and due dates for submitting such claims.

### The Provider ID

Element DC018 (Provider ID) is one of the most critical fields in the APCD process as it links the Provider identified on the Dental Claims file with the corresponding record in the Provider File (PV002). The definition of PV002, Provider ID is:

*The unique number for every service provider (persons, facilities or other entities involved in claims transactions) that a carrier has in its system. This field may or may not be the provider NPI. Also see instructions related to provider identifying claims elements including (DC018, MC024, MC026, MC076, MC077, MC112). This field is*

*used to uniquely identify a provider and that provider's affiliation and a provider and a provider's practice location within this provider file.*

The goal of PV002 is to help identify provider data elements associated with provider data that was submitted in the claim line detail, and to identify the details of the Provider Affiliation.

The Division is committed to working with payers and their technical teams to ensure compliance with all applicable laws and regulations. The Division will continue to provide support through technical assistance calls and resources available on the Division's website.



# File Layout

File	Col	Element	Data Element Name	Date Active (version)	Type	Type Description	Revised Length	Old Length	Description	Encrypt Upon Intake
HD-DC	1	HD001	Record Type	06/24/10	Text	ID	2	2	Header Record Identifier	No
HD-DC	2	HD002	Payer	06/24/10	Text	ID Carrier	8	8	Header Submitter/Carrier ID	No
HD-DC	3	HD003	National Plan ID	06/24/10	Text	ID Nat'l Plan	30	30	Header CMS National Plan Identification Number (PlanID)	No
HD-DC	4	HD004	Type of File	06/24/10	Text	ID	2	2	Header Type of File	No
HD-DC	5	HD005	Period Beginning Date	06/24/10	Date Period	Year Month	6	6	Header Period Start Date	No
HD-DC	6	HD006	Period Ending Date	06/24/10	Date Period	Year Month	6	6	Header Period Ending Date	No
HD-DC	7	HD007	Record Count	06/24/10	Integer	Counter	10	10	Header Record Count	No
HD-DC	8	HD008	Comments	06/24/10	Text	Free Text Field	80	80	Header Carrier Comments	No
DC	1	DC001	Payer	06/24/10	Text	ID Carrier	8	8	Carrier Specific Submitter Code as defined by APCD. This must match the Submitter Code reported in HD002	No
DC	2	DC002	National Plan ID	10/03/10	Text	ID Nat'l Plan	30	30	CMS National Plan Identification Number (PlanID)	No
DC	3	DC003	Dental Insurance Type Code/Product	06/24/10	Text	Lookup Table	2	2	Dental Product/Type Identifier	No
DC	4	DC004	Payer Claim Control Number	06/24/10	Text	ID Claim Number	35	35	Payer Claim Control Identification	No
DC	5	DC005	Line Counter	06/24/10	Integer	ID	4	4	Incremental Line Counter	No
DC	6	DC005A	Version Number	7/6/10	Integer	Counter	4	4	Claim Service Line Version Number	No
DC	7	DC006	Insured Group or Policy Number	06/24/10	Text	ID Group	30	30	Carriers group or policy number	No
DC	8	DC007	Subscriber SSN	10/15/10	Text	Tax ID	9	128	Subscriber's Social Security Number	Yes
DC	9	DC008	Plan Specific Contract Number	06/24/10	Text	ID Contract	30	128	Plan Specific Contract Number	Yes
DC	10	DC009	Member Suffix or Sequence Number	06/24/10	Text	ID Sequence	20	20	Member/Patient's Contract Sequence Number	No
DC	11	DC010	Member Identification Code	06/24/10	Text	Tax ID	9	128	Member/Patient's Social Security Number	Yes
DC	12	DC011	Individual Relationship Code	06/24/10	Integer	Lookup Table	2	2	Member/Patient to Subscriber Relationship Code	No
DC	13	DC012	Member Gender	06/24/10	Text	Lookup Table	1	1	Member/Patient's Gender	No

DC	14	DC013	Member Date of Birth	06/24/10	Date	Date Complete	8	8	Member/Patient's date of birth	No
DC	15	DC014	Member City Name	06/24/10	Text	Address City	50	50	City name of the Member/Patient	No
DC	16	DC015	Member State or Province	06/24/10	Text	Address State	2	2	State of the Member/Patient	No
DC	17	DC016	Member ZIP Code	06/24/10	Text	Address Zip Code	11	11	State of the Member/Patient	No
DC	18	DC017	Date Service Approved (AP Date)	06/24/10	Date	Date Complete	8	8	The date the claim or service was approved for payment.	No
DC	19	DC018	Service Provider Number	06/24/10	Text	ID PV002	30	30	Service Provider Identification Number	No
DC	20	DC019	Service Provider Tax ID Number	06/24/10	Text	Tax ID	10	10	Service Provider's Tax ID number	No
DC	21	DC020	National Service Provider ID	06/24/10	Text	NPI	20	20	National Provider Identification (NPI) of the National Service Provider	No
DC	22	DC021	Service Provider Entity Type Qualifier	06/24/10	Integer	Lookup Table	1	1	Service Provider Entity Identifier Code	No
DC	23	DC022	Service Provider First Name	06/24/10	Text	Name First	25	25	First name of Service Provider	No
DC	24	DC023	Service Provider Middle Name	06/24/10	Text	Name Middle	25	25	Middle initial of Service Provider	No
DC	25	DC024	Service Provider Last Name or Organization Name	06/24/10	Text	Name Last / Org	60	60	Last name or Organization Name of Service Provider	No
DC	26	DC025	Service Provider Suffix	06/24/10	Text	Lookup Table	10	10	Provider Name Suffix	No
DC	27	DC026	Service Provider Specialty	06/24/10	Text	Taxonomy	10	10	Specialty Code	No
DC	28	DC027	Service Provider City Name	06/24/10	Text	Address City	30	30	City name of the Provider	No
DC	29	DC028	Service Provider State	06/24/10	Text	Address State	2	2	State of the Service Provider	No
DC	30	DC029	Service Provider ZIP Code	06/24/10	Text	Address Zip Code	11	11	Zip Code of the Service Provider	No
DC	31	DC030	Facility Type - Professional	06/24/10	Text	POS	2	2	Place of Service Code as used on Professional Claims	No
DC	32	DC031	Claim Status	06/24/10	Integer	Lookup Table	2	2	Claim Line Status	No
DC	33	DC032	CDT Code	06/24/10	Text	Line CDT	5	5	HCPCS / CDT Code	No
DC	34	DC033	Procedure Modifier - 1	06/24/10	Text	Line CDT	2	2	HCPCS / CPT Code Modifier	No
DC	35	DC034	Procedure Modifier - 2	06/24/10	Text	Line CDT	2	2	HCPCS / CPT Code Modifier	No
DC	36	DC035	Date of Service - From	06/24/10	Date	Date Complete	8	8	Date of Service	No
DC	37	DC036	Date of Service - Thru	06/24/10	Date	Date Complete	8	8	Last date of service for this service line.	No
DC	38	DC037	Charge Amount	06/24/10	Integer	Currency	10	10	Amount of provider charges for the claim line	No

