

# 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” <b>(5010 Change)</b> “*”	
		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” “*”	
		GS04	Date	DT	8	M	YYYYMMDD	

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		GS05	Separator Time	TM	4/8	M	“*” HHMM	
		GS06	Separator Group Control Number	N0	1/9	M	“*” 1-9 digits assigned by sender	
		GS07	Separator Responsible Agency Code	ID	1	M	“*” “X”	
		GS08	Separator Version/Release/Industry Identifier Code	AN	1/12	M	“*” “005010X224” <b>(5010 Change)</b>	
	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	
	015	<del>REF</del>	<del>Transmission Type Identification</del>		<del>3</del>	<del>R</del>	<del>“REF”</del> <b>(5010 Change – remove segment)</b>	
			<del>Data Element Separator</del>		<del>4</del>		<del>“*”</del>	
		<del>REF01</del>	<del>Reference Identification Qualifier</del>	<del>ID</del>	<del>2/3</del>	<del>R</del>	<del>“*”</del> <del>“87” Functional Category</del>	
			<del>Data Element Separator</del>		<del>4</del>		<del>“*”</del>	
		<del>REF02</del>	<del>Reference Identification</del>	<del>AN</del>	<del>4/30</del>	<del>R</del>	<del>“004010X097A1” Transmission Type Code</del>	
	020	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	
			Data Element Separator		1		“*”	

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Loop	Position	Segment ID	Segment Name/ Data Element Name	Format	Length	Req. Des.	Value	Dental Form
		NM104	First Name	AN	1/25	R	Submitter First Name (req. if NM102 = 1)	
			Data Element Separator		1		“*”	
		NM105	Middle Name	AN	1/25	R	Submitter Middle Name (req. if NM102 = 1)	
			Data Element Separator		1		“*”	
		NM106	Not Used		1		“*”	
		NM107	Not Used		1		“*”	
		NM108	Identification Code Qualifier	ID	1/2	R	“46” Electronic Transmitter Ident Number (ETIN)	
			Data Element Separator		1		“*”	
		NM109	Identification Code	AN	2/80	R	Submitter # (use the 3 digit AIA submitter number)	
1000A	045	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.	
			Data Element Separator		1		“*”	
		PER01	Contact Function Code	ID	2	R	“IC”	
			Data Element Separator		1		“*”	
		PER02	Name	AN	1/60	R	Submitter Contact Name	
			Data Element Separator		1		“*”	
		PER03	Communication Number Qualifier	ID	2	R	“TE”	
			Data Element Separator		1		“*”	
		PER04	Communication Number	AN	1/80	R	Submitters Telephone Number	
			Data Element Separator		1		“*”	
		PER05	Communication Number Qualifier	ID	2	R	“EM”	
			Data Element Separator		1		“*”	
		PER06	Communication Number	AN	1/80	R	Submitters E-mail address (this will be used to send the 997 and/or the 835 transactions)	
1000B	020	NM1	Receiver Name		3	R	“NM1”	
			Data Element Separator		1		“*”	
		NM101	Entity Identifier Code	ID	2/3	R	“40” Receiver	
			Data Element Separator		1		“*”	
		NM102	Entity Type Qualifier	ID	1	R	“2” Non-Person Entity	
			Data Element Separator		1		“*”	
		NM103	Organization Name	AN	1/35	R	“PPP Dental”	
			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	1/2	R	“46” Electronic Transmitter Identification Number	
			Data Element Separator		1		“*”	
		NM109	Identification Code	AN	2/80	R	“132501278”	

