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# **837 Health Care Claim Companion Guide: Dental**

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**HIPAA 005010X224A2**

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## Preface

This Companion Guide to the 837D Batch Claims submission specifies the data content and business rules validation when submitting electronically with Delta Dental of California. Transmissions based on this companion guide used in tandem with the Delta Dental Security integration requirements are compliant with both Delta Dental’s claims submission process and Enterprise Security standards. This Companion Guide is intended to convey information that is within the framework of the 837D Batch Claims submission intended to accept and process electronic claims in batch mode in accordance with Delta Dental’s business rules and processes for claims adjudication.

## I. Introduction

The purpose of this document is to provide data content and business validation rules when submitting electronic claims transactions in batch mode.

This will also provide another channel for Providers to submit claims transactions to Delta Dental.

### Scope

This companion guide is intended for all Trading Partners interested in submitting electronic claims transactions to Delta Dental in batch mode. It is intended to be used in conjunction with Delta Dental's Enterprise Security requirements when exchanging data electronically.

All instructions in this document are written using information known at the time of publication and are subject to change.

### Overview

The purpose of this document is to introduce and provide information about Delta Dental's electronic batch claims submission. This document covers how Delta Dental will work with Trading Partners on testing, connectivity, contact information, payer specific business rules and limitations, acknowledgements, and trading partner agreements.

## II. Getting Started

### Working with Delta Dental of California

Entities interested in real-time submission of electronic claims transaction with Delta Dental's should email or call the Delta Dental contact related to Trading Partner Relations.

### Trading Partner Registration

New entities must submit in writing or email a request to become a Trading Partner to the Delta Dental of California contact related to Trading Partner Relations. Delta Dental reserves the right to have new Trading Partners use existing Trading Partner connections. In the request, submitter must include the following information:

|  |  |
|--|--|
| Contact Name                                       |  |
| Company Name                                       |  |
| Address, City, State and Zip                       |  |
| E-Mail address of contact                          |  |
| Telephone of contact                               |  |
| Number of Delta Enterprise Provider Clients Served |  |

### Trading Partner Enrollment/Onboarding

All Trading Partners - Practice Management Systems and Providers groups will be provided with applicable agreement during enrollment/onboarding period.



## III. Notes to the Trading Partners

### Business Use and Purpose

This document provides a statement of 837D utilization requirements unique to Delta Dental processing. Included in this document are the loops, segments and elements for which Delta Dental has notes. Clearinghouses and Trading Partners must use this guide in conjunction with the 837D Health Care Claim Implementation Guide (TR3).

Trading Partners must also use this guide in conjunction with the Delta Dental Enterprise Security requirements when transmitting 837D files electronically.

### Claims Types

The supported claim types are as follows:

1. Dental Claims
2. Dental Pre-Treatment Estimates

### Data Content/Format and Business Validation Rules

1. Trading Partners must follow the data content and business validation rules as specified in this Companion Guide.
2. Failure to follow the data content and business validation rules could result in claims rejections or denial of payments.
3. Although **Delta Dental Commercial, CCPCA and DeltaCare USA** may not process a given loop, segment, element, it may be sent but will simply be ignore in processing.
4. **Delta Dental** must assign or approve the Interchange Sender ID (ISA06).
5. Validation of the 837D will follow the rules defined for NPI-only. If an NPI is sent on any segment in the 837D, it must pass check digit validation
6. File Acknowledgement (999) file will be provided back to the Trading Partners for every 837D batch file received. The 999 file will contain HIPAA validation accept/reject information.
7. Only one ISA per file is allowed. The recommendation is to split the interchange into multiple transaction sets (ST-SE), with each transaction set containing one claim.
8. The 837D Implementation Guide imposes minimum data length requirements. It is recommended that Trading Partners space fill alphanumeric (AND) and identification (ID) fields and pad numeric fields with leading zeroes to meet the minimum requirements.

### HIPAA Validation

EDI/HIPAA validation will be performed using the following testing types as recommended by

WEDI-SNIP.

1. Type 1 (EDI Syntax integrity testing)
2. Type 2 (HIPAA syntactical requirement testing)
3. Type 3 (Balancing)

## Delimiters allowed by this Companion Guide are the following

1. Segment terminator ~ (Tilde)
2. Data Element separator \* (Asterisk)
3. Component Element Separator : (Colon)
4. Repetition Separator ^ (caret)

## General Requirements

1. The Subscriber's information (Subscriber ID, First name, Last Name and Date of Birth (DOB)) is required and must be provided regardless of patient type.
2. If claim is for Spouse or Child dependent, the Patient's information (First Name, Last Name and Date of Birth (DOB)) must be provided.

## Delta Dental's Notes to Trading Partners

Delta Dental's notes to the Trading Partners can be found at the loop, segment or element level under the label "Delta Dental's Notes for the Trading Partners". These notes apply to all electronic claims submitted under the following Delta Dental plans/programs:

A note that applies only to **Delta Dental Commercial** plans will have the heading "Delta Dental Commercial" followed by the note.

A note that applies only to **Government Programs** will have the heading "CPPCA & CPPTX" followed by the note.

A note that applies only to the **DeltaCare USA** will have the heading "DeltaCare USA" followed by the note.

If the note applies to **Delta Dental Commercial, CPPCA & CPPTX and DeltaCare USA**, there will be no heading.

### Delta Dental Commercial:

- Delta Dental of California (DDC)
- Delta Dental Insurance Company (DDIC)
- Delta Dental of Pennsylvania (DDPA)
- Delta Dental of New York (DDNY)
- Delta Dental of West Virginia (DDWV)
- Delta Dental of Delaware (DDWE)
- Delta Dental of District Columbia (DDDC)
- Delta Dental of Puerto Rico (DDPR)
- American Association of Retired Personnel (AARP)

Government Programs:

- Community Partnership Program – California (CPPCA)
- Cook's County – Texas (CPPTX)

Dental Health Management Organization (DHMO):

- DeltaCare USA

## IV. Testing with the Payer

### Testing Requirements

Trading Partner will use the following steps to test with any of Enterprise Delta Dental Payers.

**Step 1: Trading Partner Registration**

Trading Partner should contact Delta Dental of California to complete and submit the Trading Partner Agreement Form for registration process.

**Step 2: Trading Partner Authentication**

Delta Dental will verify the information on the Trading Partner Agreement Form and will approve the Submitter ID requests.

**Step 3: Trading Partner Validation/Testing**

Testing environment will be setup between Trading Partners and Delta Dental to allow for end-to-end system integration and Trading Partner Validation (TPV). Triage calls between Delta Dental and Trading Partners will be setup to troubleshoot any issues when applicable.

**Step 4: Trading Partner Implementation**

Once Trading Partner Validation (TPV) and end-to-end system integration testing is complete, a Trading Partner will be migrated to Production environment and can begin to submit claims using Delta Dental's real-time electronic claims submission service.

## V. Connectivity with the Payer / Communications

### Transmission Administrative Procedures

Trading Partner must use Delta Dental's designated secured FTP drop zone to submit 837D batch claims. This secured FTP drop zone will allow inbound and outbound files to be transmitted to/from Delta Dental.

### Claims Submission Issues

Trading Partners must send a request to Delta Dental's Contact for any claims submission issues.

## VI. Contact information

### EDI Customer Service

Delta Dental Production Support Mailbox: [DeltaDentalProduction@delta.org](mailto:DeltaDentalProduction@delta.org)

Trading Partner Relations Manager: Rajkumar Narayanaswamy  
Phone Number: 415.972.8300  
Email Address: rNarayanaswamy@delta.org

Trading Partner Technical Contact: Bernadette Abdon  
Phone Number: 415.808.6910  
Email Address: BAbdon@delta.org

Business Hours:  
Monday through Friday between 8:00 a.m. and 5:00 p.m., Pacific Standard Time

Excluding the following major holidays:

- New Year's Day (1/1)
- Martin Luther King's Day (3<sup>rd</sup> Monday in January)
- President's Day (3<sup>rd</sup> Monday in February)
- Memorial Day (Last Monday in May)
- Independence Day (7/4)
- Labor Day (1st Monday in September)
- Thanksgiving Day (4th Thursday in November)
- Day after Thanksgiving Day (4th Friday in November)
- Christmas Eve (12/24)
- Christmas Day (12/25)

### Provider Service Number

If you have questions regarding information related to subscribers that are non-technical, contact center information can be found at the following:

<http://www.deltadentalins.com/about/contact/>

### Applicable websites / e-mail

<http://www.deltadentalins.com/about/contact/>

<http://www.deltadentalins.com/dentists/edi-support.html>

# ISA Interchange Control Header

|                         |             |
|-------------------------|-------------|
| Pos:                    | Max: 1      |
| Not Defined - Mandatory |             |
| Loop: N/A               | Elements: 6 |

User Option (Usage): Required

## Delta Dental Example:

ISA\*00\* ..... \*00\* ..... \*ZZ\*SUBMITTERS.ID..\*ZZ\*RECEIVERS.ID...\*030101\*1253\*^\*00501\*000000905\*0\*T\*:-

## Element Summary:

| <u>Ref</u> | <u>Id</u> | <u>Element Name</u>      | <u>Req</u> | <u>Type</u> | <u>Min/Max</u> | <u>Usage</u> |
|------------|-----------|--------------------------|------------|-------------|----------------|--------------|
| ISA05      | I05       | Interchange ID Qualifier | M          | ID          | 2/2            | Required     |

### Delta Dental's Notes for the Trading Partner:

Recommended code is: ZZ

| <u>Code</u> | <u>Name</u>   |
|-------------|---|
| 01          | Duns (Dun & Bradstreet)   |
| 14          | Duns Plus Suffix  |
| 20          | Health Industry Number (HIN)  |
| 27          | Carrier Identification Number as assigned by Health Care Financing Administration (HCFA)                        |
| 28          | Fiscal Intermediary Identification Number as assigned by Health Care Financing Administration (HCFA)            |
| 29          | Medicare Provider and Supplier Identification Number as assigned by Health Care Financing Administration (HCFA) |
| 30          | U.S. Federal Tax Identification Number  |
| 33          | National Association of Insurance Commissioners Company Code (NAIC)   |
| ZZ          | Mutually Defined  |

|       |     |                          |   |    |     |          |
|-------|-----|--------------------------|---|----|-----|----------|
| ISA07 | I05 | Interchange ID Qualifier | M | ID | 2/2 | Required |
|-------|-----|--------------------------|---|----|-----|----------|

### Delta Dental's Notes for the Trading Partner: Recommended code is: ZZ

| <u>Code</u> | <u>Name</u>   |
|-------------|---|
| 01          | Duns (Dun & Bradstreet)   |
| 14          | Duns Plus Suffix  |
| 20          | Health Industry Number (HIN)  |
| 27          | Carrier Identification Number as assigned by Health Care Financing Administration (HCFA)                        |
| 28          | Fiscal Intermediary Identification Number as assigned by Health Care Financing Administration (HCFA)            |
| 29          | Medicare Provider and Supplier Identification Number as assigned by Health Care Financing Administration (HCFA) |
| 30          | U.S. Federal Tax Identification Number  |
| 33          | National Association of Insurance Commissioners Company Code (NAIC)   |
| ZZ          | Mutually Defined  |

|       |     |                      |   |  |     |          |
|-------|-----|----------------------|---|--|-----|----------|
| ISA11 | I65 | Repetition Separator | M |  | 1/1 | Required |
|-------|-----|----------------------|---|--|-----|----------|

### Delta Dental's Notes for the Trading Partner: ^ (caret)

|       |     |                            |   |    |     |          |
|-------|-----|----------------------------|---|----|-----|----------|
| ISA13 | I12 | Interchange Control Number | M | N0 | 9/9 | Required |
|-------|-----|----------------------------|---|----|-----|----------|

Delta Dental's Notes for the Trading Partner: The ICN should be generated uniquely for each file.

|       |     |                          |   |    |     |          |
|-------|-----|--------------------------|---|----|-----|----------|
| ISA14 | I13 | Acknowledgment Requested | M | ID | 1/1 | Required |
|-------|-----|--------------------------|---|----|-----|----------|

Delta Dental's Notes for the Trading Partner: A TA1 acknowledgement will be generated if the file fails envelope validation.

| <u>Code</u> | <u>Name</u> |
|-------------|-------------|
|-------------|-------------|

0 No Interchange Acknowledgment Requested  
1 Interchange Acknowledgment Requested (TA1)

ISA16 I15 **Component Element Separator** M 1/1 Required

**Delta Dental's Notes for the Trading Partner: :** (colon)



# ST Transaction Set Header

|                     |             |
|---------------------|-------------|
| Pos: 0050           | Max: 1      |
| Heading - Mandatory |             |
| Loop: N/A           | Elements: 1 |

User Option (Usage): Required

## Delta Dental Example:

ST\*837\*987654\*005010X224A2~

## Element Summary:

| <u>Ref</u> | <u>Id</u> | <u>Element Name</u>            | <u>Req</u> | <u>Type</u> | <u>Min/Max</u> | <u>Usage</u> |
|------------|-----------|--------------------------------|------------|-------------|----------------|--------------|
| ST02       | 329       | Transaction Set Control Number | M          | AN          | 4/9            | Required     |

**Delta Dental's Notes for the Trading Partner:** Assign a control number starting with "0001", and increment by one for each succeeding ST-SE set within the interchange (ISA-IEA). The number must be unique within the interchange.

