

5010 ANSI ASC X12N 837 – Dental MHLA Data Specifications

| Loop | Position | Segment ID | Segment Name/ Data Element Name | Format | Length | Req. Des. | Value | Dental Form |
|------|----------|------------|---|--------|--------|-----------|---|-------------|
| | | ISA | Interchange Control Header Data Element Separator | | 3 | M | “ISA” “*” | |
| | | ISA01 | Authorization Information Qualifier Separator | ID | 2 | M | “00” No authorization information present “*” | |
| | | ISA02 | Authorization Information Separator | AN | 10 | M | blank “*” | |
| | | ISA03 | Security Information Qualifier Separator | ID | 2 | M | “00” No security information present “*” | |
| | | ISA04 | Security Information Separator | AN | 10 | M | blank “*” | |
| | | ISA05 | Interchange ID Qualifier Separator | ID | 2 | M | “ZZ” AIA Requirement “*” | |
| | | ISA06 | Interchange Sender ID Separator | AN | 15 | M | 3 digit alphanumeric submitter ID (AIA assigned) “*” | |
| | | ISA07 | Interchange ID Qualifier Separator | ID | 2 | M | “30” U.S. Federal Tax Identification Number “*” | |
| | | ISA08 | Interchange Receiver ID Separator | AN | 15 | M | “132501278” AIA’s tax number “*” | |
| | | ISA09 | Interchange Date Separator | DT | 6 | M | Date of transmission/file creation (YYMMDD) “*” | |
| | | ISA10 | Interchange Time Separator | TM | 4 | M | Time of transmission/file creation (HHMM) “*” | |
| | | ISA11 | Interchange Control Standards Identifier Separator | ID | 1 | M | “U” “*” | |
| | | ISA12 | Interchange Control Version Number Separator | ID | 5 | M | “00501” “*” | |
| | | ISA13 | Interchange Control Number Separator | N0 | 9 | M | 9 digit control number assigned by sender “*” | |
| | | ISA14 | Acknowledgment Requested Separator | ID | 1 | M | “0” No acknowledgment requested “*” | |
| | | ISA15 | Usage Indicator Separator | ID | 1 | M | “P” Production Run (“T” = Test run) “*” | |
| | | ISA16 | Component Element Separator Segment Terminator | | 1 | M | “.” “_” | |
| | | GS | Functional Group Header Data Element Separator | | 2 | M | “GS” “*” | |
| | | GS01 | Functional Identifier Code Separator | ID | 2 | M | “HC” Health Care Claim (837) “*” | |
| | | GS02 | Application Sender’s Code Separator | AN | 3 | M | 3 digit submitter code (AIA assigned) “*” | |
| | | GS03 | Application Receiver’s Code Separator | AN | 13 | M | “PPP837 DENTAL” “*” | |