DC	39	DC038	Paid Amount	10/03/10	Integer	Currency	10	10	Amount paid by the carrier for the claim line	No
DC	40	DC039	Copay Amount	06/24/10	Integer	Currency	10	10	Amount of Copay member/patient is responsible to pay	No
DC	41	DC040	Coinsurance Amount	06/24/10	Integer	Currency	10	10	Amount of coinsurance member/patient is responsible to pay	No
DC	42	DC041	Deductible Amount	06/24/10	Integer	Currency	10	10	Amount of deductible member/patient is responsible to pay on the claim line	No
DC	43	DC042	Product ID Number	10/03/10	Text	ID PR001	20	20	Product Identification Number	No
DC	44	DC043	Member Street Address	06/24/10	Text	Address 1	30	30	Street address of the Member/Patient	No
DC	45	DC044	Billing Provider Tax ID Number	06/24/10	Text	Tax ID	9	128	The Billing Provider's Federal Tax Identification Number (FTIN)	Yes
DC	46	DC045	Paid Date	06/24/10	Date	Date Complete	8	8	Paid date of the claim line	No
DC	47	DC046	Allowed Amount	06/24/10	Integer	Currency	10	10	Allowed Amount	No
DC	48	DC047	Tooth Number/Letter	06/24/10	Text	Line CDT	20	20	Tooth Number or Letter Identification	No
DC	49	DC048	Dental Quadrant	06/24/10	Text	ID	1	1	Dental Quadrant	No
DC	50	DC049	Tooth Surface	06/24/10	Text	Line CDT	10	10	Tooth Service Identification	No
DC	51	DC050	Subscriber Last Name	10/15/10	Text	Name Last	60	128	Last name of Subscriber	Yes
DC	52	DC051	Subscriber First Name	10/15/10	Text	Name First	25	128	First name should exclude all punctuation, including hyphens and apostrophes, and be reported in upper case. Name should be contracted where punctuation is removed, do not report spaces. Example: Anne-Marie becomes ANNEMARIE.	Yes
DC	53	DC052	Subscriber Middle Initial	10/15/10	Text	Name Middle	1	1	Middle initial of Subscriber	No
DC	54	DC053	Member Last Name	06/24/10	Text	Name Last	60	128	Last name of Member/Patient	Yes
DC	55	DC054	Member First Name	06/24/10	Text	Name First	25	128	First name of Member/Patient	Yes
DC	56	DC055	Member Middle Initial	06/24/10	Text	Name Middle	1	1	Middle initial of the Member/Patient	No
DC	57	DC056	CarrierSpecificUniqueMemberID	10/15/10	Text	ID	50	50	Member/Patient Carrier Unique Identification	Yes
DC	58	DC057	CarrierSpecificUniqueSubscriberID	10/15/10	Text	ID	50	50	Subscriber Carrier Unique Identification	Yes
DC	59	DC058	Member Address 2	06/24/10	Text	Address 2	30	30	Secondary Street Address of the Member/Patient	No
DC	60	DC059	Claim Line Type	06/24/10	Text	Lookup Table	10	10	Claim Line Activity Type Code	No
DC	61	DC060	Former Claim Number	10/14/10	Text	ID	35	35	Previous Claim Number	No
DC	62	DC899	Record Type	06/29/10	Text	ID	2	2	File Type Identifier	No
TR-DC	1	TR001	Record Type	06/24/10	Text	ID	2	2	Trailer Record Identifier	No
TR-DC	2	TR002	Payer	06/24/10	Text	ID Carrier	8	8	Carrier Specific Submitter Code as defined by APCD. This must match the Submitter Code reported in HD002	No
TR-DC	3	TR003	National Plan ID	06/24/10	Text	ID Nat'l Plan	30	30	CMS National Plan Identification Number (PlanID)	No

TR-DC	4	TR004	Type of File	06/24/10	Text	ID	2	2	This is an indicator that defines the type of file and the data contained within the file. This must match the File Type reported in HD004.	No
TR-DC	5	TR005	Period Beginning Date	06/24/10	Date Period	Year Month	6	6	Trailer Period Start Date	No
TR-DC	6	TR006	Period Ending Date	06/24/10	Date Period	Year Month	6	6	Trailer Period Ending Date	No
TR-DC	7	TR007	Date Processed	06/24/10	Date	Date Complete	8	8	Trailer Processed Date	No