# BHT Beginning of Hierarchical Transaction

|                     |             |
|---------------------|-------------|
| Pos: 0100           | Max: 1      |
| Heading - Mandatory |             |
| Loop: N/A           | Elements: 1 |

User Option (Usage): Required

## Delta Dental Example:

BHT\*0019\*00\*0123\*20040618\*0932\*CH~

## Element Summary:

| <u>Ref</u> | <u>Id</u> | <u>Element Name</u>   | <u>Req</u> | <u>Type</u> | <u>Min/Max</u> | <u>Usage</u> |
|------------|-----------|-----------------------|------------|-------------|----------------|--------------|
| BHT06      | 640       | Transaction Type Code | O          | ID          | 2/2            | Required     |

**Delta Dental's Notes for the Trading Partner:** Recommended code is: CH. Delta Dental does not currently support "31" (Subrogation).

| <u>Code</u> | <u>Name</u>        |
|-------------|--------------------|
| 31          | Subrogation Demand |
| CH          | Chargeable         |
| RP          | Reporting          |

# Loop Submitter Name

|                |               |
|----------------|---------------|
| Pos: 0200      | Repeat: 1     |
|                | Optional      |
| Loop:<br>1000A | Elements: N/A |

User Option (Usage): Required

## Loop Summary:

| <u>Pos</u> | <u>Id</u> | <u>Segment Name</u>               | <u>Req</u> | <u>Max Use</u> | <u>Repeat</u> | <u>Usage</u> |
|------------|-----------|-----------------------------------|------------|----------------|---------------|--------------|
| 0200       | NM1       | Submitter Name                    | O          | 1              |               | Required     |
| 0450       | PER       | Submitter EDI Contact Information | O          | 2              |               | Required     |

# NM1 Submitter Name

|                    |             |
|--------------------|-------------|
| Pos: 0200          | Max: 1      |
| Heading - Optional |             |
| Loop:<br>1000A     | Elements: 1 |

User Option (Usage): Required

## Delta Dental Example:

NM1\*41\*2\*ABC SUBMITTER\*\*\*\*\*46\*999999999~

## Element Summary:

| <u>Ref</u> | <u>Id</u> | <u>Element Name</u> | <u>Req</u> | <u>Type</u> | <u>Min/Max</u> | <u>Usage</u> |
|------------|-----------|---------------------|------------|-------------|----------------|--------------|
| NM104      | 1036      | Name First          | O          | AN          | 1/35           | Situational  |

Delta Dental's Notes for the Trading Partner: Send the first name, if available.

# PER Submitter EDI Contact Information

|                    |             |
|--------------------|-------------|
| Pos: 0450          | Max: 2      |
| Heading - Optional |             |
| Loop: 1000A        | Elements: 1 |

User Option (Usage): Required

## Delta Dental Example:

PER\*IC\*JOHN SMITH\*TE\*5555551234\*EX\*123~

## Element Summary:

| <u>Ref</u> | <u>Id</u> | <u>Element Name</u>            | <u>Req</u> | <u>Type</u> | <u>Min/Max</u> | <u>Usage</u> |
|------------|-----------|--------------------------------|------------|-------------|----------------|--------------|
| PER03      | 365       | Communication Number Qualifier | X          | ID          | 2/2            | Required     |

Delta Dental's Notes for the Trading Partner: Recommended code is: TE

| <u>Code</u> | <u>Name</u>     |
|-------------|-----------------|
| EM          | Electronic Mail |
| FX          | Facsimile       |
| TE          | Telephone       |

# Loop Receiver Name

|                |               |
|----------------|---------------|
| Pos: 0200      | Repeat: 1     |
|                | Optional      |
| Loop:<br>1000B | Elements: N/A |

User Option (Usage): Required

## Loop Summary:

| <u>Pos</u> | <u>Id</u> | <u>Segment Name</u> | <u>Req</u> | <u>Max Use</u> | <u>Repeat</u> | <u>Usage</u> |
|------------|-----------|---------------------|------------|----------------|---------------|--------------|
| 0200       | NM1       | Receiver Name       | O          | 1              |               | Required     |

# NM1 Receiver Name

|                    |             |
|--------------------|-------------|
| Pos: 0200          | Max: 1      |
| Heading - Optional |             |
| Loop: 1000B        | Elements: 1 |

User Option (Usage): Required

## Delta Dental Example:

NM1\*40\*2\*Delta Dental of California\*\*\*\*\*46\*942411167~

## Element Summary:

| <u>Ref</u> | <u>Id</u> | <u>Element Name</u>            | <u>Req</u> | <u>Type</u> | <u>Min/Max</u> | <u>Usage</u> |
|------------|-----------|--------------------------------|------------|-------------|----------------|--------------|
| NM103      | 1035      | Name Last or Organization Name | X          | AN          | 1/60           | Required     |

### Delta Dental's Notes for the Trading Partner: Recommended values:

Delta Dental of California  
 Delta Dental of Delaware  
 Delta Dental of West Virginia  
 Delta Dental District of Columbia  
 Delta Dental of Pennsylvania  
 Delta Dental of New York  
 Delta Dental Insurance Company  
 Delta Dental of Puerto Rico  
 California State Government Programs  
 American Association of Retired Persons  
 DeltaCare USA  
 Texas Cook's County

# Loop Billing Provider Hierarchical Level

|             |               |
|-------------|---------------|
| Pos: 0010   | Repeat: >1    |
|             | Mandatory     |
| Loop: 2000A | Elements: N/A |

User Option (Usage): Required

## Loop Summary:

| <u>Pos</u> | <u>Id</u> | <u>Segment Name</u> | <u>Req</u> | <u>Max Use</u> | <u>Repeat</u> | <u>Usage</u> |
|------------|-----------|---------------------|------------|----------------|---------------|--------------|
| 0150       |           | Loop 2010AA         | O          |                | 1             | Required     |



# Loop Billing Provider Name

Pos: 0150      Repeat: 1  
                  Optional  
Loop:  
2010AA      Elements: N/A

User Option (Usage): Required

**Delta Dental's Notes for Trading Partner:**  
For DeltaCare USA  
- When sending Billing Provider Location Number use Loop 2010BB (REF01 = "LU")

### Loop Summary:

| <u>Pos</u> | <u>Id</u> | <u>Segment Name</u>                 | <u>Req</u> | <u>Max Use</u> | <u>Repeat</u> | <u>Usage</u> |
|------------|-----------|-------------------------------------|------------|----------------|---------------|--------------|
| 0150       | NM1       | Billing Provider Name               | O          | 1              |               | Required     |
| 0250       | N3        | Billing Provider Address            | O          | 1              |               | Required     |
| 0350       | REF       | Billing Provider Tax Identification | O          | 1              |               | Required     |

# NM1 Billing Provider Name

|                   |             |
|-------------------|-------------|
| Pos: 0150         | Max: 1      |
| Detail - Optional |             |
| Loop: 2010AA      | Elements: 3 |

User Option (Usage): Required

## Delta Dental's Notes for Trading Partner:

Due to Delta Dental's claims processing requirements, the Billing Provider's NPI must be provided in this segment.

## Delta Dental Example:

NM1\*85\*1\*SMITH\*JOHN\*B\*\*\*\*XX\*1234567890~

## Element Summary:

| <u>Ref</u> | <u>Id</u> | <u>Element Name</u> | <u>Req</u> | <u>Type</u> | <u>Min/Max</u> | <u>Usage</u> |
|------------|-----------|---------------------|------------|-------------|----------------|--------------|
| NM104      | 1036      | Name First          | O          | AN          | 1/35           | Situational  |

### Delta Dental's Notes for the Trading Partner:

Send the first name, if available.

|       |    |                               |   |    |     |          |
|-------|----|-------------------------------|---|----|-----|----------|
| NM108 | 66 | Identification Code Qualifier | X | ID | 1/2 | Required |
|-------|----|-------------------------------|---|----|-----|----------|

### Code

### Name

XX Centers for Medicare and Medicaid Services National Provider Identifier

|       |    |                     |   |    |      |          |
|-------|----|---------------------|---|----|------|----------|
| NM109 | 67 | Identification Code | X | AN | 2/80 | Required |
|-------|----|---------------------|---|----|------|----------|

### ExternalCodeList

Name: 537

Description: Centers for Medicare and Medicaid Services National Provider Identifier

# N3

## Billing Provider Address

|                   |             |
|-------------------|-------------|
| Pos: 0250         | Max: 1      |
| Detail - Optional |             |
| Loop:<br>2010AA   | Elements: 1 |

User Option (Usage): Required

### Delta Dental Example:

N3\*123 MAIN STREET~

### Element Summary:

| <u>Ref</u> | <u>Id</u> | <u>Element Name</u> | <u>Req</u> | <u>Type</u> | <u>Min/Max</u> | <u>Usage</u> |
|------------|-----------|---------------------|------------|-------------|----------------|--------------|
| N301       | 166       | Address Information | M          | AN          | 1/55           | Required     |

#### Delta Dental's Notes for the Trading Partner:

It is recommended that Post Office Box or Lock Box addresses are not sent in this element. However, any claims that may contain Post Office Box or Lock Box information in this element will be accepted for processing.

# REF Billing Provider Tax Identification

|                   |             |
|-------------------|-------------|
| Pos: 0350         | Max: 1      |
| Detail - Optional |             |
| Loop: 2010AA      | Elements: 1 |

User Option (Usage): Required

## Delta Dental Example:

REF\*SY\*123456789~

## Element Summary:

| <u>Ref</u> | <u>Id</u> | <u>Element Name</u>                | <u>Req</u> | <u>Type</u> | <u>Min/Max</u> | <u>Usage</u> |
|------------|-----------|------------------------------------|------------|-------------|----------------|--------------|
| REF01      | 128       | Reference Identification Qualifier | M          | ID          | 2/3            | Required     |

### Delta Dental's Notes for the Trading Partner:

DeltaCare USA - Recommended code is: SY

| <u>Code</u> | <u>Name</u>                      |
|-------------|----------------------------------|
| EI          | Employer's Identification Number |
| SY          | Social Security Number           |

# Loop Subscriber Hierarchical Level

|                |               |
|----------------|---------------|
| Pos: 0010      | Repeat: >1    |
|                | Mandatory     |
| Loop:<br>2000B | Elements: N/A |

User Option (Usage): Required

## Loop Summary:

| <u>Pos</u> | <u>Id</u> | <u>Segment Name</u>    | <u>Req</u> | <u>Max Use</u> | <u>Repeat</u> | <u>Usage</u> |
|------------|-----------|------------------------|------------|----------------|---------------|--------------|
| 0050       | SBR       | Subscriber Information | O          | 1              |               | Required     |
| 0150       |           | Loop 2010BA            | O          |                | 1             | Required     |
| 0150       |           | Loop 2010BB            | O          |                | 1             | Required     |
| 1300       |           | Loop 2300              | O          |                | 100           | Situational  |

# SBR Subscriber Information

|                   |             |
|-------------------|-------------|
| Pos: 0050         | Max: 1      |
| Detail - Optional |             |
| Loop: 2000B       | Elements: 3 |

User Option (Usage): Required

## Delta Dental Example:

SBR\*P\*18\*012340001\*\*\*\*\*CI~

## Element Summary:

| <u>Ref</u> | <u>Id</u> | <u>Element Name</u>                       | <u>Req</u> | <u>Type</u> | <u>Min/Max</u> | <u>Usage</u> |
|------------|-----------|---|------------|-------------|----------------|--------------|
| SBR01      | 1138      | Payer Responsibility Sequence Number Code | M          | ID          | 1/1            | Required     |

**Delta Dental's Notes for the Trading Partner:** Recommended codes are: P, S, and T

| <u>Code</u> | <u>Name</u>                 |
|-------------|-----------------------------|
| A           | Payer Responsibility Four   |
| B           | Payer Responsibility Five   |
| C           | Payer Responsibility Six    |
| D           | Payer Responsibility Seven  |
| E           | Payer Responsibility Eight  |
| F           | Payer Responsibility Nine   |
| G           | Payer Responsibility Ten    |
| H           | Payer Responsibility Eleven |
| P           | Primary                     |
| S           | Secondary                   |
| T           | Tertiary                    |
| U           | Unknown                     |

|       |     |                          |   |    |      |             |
|-------|-----|--------------------------|---|----|------|-------------|
| SBR03 | 127 | Reference Identification | O | AN | 1/50 | Situational |
|-------|-----|--------------------------|---|----|------|-------------|

**Delta Dental's Notes for the Trading Partner:**

Use the following 10-byte format: First 5 bytes are group, right justified with leading zeros. Next 5 bytes are division or sub-location, right justified with leading zeros, For example, 012340001.

|       |      |                             |   |    |     |             |
|-------|------|-----------------------------|---|----|-----|-------------|
| SBR09 | 1032 | Claim Filing Indicator Code | O | ID | 1/2 | Situational |
|-------|------|-----------------------------|---|----|-----|-------------|

**Delta Dental's Notes for the Trading Partner:**

Delta Dental Commercial and CPPCA & CPPTX - Recommended code is: CI  
DeltaCare USA - Recommended code is: 17

| <u>Code</u> | <u>Name</u>   |
|-------------|---|
| 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                     |
| AM          | Automobile Medical                                  |
| BL          | Blue Cross/Blue Shield                              |
| CH          | Champus   |
| CI          | Commercial Insurance Co.                            |
| DS          | Disability  |
| FI          | Federal Employees Program                           |
| HM          | Health Maintenance Organization                     |
| LM          | Liability Medical                                   |

|    |                                    |
|----|------------------------------------|
| MA | Medicare Part A                    |
| MB | Medicare Part B                    |
| MC | Medicaid                           |
| OF | Other Federal Program              |
| TV | Title V                            |
| VA | Veterans Affairs Plan              |
| WC | Workers' Compensation Health Claim |
| ZZ | Mutually Defined                   |

# Loop Subscriber Name

Pos: 0150      Repeat: 1  
                  Optional  
Loop:  
2010BA      Elements: N/A

User Option (Usage): Required

**Delta Dental's Notes for Trading Partner:**  
Due to Delta Dental's claims processing requirements, if available, full Subscriber data must be provided if Patient is not the Subscriber

### Loop Summary:

| <u>Pos</u> | <u>Id</u> | <u>Segment Name</u>                | <u>Req</u> | <u>Max Use</u> | <u>Repeat</u> | <u>Usage</u> |
|------------|-----------|------------------------------------|------------|----------------|---------------|--------------|
| 0150       | NM1       | Subscriber Name                    | O          | 1              |               | Required     |
| 0250       | N3        | Subscriber Address                 | O          | 1              |               | Situational  |
| 0300       | N4        | Subscriber City, State, ZIP Code   | O          | 1              |               | Situational  |
| 0320       | DMG       | Subscriber Demographic Information | O          | 1              |               | Situational  |



# NM1 Subscriber Name

|                   |             |
|-------------------|-------------|
| Pos: 0150         | Max: 1      |
| Detail - Optional |             |
| Loop:<br>2010BA   | Elements: 1 |

User Option (Usage): Required

## Delta Dental Example:

NM1\*IL\*1\*DOE\*JOHN\*T\*\*JR\*MI\*123456~

## Element Summary:

| <u>Ref</u> | <u>Id</u> | <u>Element Name</u> | <u>Req</u> | <u>Type</u> | <u>Min/Max</u> | <u>Usage</u> |
|------------|-----------|---------------------|------------|-------------|----------------|--------------|
| NM104      | 1036      | Name First          | O          | AN          | 1/35           | Situational  |

**Delta Dental's Notes for the Trading Partner:**  
Send the first name, if available.

# N3

## Subscriber Address

|                   |             |
|-------------------|-------------|
| Pos: 0250         | Max: 1      |
| Detail - Optional |             |
| Loop:<br>2010BA   | Elements: 0 |

**User Option (Usage):** Situational

### Delta Dental's Notes for Trading Partner:

Send the Subscriber's address, if available.