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2000A	001	HL	Billing/Pay-To Provider Hierarchical Data Element Separator		1	R	“HL” Repeat >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. “*”	
		HL02	Data Element Separator		1		“*”	
		HL03	Not Used		1		“*”	
		HL04	Hierarchical Level Code	AN	2	R	“20” “*”	
		HL04	Data Element Separator		1		“*”	
		HL04	Hierarchical Child Code	ID	1	R	“1” Additional Subordinate HL Data Segment in this Hierarchical Structure	
2010AA	015	NM1	Billing Provider Name		3	R	“NM1” “*”	
		NM101	Data Element Separator		1		“*”	
		NM101	Entity Identifier Code	ID	2	R	“85” Billing Provider “*”	48
		NM102	Data Element Separator		1		“*”	
		NM102	Entity Type Qualifier	ID	1	R	“2” non-person entity (1=person) “*”	
		NM103	Data Element Separator		1		“*”	
		NM103	Last Name or Organization Name	AN	1/35	R	Last Name or Organization Name “*”	
		NM104	Data Element Separator		1		“*”	
		NM104	First Name	AN	1/25	S	First Name (required if NM102=1) “*”	
		NM105	Data Element Separator		1		“*”	
NM105	Middle Name	AN	1/25	S	Middle Name (required if NM102=1) “*”			
NM106	Data Element Separator		1		“*”			
NM106	Not Used		1		“*”			
NM107	Name Suffix	AN	1/10	S	Name Suffix “*”			
NM108	Data Element Separator		1		“*”			
NM108	Identification Code Qualifier	ID	1/2	R	“XX” NPI <b>(5010 change)</b> “*”			
NM109	Data Element Separator		1		“*”			
NM109	Identification Code	AN	1/80	R	NPI Number			
2010AA	025	N3	Billing Provider Address		2	R	“N3” “*”	
		N301	Data Element Separator		1		“*”	
		N301	Address Information	AN	1/55	R	Billing Provider Address “*”	48
		N302	Data Element Separator		1		“*”	
		N302	Address Information	AN	1/55	S	Billing Provider Address (for 2 <sup>nd</sup> line)	
2010AA	030	N4	Billing Provider City/State/Zip Code		2	R	“N4” “*”	
		N401	Data Element Separator		1		“*”	
		N401	City Name	AN	2/30	R	Billing Provider City Name “*”	48
		N402	Data Element Separator		1		“*”	
		N402	State	ID	2	R	Billing Provider State Code “*”	
		N403	Data Element Separator		1		“*”	
		N403	Zip Code	ID	3/15	R	Billing Provider Zip Code	

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2010AA	035	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	“EI” Provider Tax ID “*”	
			Data Element Separator		1			
		REF02	Reference Identification	AN	1/30	R	Secondary identification number	51
2000B	001	HL	Subscriber Hierarchical Level		2	R	“HL” Repeat: >1 “*”	
		HL01	Data Element Separator Hierarchical ID Number	AN	1 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 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	1 2	R	“22” Subscriber “*”	
		HL04	Data Element Separator Hierarchical Child Code	ID	1 1	R	“0” No Subordinate HL Segment in this Hierarchical structure. “1” if subordinate is present.	
2000B	005	SBR	Subscriber Information		3	R	“SBR” “*”	
		SBR01	Data Element Separator Payer Responsibility Sequence # Code	ID	1 1	R	“P” Primary Payer “*”	
		SBR02	Data Element Separator Individual Relationship Code	ID	1 2	S	“18” Self “*”	
		SBR03	Data Element Separator Reference Identification	AN	1 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	1 2	S	“ZZ”	
2010BA	015	NM1	Subscriber Name		3	R	“NM1” “*”	
		NM101	Data Element Separator Entity Identifier Code	ID	1 2	R	“IL” Insured or Subscriber “*”	12/20
			Data Element Separator		1			
		NM102	Entity Type Qualifier	ID	1 1	R	“1” Person “*”	