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|---------------|----------------|------------------|---|---------------|-----------------|--------------|---|-------------|
| | | GS04 | Date | DT | 8 | M | YYYYMMDD | |
| | | | Separator | | | | “*” | |
| | | GS05 | Time | TM | 4/8 | M | HHMM | |
| | | | Separator | | | | “*” | |
| | | GS06 | Group Control Number | N0 | 1/9 | M | 1-9 digits assigned by sender | |
| | | | Separator | | | | “*” | |
| | | GS07 | Responsible Agency Code | ID | 1 | M | “X” | |
| | | | Separator | | | | “*” | |
| | | GS08 | Version/Release/Industry Identifier Code | AN | 1/12 | M | “005010X224” | |
| | 005 | ST | Transaction Set Header | | 2 | R | “ST” | |
| | | | Data Element Separator | | 1 | | “*” | |
| | | ST01 | Transaction Set Identifier Code | ID | 3 | R | “837” Health Care Claim | |
| | | | Data Element Separator | | 1 | | “*” | |
| | | ST02 | Transaction Set Control Number | AN | 4/9 | R | Transaction Set Control Number Sequential number assigned by the originator; ST02 and SE02 Control Numbers must be equivalent | |
| | 010 | BHT | Beginning of Hierarchical Transaction | | 3 | R | “BHT” | |
| | | | Data Element Separator | | 1 | | “*” | |
| | | BHT01 | Hierarchical Structure Code | ID | 4 | R | “0019” Information Source, Subscriber, Dep. | |
| | | | Data Element Separator | | 1 | | “*” | |
| | | BHT02 | Transaction Set Purpose Code | ID | 2 | R | “00” Original | |
| | | | Data Element Separator | | 1 | | “*” | |
| | | BHT03 | Reference Identification | AN | 1/30 | R | Originator Application Transaction Identifier | |
| | | | Data Element Separator | | 1 | | “*” | |
| | | BHT04 | Date | DT | 8 | R | Transaction Set Creation Date CCYYMMDD (Date Billed) | |
| | | | Data Element Separator | | 1 | | “*” | |
| | | BHT05 | Time | TM | 4/8 | R | Transaction Set Creation Time (HHMM) | |
| | | | Data Element Separator | | 1 | | “*” | |
| | | BHT06 | Transaction Type Code | ID | 2 | R | “CH” Chargeable | |
| 10 | 015 | REF | Transmission Type Identification | | 3 | R | “REF” (5010 Change – remove segment) | |
| | | | Data Element Separator | | 1 | | “*” | |
| | | REF01 | Reference Identification Qualifier | ID | 2/3 | R | “87” Functional Category | |
| | | | Data Element Separator | | 1 | | “*” | |
| | | REF02 | Reference Identification | AN | 1/30 | R | “004010X097A1” Transmission Type Code | |
| 1000A | 0200 | NM1 | Submitter Name | | 3 | R | “NM1” | |
| | | | Data Element Separator | | 1 | | “*” | |
| | | NM101 | Entity Identifier Code | ID | 2/3 | R | “41” Submitter indicator | |
| | | | Data Element Separator | | 1 | | “*” | |
| | | NM102 | Entity Type Qualifier | ID | 1 | R | “2” Non-Person Entity (1=Person) | |
| | | | Data Element Separator | | 1 | | “*” | |
| | | NM103 | Last Name or Organization Name | AN | 1/35 | R | Submitter Name – Last or Organization Name | |

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|-------|----------|------------|--|--------|-----------|-----------|--|-------------|
| | | NM104 | Data Element Separator First Name | AN | 1 1/25 | R | “*” Submitter First Name (req. if NM102 = 1) | |
| | | NM105 | Data Element Separator Middle Name | AN | 1 1/25 | R | “*” Submitter Middle Name (req. if NM102 = 1) | |
| | | NM106 | Data Element Separator Not Used | | 1 | | “*” | |
| | | NM107 | Not Used | | 1 | | “*” | |
| | | NM108 | Identification Code Qualifier Data Element Separator | ID | 1/2 1 | R | “46” Electronic Transmitter Ident Number (ETIN) “*” | |
| | | NM109 | Identification Code | AN | 2/80 | R | Submitter # (use the 3 digit AIA submitter number) | |
| 1000A | 0450 | PER | Submitter EDI Contact Information | | 3 | R | “PER” The contact information should point to the person in the submitter organization who deals with data transmission issues. “*” | |
| | | PER01 | Data Element Separator Contact Function Code | ID | 1 2 | R | “IC” “*” | |
| | | PER02 | Data Element Separator Name | AN | 1 1/60 | R | “*” Submitter Contact Name | |
| | | PER03 | Data Element Separator Communication Number Qualifier | ID | 1 2 | R | “*” “TE” | |
| | | PER04 | Data Element Separator Communication Number | AN | 1 1/80 | R | “*” Submitters Telephone Number | |
| | | PER05 | Data Element Separator Communication Number Qualifier | ID | 1 2 | R | “*” “EM” | |
| | | PER06 | Data Element Separator Communication Number | AN | 1 1/80 | R | “*” Submitters E-mail address (this will be used to send the 997 and/or the 835 transactions) | |
| 1000B | 0200 | NM1 | Receiver Name | | 3 | R | “NM1” “*” | |
| | | NM101 | Data Element Separator Entity Identifier Code | ID | 1 2/3 | R | “*” “40” Receiver | |
| | | NM102 | Data Element Separator Entity Type Qualifier | ID | 1 1 | R | “*” “2” Non-Person Entity | |
| | | NM103 | Data Element Separator Organization Name | AN | 1 1/35 | R | “*” “PPP Dental” | |
| | | NM104 | Data Element Separator Not Used | | 1 | | “*” | |
| | | NM105 | Not Used | | 1 | | “*” | |
| | | NM106 | Not Used | | 1 | | “*” | |
| | | NM107 | Not Used | | 1 | | “*” | |
| | | NM108 | Identification Code Qualifier Data Element Separator | ID | 1/2 1 | R | “46” Electronic Transmitter Identification Number “*” | |
| | | NM109 | Identification Code | AN | 2/80 | R | “132501278” | |