### Delta Dental Example:

N3\*123 MAIN STREET~

**N4**

**Subscriber City, State, ZIP  
Code**

|                   |             |
|-------------------|-------------|
| Pos: 0300         | Max: 1      |
| Detail - Optional |             |
| Loop:<br>2010BA   | Elements: 0 |

**User Option (Usage):** Situational

**Delta Dental's Notes for Trading Partner:**  
Send the Subscriber's address, if available.  
**Delta Dental Example:**  
N4\*KANSAS CITY\*MO\*64108~

# DMG Subscriber Demographic Information

|                   |             |
|-------------------|-------------|
| Pos: 0320         | Max: 1      |
| Detail - Optional |             |
| Loop: 2010BA      | Elements: 1 |

User Option (Usage): Situational

## Delta Dental Example:

DMG\*D8\*19690815\*M~

## Element Summary:

| <u>Ref</u> | <u>Id</u> | <u>Element Name</u> | <u>Req</u> | <u>Type</u> | <u>Min/Max</u> | <u>Usage</u> |
|------------|-----------|---------------------|------------|-------------|----------------|--------------|
| DMG02      | 1251      | Date Time Period    | X          | AN          | 1/35           | Required     |

Delta Dental's Notes for the Trading Partner: Send the Subscriber's date of birth, if available.

# Loop Payer Name

|                 |               |
|-----------------|---------------|
| Pos: 0150       | Repeat: 1     |
|                 | Optional      |
| Loop:<br>2010BB | Elements: N/A |

User Option (Usage): Required

## Loop Summary:

| <u>Pos</u> | <u>Id</u> | <u>Segment Name</u>                       | <u>Req</u> | <u>Max Use</u> | <u>Repeat</u> | <u>Usage</u> |
|------------|-----------|---|------------|----------------|---------------|--------------|
| 0150       | NM1       | Payer Name                                | O          | 1              |               | Required     |
| 0350       | REF       | Billing Provider Secondary Identification | O          | 1              |               | Situational  |

# NM1 Payer Name

|                   |             |
|-------------------|-------------|
| Pos: 0150         | Max: 1      |
| Detail - Optional |             |
| Loop: 2010BB      | Elements: 2 |

User Option (Usage): Required

## Delta Dental Example:

NM1\*PR\*2\*ABC INSURANCE CO\*\*\*\*\*PI\*77777~

## Element Summary:

| Ref   | Id | Element Name                  | Req | Type | Min/Max | Usage    |
|-------|----|-------------------------------|-----|------|---------|----------|
| NM108 | 66 | Identification Code Qualifier | X   | ID   | 1/2     | Required |

**Delta Dental's Notes for the Trading Partner:** Recommended code is: PI

| Code | Name  |
|------|---|
| PI   | Payor Identification                              |
| XV   | Centers for Medicare and Medicaid Services PlanID |

|       |    |                     |   |    |      |          |
|-------|----|---------------------|---|----|------|----------|
| NM109 | 67 | Identification Code | X | AN | 2/80 | Required |
|-------|----|---------------------|---|----|------|----------|

**Delta Dental's Notes for the Trading Partner:**  
Delta Dental Commercial - Recommended values are:

**77777** (Delta Dental of California)  
**52147** (Delta Dental District of Columbia)  
**51022** (Delta Dental District of Delaware)  
**11198** (Delta Dental of New York)  
**23166** (Delta Dental of Pennsylvania)  
**31096** (Delta Dental of West Virginia)  
**94267** (Delta Dental Insurance Company)  
**AARP1** (American Association of Retired Persons)  
**660436769** (Delta Dental of Puerto Rico)

Government Programs - Recommended values are:

**CPPCA** (California State Government Programs)  
**CPPTX** (Texas Cook's County)

DeltaCare USA - Recommended values are:

**DDCA2** (Claims)  
**DDCA3** (Encounters)

### ExternalCodeList

**Name:** 540

**Description:** Centers for Medicare and Medicaid Services Plan ID

# REF Billing Provider Secondary Identification

|                   |             |
|-------------------|-------------|
| Pos: 0350         | Max: 1      |
| Detail - Optional |             |
| Loop: 2010BB      | Elements: 1 |

User Option (Usage): Situational

## Delta Dental Example:

REF\*G2\*12345~

## Element Summary:

| <u>Ref</u> | <u>Id</u> | <u>Element Name</u>                | <u>Req</u> | <u>Type</u> | <u>Min/Max</u> | <u>Usage</u> |
|------------|-----------|------------------------------------|------------|-------------|----------------|--------------|
| REF01      | 128       | Reference Identification Qualifier | M          | ID          | 2/3            | Required     |

### Delta Dental's Notes for the Trading Partner:

DeltaCare USA - Recommended code is: LU.

| <u>Code</u> | <u>Name</u>                |
|-------------|----------------------------|
| G2          | Provider Commercial Number |
| LU          | Location Number            |

# Loop Claim Information

Pos: 1300      Repeat: 100  
 Optional  
 Loop: 2300    Elements: N/A

User Option (Usage): Situational

**Loop Summary:**

| <u>Pos</u> | <u>Id</u> | <u>Segment Name</u>                              | <u>Req</u> | <u>Max Use</u> | <u>Repeat</u> | <u>Usage</u> |
|------------|-----------|--|------------|----------------|---------------|--------------|
| 1300       | CLM       | Claim Information                                | O          | 1              |               | Situational  |
| 1350       | DTP       | Date - Service Date                              | O          | 1              |               | Situational  |
| 1550       | PWK       | Claim Supplemental Information                   | O          | 10             |               | Situational  |
| 1800       | REF       | Prior Authorization                              | O          | 1              |               | Situational  |
| 1800       | REF       | Claim Identifier For Transmission Intermediaries | O          | 1              |               | Situational  |
| 1900       | NTE       | Claim Note                                       | O          | 5              |               | Situational  |
| 2500       |           | Loop 2310B                                       | O          |                | 1             | Situational  |
| 2500       |           | Loop 2310C                                       | O          |                | 1             | Situational  |
| 2900       |           | Loop 2320  | O          |                | 10            | Situational  |
| 3650       |           | Loop 2400  | O          |                | 50            | Required     |



# CLM Claim Information

|                   |             |
|-------------------|-------------|
| Pos: 1300         | Max: 1      |
| Detail - Optional |             |
| Loop: 2300        | Elements: 3 |

User Option (Usage): Situational

## Delta Dental Example:

CLM\*013193000001\*500\*\*\*11:B:1\*Y\*A\*Y\*Y\*AA:EM~

## Element Summary:

| <u>Ref</u> | <u>Id</u> | <u>Element Name</u> | <u>Req</u> | <u>Type</u> | <u>Min/Max</u> | <u>Usage</u> |
|------------|-----------|---------------------|------------|-------------|----------------|--------------|
| CLM02      | 782       | Monetary Amount     | O          | R           | 1/18           | Required     |

### Delta Dental's Notes for the Trading Partner:

Delta Dental Commercial and CPPCA & CPPTX - Negative amounts are not processed

|       |      |  |   |      |  |          |
|-------|------|--|---|------|--|----------|
| CLM05 | C023 | Health Care Service Location Information | O | Comp |  | Required |
|-------|------|--|---|------|--|----------|

|          |      |                           |   |    |     |          |
|----------|------|---------------------------|---|----|-----|----------|
| CLM05-03 | 1325 | Claim Frequency Type Code | O | ID | 1/1 | Required |
|----------|------|---------------------------|---|----|-----|----------|

### Delta Dental's Notes for the Trading Partner:

Delta Dental Commercial and CPPCA & CPPTX - Recommended codes are 1, 6, 7 and 8. Only an original claim will process all the way through the Delta Dental claims processor. If 6, 7, or 8 are received, the claim will be handled as an adjustment exception.

### ExternalCodeList

Name: 235

Description: Claim Frequency Type Code

|          |      |                            |   |      |     |             |
|----------|------|----------------------------|---|------|-----|-------------|
| CLM11    | C024 | Related Causes Information | O | Comp |     | Situational |
| CLM11-01 | 1362 | Related-Causes Code        | M | ID   | 2/3 | Required    |

| <u>Code</u> | <u>Name</u>    |
|-------------|----------------|
| AA          | Auto Accident  |
| EM          | Employment     |
| OA          | Other Accident |

|          |      |                     |   |    |     |             |
|----------|------|---------------------|---|----|-----|-------------|
| CLM11-02 | 1362 | Related-Causes Code | O | ID | 2/3 | Situational |
|----------|------|---------------------|---|----|-----|-------------|

| <u>Code</u> | <u>Name</u>    |
|-------------|----------------|
| AA          | Auto Accident  |
| EM          | Employment     |
| OA          | Other Accident |

# DTP Date - Service Date

|                   |             |
|-------------------|-------------|
| Pos: 1350         | Max: 1      |
| Detail - Optional |             |
| Loop: 2300        | Elements: 0 |

User Option (Usage): Situational

## Delta Dental's Notes for Trading Partner:

Delta Dental Commercial and CPPCA & CPPTX - Do not use if submitting claim for Predetermination of Benefits

## Delta Dental Example:

DTP\*472\*D8\*20060108~

# PWK Claim Supplemental Information

|                   |             |
|-------------------|-------------|
| Pos: 1550         | Max: 10     |
| Detail - Optional |             |
| Loop: 2300        | Elements: 1 |

User Option (Usage): Situational

## Delta Dental's Notes for Trading Partner:

National Electronic Attachment (NEA) Number can be sent in this segment. Note that the NEA number may also be sent on the NTE (Claim Note) segment.

## Delta Dental Example:

PWK\*OZ\*BM\*\*\*AC\*DMN0012~

## Element Summary:

| <u>Ref</u> | <u>Id</u> | <u>Element Name</u> | <u>Req</u> | <u>Type</u> | <u>Min/Max</u> | <u>Usage</u> |
|------------|-----------|---------------------|------------|-------------|----------------|--------------|
| PWK01      | 755       | Report Type Code    | M          | ID          | 2/2            | Required     |

| <u>Code</u> | <u>Name</u>  |
|-------------|--|
| B4          | Referral Form  |
| DA          | Dental Models  |
| DG          | Diagnostic Report  |
| EB          | Explanation of Benefits (Coordination of Benefits or Medicare Secondary Payor) |
| OZ          | Support Data for Claim   |
| P6          | Periodontal Charts   |
| RB          | Radiology Films  |
| RR          | Radiology Reports  |

# REF Prior Authorization

|                   |             |
|-------------------|-------------|
| Pos: 1800         | Max: 1      |
| Detail - Optional |             |
| Loop: 2300        | Elements: 1 |

User Option (Usage): Situational

## Delta Dental Example:

REF\*G1\*13579~

## Element Summary:

| <u>Ref</u> | <u>Id</u> | <u>Element Name</u>      | <u>Req</u> | <u>Type</u> | <u>Min/Max</u> | <u>Usage</u> |
|------------|-----------|--------------------------|------------|-------------|----------------|--------------|
| REF02      | 127       | Reference Identification | X          | AN          | 1/50           | Situational  |

### Delta Dental's Notes for the Trading Partner:

DeltaCare USA - DeltaCare USA-assigned claim number.

**REF** **Claim Identifier For  
Transmission  
Intermediaries**

|                   |             |
|-------------------|-------------|
| Pos: 1800         | Max: 1      |
| Detail - Optional |             |
| Loop: 2300        | Elements: 0 |

User Option (Usage): Situational

**Delta Dental's Notes for Trading Partner:**

Clearinghouse tracking number

**Delta Dental Example:**

REF\*D9\*TJ98UU321~

# NTE Claim Note

|                   |             |
|-------------------|-------------|
| Pos: 1900         | Max: 5      |
| Detail - Optional |             |
| Loop: 2300        | Elements: 0 |

User Option (Usage): Situational

## Delta Dental's Notes for Trading Partner:

Up to 5 NTE segments of 80 bytes can be processed.