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Loop	Position	Segment ID	Segment Name/ Data Element Name	Format	Length	Req. Des.	Value	Dental Form
		NM103	Last Name or Organization Name Data Element Separator	AN	1/35 1	R	Subscriber Last Name “*”	
		NM104	First Name Data Element Separator	AN	1/25 1	S	Subscriber First Name (required when NM102 = 1) “*”	
		NM105	Middle Name Data Element Separator	AN	1/25 1	S	Subscriber Middle Name “*”	
		NM106	Not Used		1		“*”	
		NM107	Name Suffix Data Element Separator		1 1		Subscriber Name Suffix “*”	
		NM108	Identification Code Qualifier Data Element Separator	ID	2 1	S	“MI” Member Identification Number “*”	
		NM109	Identification Code	AN	2/20	S	MHLA Identification Number (if available)	35
2010BA	025	N3	Subscriber Address Data Element Separator		2 1	S	“N3” Required if the subscriber is the patient “*”	
		N301	Address Information Data Element Separator	AN	1/35 1	R	Subscriber Address line 1 “*”	12/20
		N302	Address Information	AN	1/35	S	Subscriber Address line 2 (if any)	
2010BA	030	N4	Subscriber City/State/Zip Code Data Element Separator		2 1	S	“N4” Required if the subscriber is the patient “*”	
		N401	City Data Element Separator	AN	2/30 1	R	Subscriber City “*”	12/20
		N402	State Code Data Element Separator	ID	2 1	R	Subscriber State Code “*”	
		N403	Zip Code	ID	3/15	R	Subscriber Zip Code	
2010BA	032	DMG	Subscriber Demographic Information Data Element Separator		3 1	S	“DMG” Required if the subscriber is the patient “*”	
		DMG01	Date Time Period Qualifier Data Element Separator	ID	2 1	R	“D8” CCYYMMDD “*”	
		DMG02	Date Time Period Data Element Separator	AN	8 1	R	Subscriber Birth Date “*”	13/21
		DMG03	Gender Code	ID	1	R	Sex Code “F”-Female, “M”-Male, “U”-Unknown	
2010BA	035	REF	Billing Provider Secondary ID Data Element Separator		3 1	S	“REF” Required when a secondary identification number is necessary to identify the entity. “*”	
		REF01	Reference Identification Qualifier Data Element Separator	ID	2 1	R	Secondary reference identification qualifier (SY) “*”	
		REF02	Reference Identification	AN	1/30	R	Secondary identification number - SSN	15
2010BB	015	NM1	Payer Name Data Element Separator		3 1	R	“NM1” “*”	
		NM101	Entity Identifier Code Data Element Separator	ID	2 1	R	“PR” Payer “*”	
		NM102	Entity Type Qualifier Data Element Separator	ID	1 1	R	“2” Non-Person Entity “*”	

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Loop	Position	Segment ID	Segment Name/ Data Element Name	Format	Length	Req. Des.	Value	Dental Form
		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	001	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	007	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	015	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	S	“*”	
		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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Loop	Position	Segment ID	Segment Name/ Data Element Name	Format	Length	Req. Des.	Value	Dental Form
2010CA	032	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	
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2300	130	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)			
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2300	135	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		“*”	
	DTP03	Date Time Period	AN	8/17	R	Service Date(s)	24	



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2300	190	NTE	Claim Note		3	R	“NTE” Required when State regulations mandate information not identified elsewhere. “*”	35
		NTE01	Data Element Separator	ID	1	R	“ADD” “*”	
			Note Reference Code		3			
		NTE02	Data Element Separator Description	AN	16	R	“AAAAAA:BB:CC:D:E:F” 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)	
2300	250	NM1	Referring Provider Name		3	S	“NM1” Required if claim involved a referral “*”	48/51
			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) “*”	
			Data Element Separator		1			
		NM103	Last Name or Organization Name	AN	1/35	R	Referring Provider 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) “*”	
	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		