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|--------|----------|------------|--------------------------------------|--------|--------|-----------|--|-------------|
| 2000A | 010 | HL | Billing/Pay-To Provider Hierarchical | | 1 | R | “HL” Repeat >1 | |
| | | | Data Element Separator | | 1 | | “*” | |
| | | HL01 | Hierarchical ID Number | AN | 1/12 | R | Begin with “1” and increment by “1” each time a Hierarchical Level is used in the transaction. | |
| | | | Data Element Separator | | 1 | | “*” | |
| | | HL02 | Not Used | | 1 | | “*” | |
| | | HL03 | Hierarchical Level Code | AN | 2 | R | “20” | |
| | | | Data Element Separator | | 1 | | “*” | |
| | | HL04 | Hierarchical Child Code | ID | 1 | R | “1” Additional Subordinate HL Data Segment in this Hierarchical Structure | |
| | | | | | | | | |
| 2010AA | 0150 | NM1 | Billing Provider Name | | 3 | R | “NM1” | |
| | | | Data Element Separator | | 1 | | “*” | |
| | | NM101 | Entity Identifier Code | ID | 2 | R | “85” Billing Provider | 48 |
| | | | Data Element Separator | | 1 | | “*” | |
| | | NM102 | Entity Type Qualifier | ID | 1 | R | “2” non-person entity (1=person) | |
| | | | Data Element Separator | | 1 | | “*” | |
| | | NM103 | Last Name or Organization Name | AN | 1/35 | R | Last Name or Organization Name | |
| | | | Data Element Separator | | 1 | | “*” | |
| | | NM104 | First Name | AN | 1/25 | S | First Name (required if NM102=1) | |
| | | | Data Element Separator | | 1 | | “*” | |
| | | NM105 | Middle Name | AN | 1/25 | S | Middle Name (required if NM102=1) | |
| 2010AA | 0250 | N3 | Billing Provider Address | | 2 | R | “N3” | |
| | | | Data Element Separator | | 1 | | “*” | |
| | | N301 | Address Information | AN | 1/55 | R | Billing Provider Address | 48 |
| | | | Data Element Separator | | 1 | | “*” | |
| | | N302 | Address Information | AN | 1/55 | S | Billing Provider Address (for 2 nd line) | |
| | | | | | | | | |
| | | | | | | | | |
| | | | | | | | | |
| 2010AA | 0300 | N4 | Billing Provider City/State/Zip Code | | 2 | R | “N4” | |
| | | | Data Element Separator | | 1 | | “*” | |
| | | N401 | City Name | AN | 2/30 | R | Billing Provider City Name | 48 |
| | | | Data Element Separator | | 1 | | “*” | |
| | | N402 | State | ID | 2 | R | Billing Provider State Code | |
| | | | Data Element Separator | | 1 | | “*” | |
| | | N403 | Zip Code | ID | 3/15 | R | Billing Provider Zip Code | |

