Field Specifications: Dental Claims

Col. #	Element ID	Data Element Name	Format	Length	Description	Element Submission Guideline Comments	Condition (Denominator)	Threshold	Reference	Date Modified
1	DC001	Submitter Code	Text	8	Submitter code assigned by Onpoint	Use this field to report your Onpoint-assigned submitter code. The value reported here must match across the following three fields: HD002, TR002, and DC001. Notes: A single data submitter may have multiple submitter codes if they are submitting from more than one system or from more than one location. All submitter codes associated with a single data submitter will have the same first six characters. A suffix will be used to distinguish the location and/or system variations. This field contains a constant value and is primarily used for tracking compliance by data submitter. Note, too, that the first two characters of the submitter code are used to indicate the client while the third character designates the type of submitter. For Connecticut's APCD collection, the only valid prefixes are: CTC = Commercial carrier CTG = Governmental agency CTT = Third-party administrator / pharmacy benefits manager	All	100.0%	Administrative	7/2/2013
2	DC002	National Plan ID	Text	10	CMS National Plan Identification Number (Plan ID)	Report as null until the National Plan ID is fully implemented. This is a unique identifier as outlined by the U.S. Centers for Medicare and Medicaid Services (CMS) for plans and sub-plans.	All	0.0%	835/1000A/REF/NF/02, 835/1000A/N1/XV/04	7/2/2013
3	DC003	Insurance Type / Product Code	Look-up Table - Text	2	Type / Product Identification Code	Use this field to report the code that defines the type of insurance under which this member's claim line was processed. The only valid codes for this field are: 9 = Self-pay 11 = Other Non-Federal Programs (use of this value requires disclosure to Onpoint prior to submission) 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 (Use to report Medicare Part C / Medicare Advantage Plans) 17 = Dental Maintenance Organization (DMO) 96 = Husky Health A 97 = Husky Health B 98 = Husky Health C 99 = Husky Health D AM = Automobile Medical CH = Civilian Health and Medical Program of the Uniformed Services (CHAMPUS) (now TRICARE) DS = Disability HM = Health Maintenance Organization LM = Liability Medical MA = Medicare Part A (use to report Medicare Fee for Service only) MB = Medicare Part B (use to report Medicare Fee for Service	All	100.0%	837/2000B/SBR/ /09	7/2/2013

Col. #	Element ID	Data Element Name	Format	Length	Description	Element Submission Guideline Comments	Condition (Denominator)	Threshold	Reference	Date Modified
4	DC004	Payer Claim Control Number	Text	35	Payer claim control identifier	Use this field to report the unique identifier within the payer's system that applies to the entire claim.	All	100.0%	835/2100/CLP/ /07	7/2/2013
5	DC005	Line Counter	Integer	4	Incremental line counter	Use this field to report the line number for this service within the claim. Start with "1" (not "0") and increment by 1 for each additional line. Do not include alphas or special characters..	All	100.0%	837/2400/LX/ /01	7/2/2013
6	DC005A	Version Number	Integer	4	Claim service line version number	Use this field to report the version number of this claim service line. The version number begins with "0" and is incremented by 1 for each subsequent version of that service line. Do not include alphas or special characters.	All	100.0%	Administrative	7/2/2013
7	DC006	Insured Group or Policy Number	Text	30	Group/policy number	Use this field to report the group or policy number. Notes: The value reported for this field should be reported consistently in the Insured Group or Policy Number field across file types: ME006, MC006, PC006, and DC006. This is not the number that uniquely identifies the subscriber. If a policy is sold to an individual as a non-group policy, report with a value of "IND". This principle pertains to all claim types: commercial, Medicaid, and Medicare.	All	98.0%	837/2000B/SBR/ /03	7/2/2013
8	DC007	Subscriber Social Security Number	Text	9	Subscriber's Social Security number	Use this field to report the subscriber's Social Security number. Do not code using hyphens. If not available, report as null. If this field is not populated, DC008 must be populated. Notes: The value reported for this field should be reported consistently in the Subscriber Social Security Number field across file types: ME008, MC007, PC007, and DC007. This field will not be passed into the analytic file.	All	75.0%	835/2100/NM1/34/09	7/2/2013
9	DC008	Plan-Specific Contract Number	Text	30	Contract number	Use this field to report the plan-assigned contract number. Do not include values in this field that will distinguish one member of the family from another. This should be the contract or certificate number for the subscriber and all of the dependents. If this field is not populated, DC007 must be populated. Notes: The value reported for this field should be reported consistently in the Plan-Specific Contract Number across file types: ME009, MC008, PC008, and DC008.	All	98.0%	835/2100/NM1/MI/09	7/2/2013
10	DC009	Member Sequence Number	Text	20	Member's contract sequence number	Use this field to report the unique number/identifier of the member within the contract.	All	98.0%	N/A	7/2/2013
11	DC010	Member Social Security Number	Text	9	Member's Social Security number	Use this field to report the member's Social Security number. Do not code using hyphens. If not available, report as null. If not available, report as null. Notes: The value reported for this field should be reported consistently in the Member Social Security Number field across file types: ME011, MC010, PC010, DC010. This field will not be passed into the analytic file.	All	75.0%	835/2100/NM1/34/09	7/2/2013