# Appendices

## Appendix A – Submission Guideline

File	Col	Element	Data Element Name	Date Active (version)	Type	Format	Revised Length	Old Length	Element Submission Guideline	Required When	APCD Threshold	APCD - GIC Carrier Threshold	Encrypt Upon Intake
HD-DC	1	HD001	Record Type	06/24/10	Text	HD	2	2	This must have HD reported here. Indicates the beginning of the Header Elements of the file.	All	100%	same as APCD	No
HD-DC	2	HD002	Payer	06/24/10	Text		8	8	Carrier Specific Submitter Code as defined by APCD. This must match the Submitter Code reported in TR002	All	100%	same as APCD	No
HD-DC	3	HD003	National Plan ID	06/24/10	Text		30	30	Unique identifier as outlined by Centers for Medicare and Medicaid Services (CMS) for Plans.	All	100%	same as APCD	No
HD-DC	4	HD004	Type of File	06/24/10	Text	DC	2	2	This must have DC reported here. This is an indicator that defines the type of file and the data contained within the file. This must match the File Type reported in TR004.	All	100%	same as APCD	No
HD-DC	5	HD005	Period Beginning Date	06/24/10	Date Period	CCYYMM	6	6	This is the start date period of the reported period in the submission file. This date period must match the date period reported in TR005	All	100%	same as APCD	No
HD-DC	6	HD006	Period Ending Date	06/24/10	Date Period	CCYYMM	6	6	This is the end date period of the reported period in the submission file; if the period reported is a single month of the same year then Period Begin Date and Period End Date will be the same date. This date period must match the date period reported in TR006	All	100%	same as APCD	No
HD-DC	7	HD007	Record Count	06/24/10	Integer	#####	10	10	Total number of records submitted in this file	All	100%	same as APCD	No
HD-DC	8	HD008	Comments	06/24/10	Text	Free Text Comments	80	80	May be used to document the submission by assigning a filename, system source, compile identifier, etc.	All	0%	same as APCD	No
DC	1	DC001	Payer	06/24/10	Text		8	8	Payer submitting payments; Council Submitter Code	All	100%	same as APCD	No
DC	2	DC002	National Plan ID	10/03/10	Text		30	30	Unique identifier as outlined by Centers for Medicare and Medicaid Services (CMS) for Plans.	All	0%	same as APCD	No

DC	3	DC003	Dental Insurance Type Code/Product	06/24/10	Text	tlkpClaimInsuranceType	2	2	This field indicates the type of product the member has, such as HMO, PPO, POS, Dental, Auto Medical, Indemnity, and Workers Compensation.	All	98%	same as APCD	No
DC	4	DC004	Payer Claim Control Number	06/24/10	Text	Free Text Control Number	35	35	Unique identifier within the payer's system that applies to the entire claim	All	100%	same as APCD	No
DC	5	DC005	Line Counter	06/24/10	Integer	####	4	4	Line number for this service. Start with 1 and increment by 1 for each additional line of the claim	All	100%	same as APCD	No
DC	6	DC005A	Version Number	7/6/10	Integer	####	4	4	Version number of this claim service line. The version number begins with 0 and is incremented by 1 for each subsequent version of that service line	All	100%	same as APCD	No
DC	7	DC006	Insured Group or Policy Number	06/24/10	Text		30	30	Do not report the number that uniquely identifies the subscriber	All	98%	same as APCD	No
DC	8	DC007	Subscriber SSN	10/15/10	Text	#####	9	128	Set as null if unavailable; used to create unique member ID; will not be passed into analytic file. Do not use hyphen	All	70%	same as APCD	Yes
DC	9	DC008	Plan Specific Contract Number	06/24/10	Text		30	128	Plan assigned contract number (set as null if contract number = subscriber's social security number). Do not include values in this field that will distinguish one member of the family from another. If submitted, this should be the contract or certificate number for the subscriber and all of his/her dependents.	All	70%	same as APCD	Yes
DC	10	DC009	Member Suffix or Sequence Number	06/24/10	Text		20	20	Uniquely numbers the member within the contract	All	98%	same as APCD	No
DC	11	DC010	Member Identification Code	06/24/10	Text	#####	9	128	Member's social security number (set as null if unavailable). Do not use hyphen	All	70%	same as APCD	Yes
DC	12	DC011	Individual Relationship Code	06/24/10	Integer	tlkpIndividualRelathionship Code	2	2	Indicator to define the Member/Patient's relationship to the Subscriber	All	98%	same as APCD	No

DC	13	DC012	Member Gender	06/24/10	Text	tlkpGender	1	1		All	100%	same as APCD	No
DC	14	DC013	Member Date of Birth	06/24/10	Date	CCYYMMDD	8	8	The date the member was born	All	99%	same as APCD	No
DC	15	DC014	Member City Name	06/24/10	Text	Free Text Address	50	50	City name of member/patient	All	99%	same as APCD	No
DC	16	DC015	Member State or Province	06/24/10	Text	External Code Source 2	2	2	As defined by the US Postal Service	All	99%	same as APCD	No
DC	17	DC016	Member ZIP Code	06/24/10	Text	External Code Source 3	11	11	5 or 9 digit Zip Code as defined by the United States Postal Service. When submitting the 9-digit Zip Code do not include hyphen; see External Code Source	All	99%	same as APCD	No
DC	18	DC017	Date Service Approved (AP Date)	06/24/10	Date	CCYYMMDD	8	8	This element was designed to capture date other than the Paid date. If Approved Date and Paid Date are the same, then the date here should match Paid Date.	All	98%	same as APCD	No
DC	19	DC018	Service Provider Number	06/24/10	Text		30	30	Payer assigned provider number. This field should capture the provider that rendered the service. This field should have a matching record in the provider file, and should be present in field (PV002) Provider ID.	All	100%	same as APCD	No
DC	20	DC019	Service Provider Tax ID Number	06/24/10	Text	#####	10	10	Do not use hyphen	All	99%	same as APCD	No
DC	21	DC020	National Service Provider ID	06/24/10	Text	External Code Source 4	20	20	See <a href="https://nppes.cms.hhs.gov/NPPES/NPIRegistryHome.do">https://nppes.cms.hhs.gov/NPPES/NPIRegistryHome.do</a> for provider lookup resource	All	98%	same as APCD	No
DC	22	DC021	Service Provider Entity Type Qualifier	06/24/10	Integer	tlkpServProvEntityTypeQualifier	1	1	HIPAA Provider Taxonomy classifies provider groups (clinicians who bill as a group practice or under a corporate name, even if that group is composed of one provider) as "Person".	All	98%	same as APCD	No
DC	23	DC022	Service Provider First Name	06/24/10	Text	Free Text Name	25	25	Individual first name. Set to null if provider is a facility or organization.	All	98%	same as APCD	No
DC	24	DC023	Service Provider Middle Name	06/24/10	Text	Free Text Name	25	25	Individual middle name or initial. Set to null if provider is a facility or organization.	All	2%	same as APCD	No