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| Loop | Position | Segment ID | Segment Name/ Data Element Name | Format | Length | Req. Des. | Value | Dental Form |
|--------|----------|------------|--|--------|--------|-----------|---|-------------|
| 2010AA | 0350 | REF | Billing Provider Secondary ID | | 3 | S | “REF” Required when a secondary identification number is necessary to identify the entity. “*” | |
| | | REF01 | Data Element Separator Reference Identification Qualifier | ID | 2 | R | “EI” Provider Tax ID “*” | |
| | | | Data Element Separator | | 1 | | | |
| | | REF02 | Reference Identification | AN | 1/30 | R | Secondary identification number | 51 |
| 2000B | 0010 | HL | Subscriber Hierarchical Level | | 2 | R | “HL” Repeat: >1 “*” | |
| | | HL01 | Data Element Separator Hierarchical ID Number | AN | 1/12 | R | Hierarchical ID Number Increment by “1” for each Hierarchical Level in this transaction. “*” | |
| | | HL02 | Data Element Separator Hierarchical Parent ID Number | AN | 1/12 | R | Hierarchical Parent ID Number HL02 identifies the hierarchical ID number of the HL7 segment to which the current HL segment is subordinate. “*” | |
| | | HL03 | Data Element Separator Hierarchical Level Code | ID | 2 | R | “22” Subscriber “*” | |
| | | HL04 | Data Element Separator Hierarchical Child Code | ID | 1 | R | “0” No Subordinate HL Segment in this Hierarchical structure. “1” if subordinate is present. | |
| 2000B | 0050 | SBR | Subscriber Information | | 3 | R | “SBR” “*” | |
| | | SBR01 | Data Element Separator Payer Responsibility Sequence # Code | ID | 1 | R | “P” Primary Payer “*” | |
| | | SBR02 | Data Element Separator Individual Relationship Code | ID | 2 | S | “18” Self “*” | |
| | | SBR03 | Data Element Separator Reference Identification | AN | 1/30 | S | Group/Policy Number “*” | 3 |
| | | SBR04 | Data Element Separator Group/Policy Name | | 1 | | “*” | |
| | | SBR05 | Data Element Separator Insurance Type Code | | 1 | | “*” | |
| | | SBR06 | Data Element Separator Not Used | | 1 | | “*” | |
| | | SBR07 | Data Element Separator Not Used | | 1 | | “*” | |
| | | SBR08 | Data Element Separator Not Used | | 1 | | “*” | |
| | | SBR09 | Data Element Separator Claim Filing Indicator Code | ID | 2 | S | “ZZ” | |
| 2010BA | 0150 | NM1 | Subscriber Name | | 3 | R | “NM1” “*” | 12/20 |
| | | NM101 | Data Element Separator Entity Identifier Code | ID | 2 | R | “IL” Insured or Subscriber “*” | |
| | | NM102 | Data Element Separator Entity Type Qualifier | ID | 1 | R | “1” Person | |

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|--------|----------|------------|--|--------|-----------|-----------|--|-------------|
| | | NM103 | Data Element Separator Last Name or Organization Name | AN | 1 1/35 | R | “*” Subscriber Last Name | |
| | | NM104 | Data Element Separator First Name | AN | 1 1/25 | S | “*” Subscriber First Name (required when NM102 = 1) | |
| | | NM105 | Data Element Separator Middle Name | AN | 1 1/25 | S | “*” Subscriber Middle Name | |
| | | NM106 | Data Element Separator Not Used | | 1 | | “*” | |
| | | NM107 | Data Element Separator Name Suffix | | 1 | | Subscriber Name Suffix | |
| | | NM108 | Data Element Separator Identification Code Qualifier | ID | 1 2 | M | “*” “MI” Member Identification Number | |
| | | NM109 | Data Element Separator Identification Code | AN | 1 2/20 | M | “*” MHLA Identification Number (if available) | 35 |
| 2010BA | 0250 | N3 | Subscriber Address | | 2 | S | “N3” Required if the subscriber is the patient | |
| | | N301 | Data Element Separator Address Information | AN | 1 1/35 | R | “*” Subscriber Address line 1 | 12/20 |
| | | N302 | Data Element Separator Address Information | AN | 1 1/35 | S | “*” Subscriber Address line 2 (if any) | |
| 2010BA | 0300 | N4 | Subscriber City/State/Zip Code | | 2 | S | “N4” Required if the subscriber is the patient | |
| | | N401 | Data Element Separator City | AN | 1 2/30 | R | “*” Subscriber City | 12/20 |
| | | N402 | Data Element Separator State Code | ID | 1 2 | R | “*” Subscriber State Code | |
| | | N403 | Data Element Separator Zip Code | ID | 1 3/15 | R | “*” Subscriber Zip Code | |
| 2010BA | 0320 | DMG | Subscriber Demographic Information | | 3 | S | “DMG” Required if the subscriber is the patient | |
| | | DMG01 | Data Element Separator Date Time Period Qualifier | ID | 1 2 | R | “*” “D8” CCYYMMDD | |
| | | DMG02 | Data Element Separator Date Time Period | AN | 1 8 | R | “*” Subscriber Birth Date | 13/21 |
| | | DMG03 | Data Element Separator Gender Code | ID | 1 1 | R | “*” Sex Code “F”-Female, “M”-Male, “U”-Unknown | |
| 2010BA | 0350 | REF | Billing Provider Secondary ID | | 3 | S | “REF” Required when a secondary identification number is necessary to identify the entity. | |
| | | REF01 | Data Element Separator Reference Identification Qualifier | ID | 1 2 | R | “*” Secondary reference identification qualifier (SY) | |
| | | REF02 | Data Element Separator Reference Identification | AN | 1 1/30 | R | “*” Secondary identification number - SSN | 15 |
| 2010BB | 0150 | NM1 | Payer Name | | 3 | R | “NM1” | |
| | | NM101 | Data Element Separator Entity Identifier Code | ID | 1 2 | R | “*” “PR” Payer | |
| | | | Data Element Separator | | 1 | | “*” | |