Col. #	Element ID	Data Element Name	Format	Length	Description	Element Submission Guideline Comments	Condition (Denominator)	Threshold	Reference	Date Modified
12	DC011	Member Relationship Code	Look-up Table - Text	2	Member to subscriber relationship code	Use this field to report the value that defines the member's relationship to the subscriber. The only valid codes for this field are: 1 = Spouse 4 = Grandfather or Grandmother 5 = Grandson or Granddaughter 7 = Nephew or Niece 10 = Foster Child 12 = Other Adult 15 = Ward 17 = Stepson or Stepdaughter 18 = Self 19 = Child 20 = Self / Employee 21 = Unknown 22 = Handicapped Dependent 23 = Sponsored Dependent 24 = Dependent of a Minor Dependent 29 = Significant Other 32 = Mother 33 = Father 34 = Other Adult 36 = Emancipated Minor 39 = Organ Donor 40 = Cadaver Donor 41 = Injured Plaintiff	All	98.0%	837/2000B/SBR/ /02 837/2000C/PAT/ /01	10/30/2013
13	DC012	Member Gender Code	Look-up Table - Text	1	Member's gender	Use this field to report the member's gender as reported on enrollment form in alpha format. The only valid codes for this field are: F = Female M = Male O = Other U = Unknown Notes: The value reported for this field should be reported consistently in the Member Gender field across file types: ME013, MC012, PC012, and DC012.	All	100.0%	837/2010BA/DMG/ /03, 837/2010CA/DMG/ /03	7/2/2013
14	DC013	Member Date of Birth	Full Date - Integer	8	Member's date of birth	Use this field to report the date on which the member was born in YYYYMMDD format. Notes: The value reported for this field should be reported consistently in the Member Date of Birth field across file types: ME014, MC013, PC013, and DC013.	All	99.0%	837/2010BA/DMG/D8/02 837/2010CA/DMG/D8/02	7/2/2013
15	DC014	Member City	Text	30	City of the member	Use this field to report the city name of the member.	All	99.0%	837/2010BA/N4/ /01 837/2010CA/N4/ /01	7/2/2013
16	DC015	Member State	External Code Source 2 - Text	2	State/province of the member	Use this field to report the member's state using the two-character abbreviation as defined by the U.S. Postal Service.	All	99.9%	837/2010BA/N4/ /02 837/2010CA/N4/ /02	7/2/2013