DC	25	DC024	Service Provider Last Name or Organization Name	06/24/10	Text	Free Text Name	60	60	Full name of provider organization or last name of individual provider	All	98%	same as APCD	No
DC	26	DC025	Service Provider Suffix	06/24/10	Text	tlkpLastNameSuffix	10	10	Suffix to individual name. Set to null if provider is a facility or organization. Should be used to capture the generation of the individual clinician (e.g., Jr. Sr., III), if applicable, rather than the clinician's degree [e.g., 'MD', 'LICSW'].	All	2%	same as APCD	No
DC	27	DC026	Service Provider Specialty	06/24/10	Text	External Code Source 13 - AND/OR - Carrier Defined Reference Table	10	10	As defined by payer. Dictionary for specialty code values must be supplied to DHCFP. Specialty codes shall include specialties for all medical, vision, behavioral health and dental providers.	All	98%	same as APCD	No
DC	28	DC027	Service Provider City Name	06/24/10	Text	Free Text Address	30	30	Providers practice location	All	98%	same as APCD	No
DC	29	DC028	Service Provider State	06/24/10	Text	External Code Source 2	2	2	As defined by the US Postal Service	All	98%	same as APCD	No
DC	30	DC029	Service Provider ZIP Code	06/24/10	Text	External Code Source 3	11	11	5 or 9 digit Zip Code as defined by the United States Postal Service. When submitting the 9-digit Zip Code do not include hyphen; see External Code Source	All	98%	same as APCD	No
DC	31	DC030	Facility Type - Professional	06/24/10	Text	External Code Source 9	2	2	Location code where services were performed by the provider referenced on the claim	All	80%	same as APCD	No
DC	32	DC031	Claim Status	06/24/10	Integer	tlkpClaimStatus	2	2	A code indicating the submitting carriers sequence on a multiple-carrier claim	All	90%	same as APCD	No
DC	33	DC032	CDT Code	06/24/10	Text	External Code Source 8	5	5	Common Dental Terminology code/ADA code.	All	99%	same as APCD	No
DC	34	DC033	Procedure Modifier - 1	06/24/10	Text	External Code Source 8	2	2	Procedure modifier required when a modifier clarifies/improves the reporting accuracy of the associated procedure code.	All	0%	same as APCD	No
DC	35	DC034	Procedure Modifier - 2	06/24/10	Text	External Code Source 8	2	2	Procedure modifier required when a modifier clarifies/improves the reporting accuracy of the associated procedure code.	All	0%	same as APCD	No



DC	36	DC035	Date of Service - From	06/24/10	Date	CCYYMMDD	8	8	First date of service for this service line	All	99%	same as APCD	No
DC	37	DC036	Date of Service - Thru	06/24/10	Date	CCYYMMDD	8	8	This date can equal DC035 when a single date of service is being reported	All	0%	same as APCD	No
DC	38	DC037	Charge Amount	06/24/10	Integer	DDDDCC	10	10	Code zero cents (00) where applicable. Example: 150.00 will be reported as 15000.	All	99%	same as APCD	No
DC	39	DC038	Paid Amount	10/03/10	Integer	DDDDCC	10	10	Do not include withhold amounts in this field. Withhold amount will be collected in MC116. Code zero cents (00) where applicable. Example: 150.00 will be reported as 15000.	All	99%	same as APCD	No
DC	40	DC039	Copay Amount	06/24/10	Integer	DDDDCC	10	10	Defined as a preset, fixed amount. Example: \$25.00 Copay for Office Visits. Code zero cents (00) where applicable. Example: 150.00 will be reported as 15000.	All	99%	same as APCD	No
DC	41	DC040	Coinsurance Amount	06/24/10	Integer	DDDDCC	10	10	The coinsurance amount here is defined as the amount calculated by the submitting Carrier. Code zero cents (00) where applicable. Example: 150.00 will be reported as 15000.	All	99%	same as APCD	No
DC	42	DC041	Deductible Amount	06/24/10	Integer	DDDDCC	10	10	The deductible amount here is defined as the amount calculated by the submitting Carrier. Code zero cents (00) where applicable. Example: 150.00 will be reported as 15000.	All	99%	same as APCD	No
DC	43	DC042	Product ID Number	10/03/10	Text	ID PR001	20	20	Must correspond to the ProductID (PR001) on the Product file. This number should allow the Division to understand what product a member is enrolled in during the timeframe of the claim submission and must equal a value on the product file.	All	100%	same as APCD	No
DC	44	DC043	Member Street Address	06/24/10	Text	Free Text Address	30	30	The member should always be the patient except if it is a newborn.	All	90%	same as APCD	No
DC	45	DC044	Billing Provider Tax ID Number	06/24/10	Text	#####	9	128	Also known as EIN, TIN for FEIN. Do not use hyphen.	All	90%	same as APCD	Yes
DC	46	DC045	Paid Date	06/24/10	Date	CCYYMMDD	8	8	Date that appears on the check and/or remit and/or explanation of benefits and corresponds to any and all types of payment; paid in full, partial, and/or zero paid. This can be the same date as Processed Date.	All	98%	same as APCD	No