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| | | NM102 | Entity Type Qualifier | ID | 1 | R | “2” Non-Person Entity | |
| | | | Data Element Separator | | 1 | | “*” | |
| | | NM103 | Last Name or Organization Name | AN | 1/35 | R | Last Name or Organization Name | |
| | | | Data Element Separator | | 1 | | “*” | |
| | | NM104 | Not Used | | 1 | | “*” | |
| | | NM105 | Not Used | | 1 | | “*” | |
| | | NM106 | Not Used | | 1 | | “*” | |
| | | NM107 | Not Used | | 1 | | “*” | |
| | | NM108 | Identification Code Qualifier | ID | 2 | R | “PI” Payor Identification | |
| | | | Data Element Separator | | 1 | | “*” | |
| | | NM109 | Identification Code | AN | 2/20 | R | Payor Identification | |
| 2000C | 0010 | HL | Patient Hierarchical Level | | 2 | S | This HL is required when the patient is a different person than the subscriber. | |
| | | | Data Element Separator | | 1 | | | |
| | | HL01 | Hierarchical ID Number | | 1/12 | M | Hierarchical ID Number | |
| | | | Data Element Separator | | 1 | | | |
| | | HL02 | Hierarchical Parent ID Number | | 1/12 | O | Hierarchical parent ID | |
| | | | Data Element Separator | | 1 | | | |
| | | HL03 | Hierarchical Level Code | | 1/2 | M | “23” Dependent | |
| | | | Data Element Separator | | 1 | | | |
| | | HL04 | Hierarchical Child Code | | 1 | O | “0” No Subordinate HL Segment in this Hierarchical structure. | |
| 2000C | 0070 | PAT | Patient Information | | | S | Required if patient is not the subscriber | |
| | | PAT01 | Individual Relationship Code | N | 2 | S | Patients relationship to insured (01=spouse,19=child) | |
| 2000C | 0150 | NM1 | Patient Name | | 3 | S | “NM1” | |
| | | | Data Element Separator | | 1 | | “*” | |
| | | NM101 | Entity Identifier Code | ID | 2 | S | “QC” Patient | |
| | | | Data Element Separator | | 1 | | “*” | |
| | | NM102 | Entity Type Qualifier | ID | 1 | S | “1” Person | |
| | | | Data Element Separator | | 1 | | “*” | |
| | | NM103 | Last Name | AN | 1/35 | S | Last Name | 12/20 |
| | | | Data Element Separator | | 1 | | “*” | |
| | | NM104 | First Name | | 1/25 | S | First Name | 12/20 |
| | | | Data Element Separator | | 1 | | “*” | |
| | | NM105 | Middle Name | | 1/25 | S | Middle Name | 12/20 |
| | | | Data Element Separator | | 1 | | “*” | |
| | | NM106 | Not Used | | 1 | S | “*” | |
| | | NM107 | Not Used | | 1 | | “*” | |
| | | NM108 | Identification Code Qualifier | ID | 2 | S | “MI” Identification number | |
| | | | Data Element Separator | | 1 | | “*” | |
| | | NM109 | Identification Code | N | 2/20 | S | MHLA ID Number | 35 |