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2310B	250	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. “*”	
		NM101	Data Element Separator	ID	1	R	“82” Referring Physician “*”	
		NM102	Entity Identifier Code	ID	2	R	“1” Person (“2” for Non-Person Entity) “*”	
		NM103	Data Element Separator	ID	1	R	“1” Person (“2” for Non-Person Entity) “*”	
		NM103	Entity Type Qualifier	ID	1	R	“1” Person (“2” for Non-Person Entity) “*”	
		NM103	Data Element Separator	ID	1	R	“1” Person (“2” for Non-Person Entity) “*”	
		NM103	Last Name or Organization Name	AN	1/35	R	Rendering Provider Last Name or Organization Name “*”	21
		NM104	Data Element Separator	AN	1	S	First Name (required if NM102 =1) “*”	21
		NM104	First Name	AN	1/25	S	First Name (required if NM102 =1) “*”	21
		NM105	Data Element Separator	AN	1	S	Middle Name (required if NM102=1) “*”	21
		NM105	Middle Name	AN	1/25	S	Middle Name (required if NM102=1) “*”	21
NM106	Data Element Separator	AN	1	S	Middle Name (required if NM102=1) “*”	21		
NM106	Not Used	AN	1	S	Middle Name (required if NM102=1) “*”	21		
NM107	Name Suffix	AN	1/10	S	Name Suffix “*”	21		
NM108	Data Element Separator	ID	1	R	“XX” (5010 change) “*”			
NM108	Identification Code Qualifier	ID	2	R	“XX” (5010 change) “*”			
NM109	Data Element Separator	AN	1	R	“XX” (5010 change) “*”			
NM109	Identification Code	AN	2/80	R	NPI Number	49		
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. “*”	
		REF01	Data Element Separator	ID	1	R	“G2” Reference Identification Qualifier “*”	
		REF01	Reference Identification Qualifier	ID	2/3	R	“G2” Reference Identification Qualifier “*”	
		REF02	Data Element Separator	AN	1	R	AIA Tax ID & Suffix (5010 change) “*”	51
		REF02	Reference Identification	AN	1/30	R	AIA Tax ID & Suffix (5010 change) “*”	51
2400	365	LX	Assigned Number		2	R	“LX” “*”	
		LX01	Data Element Separator	NO	1	R	“LX” “*”	
		LX01	Assigned Number	NO	1/6	R	Line Number – Begin with 1 and increment by 1 for each additional Service Line of the claim.	
2400	380	SV3	Dental Service		3	R	“SV3” “*”	
		SV301	Data Element Separator		2	R	“SV3” “*”	
		SV301-1	Composite Medical Procedure Identifier	ID	2	R	Procedure Identifier (Composite) “AD” American Dental Association Codes	
		SV301-1	Product/Service ID Qualifier	ID	2	R	Procedure Identifier (Composite) “AD” American Dental Association Codes	
		SV301-2	Sub-element Separator	AN	1	R	“AD” American Dental Association Codes “.”	
		SV301-2	Product/Service ID	AN	1/5	R	Procedure Code “.”	29
		SV301-3	Sub-element Separator	AN	1	S	Procedure Code “.”	29
		SV301-3	Procedure Modifier	AN	2	S	Modifier	29

## 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
		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 “*”	
		SV304	Data Element Separator Oral Cavity Designation	AN	1 2	O	“*” “*”	
		SV305	Prosthesis, Crown or Inlay Code		1		“*”	
		SV306	Quantity	R	1/15	O	Procedure Count	
2400	382	TOO	Tooth Identification		3	S	“TOO”	
			Data Element Separator		1		“*”	
		TOO01	Code List Qualifier Code	ID	2	R	“JP”	
			Data Element Separator		1		“*”	
		TOO02	Tooth Code	AN	1/30	O	Tooth Number/code	27
			Data Element Separator		1		“*”	
		TOO3-1	Tooth Surface Code	ID	1/2	O	Tooth Surface Code(s)	28
2400	455	DTP	Service Date		3	O	“DTP”	
			Data Element Separator		1		“*”	
		DTP01	Date/Time Qualifier	ID	3	R	“472” Service Date	
			Data Element Separator		1		“*”	
		DTP02	Date Time Period Format Qualifier	ID	2/3	R	“D8” CCYYMMDD	
			Data Element Separator		1		“*”	
		DTP03	Date Time Period	AN	6/17	R	Service Date	24

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