DC	47	DC046	Allowed Amount	06/24/10	Integer	DDDDCC	10	10	The maximum amount contractually allowed, which a carrier will pay to a provider for a particular procedure or service. This will vary by provider contract and most often it is less than or equal to the fee charged by the provider. Code zero cents (00) where applicable. Example: 150.00 will be reported as 15000.	All	99%	same as APCD	No
DC	48	DC047	Tooth Number/Letter	06/24/10	Text	External Code Source 8	20	20	Provides further detail on procedure. See lookup for valid values. This field is only required for MassHealth MCOs, MassHealth or Commonwealth Care Plans.	Medicaid MCO Payers only	80%	same as APCD	No
DC	49	DC048	Dental Quadrant	06/24/10	Text	External Code Source 8	1	1	Provides further detail on procedure. See lookup for valid values. This field is only required for MassHealth MCOs, MassHealth or Commonwealth Care Plans.	Medicaid MCO Payers only	80%	same as APCD	No
DC	50	DC049	Tooth Surface	06/24/10	Text	External Code Source 8	10	10	Provides further detail on procedure. See lookup for valid values. This field is only required for MassHealth MCOs, MassHealth or Commonwealth Care Plans.	Medicaid MCO Payers only	80%	same as APCD	No
DC	51	DC050	Subscriber Last Name	06/24/10	Text	Free Text Name	60	128	Last name should exclude all punctuation, including hyphens and apostrophes, and be reported in upper case. Name should be contracted where punctuation is removed, do not report spaces. Example: O'Brien becomes OBRIEN; Carlton-Smythe become CARLTONSMYTHE	All	100%	same as APCD	Yes
DC	52	DC051	Subscriber First Name	06/24/10	Text	Free Text Name	25	128	Name should exclude all punctuation including hyphens and apostrophes and be reported all in upper case.	All	100%	same as APCD	Yes
DC	53	DC052	Subscriber Middle Initial	06/24/10	Text	Free Text Name	1	1	Subscriber Middle Initial. Used to create unique member ID.	All	2%	same as APCD	No
DC	54	DC053	Member Last Name	06/24/10	Text	Free Text Name	60	128	Used to create unique member ID. Name should exclude all punctuation including hyphens and apostrophes and be reported all in upper case.	All	100%	same as APCD	Yes
DC	55	DC054	Member First Name	06/24/10	Text	Free Text Name	25	128	Used to create unique member ID. Name should exclude all punctuation including hyphens and apostrophes and be reported all in upper case.	All	100%	same as APCD	Yes

DC	56	DC055	Member Middle Initial	06/24/10	Text	Free Text Name	1	1	Used to create unique member ID.	All	2%	same as APCD	No
DC	57	DC056	CarrierSpecificUniqueMemberID	10/15/10	Text		50	50	This is the number the carrier uses internally to uniquely identify the member. This field will be encrypted upon intake. The value in this field must match the value in the carrier-specific, unique member ID field in the eligibility file (ME107).	All	100%	same as APCD	Yes
DC	58	DC057	CarrierSpecificUniqueSubscriberID	10/15/10	Text		50	50	This is the number the carrier uses internally to uniquely identify the subscriber. This field will be encrypted upon intake. The value in this field must match the value in the carrier-specific, unique subscriber ID field in the eligibility file (ME117).	All	100%	same as APCD	Yes
DC	59	DC058	Member Address 2	06/24/10	Text	Free Text Address	30	30	Often used to capture apartment numbers, suites, etc.	All	2%	same as APCD	No
DC	60	DC059	Claim Line Type	06/24/10	Text	tlkpClaimLineType	10	10	Code Indicating Type of Record. Example: Original, Void, Replacement, Back Out, Amendment	All	80%	same as APCD	No
DC	61	DC060	Former Claim Number	10/14/10	Text	ID	35	35	Use of "Former Claim Number" to version claims can <b>only</b> be used if approved by DHCFP. Contact Paul Smith or your Carrier specific assigned APCD liaison at DHCFP. Most Carriers should <b>not</b> be using this field – see "Claim Voids and Replacements – Versioning Protocol.doc" for the standard protocol.	All	0%	same as APCD	No
DC	62	DC899	Record Type	06/29/10	Text	DC	2	2	This must be reported as DC here. This is an indicator that defines the type of file and the data contained within the file. This must match the File Type reported in HD004.	All	100%	same as APCD	No
TR-DC	1	TR001	Record Type	06/24/10	Text	TR	2	2	This must be reported as TR here	All	100%	same as APCD	No
TR-DC	2	TR002	Payer	06/24/10	Text		8	8	Payer submitting payments; Council Submitter Code	All	100%	same as APCD	No
TR-DC	3	TR003	National Plan ID	06/24/10	Text		30	30	Unique identifier as outlined by Centers for Medicare and Medicaid Services (CMS) for Plans.	All	100%	same as APCD	No
TR-DC	4	TR004	Type of File	06/24/10	Text	DC	2	2	This must have DC reported here	All	100%	same as APCD	No
TR-DC	5	TR005	Period Beginning Date	06/24/10	Date Period	CCYYMM	6	6	This is the start date period of the reported period in the submission file. This date period must match the date period reported in HD005	All	100%	same as APCD	No

TR-DC	6	TR006	Period Ending Date	06/24/10	Date Period	CCYYMM	6	6	This is the end date period of the reported period in the submission file; if the period reported is a single month of the same year then Period Begin Date and Period End Date will be the same date. This date period must match the date period reported in HD006	All	100%	same as APCD	No
TR-DC	7	TR007	Date Processed	06/24/10	Date	CCYYMMDD	8	8	This is the date that the submission was processed by the carrier for submission.	All	100%	same as APCD	No