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| 2010CA | 0320 | DMG | Patient Demographic Information | | 3 | S | “DMG” | |
| | | | Data Element Separator | | 1 | | “*” | |
| | | DMG01 | Date Time Period Qualifier | ID | 2 | R | “D8” CCYYMMDD | |
| | | | Data Element Separator | | 1 | | “*” | |
| | DMG02 | Date Time Period | AN | 8 | R | Patient Birth Date | 13/21 | |
| | | | Data Element Separator | | 1 | | “*” | |
| | DMG03 | Gender Code | ID | 1 | R | Sex Code “F”-Female, “M”-Male, “U”-Unknown | 14/22 | |
| ----- | ----- | ----- | ----- | ----- | ----- | ----- | ----- | ----- |
| 2300 | 1300 | CLM | Claim Information | | 3 | R | “CLM” Repeat Loop: 100 | |
| | | | Data Element Separator | | 1 | | “*” | |
| | | CLM01 | Claim Submitter’s Identifier | AN | 1/38 | R | Patient Account Number (if greater than 11 bytes, the first 11 bytes will be used) | 23 |
| | | | Data Element Separator | | 1 | | “*” | |
| | | CLM02 | Monetary Amount | R | 1/18 | | Total Claim Charge Amount | 32 |
| | | | Data Element Separator | | 1 | | “*” | |
| | | CLM03 | Not Used | | 1 | | “*” | |
| | | CLM04 | Not Used | | 1 | | “*” | |
| | | CLM05 | Health Care Service Location Information | | | R | Place of Service Code (Composite) | 28 |
| | | CLM05-1 | Facility Code Value | AN | 1/2 | | Facility Type Code (ie: “11” for Office Visit) | |
| | | | Sub-element Separator | | 1 | | “.” | |
| | | CLM05-2 | Not Used | | 1 | | “.” | |
| | | CLM05-3 | Claim Frequency Type Code | ID | 1 | R | “1” Original | |
| | | | Data Element Separator | | 1 | | “*” | |
| | | CLM06 | Yes/No Condition or Response Code | ID | 1 | R | Provider or Supplier Signature Indicator | 53 |
| | | | Data Element Separator | | 1 | | “*” | |
| CLM07 | Provider Accept Assignment Code | ID | 1 | R | Provider Accept Assignment Code | | | |
| | Data Element Separator | | 1 | | “*” | | | |
| CLM08 | Yes/No Condition or Response Code | ID | 1 | R | Benefits Assignment Certification Indicator | n/a | | |
| | Data Element Separator | | 1 | | “*” | | | |
| CLM09 | Release of Information Code | ID | 1 | R | Release of Information Code | n/a | | |
| | Data Element Separator | | 1 | | “*” | | | |
| CLM10 | Patient Signature Source Code | ID | 1 | S | Patient Signature Source Code (Required except in cases where code “N” is used in CLM09) | | | |
| 2300 | 1350 | DTP | Date - Service | | 3 | S | “DTP” | |
| | | | Data Element Separator | | 1 | | “*” | |
| | | DTP01 | Date/Time Qualifier | ID | 3 | R | “472” Date of service | |
| | | | Data Element Separator | | 1 | | “*” | |
| | DTP02 | Date Time Period Format Qualifier | ID | 2/3 | R | “D8” CCYYMMDD or “RD8” ccyymmdd-ccyymmdd | | |
| | | | Data Element Separator | | 1 | | “*” | 24 |