Each identifier listed below should be placed at the very beginning of each 2300 NTE02 segment, as applicable, in the following order:

1. ENL - **Rendering Provider Address. Required.** (Send in the following format: Address Line/City/State/Zip Code, with the "/" acting as delimiter between values)
2. NEA - National Electronic Attachment Number
3. GAL - General Anesthesia License Number
4. COL - College Student's School Name
5. DOB - Other Subscriber Date of Birth (in the format CCYYMMDD)

## Delta Dental Example:

```
NTE*ADD*ENL 123 MAIN STREET/ABC CITY/CA/99999~  
NTE*ADD*NEA#123456789012~  
NTE*ADD*COL ANYWHERE COLLEGE~  
NTE*ADD*DOB 20110803~
```

# Loop Referring Provider Name

Pos: 2500      Repeat: 1  
Optional  
Loop:            Elements: N/A  
2310A

User Option (Usage): Situational

**Delta Dental's Notes for Trading Partner:**  
For DeltaCare USA:  
Send the Referring Provider Information in this loop for sending Specialty claims.

### Loop Summary:

| <u>Pos</u> | <u>Id</u> | <u>Segment Name</u>                         | <u>Req</u> | <u>Max Use</u> | <u>Repeat</u> | <u>Usage</u> |
|------------|-----------|---|------------|----------------|---------------|--------------|
| 2500       | NM1       | Referring Provider Name                     | O          | 1              |               | Situational  |
| 2710       | REF       | Referring Provider Secondary Identification | O          | 4              |               | Situational  |

# NM1 Referring Provider Name

|                   |             |
|-------------------|-------------|
| Pos: 2500         | Max: 1      |
| Detail - Optional |             |
| Loop: 2310A       | Elements: 3 |

User Option (Usage): Situational

## Delta Dental's Notes for Trading Partner:

For DeltaCare USA:

Due to Delta Dental's claims processing requirements, if the Referring Provider Name segment is sent, it should contain the Rendering Provider NPI.

## Delta Dental Example:

NM1\*ND\*1\*DOE\*JANE\*C\*\*\*XX\*1234567804~

## Element Summary:

| <u>Ref</u> | <u>Id</u> | <u>Element Name</u> | <u>Req</u> | <u>Type</u> | <u>Min/Max</u> | <u>Usage</u> |
|------------|-----------|---------------------|------------|-------------|----------------|--------------|
| NM104      | 1036      | Name First          | O          | AN          | 1/35           | Situational  |

**Delta Dental's Notes for the Trading Partner:** Send the first name, if available.

|       |    |                               |   |    |     |             |
|-------|----|-------------------------------|---|----|-----|-------------|
| NM108 | 66 | Identification Code Qualifier | X | ID | 1/2 | Situational |
|-------|----|-------------------------------|---|----|-----|-------------|

| <u>Code</u> | <u>Name</u>   |
|-------------|---|
| XX          | Centers for Medicare and Medicaid Services National Provider Identifier |

|       |    |                     |   |    |      |             |
|-------|----|---------------------|---|----|------|-------------|
| NM109 | 67 | Identification Code | X | AN | 2/80 | Situational |
|-------|----|---------------------|---|----|------|-------------|

### ExternalCodeList

**Name:** 537

**Description:** Centers for Medicare and Medicaid Services National Provider Identifier



# REF Referring Provider Secondary Identification

|                   |             |
|-------------------|-------------|
| Pos: 2710         | Max: 4      |
| Detail - Optional |             |
| Loop: 2310A       | Elements: 1 |

User Option (Usage): Situational

## Delta Dental Example:

REF\*G2\*12345~

## Element Summary:

| <u>Ref</u> | <u>Id</u> | <u>Element Name</u>                | <u>Req</u> | <u>Type</u> | <u>Min/Max</u> | <u>Usage</u> |
|------------|-----------|------------------------------------|------------|-------------|----------------|--------------|
| REF01      | 128       | Reference Identification Qualifier | M          | ID          | 2/3            | Required     |

### Delta Dental's Notes for the Trading Partner:

DeltaCare USA - Recommended code is: G2

| <u>Code</u> | <u>Name</u>                |
|-------------|----------------------------|
| 0B          | State License Number       |
| 1G          | Provider UPIN Number       |
| G2          | Provider Commercial Number |

|       |     |                                    |   |    |      |          |
|-------|-----|------------------------------------|---|----|------|----------|
| REF02 | 127 | Reference Identification Qualifier | X | AN | 1/50 | Required |
|-------|-----|------------------------------------|---|----|------|----------|

### Delta Dental's Notes for the Trading Partner:

DeltaCare USA – Send Referring Provider Facility ID if available, otherwise send State License Number.

# Loop Rendering Provider Name

Pos: 2500      Repeat: 1  
Optional  
Loop:  
2310B      Elements: N/A

User Option (Usage): Situational

**Delta Dental's Notes for Trading Partner:**  
Send the Rendering Provider Information in this loop if different than that carried in the Billing Provider Loop.

### Loop Summary:

| <u>Pos</u> | <u>Id</u> | <u>Segment Name</u>                         | <u>Req</u> | <u>Max Use</u> | <u>Repeat</u> | <u>Usage</u> |
|------------|-----------|---|------------|----------------|---------------|--------------|
| 2500       | NM1       | Rendering Provider Name                     | O          | 1              |               | Situational  |
| 2710       | REF       | Rendering Provider Secondary Identification | O          | 4              |               | Situational  |

# NM1 Rendering Provider Name

|                   |             |
|-------------------|-------------|
| Pos: 2500         | Max: 1      |
| Detail - Optional |             |
| Loop: 2310B       | Elements: 3 |

User Option (Usage): Situational

## Delta Dental's Notes for Trading Partner:

Due to Delta Dental's claims processing requirements, if the Rendering Provider Name segment is sent, it should contain the Rendering Provider NPI.

## Delta Dental Example:

NM1\*82\*1\*DOE\*JANE\*C\*\*\*XX\*1234567804~

## Element Summary:

| <u>Ref</u>  | <u>Id</u> | <u>Element Name</u>  | <u>Req</u> | <u>Type</u>   | <u>Min/Max</u> | <u>Usage</u> |
|---|-----------|--|------------|---|----------------|--------------|
| NM104   | 1036      | Name First   | O          | AN  | 1/35           | Situational  |
| <b>Delta Dental's Notes for the Trading Partner:</b> Send the first name, if available. |           |  |            |   |                |              |
| NM108   | 66        | Identification Code Qualifier  | X          | ID  | 1/2            | Situational  |
|   |           | <u>Code</u>  |            | <u>Name</u>   |                |              |
|   |           | XX   |            | Centers for Medicare and Medicaid Services National Provider Identifier |                |              |
| NM109   | 67        | Identification Code  | X          | AN  | 2/80           | Situational  |
|   |           | <u>ExternalCodeList</u>  |            |   |                |              |
|   |           | Name: 537  |            |   |                |              |
|   |           | Description: Centers for Medicare and Medicaid Services National Provider Identifier |            |   |                |              |

# REF Rendering Provider Secondary Identification

|                   |             |
|-------------------|-------------|
| Pos: 2710         | Max: 4      |
| Detail - Optional |             |
| Loop: 2310B       | Elements: 1 |

User Option (Usage): Situational

## Delta Dental Example:

REF\*G2\*12345~

## Element Summary:

| <u>Ref</u> | <u>Id</u> | <u>Element Name</u>                | <u>Req</u> | <u>Type</u> | <u>Min/Max</u> | <u>Usage</u> |
|------------|-----------|------------------------------------|------------|-------------|----------------|--------------|
| REF01      | 128       | Reference Identification Qualifier | M          | ID          | 2/3            | Required     |

### Delta Dental's Notes for the Trading Partner:

Delta Dental Commercial and CPPCA & CPPTX - Recommended codes are: G2 and LU  
DeltaCare USA - Recommended code is: G2

| <u>Code</u> | <u>Name</u>                |
|-------------|----------------------------|
| 0B          | State License Number       |
| 1G          | Provider UPIN Number       |
| G2          | Provider Commercial Number |
| LU          | Location Number            |

# Loop Service Facility Location Name

|                |               |
|----------------|---------------|
| Pos: 2500      | Repeat: 1     |
|                | Optional      |
| Loop:<br>2310C | Elements: N/A |

User Option (Usage): Situational

## Loop Summary:

| <u>Pos</u> | <u>Id</u> | <u>Segment Name</u>                             | <u>Req</u> | <u>Max Use</u> | <u>Repeat</u> | <u>Usage</u> |
|------------|-----------|---|------------|----------------|---------------|--------------|
| 2650       | N3        | Service Facility Location Address               | O          | 1              |               | Situational  |
| 2700       | N4        | Service Facility Location City, State, Zip Code | O          | 1              |               | Situational  |

# N3

## Service Facility Location Address

|                   |             |
|-------------------|-------------|
| Pos: 2650         | Max: 1      |
| Detail - Optional |             |
| Loop:<br>2310C    | Elements: 0 |

**User Option (Usage):** Situational

### Delta Dental's Notes for Trading Partner:

Send the Rendering Provider Address in this segment.

### Delta Dental Example:

N3\*123 MAIN STREET~

**N4**

**Service Facility Location  
City, State, Zip Code**

|                   |             |
|-------------------|-------------|
| Pos: 2700         | Max: 1      |
| Detail - Optional |             |
| Loop:<br>2310C    | Elements: 0 |

User Option (Usage): Situational

**Delta Dental's Notes for Trading Partner:**

Send the Rendering Provider Address in this segment.

**Delta Dental Example:**

N4\*KANSAS CITY\*MO\*64108~

# Loop Other Subscriber Information

|            |               |
|------------|---------------|
| Pos: 2900  | Repeat: 10    |
|            | Optional      |
| Loop: 2320 | Elements: N/A |

User Option (Usage): Situational

### Delta Dental's Notes for Trading Partner:

Delta Dental Commercial and CPPCA & CPPTX - send this loop only if sending COB dollars with the claim.  
 Use the NTE segment in Loop 2300 (Claim Information for the Patient) to send the Other Subscriber's Date of Birth.  
 Use the CAS segment in Loop 2320 (Other Subscriber Information) to send the COB Allowed Amount.

### Loop Summary:

| <u>Pos</u> | <u>Id</u> | <u>Segment Name</u>          | <u>Req</u> | <u>Max Use</u> | <u>Repeat</u> | <u>Usage</u> |
|------------|-----------|------------------------------|------------|----------------|---------------|--------------|
| 2900       | SBR       | Other Subscriber Information | O          | 1              |               | Situational  |
| 2950       | CAS       | Claim Level Adjustments      | O          | 5              |               | Situational  |
| 3250       |           | Loop 2330A                   | O          |                | 1             | Required     |
| 3250       |           | Loop 2330B                   | O          |                | 1             | Required     |



# SBR Other Subscriber Information

|                   |             |
|-------------------|-------------|
| Pos: 2900         | Max: 1      |
| Detail - Optional |             |
| Loop: 2320        | Elements: 2 |

User Option (Usage): Situational

## Delta Dental Example:

SBR\*S\*01\*GR0786\*\*\*\*\*13~

## Element Summary:

| <u>Ref</u> | <u>Id</u> | <u>Element Name</u>                       | <u>Req</u> | <u>Type</u> | <u>Min/Max</u> | <u>Usage</u> |
|------------|-----------|---|------------|-------------|----------------|--------------|
| SBR01      | 1138      | Payer Responsibility Sequence Number Code | M          | ID          | 1/1            | Required     |

**Delta Dental's Notes for the Trading Partner:** Recommended values are: P, S, and T

| <u>Code</u> | <u>Name</u>                 |
|-------------|-----------------------------|
| A           | Payer Responsibility Four   |
| B           | Payer Responsibility Five   |
| C           | Payer Responsibility Six    |
| D           | Payer Responsibility Seven  |
| E           | Payer Responsibility Eight  |
| F           | Payer Responsibility Nine   |
| G           | Payer Responsibility Ten    |
| H           | Payer Responsibility Eleven |
| P           | Primary                     |
| S           | Secondary                   |
| T           | Tertiary                    |
| U           | Unknown                     |

|       |      |                              |   |    |     |          |
|-------|------|------------------------------|---|----|-----|----------|
| SBR02 | 1069 | Individual Relationship Code | O | ID | 2/2 | Required |
|-------|------|------------------------------|---|----|-----|----------|

**Delta Dental's Notes for the Trading Partner:**

Delta Dental Commercial and CPPCA & CPPTX - Recommended codes are: 01, 18, and 19

| <u>Code</u> | <u>Name</u>        |
|-------------|--------------------|
| 01          | Spouse             |
| 18          | Self               |
| 19          | Child              |
| 20          | Employee           |
| 21          | Unknown            |
| 39          | Organ Donor        |
| 40          | Cadaver Donor      |
| 53          | Life Partner       |
| G8          | Other Relationship |

# CAS Claim Level Adjustments

|                   |             |
|-------------------|-------------|
| Pos: 2950         | Max: 5      |
| Detail - Optional |             |
| Loop: 2320        | Elements: 3 |

User Option (Usage): Situational

## Delta Dental Example:

CAS\*OA\*ALLW\*15.06~

## Element Summary:

| <u>Ref</u> | <u>Id</u> | <u>Element Name</u>         | <u>Req</u> | <u>Type</u> | <u>Min/Max</u> | <u>Usage</u> |
|------------|-----------|-----------------------------|------------|-------------|----------------|--------------|
| CAS01      | 1033      | Claim Adjustment Group Code | M          | ID          | 1/2            | Required     |

**Delta Dental's Notes for the Trading Partner:** Set this to "OA" when sending COB Allowed Amount in this segment.

| <u>Code</u> | <u>Name</u>                |
|-------------|----------------------------|
| CO          | Contractual Obligations    |
| CR          | Correction and Reversals   |
| OA          | Other adjustments          |
| PI          | Payor Initiated Reductions |
| PR          | Patient Responsibility     |

|       |      |                              |   |    |     |          |
|-------|------|------------------------------|---|----|-----|----------|
| CAS02 | 1034 | Claim Adjustment Reason Code | M | ID | 1/5 | Required |
|-------|------|------------------------------|---|----|-----|----------|

**Delta Dental's Notes for the Trading Partner:** Set this to "22" when sending COB Allowed Amount in this segment.

**ExternalCodeList**  
**Name:** 139  
**Description:** Claim Adjustment Reason Code

|       |     |                 |   |   |      |          |
|-------|-----|-----------------|---|---|------|----------|
| CAS03 | 782 | Monetary Amount | M | R | 1/18 | Required |
|-------|-----|-----------------|---|---|------|----------|

**Delta Dental's Notes for the Trading Partner:** Use this element to send COB Allowed Amount

# Loop Other Subscriber Name

|                |               |
|----------------|---------------|
| Pos: 3250      | Repeat: 1     |
|                | Optional      |
| Loop:<br>2330A | Elements: N/A |

User Option (Usage): Required

## Loop Summary:

| <u>Pos</u> | <u>Id</u> | <u>Segment Name</u>   | <u>Req</u> | <u>Max Use</u> | <u>Repeat</u> | <u>Usage</u> |
|------------|-----------|-----------------------|------------|----------------|---------------|--------------|
| 3250       | NM1       | Other Subscriber Name | O          | 1              |               | Required     |

# NM1 Other Subscriber Name

|                   |             |
|-------------------|-------------|
| Pos: 3250         | Max: 1      |
| Detail - Optional |             |
| Loop:<br>2330A    | Elements: 1 |

User Option (Usage): Required

## Delta Dental Example:

NM1\*IL\*1\*DOE\*JOHN\*T\*\*JR\*MI\*123456~

## Element Summary:

| <u>Ref</u> | <u>Id</u> | <u>Element Name</u> | <u>Req</u> | <u>Type</u> | <u>Min/Max</u> | <u>Usage</u> |
|------------|-----------|---------------------|------------|-------------|----------------|--------------|
| NM104      | 1036      | Name First          | O          | AN          | 1/35           | Situational  |

Delta Dental's Notes for the Trading Partner: Send the first name, if available.