## Appendix B – Lookup Tables by Element

File	Col	Element	Data Element Name	Date Active (version)	Type	Type Description	Revised Length	Format	Description	Element Submission Guideline	Required When	APCD Threshold	APCD - GIC Carrier Threshold
DC	3	DC003	Dental Insurance Type Code/Product	06/24/10	Text	Lookup Table	2	tlkpClaimInsuranceType	Dental Product/Type Identifier	This field indicates the type of product the member has, such as HMO, PPO, POS, Dental, Auto Medical, Indemnity, and Workers Compensation.	All	98%	same as APCD
									<b>Claim Insurance Type Code</b>	<b>Claim Insurance Type</b>			
									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			
									TV	Title V			
									VA	Veterans Administration Plan			

									WC	Workers' Compensation			
DC	12	DC011	Individual Relationship Code	06/24/10	Integer	Lookup Table	2	tlkpIndividualRelationshipCode	Member/Patient to Subscriber Relationship Code	Indicator to define the Member/Patient's relationship to the Subscriber	All	98%	same as APCD
									<b>Individual Relationship Code</b>	<b>Individual Relationship</b>			
									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			
DC	13	DC012	Member Gender	06/24/10	Text	Lookup Table	1	tlkpGender	Member/Patient's Gender		All	100%	same as APCD
									<b>Gender Code</b>	<b>Gender</b>			
									F	Female			
									M	Male			
									O	Other			
									U	Unknown			

DC	22	DC021	Service Provider Entity Type Qualifier	06/24/10	Integer	Lookup Table	1	tlkpServProvEntityTypeQualifierCode	Service Provider Entity Identifier Code	HIPAA Provider Taxonomy classifies provider groups (clinicians who bill as a group practice or under a corporate name, even if that group is composed of one provider) as "Person".	All	98%	same as APCD
									<b>Service Provider Entity Type Qualifier Code</b>	<b>Service Provider Entity Type Qualifier</b>			
									1	Person			
									2	Non-person entity			
DC	26	DC025	Service Provider Suffix	06/24/10	Text	Lookup Table	10	tlkpLastNameSuffix	Provider Name Suffix	Suffix to individual name. Set to null if provider is a facility or organization. Should be used to capture the generation of the individual clinician (e.g., Jr. Sr., III), if applicable, rather than the clinician's degree [e.g., 'MD', 'LICSW'].	All	2%	same as APCD
									<b>Last Name Suffix ID</b>	<b>Last Name Suffix</b>			
									1	I.			
									2	II.			
									3	III.			
									4	Jr.			
									5	Sr.			
DC	32	DC031	Claim Status	06/24/10	Integer	Lookup Table	2	tlkpClaimStatus	Claim Line Status	A code indicating the submitting carriers sequence on a multiple-carrier claim	All	90%	same as APCD
									<b>Claim Status Code</b>	<b>Claim Status</b>			
									01	Processed as primary			
									02	Processed as secondary			
									03	Processed as tertiary			
									04	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			
DC	60	DC059	Claim Line Type	06/24/10	Text	Lookup Table	10	tlkpClaimLineType	Claim Line Activity Type Code	Code Indicating Type of Record. Example: Original, Void, Replacement, Back Out, Amendment	All	80%	same as APCD

	<b>Claim Line Type Code</b>	<b>Claim Line Type</b>	
	O	Original	
	V	Void	
	R	Replacement	
	B	Back Out	
	A	Amendment	



## Appendix C – Claim Mapping Reference

File	Col	Element	Data Element Name	Description	Revised Length	ADA Form	837D
HD-DC	1	HD001	Record Type	Header Record Identifier	2	N/A	N/A
HD-DC	2	HD002	Payer	Header Submitter/Carrier ID	8	N/A	N/A
HD-DC	3	HD003	National Plan ID	Header CMS National Plan Identification Number (PlanID)	30	N/A	N/A
HD-DC	4	HD004	Type of File	Header Type of File	2	N/A	N/A
HD-DC	5	HD005	Period Beginning Date	Header Period Start Date	6	N/A	N/A
HD-DC	6	HD006	Period Ending Date	Header Period Ending Date	6	N/A	N/A
HD-DC	7	HD007	Record Count	Header Record Count	10	N/A	N/A
HD-DC	8	HD008	Comments	Header Carrier Comments	80	N/A	N/A
DC	1	DC001	Payer	Carrier Specific Submitter Code as defined by APCD. This must match the Submitter Code reported in HD002	8	N/A	N/A
DC	2	DC002	National Plan ID	CMS National Plan Identification Number (PlanID)	30	N/A	837D Loop 2010BB NM109 where NM108 = XV
DC	3	DC003	Dental Insurance Type Code/Product	Dental Product/Type Identifier	2	N/A	837D Loop 2000B SBR09
DC	4	DC004	Payer Claim Control Number	Payer Claim Control Identification	35	N/A	835 Loop 2100 CLP07 (this data is post payment assigned AND this is its direct mapping)
DC	5	DC005	Line Counter	Incremental Line Counter	4	24	837D Loop 2400 LX01
DC	6	DC005A	Version Number	Claim Service Line Version Number	4	N/A	N/A
DC	7	DC006	Insured Group or Policy Number	Carriers group or policy number	30	16	837D Loop 2000B SBR03
DC	8	DC007	Subscriber SSN	Subscriber's Social Security Number	9	15	837D Loop 2010BA REF02 where REF01 = SY
DC	9	DC008	Plan Specific Contract Number	Plan Specific Contract Number	30	N/A	835 Loop 2100 NM109 where NM108 = HN (Member's ID, this qualifier specifies to use what is considered the member's identification, i.e., Medicare Number)