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| | | DTP03 | Date Time Period | AN | 8/17 | R | Service Date(s) | |
| 2300 | 1900 | NTE | Claim Note | | 3 | R | “NTE” Required when State regulations mandate information not identified elsewhere. “*” | |
| | | NTE01 | Data Element Separator | ID | 3 | R | “ADD” “*” | |
| | | NTE02 | Note Reference Code | AN | 1 | R | “AAAAAA:BB:CC:D:E:F” | |
| | | | Data Element Separator | | 16 | R | A – Policy (always “PPD989”) B – Language (50-79) C – Ethnicity (01-08) D – Other Insurance (Y/N) E – Other Insurance Paid (Y/N) F – Homeless code (NH,HS,HO,OT,HU,UN) | 35 |
| 2300 | 2310 | HI | Health Care Information Codes | | 2 | R | “HI” Required on all claims/encounters. Do not transmit the decimal points in the diagnosis codes. The decimal point is assumed. “*” | |
| | | | Data Element Separator | | 1 | | | |
| | | HI01 | Health Care Code Information | | | R | Principal Diagnosis (Composite) | |
| | | HI01-01 | Code List Qualifier Code | ID | 2 | R | “ABK” Principal Diagnosis–ICD-10 | 34a |
| | | | Sub-element Separator | | 1 | | “.” | |
| | | HI01-02 | Industry Code | AN | 1/7 | R | Diagnosis Code (Primary Diagnosis Code) | 34a |
| | | | Data Element Separator | | 1 | | “*” | |
| | | HI02 | Health Care Code Information | | | S | Secondary Diagnosis (Composite) | |
| | | HI02-01 | Code List Qualifier Code | ID | 2 | R | “ABF” – Diagnosis – ICD-10 Code | |
| | | | Sub-element Separator | | 1 | | “.” | |
| | | HI02-02 | Industry Code | AN | 1/7 | R | Diagnosis Code (secondary) | 34b |
| | | | Data Element Separator | | 1 | | “*” | |
| | | HI03 | Health Care Code Information | | | S | Tertiary Diagnosis (Composite) | |
| | | HI03-01 | Code List Qualifier Code | ID | 2 | R | “ABF” – Diagnosis – ICD-10 Code | |
| | | | Sub-element Separator | | 1 | | “.” | |
| | | HI03-02 | Industry Code | AN | 1/7 | R | Diagnosis Code (tertiary) | 34c |
| | | | Data Element Separator | | 1 | | “*” | |
| | | HI04 | Health Care Code Information | | | S | Quaternary Diagnosis (Composite) | |
| | | HI04-01 | Code List Qualifier Code | ID | 2 | R | “ABF” | |
| | | | Sub-element Separator | | 1 | | “.” | |
| | | HI04-02 | Industry Code | AN | 1/7 | R | Diagnosis Code (quaternary) | 34d |
| 2310A | 2500 | NM1 | Referring Provider Name | | 3 | S | “NM1” Required if claim involved a referral “*” | |
| | | | Data Element Separator | | 1 | | | |
| | | NM101 | Entity Identifier Code | ID | 2 | R | “DN” Referring Physician “*” | |
| | | | Data Element Separator | | 1 | | | |
| | | NM102 | Entity Type Qualifier | ID | 1 | R | “1” Person (“2” for Non-Person Entity) | |

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| Loop | Position | Segment ID | Segment Name/ Data Element Name | Format | Length | Req. Des. | Value | Dental Form |
|-------|----------|------------|--|--------|-----------|-----------|--|-------------|
| | | NM103 | Data Element Separator Last Name or Organization Name | AN | 1 1/35 | R | “*” Referring Provider Last Name or Organization Name | 48/51 |
| | | | Data Element Separator | | 1 | | “*” | |
| | | NM104 | First Name | AN | 1/25 | S | First Name (required if NM102 =1) | |
| | | | Data Element Separator | | 1 | | “*” | |
| | | NM105 | Middle Name | AN | 1/25 | S | Middle Name (required if NM102=1) | |
| | | | Data Element Separator | | 1 | | “*” | |
| | | NM106 | Not Used | | 1 | | “*” | |
| | | NM107 | Name Suffix | AN | 1/10 | S | Name Suffix | |
| | | | Data Element Separator | | 1 | | “*” | |
| | | NM108 | Identification Code Qualifier | ID | 2 | R | Usually “24” – Tax ID | |
| | | | Data Element Separator | | 1 | | “*” | |
| | | NM109 | Identification Code | AN | 2/80 | R | Employer’s Identification Number | |
| 2310B | 271 | REF | Rendering Provider Secondary Identification | | 3 | S | “REF” Required when a secondary identification number is necessary to identify the entity. This is used to submit any/all of the State License/Blue Shield/Medicare/Medicaid numbers. One line per number. | |
| | | | Data Element Separator | | 1 | | “*” | |
| | | REF01 | Reference Identification Qualifier | ID | 2/3 | R | Reference Identification Qualifier | |
| | | | Data Element Separator | | 1 | | “*” | |
| | | REF02 | Reference Identification | AN | 1/30 | R | Reference Identification | |
| 2310B | 2500 | NM1 | Rendering Provider Name | | 3 | S | “NM1” Applies to the entire claim. Required when the Rendering Provider NM1 information is different than that carried in either the Billing Provider NM1 or the Pay-to Provider NM1 in the 2010AA/AB loops. | |
| | | | Data Element Separator | | 1 | | “*” | |
| | | NM101 | Entity Identifier Code | ID | 2 | R | “82” Referring Physician | |
| | | | Data Element Separator | | 1 | | “*” | |
| | | NM102 | Entity Type Qualifier | ID | 1 | R | “1” Person (“2” for Non-Person Entity) | |
| | | | Data Element Separator | | 1 | | “*” | |
| | | NM103 | Last Name or Organization Name | AN | 1/35 | R | Rendering Provider Last Name or Organization Name | 21 |
| | | | Data Element Separator | | 1 | | “*” | |
| | | NM104 | First Name | AN | 1/25 | S | First Name (required if NM102 =1) | 21 |
| | | | Data Element Separator | | 1 | | “*” | |
| | | NM105 | Middle Name | AN | 1/25 | S | Middle Name (required if NM102=1) | 21 |
| | | | Data Element Separator | | 1 | | “*” | |
| | | NM106 | Not Used | | 1 | | “*” | |
| | | NM107 | Name Suffix | AN | 1/10 | S | Name Suffix | 21 |
| | | | Data Element Separator | | 1 | | “*” | |
| | | NM108 | Identification Code Qualifier | ID | 2 | R | “XX” | |
| | | | Data Element Separator | | 1 | | “*” | |
| | | NM109 | Identification Code | AN | 2/80 | R | NPI Number | 49 |