# Loop Other Payer Name

|                |               |
|----------------|---------------|
| Pos: 3250      | Repeat: 1     |
|                | Optional      |
| Loop:<br>2330B | Elements: N/A |

User Option (Usage): Required

## Loop Summary:

| <u>Pos</u> | <u>Id</u> | <u>Segment Name</u> | <u>Req</u> | <u>Max Use</u> | <u>Repeat</u> | <u>Usage</u> |
|------------|-----------|---------------------|------------|----------------|---------------|--------------|
| 3250       | NM1       | Other Payer Name    | O          | 1              |               | Required     |

# NM1 Other Payer Name

|                   |             |
|-------------------|-------------|
| Pos: 3250         | Max: 1      |
| Detail - Optional |             |
| Loop: 2330B       | Elements: 1 |

User Option (Usage): Required

## Delta Dental Example:

NM1\*PR\*2\*ABC INSURANCE CO\*\*\*\*\*PI\*11122333~

## Element Summary:

| <u>Ref</u> | <u>Id</u> | <u>Element Name</u>           | <u>Req</u> | <u>Type</u> | <u>Min/Max</u> | <u>Usage</u> |
|------------|-----------|-------------------------------|------------|-------------|----------------|--------------|
| NM108      | 66        | Identification Code Qualifier | X          | ID          | 1/2            | Required     |

### Delta Dental's Notes for the Trading Partner:

Delta Dental Commercial and CPPCA & CPPTX - Recommended code is: PI

| <u>Code</u> | <u>Name</u>                                       |
|-------------|---|
| PI          | Payor Identification                              |
| XV          | Centers for Medicare and Medicaid Services PlanID |

# Loop Service Line Number

Pos: 3650      Repeat: 50  
Optional  
Loop: 2400    Elements: N/A

User Option (Usage): Required

## Loop Summary:

| <u>Pos</u> | <u>Id</u> | <u>Segment Name</u> | <u>Req</u> | <u>Max Use</u> | <u>Repeat</u> | <u>Usage</u> |
|------------|-----------|---------------------|------------|----------------|---------------|--------------|
| 3800       | SV3       | Dental Service      | O          | 1              |               | Required     |
| 4700       | REF       | Prior Authorization | O          | 5              |               | Situational  |
| 5000       |           | Loop 2420A          | O          |                | 1             | Situational  |
| 5000       |           | Loop 2420D          | O          |                | 1             | Situational  |
| 5400       |           | Loop 2430           | O          |                | 15            | Situational  |

# SV3 Dental Service

|                   |             |
|-------------------|-------------|
| Pos: 3800         | Max: 1      |
| Detail - Optional |             |
| Loop: 2400        | Elements: 1 |

User Option (Usage): Required

## Delta Dental Example:

SV3\*AD:D2150\*80\*\*\*\*1~

## Element Summary:

| <u>Ref</u> | <u>Id</u> | <u>Element Name</u>          | <u>Req</u> | <u>Type</u> | <u>Min/Max</u> | <u>Usage</u> |
|------------|-----------|------------------------------|------------|-------------|----------------|--------------|
| SV304      | C006      | Oral Cavity Designation      | O          | Comp        |                | Situational  |
| SV304-01   | 1361      | Oral Cavity Designation Code | M          | ID          | 1/3            | Required     |

### Delta Dental's Notes for the Trading Partner:

Delta Dental Commercial and CPPCA & CPPTX - Recommended codes are: 10, 20, 30 and 40. Other values are accepted but ignored.

### ExternalCodeList

Name: 135C

Description: ADA Oral Cavity Designation Codes

|          |      |                              |   |    |     |             |
|----------|------|------------------------------|---|----|-----|-------------|
| SV304-05 | 1361 | Oral Cavity Designation Code | O | ID | 1/3 | Situational |
|----------|------|------------------------------|---|----|-----|-------------|

### Delta Dental's Notes for the Trading Partner:

Delta Dental Commercial and CPPCA & CPPTX - Recommended codes are: 10, 20, 30 and 40. Other values are accepted but ignored.

### ExternalCodeList

Name: 135C

Description: ADA Oral Cavity Designation Codes



# REF Prior Authorization

|                   |             |
|-------------------|-------------|
| Pos: 4700         | Max: 5      |
| Detail - Optional |             |
| Loop: 2400        | Elements: 1 |

User Option (Usage): Situational

## Delta Dental Example:

REF\*G1\*13579~

## Element Summary:

| <u>Ref</u> | <u>Id</u> | <u>Element Name</u>      | <u>Req</u> | <u>Type</u> | <u>Min/Max</u> | <u>Usage</u> |
|------------|-----------|--------------------------|------------|-------------|----------------|--------------|
| REF02      | 127       | Reference Identification | X          | AN          | 1/50           | Required     |

### Delta Dental's Notes for the Trading Partner:

DeltaCare USA - DeltaCare USA-assigned claim number.

# Loop Rendering Provider Name

|                |               |
|----------------|---------------|
| Pos: 5000      | Repeat: 1     |
|                | Optional      |
| Loop:<br>2420A | Elements: N/A |

User Option (Usage): Situational

## Loop Summary:

| <u>Pos</u> | <u>Id</u> | <u>Segment Name</u>                         | <u>Req</u> | <u>Max Use</u> | <u>Repeat</u> | <u>Usage</u> |
|------------|-----------|---|------------|----------------|---------------|--------------|
| 5000       | NM1       | Rendering Provider Name                     | O          | 1              |               | Situational  |
| 5250       | REF       | Rendering Provider Secondary Identification | O          | 20             |               | Situational  |

# NM1 Rendering Provider Name

|                   |             |
|-------------------|-------------|
| Pos: 5000         | Max: 1      |
| Detail - Optional |             |
| Loop: 2420A       | Elements: 3 |

User Option (Usage): Situational

## Delta Dental's Notes for Trading Partner:

Due to Delta Dental's claims processing requirements, if the Rendering Provider Name segment is sent, it should contain the Rendering Provider NPI.

## Delta Dental Example:

NM1\*82\*1\*DOE\*JANE\*C\*\*\*XX\*1234567804~

## Element Summary:

| <u>Ref</u>  | <u>Id</u> | <u>Element Name</u>   | <u>Req</u> | <u>Type</u>   | <u>Min/Max</u> | <u>Usage</u> |
|---|-----------|---|------------|---|----------------|--------------|
| NM104   | 1036      | <b>Name First</b>   | O          | AN  | 1/35           | Situational  |
| <b>Delta Dental's Notes for the Trading Partner:</b> Send the first name, if available. |           |   |            |   |                |              |
| NM108   | 66        | <b>Identification Code Qualifier</b>  | X          | ID  | 1/2            | Situational  |
|   |           | <u>Code</u>   |            | <u>Name</u>   |                |              |
|   |           | XX  |            | Centers for Medicare and Medicaid Services National Provider Identifier |                |              |
| NM109   | 67        | <b>Identification Code</b>  | X          | AN  | 2/80           | Situational  |
|   |           | <u>ExternalCodeList</u>   |            |   |                |              |
|   |           | <b>Name:</b> 537  |            |   |                |              |
|   |           | <b>Description:</b> Centers for Medicare and Medicaid Services National Provider Identifier |            |   |                |              |

# REF Rendering Provider Secondary Identification

|                   |             |
|-------------------|-------------|
| Pos: 5250         | Max: 20     |
| Detail - Optional |             |
| Loop:<br>2420A    | Elements: 1 |

User Option (Usage): Situational

## Delta Dental Example:

REF\*G2\*12345~

## Element Summary:

| <u>Ref</u> | <u>Id</u> | <u>Element Name</u>                | <u>Req</u> | <u>Type</u> | <u>Min/Max</u> | <u>Usage</u> |
|------------|-----------|------------------------------------|------------|-------------|----------------|--------------|
| REF01      | 128       | Reference Identification Qualifier | M          | ID          | 2/3            | Required     |

### Delta Dental's Notes for the Trading Partner:

Delta Dental Commercial and CPPCA & CPPTX - Recommended codes are: 0B, G2

| <u>Code</u> | <u>Name</u>                |
|-------------|----------------------------|
| 0B          | State License Number       |
| 1G          | Provider UPIN Number       |
| G2          | Provider Commercial Number |
| LU          | Location Number            |

# Loop Service Facility Location Name

|                |               |
|----------------|---------------|
| Pos: 5000      | Repeat: 1     |
|                | Optional      |
| Loop:<br>2420D | Elements: N/A |

User Option (Usage): Situational

## Loop Summary:

| <u>Pos</u> | <u>Id</u> | <u>Segment Name</u>                             | <u>Req</u> | <u>Max Use</u> | <u>Repeat</u> | <u>Usage</u> |
|------------|-----------|---|------------|----------------|---------------|--------------|
| 5140       | N3        | Service Facility Location Address               | O          | 1              |               | Situational  |
| 5200       | N4        | Service Facility Location City, State, ZIP Code | O          | 1              |               | Situational  |

# N3

## Service Facility Location Address

|                   |             |
|-------------------|-------------|
| Pos: 5140         | Max: 1      |
| Detail - Optional |             |
| Loop:<br>2420D    | Elements: 2 |

User Option (Usage): Situational

### Delta Dental's Notes for Trading Partner:

Send the Rendering Provider Address in this segment.

### Delta Dental Example:

N3\*123 MAIN STREET~

### Element Summary:

| <u>Ref</u> | <u>Id</u> | <u>Element Name</u> | <u>Req</u> | <u>Type</u> | <u>Min/Max</u> | <u>Usage</u> |
|------------|-----------|---------------------|------------|-------------|----------------|--------------|
| N301       | 166       | Address Information | M          | AN          | 1/55           | Required     |
| N302       | 166       | Address Information | O          | AN          | 1/55           | Situational  |

# N4

## Service Facility Location City, State, ZIP Code

|                   |             |
|-------------------|-------------|
| Pos: 5200         | Max: 1      |
| Detail - Optional |             |
| Loop: 2420D       | Elements: 5 |

User Option (Usage): Situational

### Delta Dental's Notes for Trading Partner:

Send the Rendering Provider Address in this segment.