DC	10	DC009	Member Suffix or Sequence Number	Member/Patient's Contract Sequence Number	20	N/A	N/A
DC	11	DC010	Member Identification Code	Member/Patient's Social Security Number	9	N/A	835 Loop 2100 NM109 where NM108 = 34
DC	12	DC011	Individual Relationship Code	Member/Patient to Subscriber Relationship Code	2	18	837D Loop 2000B SBR02 = 18 else 837D Loop 2000C PAT01
DC	13	DC012	Member Gender	Member/Patient's Gender	1	22	837D Loop 2010BA DMG03 else 837D Loop 2010CA DMG03
DC	14	DC013	Member Date of Birth	Member/Patient's date of birth	8	21	837D Loop 2010BA DMG02 else 837D Loop 2010CA DMG02
DC	15	DC014	Member City Name	City name of the Member/Patient	50	20	837D Loop 2010BA N401 else 837D Loop 2010CA N401
DC	16	DC015	Member State or Province	State of the Member/Patient	2	20	837D Loop 2010BA N402 else 837D Loop 2010CA N402
DC	17	DC016	Member ZIP Code	State of the Member/Patient	11	20	837D Loop 2010BA N402 else 837D Loop 2010CA N402
DC	18	DC017	Date Service Approved (AP Date)	The date the claim or service was approved for payment.	8	N/A	N/A
DC	19	DC018	Service Provider Number	Service Provider Identification Number	30	58	835 Loop 2100 NM109 where NM108 = BD, BS, MC, PC, UP or XX. XX = NPI and although not the payer assigned number this is one of three choices that come in on the claim.
DC	20	DC019	Service Provider Tax ID Number	Service Provider's Tax ID number	10	51	835 Loop 2100 NM109 where NM108 = FI
DC	21	DC020	National Service Provider ID	National Provider Identification (NPI) of the National Service Provider	20	54	837D Loop 2310B NM109 where NM108 = XX
DC	22	DC021	Service Provider Entity Type Qualifier	Service Provider Entity Identifier Code	1	N/A	837D Loop 2310B NM101 where NM102 = 82
DC	23	DC022	Service Provider First Name	First name of Service Provider	25	N/A	837D Loop 2310B NM104 when NM102 = 82 and NM101 = 1
DC	24	DC023	Service Provider Middle Name	Middle initial of Service Provider	25	N/A	837D Loop 2310B NM105 when NM102 = 82 and NM101 = 1
DC	25	DC024	Service Provider Last Name or Organization Name	Last name or Organization Name of Service Provider	60	N/A	837D Loop 2310B NM103 when NM102 = 82
DC	26	DC025	Service Provider Suffix	Provider Name Suffix	10	N/A	837D Loop 2310B NM107 when NM102 = 82

DC	27	DC026	Service Provider Specialty	Specialty Code	10	56A	837D Loop 2310B PRV03 where PRV02 = ZZ
DC	28	DC027	Service Provider City Name	City name of the Provider	30	56	837D Loop 2310C N401
DC	29	DC028	Service Provider State	State of the Service Provider	2	56	837D Loop 2310C N402
DC	30	DC029	Service Provider ZIP Code	State of the Service Provider	11	56	837D Loop 2310C N403
DC	31	DC030	Facility Type - Professional	Place of Service Code as used on Professional Claims	2	38	837D Loop 2300 CLM05-1 (837D offers six different types)
DC	32	DC031	Claim Status	Claim Line Status	2	N/A	N/A
DC	33	DC032	CDT Code	HCPCS / CDT Code	5	29	837D Loop 2400 SV301-2 where SV301-1 = AD
DC	34	DC033	Procedure Modifier - 1	HCPCS / CPT Code Modifier	2	N/A	837D Loop 2400 SV301-3 where SV301-1 = AD
DC	35	DC034	Procedure Modifier - 2	HCPCS / CPT Code Modifier	2	N/A	837D Loop 2400 SV301-4 where SV301-1 = AD
DC	36	DC035	Date of Service - From	Date of Service	8	24	837D Loop 2400 DTP03 where DTP01 = 472; 837D Loop 2300 DTP03 where DTP01 = 472 and DTP02 = D8
DC	37	DC036	Date of Service - Thru	Last date of service for this service line.	8	24	837D Loop 2400 DTP03 where DTP01 = 472; 837D Loop 2300 DTP03 where DTP01 = 472 and DTP02 = D8
DC	38	DC037	Charge Amount	Amount of provider charges for the claim line	10	31	837D Loop 2400 SV302
DC	39	DC038	Paid Amount	Amount paid by carrier for the claim line	10	N/A	835 Loop 2100 SVC03
DC	40	DC039	Copay Amount	Amount of Copay member/patient is responsible to pay	10	N/A	835 Loop 2110 CAS03 where CAS02 = 3 and/or CAS06 where CAS05 = 3 and/or CAS09 where CAS08 = 3 and/or CAS12 where CAS11 = 3
DC	41	DC040	Coinsurance Amount	Amount of coinsurance member/patient is responsible to pay	10	N/A	835 Loop 2110 CAS03 where CAS02 = 2 and/or CAS06 where CAS05 = 2 and/or CAS09 where CAS08 = 2 and/or CAS12 where CAS11 = 2
DC	42	DC041	Deductible Amount	Amount of deductible member/patient is responsible to pay on the claim line	10	N/A	835 Loop 2110 CAS03 where CAS02 = 1 and/or CAS06 where CAS05 = 1 and/or CAS09 where CAS08 = 1 and/or CAS12 where CAS11 = 1
DC	43	DC042	Product ID Number	Product Identification Number	20	N/A	N/A