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| Loop | Position | Segment ID | Segment Name/ Data Element Name | Format | Length | Req. Des. | Value | Dental Form |
|-------|----------|------------|--|--------|-----------|-----------|---|-------------|
| 2310B | 2710 | REF | Rendering Provider Secondary Identification | | 3 | S | “REF” Required when a secondary identification number is necessary to identify the entity. This is used to submit any/all of the State License/Blue Shield/Medicare/Medicaid numbers. One line per number. “*” | |
| | | REF01 | Data Element Separator Reference Identification Qualifier | ID | 1 2/3 | R | “G2” Reference Identification Qualifier “*” | |
| | | REF02 | Data Element Separator Reference Identification | AN | 1 1/30 | R | AIA Tax ID & Suffix | 51 |
| 2400 | 3650 | LX | Assigned Number | | 2 | R | “LX” “*” | |
| | | LX01 | Data Element Separator Assigned Number | NO | 1 1/6 | R | Line Number – Begin with 1 and increment by 1 for each additional Service Line of the claim. | |
| 2400 | 3800 | SV3 | Dental Service | | 3 | R | “SV3” “*” | |
| | | | Data Element Separator | | 2 | | | |
| | | SV301 | Composite Medical Procedure Identifier | ID | 2 | R | Procedure Identifier (Composite) | |
| | | SV301-1 | Product/Service ID Qualifier | | 1 | | “AD” American Dental Association Codes “.” | |
| | | SV301-2 | Sub-element Separator Product/Service ID | AN | 1/5 | R | Procedure Code | 29 |
| | | SV301-3 | Sub-element Separator Procedure Modifier | AN | 1 2 | S | Modifier “*” | |
| | | SV302 | Data Element Separator Monetary Amount | R | 1 1/10 | R | Line Item Charge Amount “*” | 31 |
| | | SV303 | Data Element Separator Facility Code Value | ID | 1 2 | R | Facility Type Code (ie: “11” for Office Visit “*” “*” | |
| 2400 | 3820 | TOO | Tooth Identification | | 3 | S | “TOO” “*” | |
| | | TOO01 | Data Element Separator Code List Qualifier Code | ID | 1 2 | R | “JP” “*” | |
| | | TOO02 | Data Element Separator Tooth Code | AN | 1 1/30 | O | Tooth Number/code “*” | 27 |
| | | TOO3-1 | Data Element Separator Tooth Surface Code | ID | 1 1/2 | O | Tooth Surface Code(s) | 28 |
| 2400 | 4550 | DTP | Service Date | | 3 | O | “DTP” “*” | |
| | | DTP01 | Data Element Separator Date/Time Qualifier | ID | 1 3 | R | “472” Service Date “*” | |
| | | DTP02 | Data Element Separator Date Time Period Format Qualifier | ID | 1 2/3 | R | “D8” CCYYMMDD “*” | |
| | | DTP03 | Data Element Separator Date Time Period | AN | 1 6/17 | R | Service Date | 24 |

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| Loop | Position | Segment ID | Segment Name/ Data Element Name | Format | Length | Req. Des. | Value | Dental Form |
|------|----------|------------|---------------------------------|--------|--------|-----------|-------|-------------|
|------|----------|------------|---------------------------------|--------|--------|-----------|-------|-------------|

Note: All segments need a Segment Terminator of “~”

- 09/16/2014 Update to 2010BA Segment to include MHLA ID # and REF Segment to include REF*SY for SSN Capture
- 04/30/2020 Update to 2300 HI Segment to include Diagnosis Codes per County Directive PIN.