### Delta Dental Example:

N4\*KANSAS CITY\*MO\*64108~

### Element Summary:

| <u>Ref</u> | <u>Id</u> | <u>Element Name</u>  | <u>Req</u> | <u>Type</u> | <u>Min/Max</u> | <u>Usage</u> |
|------------|-----------|--|------------|-------------|----------------|--------------|
| N401       | 19        | City Name  | O          | AN          | 2/30           | Required     |
| N402       | 156       | State or Province Code   | X          | ID          | 2/2            | Situational  |
|            |           | <u>ExternalCodeList</u><br>Name: 22C<br>Description: States and Provinces          |            |             |                |              |
| N403       | 116       | Postal Code  | O          | ID          | 3/15           | Situational  |
|            |           | <u>ExternalCodeList</u><br>Name: 932<br>Description: Universal Postal Codes        |            |             |                |              |
|            |           | <u>ExternalCodeList</u><br>Name: 51<br>Description: ZIP Code                       |            |             |                |              |
| N404       | 26        | Country Code   | X          | ID          | 2/3            | Situational  |
|            |           | <u>ExternalCodeList</u><br>Name: 5<br>Description: Countries, Currencies and Funds |            |             |                |              |
| N407       | 1715      | Country Subdivision Code   | X          | ID          | 1/3            | Situational  |
|            |           | <u>ExternalCodeList</u><br>Name: 5<br>Description: Countries, Currencies and Funds |            |             |                |              |

# Loop Line Adjudication Information

Pos: 5400      Repeat: 15  
Optional  
Loop: 2430    Elements: N/A

User Option (Usage): Situational

## Delta Dental's Notes for Trading Partner:

Delta Dental Commercial and CPPCA & CPPTX - Use the CAS segment to send the COB Allowed amount

### Loop Summary:

| <u>Pos</u> | <u>Id</u> | <u>Segment Name</u> | <u>Req</u> | <u>Max Use</u> | <u>Repeat</u> | <u>Usage</u> |
|------------|-----------|---------------------|------------|----------------|---------------|--------------|
| 5450       | CAS       | Line Adjustment     | O          | 5              |               | Situational  |



# CAS Line Adjustment

|                   |             |
|-------------------|-------------|
| Pos: 5450         | Max: 5      |
| Detail - Optional |             |
| Loop: 2430        | Elements: 3 |

User Option (Usage): Situational

## Delta Dental Example:

CAS\*OA\*22\*15.06~

## Element Summary:

| <u>Ref</u> | <u>Id</u> | <u>Element Name</u>         | <u>Req</u> | <u>Type</u> | <u>Min/Max</u> | <u>Usage</u> |
|------------|-----------|-----------------------------|------------|-------------|----------------|--------------|
| CAS01      | 1033      | Claim Adjustment Group Code | M          | ID          | 1/2            | Required     |

**Delta Dental's Notes for the Trading Partner:** Set this to "OA" when sending COB Allowed Amount in this segment.

| <u>Code</u> | <u>Name</u>                |
|-------------|----------------------------|
| CO          | Contractual Obligations    |
| CR          | Correction and Reversals   |
| OA          | Other adjustments          |
| PI          | Payor Initiated Reductions |
| PR          | Patient Responsibility     |

|       |      |                              |   |    |     |          |
|-------|------|------------------------------|---|----|-----|----------|
| CAS02 | 1034 | Claim Adjustment Reason Code | M | ID | 1/5 | Required |
|-------|------|------------------------------|---|----|-----|----------|

**Delta Dental's Notes for the Trading Partner:** Set this to "22" when sending COB Allowed Amount in this segment.

**ExternalCodeList**  
**Name:** 139  
**Description:** Claim Adjustment Reason Code

|       |     |                 |   |   |      |          |
|-------|-----|-----------------|---|---|------|----------|
| CAS03 | 782 | Monetary Amount | M | R | 1/18 | Required |
|-------|-----|-----------------|---|---|------|----------|

**Delta Dental's Notes for the Trading Partner:** Use this element to send COB Allowed Amount.

# Loop Patient Hierarchical Level

|                |               |
|----------------|---------------|
| Pos: 0010      | Repeat: >1    |
|                | Optional      |
| Loop:<br>2000C | Elements: N/A |

User Option (Usage): Situational

## Loop Summary:

| <u>Pos</u> | <u>Id</u> | <u>Segment Name</u>        | <u>Req</u> | <u>Max Use</u> | <u>Repeat</u> | <u>Usage</u> |
|------------|-----------|----------------------------|------------|----------------|---------------|--------------|
| 0010       | HL        | Patient Hierarchical Level | O          | 1              |               | Situational  |
| 0150       |           | Loop 2010CA                | O          |                | 1             | Required     |
| 1300       |           | Loop 2300                  | O          |                | 100           | Required     |

# HL

## Patient Hierarchical Level

|                   |             |
|-------------------|-------------|
| Pos: 0010         | Max: 1      |
| Detail - Optional |             |
| Loop:<br>2000C    | Elements: 1 |

User Option (Usage): Situational

### Delta Dental Example:

HL\*3\*2\*23\*0~

### Element Summary:

| <u>Ref</u> | <u>Id</u> | <u>Element Name</u>    | <u>Req</u> | <u>Type</u> | <u>Min/Max</u> | <u>Usage</u> |
|------------|-----------|------------------------|------------|-------------|----------------|--------------|
| HL01       | 628       | Hierarchical ID Number | M          | AN          | 1/12           | Required     |

Delta Dental's Notes for the Trading Partner: Recommended codes are: 01, 19, and 20

# Loop Patient Name

|                 |               |
|-----------------|---------------|
| Pos: 0150       | Repeat: 1     |
|                 | Optional      |
| Loop:<br>2010CA | Elements: N/A |

User Option (Usage): Required

**Delta Dental's Notes for Trading Partner:**  
Due to claims processing requirements, the patient's full information (First Name, Last Name and Date of Birth) must be provided, if available.

### Loop Summary:

| <u>Pos</u> | <u>Id</u> | <u>Segment Name</u>             | <u>Req</u> | <u>Max Use</u> | <u>Repeat</u> | <u>Usage</u> |
|------------|-----------|---------------------------------|------------|----------------|---------------|--------------|
| 0150       | NM1       | Patient Name                    | O          | 1              |               | Required     |
| 0320       | DMG       | Patient Demographic Information | O          | 1              |               | Required     |

# NM1 Patient Name

|                   |             |
|-------------------|-------------|
| Pos: 0150         | Max: 1      |
| Detail - Optional |             |
| Loop:<br>2010CA   | Elements: 1 |

User Option (Usage): Required

## Delta Dental Example:

NM1\*QC\*1\*DOE\*SALLY\*J~

## Element Summary:

| <u>Ref</u> | <u>Id</u> | <u>Element Name</u> | <u>Req</u> | <u>Type</u> | <u>Min/Max</u> | <u>Usage</u> |
|------------|-----------|---------------------|------------|-------------|----------------|--------------|
| NM104      | 1036      | Name First          | O          | AN          | 1/35           | Situational  |

**Delta Dental's Notes for the Trading Partner:**  
Send the first name, if available.

# DMG Patient Demographic Information

|                   |             |
|-------------------|-------------|
| Pos: 0320         | Max: 1      |
| Detail - Optional |             |
| Loop: 2010CA      | Elements: 3 |

User Option (Usage): Required

## Delta Dental's Notes for Trading Partner:

Send the Patient's date of birth, if available.

## Delta Dental Example:

DMG\*D8\*19690817\*F~

## Element Summary:

| <u>Ref</u> | <u>Id</u> | <u>Element Name</u>               | <u>Req</u> | <u>Type</u> | <u>Min/Max</u> | <u>Usage</u>                      |
|------------|-----------|-----------------------------------|------------|-------------|----------------|-----------------------------------|
| DMG01      | 1250      | Date Time Period Format Qualifier | X          | ID          | 2/3            | Required                          |
|            |           | <u>Code</u>                       |            |             |                |                                   |
|            |           | D8                                |            |             |                | Date Expressed in Format CCYYMMDD |
| DMG02      | 1251      | Date Time Period                  | X          | AN          | 1/35           | Required                          |
| DMG03      | 1068      | Gender Code                       | O          | ID          | 1/1            | Required                          |
|            |           | <u>Code</u>                       |            |             |                |                                   |
|            |           | F                                 |            |             |                | Female                            |
|            |           | M                                 |            |             |                | Male                              |
|            |           | U                                 |            |             |                | Unknown                           |

# Loop Claim Information

Pos: 1300 Repeat: 100  
Optional  
Loop: 2300 Elements: N/A

User Option (Usage): Required

## Loop Summary:

| <u>Pos</u> | <u>Id</u> | <u>Segment Name</u>                              | <u>Req</u> | <u>Max Use</u> | <u>Repeat</u> | <u>Usage</u> |
|------------|-----------|--|------------|----------------|---------------|--------------|
| 1300       | CLM       | Claim Information                                | O          | 1              |               | Required     |
| 1350       | DTP       | Date - Service Date                              | O          | 1              |               | Situational  |
| 1550       | PWK       | Claim Supplemental Information                   | O          | 10             |               | Situational  |
| 1800       | REF       | Prior Authorization                              | O          | 1              |               | Situational  |
| 1800       | REF       | Claim Identifier For Transmission Intermediaries | O          | 1              |               | Situational  |
| 1900       | NTE       | Claim Note                                       | O          | 5              |               | Situational  |
| 2500       |           | Loop 2310B                                       | O          |                | 1             | Situational  |
| 2500       |           | Loop 2310C                                       | O          |                | 1             | Situational  |
| 2900       |           | Loop 2320  | O          |                | 10            | Situational  |
| 3650       |           | Loop 2400  | O          |                | 50            | Required     |

# CLM Claim Information

|                   |             |
|-------------------|-------------|
| Pos: 1300         | Max: 1      |
| Detail - Optional |             |
| Loop: 2300        | Elements: 3 |

User Option (Usage): Required

## Delta Dental Example:

CLM\*013193000001\*500\*\*\*11:B:1\*Y\*A\*Y\*Y~

## Element Summary:

| <u>Ref</u> | <u>Id</u> | <u>Element Name</u> | <u>Req</u> | <u>Type</u> | <u>Min/Max</u> | <u>Usage</u> |
|------------|-----------|---------------------|------------|-------------|----------------|--------------|
| CLM02      | 782       | Monetary Amount     | O          | R           | 1/18           | Required     |

### Delta Dental's Notes for the Trading Partner:

Delta Dental Commercial and CPPCA & CPPTX - Negative amounts are not processed.

|       |      |  |   |      |  |          |
|-------|------|--|---|------|--|----------|
| CLM05 | C023 | Health Care Service Location Information | O | Comp |  | Required |
|-------|------|--|---|------|--|----------|

### Delta Dental's Notes for the Trading Partner:

Delta Dental Commercial - Use "." between sub-elements within an element (11:1)

|          |      |                           |   |    |     |          |
|----------|------|---------------------------|---|----|-----|----------|
| CLM05-03 | 1325 | Claim Frequency Type Code | O | ID | 1/1 | Required |
|----------|------|---------------------------|---|----|-----|----------|

### Delta Dental's Notes for the Trading Partner:

Delta Dental Commercial and CPPCA & CPPTX - Recommended codes are 1, 6, 7 and 8. Only an original claim will process all the way through the Delta Dental claims processor. If 6, 7, or 8 are received, the claim will be handled as an adjustment exception.

### ExternalCodeList

Name: 235

Description: Claim Frequency Type Code

|       |      |                            |   |      |  |             |
|-------|------|----------------------------|---|------|--|-------------|
| CLM11 | C024 | Related Causes Information | O | Comp |  | Situational |
|-------|------|----------------------------|---|------|--|-------------|

|          |      |                     |   |    |     |          |
|----------|------|---------------------|---|----|-----|----------|
| CLM11-01 | 1362 | Related-Causes Code | M | ID | 2/3 | Required |
|----------|------|---------------------|---|----|-----|----------|

### Code

### Name

|    |                |
|----|----------------|
| AA | Auto Accident  |
| EM | Employment     |
| OA | Other Accident |

|          |      |                     |   |    |     |             |
|----------|------|---------------------|---|----|-----|-------------|
| CLM11-02 | 1362 | Related-Causes Code | O | ID | 2/3 | Situational |
|----------|------|---------------------|---|----|-----|-------------|

### Code

### Name

|    |                |
|----|----------------|
| AA | Auto Accident  |
| EM | Employment     |
| OA | Other Accident |



# DTP Date - Service Date

|                   |             |
|-------------------|-------------|
| Pos: 1350         | Max: 1      |
| Detail - Optional |             |
| Loop: 2300        | Elements: 0 |

User Option (Usage): Situational

## Delta Dental's Notes for Trading Partner:

Delta Dental Commercial and CPPCA & CPPTX - do not use if submitting claim for Predetermination of Benefits

## Delta Dental Example:

DTP\*472\*D8\*20060108~

# PWK Claim Supplemental Information

|                   |             |
|-------------------|-------------|
| Pos: 1550         | Max: 10     |
| Detail - Optional |             |
| Loop: 2300        | Elements: 1 |

User Option (Usage): Situational

## Delta Dental's Notes for Trading Partner:

National Electronic Attachment (NEA) Number can be sent in this segment. Note that the NEA number may also be sent on the NTE (Claim Note) segment.

## Delta Dental Example:

PWK\*OZ\*BM\*\*\*AC\*DMN0012~

## Element Summary:

| <u>Ref</u> | <u>Id</u> | <u>Element Name</u> | <u>Req</u> | <u>Type</u> | <u>Min/Max</u> | <u>Usage</u> |
|------------|-----------|---------------------|------------|-------------|----------------|--------------|
| PWK01      | 755       | Report Type Code    | M          | ID          | 2/2            | Required     |

| <u>Code</u> | <u>Name</u>  |
|-------------|--|
| B4          | Referral Form  |
| DA          | Dental Models  |
| DG          | Diagnostic Report  |
| EB          | Explanation of Benefits (Coordination of Benefits or Medicare Secondary Payor) |
| OZ          | Support Data for Claim   |
| P6          | Periodontal Charts   |
| RB          | Radiology Films  |
| RR          | Radiology Reports  |

# REF Prior Authorization

|                   |             |
|-------------------|-------------|
| Pos: 1800         | Max: 1      |
| Detail - Optional |             |
| Loop: 2300        | Elements: 1 |

User Option (Usage): Situational

## Delta Dental Example:

REF\*G1\*13579~

## Element Summary:

| <u>Ref</u> | <u>Id</u> | <u>Element Name</u>      | <u>Req</u> | <u>Type</u> | <u>Min/Max</u> | <u>Usage</u> |
|------------|-----------|--------------------------|------------|-------------|----------------|--------------|
| REF02      | 127       | Reference Identification | X          | AN          | 1/50           | Required     |

### Delta Dental's Notes for the Trading Partner:

DeltaCare USA - DeltaCare USA-assigned claim number.