DC	44	DC043	Member Street Address	Street address of the Member/Patient	30	20	837D Loop 2010CA N3;
DC	45	DC044	Billing Provider Tax ID Number	The Billing Provider's Federal Tax Identification Number (FTIN)	9	51	837D Loop 2010AA REF02 where REF01 = TJ
DC	46	DC045	Paid Date	Paid date of the claim line	8	N/A	835 Header Financial Information BPR16 (Check Issue or EFT Effective Date)
DC	47	DC046	Allowed Amount	Allowed Amount	10	N/A	N/A
DC	48	DC047	Tooth Number/Letter	Tooth Number or Letter Identification	20	27	837D Loop 2400 TOO02
DC	49	DC048	Dental Quadrant	Dental Quadrant	1	25	837D Loop 2400 SV304-1 and/or SV304-2 and/or SV304-3 and/or SV304-4 and/or SV304-5
DC	50	DC049	Tooth Surface	Tooth Service Identification	10	28	837D Loop 2400 TOO03-1 and/or TOO03-2 and/or TOO03-3 and/or TOO03-4 and/or TOO03-5
DC	51	DC050	Subscriber Last Name	Last name of Subscriber	60	12	837D Loop 2010BA NM103
DC	52	DC051	Subscriber First Name	First name should exclude all punctuation, including hyphens and apostrophes, and be reported in upper case. Name should be contracted where punctuation is removed, do not report spaces. Example: Anne-Marie becomes ANNEMARIE.	25	12	837D Loop 2010BA NM104
DC	53	DC052	Subscriber Middle Initial	Middle initial of Subscriber	1	12	837D Loop 2010BA NM105
DC	54	DC053	Member Last Name	Last name of Member/Patient	60	20	837D Loop 2010CA NM103
DC	55	DC054	Member First Name	First name of Member/Patient	25	20	837D Loop 2010CA NM104
DC	56	DC055	Member Middle Initial	Middle initial of the Member/Patient	1	20	837D Loop 2010CA NM105
DC	57	DC056	CarrierSpecificUniqueMemberID	Member/Patient Carrier Unique Identification	50	N/A	N/A
DC	58	DC057	CarrierSpecificUniqueSubscriberID	Subscriber Carrier Unique Identification	50	N/A	N/A
DC	59	DC058	Member Address 2	Secondary Street Address of the Member/Patient	30	N/A	N/A
DC	60	DC059	Filler	The APCD will reserve this field for possible future use. Please fill with null values in the format described.	10	N/A	N/A
DC	61	DC060	Former Claim Number	Previous Claim Number	35	N/A	N/A
DC	62	DC899	Record Type	File Type Identifier	2	N/A	N/A
TR-DC	1	TR001	Record Type	Trailer Record Identifier	2	N/A	N/A

TR-DC	2	TR002	Payer	Carrier Specific Submitter Code as defined by APCD. This must match the Submitter Code reported in HD002	8	N/A	N/A
TR-DC	3	TR003	National Plan ID	CMS National Plan Identification Number (PlanID)	30	N/A	N/A
TR-DC	4	TR004	Type of File	This is an indicator that defines the type of file and the data contained within the file. This must match the File Type reported in HD004.	2	N/A	N/A
TR-DC	5	TR005	Period Beginning Date	Trailer Period Start Date	6	N/A	N/A
TR-DC	6	TR006	Period Ending Date	Trailer Period Ending Date	6	N/A	N/A
TR-DC	7	TR007	Date Processed	Trailer Processed Date	8	N/A	N/A

## **Appendix D – External Code Sources**

### **External Code Sources**

#### **1 Countries**

**American National Standards Institute  
11 West 42<sup>nd</sup> Street, 13<sup>th</sup> Floor  
New York, NY 10036**

#### **2 States and Other Areas of the US**

**U.S. Postal Service  
National Information Data Center  
P.O. Box 2977  
Washington, DC 20013**

#### **3 Zip Codes**

**U.S. Postal Service  
Washington, DC 20260**

#### **4 Centers for Medicare and Medicaid Services National Provider Identifier**

**Centers for Medicare and Medicaid Services  
Office of Financial Management  
Division of Provider/Supplier Enrollment  
C4-10-07**

**7500 Security Boulevard  
Baltimore, MD 21244-1850**

**5 International Classification of Diseases Clinical Modification, 9<sup>th</sup> Revision**

**U.S. Government Printing Office  
P.O. Box 371954  
Pittsburgh, PA 15250**

**6 International Classification of Diseases Clinical Modification, 10<sup>th</sup> Revision**

**National Center for Health Statistics  
3311 Toledo Road  
Hyattsville, MD 20782**

**7 Healthcare Common Procedural Coding System**

**Centers for Medicare and Medicaid Services  
7500 Security Boulevard  
Baltimore, MD 21244**

**8 American Dental Association**

**Salable Materials  
American Dental Association  
211 East Chicago Avenue  
Chicago, IL 60611-2678**

**9 Place of Service Codes for Professional Claims**

**Centers for Medicare and Medicaid Services  
CMSO, Mail Stop S2-01-16  
7500 Security Blvd  
Baltimore, MD 21244-1850**

**10 National Uniform Billing Committee (NUBC) Codes**

**National Uniform Billing Committee  
American Hospital Association  
One North Franklin  
Chicago, IL 60606**

**11 Diagnosis Related Group Number (DRG)**

**Superintendent of Documents  
U.S. Government Printing Office  
Washington, DC 20402**

**12 National Drug Code Format**

**Federal Drug Listing Branch HFN-315  
5600 Fishers Lane  
Rockville, MD 20857**



**13 Health Care Provider Taxonomy**

**The National Uniform Claim Committee  
c/o American Medical Association  
515 North State Street  
Chicago, IL 60610**

**14 Claim Adjustment Reason Codes**

**Blue Cross / Blue Shield Association  
Interplan Teleprocessing Services Division  
676 N. St. Clair Street  
Chicago, IL 60611**

**15 North American Industry Classification System (NAICS)**

**National Technical Information Service  
Alexandria, VA 22312**



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