**REF** **Claim Identifier For  
Transmission  
Intermediaries**

|                   |             |
|-------------------|-------------|
| Pos: 1800         | Max: 1      |
| Detail - Optional |             |
| Loop: 2300        | Elements: 0 |

User Option (Usage): Situational

**Delta Dental's Notes for Trading Partner:**

Clearinghouse tracking number

**Delta Dental Example:**

REF\*D9\*TJ98UU321~

# NTE Claim Note

|                   |             |
|-------------------|-------------|
| Pos: 1900         | Max: 5      |
| Detail - Optional |             |
| Loop: 2300        | Elements: 0 |

User Option (Usage): Situational

## Delta Dental's Notes for Trading Partner:

Up to 5 NTE segments of 80 bytes can be processed. Each identifier listed below should be placed at the very beginning of each 2300 NTE02 segment, as applicable, in the following order:

1. ENL - **Rendering Provider Address. Required.** (Send in the following format: Address Line/City/State/Zip Code, with the "/" acting as delimiter between values)
2. NEA - National Electronic Attachment Number
3. GAL - General Anesthesia License Number
4. COL - College Student's School Name
5. DOB - Other subscriber date of birth (Send in CCYYMMDD format)

### Delta Dental Example:

```
NTE*ADD*ENL 123 MAIN STREET/ABC CITY/CA/99999~  
NTE*ADD*NEA#123456789012~  
NTE*ADD*COL ANYWHERE COLLEGE~  
NTE*ADD*DOB 20110803~
```

# Loop Referring Provider Name

|                |               |
|----------------|---------------|
| Pos: 2500      | Repeat: 1     |
|                | Optional      |
| Loop:<br>2310A | Elements: N/A |

User Option (Usage): Situational

## Delta Dental's Notes for Trading Partner:

For DeltaCare USA:  
Send the Referring Provider Information in this loop when sending Specialty claims.

### Loop Summary:

| <u>Pos</u> | <u>Id</u> | <u>Segment Name</u>                         | <u>Req</u> | <u>Max Use</u> | <u>Repeat</u> | <u>Usage</u> |
|------------|-----------|---|------------|----------------|---------------|--------------|
| 2500       | NM1       | Referring Provider Name                     | O          | 1              |               | Situational  |
| 2710       | REF       | Referring Provider Secondary Identification | O          | 4              |               | Situational  |

# NM1 Referring Provider Name

|                   |             |
|-------------------|-------------|
| Pos: 2500         | Max: 1      |
| Detail - Optional |             |
| Loop: 2310A       | Elements: 3 |

User Option (Usage): Situational

## Delta Dental's Notes for Trading Partner:

For DeltaCare USA:

Due to Delta Dental's claims processing requirements, if the Referring Provider Name segment is sent, it should contain the Rendering Provider NPI.

## Delta Dental Example:

NM1\*ND\*1\*DOE\*JANE\*C\*\*\*XX\*1234567804~

## Element Summary:

| <u>Ref</u> | <u>Id</u> | <u>Element Name</u> | <u>Req</u> | <u>Type</u> | <u>Min/Max</u> | <u>Usage</u> |
|------------|-----------|---------------------|------------|-------------|----------------|--------------|
| NM104      | 1036      | Name First          | O          | AN          | 1/35           | Situational  |

**Delta Dental's Notes for the Trading Partner:** Send the first name, if available.

|       |    |                               |   |    |     |             |
|-------|----|-------------------------------|---|----|-----|-------------|
| NM108 | 66 | Identification Code Qualifier | X | ID | 1/2 | Situational |
|-------|----|-------------------------------|---|----|-----|-------------|

| <u>Code</u> | <u>Name</u>   |
|-------------|---|
| XX          | Centers for Medicare and Medicaid Services National Provider Identifier |

|       |    |                     |   |    |      |             |
|-------|----|---------------------|---|----|------|-------------|
| NM109 | 67 | Identification Code | X | AN | 2/80 | Situational |
|-------|----|---------------------|---|----|------|-------------|

### ExternalCodeList

**Name:** 537

**Description:** Centers for Medicare and Medicaid Services National Provider Identifier





# REF Referring Provider Secondary Identification

|                   |             |
|-------------------|-------------|
| Pos: 2710         | Max: 4      |
| Detail - Optional |             |
| Loop: 2310A       | Elements: 1 |

User Option (Usage): Situational

## Delta Dental Example:

REF\*G2\*12345~

## Element Summary:

| <u>Ref</u> | <u>Id</u> | <u>Element Name</u>                | <u>Req</u> | <u>Type</u> | <u>Min/Max</u> | <u>Usage</u> |
|------------|-----------|------------------------------------|------------|-------------|----------------|--------------|
| REF01      | 128       | Reference Identification Qualifier | M          | ID          | 2/3            | Required     |

### Delta Dental's Notes for the Trading Partner:

DeltaCare USA - Recommended code is: G2

| <u>Code</u> | <u>Name</u>                |
|-------------|----------------------------|
| 0B          | State License Number       |
| 1G          | Provider UPIN Number       |
| G2          | Provider Commercial Number |

|       |     |                                    |   |    |      |          |
|-------|-----|------------------------------------|---|----|------|----------|
| REF02 | 127 | Reference Identification Qualifier | X | AN | 1/50 | Required |
|-------|-----|------------------------------------|---|----|------|----------|

### Delta Dental's Notes for the Trading Partner:

DeltaCare USA – Send Referring Provider Facility ID if available, otherwise send State License Number.

# Loop Rendering Provider Name

|                |               |
|----------------|---------------|
| Pos: 2500      | Repeat: 1     |
|                | Optional      |
| Loop:<br>2310B | Elements: N/A |

User Option (Usage): Situational

**Delta Dental's Notes for Trading Partner:**  
Send the Rendering Provider Information in this loop if different than that carried in the Billing Provider Loop.

### Loop Summary:

| <u>Pos</u> | <u>Id</u> | <u>Segment Name</u>     | <u>Req</u> | <u>Max Use</u> | <u>Repeat</u> | <u>Usage</u> |
|------------|-----------|-------------------------|------------|----------------|---------------|--------------|
| 2500       | NM1       | Rendering Provider Name | O          | 1              |               | Situational  |

# NM1 Rendering Provider Name

|                   |             |
|-------------------|-------------|
| Pos: 2500         | Max: 1      |
| Detail - Optional |             |
| Loop: 2310B       | Elements: 3 |

User Option (Usage): Situational

## Delta Dental's Notes for Trading Partner:

Due to Delta Dental's claims processing requirements, if the Rendering Provider Name segment is sent, it should contain the Rendering Provider NPI.

## Delta Dental Example:

NM1\*82\*1\*DOE\*JANE\*C\*\*\*XX\*1234567804~

## Element Summary:

| <u>Ref</u>  | <u>Id</u> | <u>Element Name</u>  | <u>Req</u> | <u>Type</u>   | <u>Min/Max</u> | <u>Usage</u> |
|---|-----------|--|------------|---|----------------|--------------|
| NM104   | 1036      | Name First   | O          | AN  | 1/35           | Situational  |
| <b>Delta Dental's Notes for the Trading Partner:</b> Send the first name, if available. |           |  |            |   |                |              |
| NM108   | 66        | Identification Code Qualifier  | X          | ID  | 1/2            | Situational  |
|   |           | <u>Code</u>  |            | <u>Name</u>   |                |              |
|   |           | XX   |            | Centers for Medicare and Medicaid Services National Provider Identifier |                |              |
| NM109   | 67        | Identification Code  | X          | AN  | 2/80           | Situational  |
|   |           | <u>ExternalCodeList</u>  |            |   |                |              |
|   |           | Name: 537  |            |   |                |              |
|   |           | Description: Centers for Medicare and Medicaid Services National Provider Identifier |            |   |                |              |

# Loop Service Facility Location Name

|                |               |
|----------------|---------------|
| Pos: 2500      | Repeat: 1     |
|                | Optional      |
| Loop:<br>2310C | Elements: N/A |

User Option (Usage): Situational

## Loop Summary:

| <u>Pos</u> | <u>Id</u> | <u>Segment Name</u>                             | <u>Req</u> | <u>Max Use</u> | <u>Repeat</u> | <u>Usage</u> |
|------------|-----------|---|------------|----------------|---------------|--------------|
| 2650       | N3        | Service Facility Location Address               | O          | 1              |               | Situational  |
| 2700       | N4        | Service Facility Location City, State, Zip Code | O          | 1              |               | Situational  |

# N3

## Service Facility Location Address

|                   |             |
|-------------------|-------------|
| Pos: 2650         | Max: 1      |
| Detail - Optional |             |
| Loop:<br>2310C    | Elements: 2 |

User Option (Usage): Situational

### Delta Dental's Notes for Trading Partner:

Send the Rendering Provider Address in this segment.

### Delta Dental Example:

N3\*123 MAIN STREET~

### Element Summary:

| <u>Ref</u> | <u>Id</u> | <u>Element Name</u> | <u>Req</u> | <u>Type</u> | <u>Min/Max</u> | <u>Usage</u> |
|------------|-----------|---------------------|------------|-------------|----------------|--------------|
| N301       | 166       | Address Information | M          | AN          | 1/55           | Required     |
| N302       | 166       | Address Information | O          | AN          | 1/55           | Situational  |

# N4

## Service Facility Location City, State, Zip Code

|                   |             |
|-------------------|-------------|
| Pos: 2700         | Max: 1      |
| Detail - Optional |             |
| Loop: 2310C       | Elements: 5 |

User Option (Usage): Situational

### Delta Dental's Notes for Trading Partner:

Send the Rendering Provider Address in this segment.

### Delta Dental Example:

N4\*KANSAS CITY\*MO\*64108~

### Element Summary:

| <u>Ref</u> | <u>Id</u> | <u>Element Name</u>  | <u>Req</u> | <u>Type</u> | <u>Min/Max</u> | <u>Usage</u> |
|------------|-----------|--|------------|-------------|----------------|--------------|
| N401       | 19        | City Name  | O          | AN          | 2/30           | Required     |
| N402       | 156       | State or Province Code   | X          | ID          | 2/2            | Situational  |
|            |           | <u>ExternalCodeList</u><br>Name: 22C<br>Description: States and Provinces          |            |             |                |              |
| N403       | 116       | Postal Code  | O          | ID          | 3/15           | Situational  |
|            |           | <u>ExternalCodeList</u><br>Name: 51<br>Description: ZIP Code                       |            |             |                |              |
|            |           | <u>ExternalCodeList</u><br>Name: 932<br>Description: Universal Postal Codes        |            |             |                |              |
| N404       | 26        | Country Code   | X          | ID          | 2/3            | Situational  |
|            |           | <u>ExternalCodeList</u><br>Name: 5<br>Description: Countries, Currencies and Funds |            |             |                |              |
| N407       | 1715      | Country Subdivision Code   | X          | ID          | 1/3            | Situational  |
|            |           | <u>ExternalCodeList</u><br>Name: 5<br>Description: Countries, Currencies and Funds |            |             |                |              |

# Loop Other Subscriber Information

|            |               |
|------------|---------------|
| Pos: 2900  | Repeat: 10    |
|            | Optional      |
| Loop: 2320 | Elements: N/A |

User Option (Usage): Situational

### Delta Dental's Notes for Trading Partner:

Delta Dental Commercial and CPPCA & CPPTX - send this loop only if sending COB dollars with the claim.  
 Use the NTE segment in Loop 2300 (Claim Information for the Patient) to send the Other Subscriber's Date of Birth.  
 Use the CAS segment in Loop 2320 (Other Subscriber Information) to send the COB Allowed Amount.

### Loop Summary:

| <u>Pos</u> | <u>Id</u> | <u>Segment Name</u>          | <u>Req</u> | <u>Max Use</u> | <u>Repeat</u> | <u>Usage</u> |
|------------|-----------|------------------------------|------------|----------------|---------------|--------------|
| 2900       | SBR       | Other Subscriber Information | O          | 1              |               | Situational  |
| 2950       | CAS       | Claim Level Adjustments      | O          | 5              |               | Situational  |

# SBR Other Subscriber Information

|                   |             |
|-------------------|-------------|
| Pos: 2900         | Max: 1      |
| Detail - Optional |             |
| Loop: 2320        | Elements: 2 |

User Option (Usage): Situational

## Delta Dental Example:

SBR\*S\*01\*GR0786\*\*\*\*\*13~

## Element Summary:

| <u>Ref</u> | <u>Id</u> | <u>Element Name</u>                       | <u>Req</u> | <u>Type</u> | <u>Min/Max</u> | <u>Usage</u> |
|------------|-----------|---|------------|-------------|----------------|--------------|
| SBR01      | 1138      | Payer Responsibility Sequence Number Code | M          | ID          | 1/1            | Required     |

**Delta Dental's Notes for the Trading Partner:** Recommended codes are: P, S, and T

| <u>Code</u> | <u>Name</u>                 |
|-------------|-----------------------------|
| A           | Payer Responsibility Four   |
| B           | Payer Responsibility Five   |
| C           | Payer Responsibility Six    |
| D           | Payer Responsibility Seven  |
| E           | Payer Responsibility Eight  |
| F           | Payer Responsibility Nine   |
| G           | Payer Responsibility Ten    |
| H           | Payer Responsibility Eleven |
| P           | Primary                     |
| S           | Secondary                   |
| T           | Tertiary                    |
| U           | Unknown                     |

|       |      |                              |   |    |     |          |
|-------|------|------------------------------|---|----|-----|----------|
| SBR02 | 1069 | Individual Relationship Code | O | ID | 2/2 | Required |
|-------|------|------------------------------|---|----|-----|----------|

**Delta Dental's Notes for the Trading Partner:** Recommended codes are: 01, 18, and 19

| <u>Code</u> | <u>Name</u>        |
|-------------|--------------------|
| 01          | Spouse             |
| 18          | Self               |
| 19          | Child              |
| 20          | Employee           |
| 21          | Unknown            |
| 39          | Organ Donor        |
| 40          | Cadaver Donor      |
| 53          | Life Partner       |
| G8          | Other Relationship |



# CAS Claim Level Adjustments

|                   |             |
|-------------------|-------------|
| Pos: 2950         | Max: 5      |
| Detail - Optional |             |
| Loop: 2320        | Elements: 3 |

User Option (Usage): Situational

## Delta Dental Example:

CAS\*OA\*22\*15.06~

## Element Summary:

| <u>Ref</u> | <u>Id</u> | <u>Element Name</u>         | <u>Req</u> | <u>Type</u> | <u>Min/Max</u> | <u>Usage</u> |
|------------|-----------|-----------------------------|------------|-------------|----------------|--------------|
| CAS01      | 1033      | Claim Adjustment Group Code | M          | ID          | 1/2            | Required     |

**Delta Dental's Notes for the Trading Partner:** Set this to "OA" when sending COB Allowed Amount in this segment.

| <u>Code</u> | <u>Name</u>                |
|-------------|----------------------------|
| CO          | Contractual Obligations    |
| CR          | Correction and Reversals   |
| OA          | Other adjustments          |
| PI          | Payor Initiated Reductions |
| PR          | Patient Responsibility     |

|       |      |                              |   |    |     |          |
|-------|------|------------------------------|---|----|-----|----------|
| CAS02 | 1034 | Claim Adjustment Reason Code | M | ID | 1/5 | Required |
|-------|------|------------------------------|---|----|-----|----------|

**Delta Dental's Notes for the Trading Partner:** Set this to "22" when sending COB Allowed Amount in this segment.

**ExternalCodeList**  
**Name:** 139  
**Description:** Claim Adjustment Reason Code

|       |     |                 |   |   |      |          |
|-------|-----|-----------------|---|---|------|----------|
| CAS03 | 782 | Monetary Amount | M | R | 1/18 | Required |
|-------|-----|-----------------|---|---|------|----------|

**Delta Dental's Notes for the Trading Partner:** Use this element to send COB Allowed Amount.

# Loop Service Line Number

Pos: 3650      Repeat: 50  
Optional  
Loop: 2400    Elements: N/A

User Option (Usage): Required

## Loop Summary:

| <u>Pos</u> | <u>Id</u> | <u>Segment Name</u> | <u>Req</u> | <u>Max Use</u> | <u>Repeat</u> | <u>Usage</u> |
|------------|-----------|---------------------|------------|----------------|---------------|--------------|
| 3800       | SV3       | Dental Service      | O          | 1              |               | Required     |
| 4700       | REF       | Prior Authorization | O          | 5              |               | Situational  |
| 5000       |           | Loop 2420A          | O          |                | 1             | Situational  |
| 5000       |           | Loop 2420B          | O          |                | 1             | Situational  |
| 5000       |           | Loop 2420D          | O          |                | 1             | Situational  |
| 5400       |           | Loop 2430           | O          |                | 15            | Situational  |

# SV3 Dental Service

|                   |             |
|-------------------|-------------|
| Pos: 3800         | Max: 1      |
| Detail - Optional |             |
| Loop: 2400        | Elements: 1 |

User Option (Usage): Required

## Delta Dental Example:

SV3\*AD:D2150\*80\*\*\*\*1~

## Element Summary:

| <u>Ref</u> | <u>Id</u> | <u>Element Name</u>          | <u>Req</u> | <u>Type</u> | <u>Min/Max</u> | <u>Usage</u> |
|------------|-----------|------------------------------|------------|-------------|----------------|--------------|
| SV304      | C006      | Oral Cavity Designation      | O          | Comp        |                | Situational  |
| SV304-01   | 1361      | Oral Cavity Designation Code | M          | ID          | 1/3            | Required     |

### Delta Dental's Notes for the Trading Partner:

Delta Dental Commercial and CPPCA & CPPTX - Recommended codes are: 10, 20, 30, and 40. Other values are accepted but ignored.

### ExternalCodeList

Name: 135C

Description: ADA Oral Cavity Designation Codes

|          |      |                              |   |    |     |             |
|----------|------|------------------------------|---|----|-----|-------------|
| SV304-05 | 1361 | Oral Cavity Designation Code | O | ID | 1/3 | Situational |
|----------|------|------------------------------|---|----|-----|-------------|

### Delta Dental's Notes for the Trading Partner:

Delta Dental Commercial and CPPCA & CPPTX - Recommended codes are: 10, 20, 30, and 40. Other values are accepted but ignored.

### ExternalCodeList

Name: 135C

Description: ADA Oral Cavity Designation Codes

# REF Prior Authorization

|                   |             |
|-------------------|-------------|
| Pos: 4700         | Max: 5      |
| Detail - Optional |             |
| Loop: 2400        | Elements: 1 |

User Option (Usage): Situational

## Delta Dental Example:

REF\*G1\*13579~

## Element Summary:

| <u>Ref</u> | <u>Id</u> | <u>Element Name</u>      | <u>Req</u> | <u>Type</u> | <u>Min/Max</u> | <u>Usage</u> |
|------------|-----------|--------------------------|------------|-------------|----------------|--------------|
| REF02      | 127       | Reference Identification | X          | AN          | 1/50           | Required     |

### Delta Dental's Notes for the Trading Partner:

DeltaCare USA - DeltaCare USA-assigned claim number.

# Loop Rendering Provider Name

|                |               |
|----------------|---------------|
| Pos: 5000      | Repeat: 1     |
|                | Optional      |
| Loop:<br>2420A | Elements: N/A |

User Option (Usage): Situational

## Loop Summary:

| <u>Pos</u> | <u>Id</u> | <u>Segment Name</u>                         | <u>Req</u> | <u>Max Use</u> | <u>Repeat</u> | <u>Usage</u> |
|------------|-----------|---|------------|----------------|---------------|--------------|
| 5000       | NM1       | Rendering Provider Name                     | O          | 1              |               | Situational  |
| 5250       | REF       | Rendering Provider Secondary Identification | O          | 20             |               | Situational  |

# NM1 Rendering Provider Name

|                   |             |
|-------------------|-------------|
| Pos: 5000         | Max: 1      |
| Detail - Optional |             |
| Loop: 2420A       | Elements: 3 |

User Option (Usage): Situational

## Delta Dental Example:

NM1\*82\*1\*DOE\*JANE\*C\*\*\*XX\*1234567804~

## Element Summary:

| Ref   | Id   | Element Name | Req | Type | Min/Max | Usage       |
|-------|------|--------------|-----|------|---------|-------------|
| NM104 | 1036 | Name First   | O   | AN   | 1/35    | Situational |

**Delta Dental's Notes for the Trading Partner:** Send the first name, if available.

|       |    |                               |   |    |     |             |
|-------|----|-------------------------------|---|----|-----|-------------|
| NM108 | 66 | Identification Code Qualifier | X | ID | 1/2 | Situational |
|-------|----|-------------------------------|---|----|-----|-------------|

| Code | Name  |
|------|---|
| XX   | Centers for Medicare and Medicaid Services National Provider Identifier |

|       |    |                     |   |    |      |             |
|-------|----|---------------------|---|----|------|-------------|
| NM109 | 67 | Identification Code | X | AN | 2/80 | Situational |
|-------|----|---------------------|---|----|------|-------------|

**Delta Dental's Notes for the Trading Partner:**  
If this segment is sent, this element should contain the provider's NPI.

### ExternalCodeList

**Name:** 537

**Description:** Centers for Medicare and Medicaid Services National Provider Identifier

# REF Rendering Provider Secondary Identification

|                   |             |
|-------------------|-------------|
| Pos: 5250         | Max: 20     |
| Detail - Optional |             |
| Loop: 2420A       | Elements: 1 |

User Option (Usage): Situational

## Delta Dental Example:

REF\*G2\*12345~

## Element Summary:

| <u>Ref</u> | <u>Id</u> | <u>Element Name</u>                | <u>Req</u> | <u>Type</u> | <u>Min/Max</u> | <u>Usage</u> |
|------------|-----------|------------------------------------|------------|-------------|----------------|--------------|
| REF01      | 128       | Reference Identification Qualifier | M          | ID          | 2/3            | Required     |

### Delta Dental's Notes for the Trading Partner:

Delta Dental Commercial and CPPCA & CPPTX - Recommended codes are: 0B, G2

DeltaCare USA - Recommended code is: G2

| <u>Code</u> | <u>Name</u>                |
|-------------|----------------------------|
| 0B          | State License Number       |
| 1G          | Provider UPIN Number       |
| G2          | Provider Commercial Number |
| LU          | Location Number            |

# Loop Assistant Surgeon Name

|                |               |
|----------------|---------------|
| Pos: 5000      | Repeat: 1     |
|                | Optional      |
| Loop:<br>2420B | Elements: N/A |

User Option (Usage): Situational

## Loop Summary:

| <u>Pos</u> | <u>Id</u> | <u>Segment Name</u>                        | <u>Req</u> | <u>Max Use</u> | <u>Repeat</u> | <u>Usage</u> |
|------------|-----------|--|------------|----------------|---------------|--------------|
| 5250       | REF       | Assistant Surgeon Secondary Identification | O          | 20             |               | Situational  |



# REF Assistant Surgeon Secondary Identification

|                   |             |
|-------------------|-------------|
| Pos: 5250         | Max: 20     |
| Detail - Optional |             |
| Loop: 2420B       | Elements: 1 |

User Option (Usage): Situational

## Delta Dental Example:

REF\*G2\*12345~

## Element Summary:

| <u>Ref</u> | <u>Id</u> | <u>Element Name</u>                | <u>Req</u> | <u>Type</u> | <u>Min/Max</u> | <u>Usage</u> |
|------------|-----------|------------------------------------|------------|-------------|----------------|--------------|
| REF01      | 128       | Reference Identification Qualifier | M          | ID          | 2/3            | Required     |

### Delta Dental's Notes for the Trading Partner:

DeltaCare USA - Recommended codes are: 0B, G2, and LU

| <u>Code</u> | <u>Name</u>                |
|-------------|----------------------------|
| 0B          | State License Number       |
| 1G          | Provider UPIN Number       |
| G2          | Provider Commercial Number |
| LU          | Location Number            |

# Loop Service Facility Location Name

|             |               |
|-------------|---------------|
| Pos: 5000   | Repeat: 1     |
|             | Optional      |
| Loop: 2420D | Elements: N/A |

User Option (Usage): Situational

## Loop Summary:

| <u>Pos</u> | <u>Id</u> | <u>Segment Name</u>                             | <u>Req</u> | <u>Max Use</u> | <u>Repeat</u> | <u>Usage</u> |
|------------|-----------|---|------------|----------------|---------------|--------------|
| 5140       | N3        | Service Facility Location Address               | O          | 1              |               | Situational  |
| 5200       | N4        | Service Facility Location City, State, ZIP Code | O          | 1              |               | Situational  |

**N3**

**Service Facility Location  
Address**

|                   |             |
|-------------------|-------------|
| Pos: 5140         | Max: 1      |
| Detail - Optional |             |
| Loop:<br>2420D    | Elements: 0 |

User Option (Usage): Situational

**Delta Dental's Notes for Trading Partner:**  
Send the Rendering Provider Address in this segment.  
**Delta Dental Example:**  
N3\*123 MAIN STREET~

**N4**

**Service Facility Location  
City, State, ZIP Code**

|                   |             |
|-------------------|-------------|
| Pos: 5200         | Max: 1      |
| Detail - Optional |             |
| Loop:<br>2420D    | Elements: 0 |

**User Option (Usage):** Situational

**Delta Dental's Notes for Trading Partner:**

Send the Rendering Provider Address in this segment.

**Delta Dental Example:**

N4\*KANSAS CITY\*MO\*64108~

# Loop Line Adjudication Information

|            |               |
|------------|---------------|
| Pos: 5400  | Repeat: 15    |
|            | Optional      |
| Loop: 2430 | Elements: N/A |

User Option (Usage): Situational

## Delta Dental Example:

Delta Dental Commercial and CPPCA & CPPTX - Use the CAS segment to send the COB Allowed Amount.

## Loop Summary:

| <u>Pos</u> | <u>Id</u> | <u>Segment Name</u> | <u>Req</u> | <u>Max Use</u> | <u>Repeat</u> | <u>Usage</u> |
|------------|-----------|---------------------|------------|----------------|---------------|--------------|
| 5450       | CAS       | Line Adjustment     | O          | 5              |               | Situational  |

# CAS Line Adjustment

|                   |             |
|-------------------|-------------|
| Pos: 5450         | Max: 5      |
| Detail - Optional |             |
| Loop: 2430        | Elements: 3 |

User Option (Usage): Situational

## Delta Dental Example:

CAS\*OA\*22\*15.06~

## Element Summary:

| <u>Ref</u> | <u>Id</u> | <u>Element Name</u>         | <u>Req</u> | <u>Type</u> | <u>Min/Max</u> | <u>Usage</u> |
|------------|-----------|-----------------------------|------------|-------------|----------------|--------------|
| CAS01      | 1033      | Claim Adjustment Group Code | M          | ID          | 1/2            | Required     |

**Delta Dental's Notes for the Trading Partner:** Set this to "OA" when sending COB Allowed Amount in this segment.

| <u>Code</u> | <u>Name</u>                |
|-------------|----------------------------|
| CO          | Contractual Obligations    |
| CR          | Correction and Reversals   |
| OA          | Other adjustments          |
| PI          | Payor Initiated Reductions |
| PR          | Patient Responsibility     |

|       |      |                              |   |    |     |          |
|-------|------|------------------------------|---|----|-----|----------|
| CAS02 | 1034 | Claim Adjustment Reason Code | M | ID | 1/5 | Required |
|-------|------|------------------------------|---|----|-----|----------|

**Delta Dental's Notes for the Trading Partner:** Set this to "22" when sending COB Allowed Amount in this segment.

**ExternalCodeList**  
**Name:** 139  
**Description:** Claim Adjustment Reason Code

|       |     |                 |   |   |      |          |
|-------|-----|-----------------|---|---|------|----------|
| CAS03 | 782 | Monetary Amount | M | R | 1/18 | Required |
|-------|-----|-----------------|---|---|------|----------|

**Delta Dental's Notes for the Trading Partner:** Use this element to send the COB Allowed Amount.