Col. #	Element ID	Data Element Name	Format	Length	Description	Element Submission Guideline Comments	Condition (Denominator)	Threshold	Reference	Date Modified
17	DC016	Member ZIP Code	External Code Source 2 - Text	9	ZIP code of the member	Use this field to report the ZIP code associated with the member's residence. Notes: Include the ZIP+4 (also referred to as the "plus-four" or "add-on" code) when possible. Do not code dashes or spaces within ZIP codes.	All	99.9%	837/2010BA/N4/ /03 837/2010CA/N4/ /03	7/2/2013
18	DC017	Paid Date	Full Date - Integer	8	Date service approved by payer	Use this field to report the date on which the payer approved this claim line for payment in YYYYMMDD format. This element was designed to capture a date other than the Paid Date (DC049). If Date Service Approved and Paid Date are the same, then the date here should match Paid Date.	All	100.0%	835/Header Financial Information/BPR/ /16	7/2/2013
19	DC018	Submitter-Specific Rendering Provider ID	Text	30	Service provider identification number	Use this field to report the carrier- / submitter-assigned service provider number. This number should be the identifier used for internal identification purposes and should not routinely change. The value in this field also must be reported in the Provider File using the Submitter-Specific Provider ID field (PV002).	All	99.0%	835/2100/REF/1A/02, 835/2100/REF/1B/02, 835/2100/REF/1C/02, 835/2100/REF/1D/02, 835/2100/REF/G2/02, 835/2100/NM1/BD/09, 835/2100/NM1/PC/09, 835/2100/NM1/MC/09, 835/2100/NM1/BS/09	7/2/2013
20	DC019	Rendering Provider Tax ID	Text	9	Service provider's tax ID number	Use this field to report the Federal Tax ID of the Service Provider identified in DC018 here. Do not use hyphen or alpha prefix.	All	97.0%	835/2100/NM1/FI/09	7/2/2013
21	DC020	Rendering Provider NPI	External Code Source NPPES - Text	10	National Provider Identifier (NPI) of the rendering provider	Use this field to report the primary National Provider Identifier (NPI) of the Servicing Provider reported in DC018. This NPI should also be reported using the National Provider Identifier field (PV039) in the provider file.	All	99.0%	837/2420A/NMI/XX/09, 837/2310B/NM1/XX/09	7/2/2013
22	DC021	Rendering Provider Entity Type Qualifier	Look-up Table - integer	1	Rendering provider entity identifier code	Use this field to report the value that defines the provider entity type. Only individuals should be reported using a value of '1'. Facilities, professional groups, and clinic sites should be reported using a value of '2'. The only valid codes for this field are: 1 = Person 2 = Non-person entity	All	98.0%	837/2420A/NM1/82/02, 837/2310B/NM1/82/02	7/2/2013
23	DC022	Rendering Provider First Name	Text	25	First name of the rendering provider	Use this field to report the individual's first name here. If provider is a facility or organization, report as null.	Required when DC021 = 1	92.0%	837/2420A/NM1/82/04, 837/2310B/NM1/82/04	7/2/2013
24	DC023	Rendering Provider Middle Name	Text	25	Middle name of the rendering provider	Use this field to report the individual's middle name here. If provider is a facility or organization, report as null.	Required when DC021= 1	2.0%	837/2420A/NM1/82/05, 837/2310B/NM1/82/05	7/2/2013
25	DC024	Rendering Provider Last Name or Organization Name	Text	60	Last name or organization name of the rendering provider	Use this field to report the name of the organization or the last name of the individual provider.	All	94.0%	837/2420A/NM1/82/03, 837/2310B/NM1/82/03	7/2/2013
26	DC025	In-/Out-of-Network Indicator	Look-up Table - Integer	1	Indicator – In-network rate applied	Use this field to report whether or not the claim line was paid at an in-network rate. The only valid codes for this field are: 1 = Yes 2 = No 3 = Unknown 4 = Other 5 = Not Applicable	All	100.0%	Administrative	6/15/2022

Col. #	Element ID	Data Element Name	Format	Length	Description	Element Submission Guideline Comments	Condition (Denominator)	Threshold	Reference	Date Modified
27	DC026	Carve-Out Vendor APCD ID	Text	8	Onpoint-defined and maintained code for linking across submitters	Use this field to report the Onpoint-assigned submitter code of the carve-out/parent vendor. This field identifies either the payer on behalf of whom the carve-out vendor is reporting (i.e., the parent) or the carve-out vendor contracted to report this claim. Contact the CT APCD for the appropriate value. If no vendor is affiliated with this claim line, report the code from DC001.	All	98.0%	Administrative	7/2/2013
28	DC027	Rendering Provider Taxonomy Code	External Code Source - WPC - Text	10	Taxonomy code of the rendering provider	Use this field to report the standard code that defines this provider for this line of service. Taxonomy values allow for the reporting of nurses, assistants and laboratory technicians,	All	98.0%	837/2310B/PRV/PXC/03	7/2/2013
29	DC028	Rendering Provider City	Text	30	City name of the rendering provider	Use this field to report the city name of provider - preferably practice location.	All	98.0%	837/2420C/N4//01, 837/2310C/N4/ /01	7/2/2013
30	DC029	Rendering Provider State	External Code Source - USPS - Text	2	State of the rendering provider	Use this field to report the state of the service provider using the two-character abbreviation as defined by the U.S. Postal Service.	All	98.0%	837/2420C/N4//02, 837/2310C/N4/ /02	7/2/2013
31	DC030	Rendering Provider ZIP Code	External Code Source - USPS - Text	9	ZIP code of the rendering provider	Use this field to report the ZIP code associated with the rendering provider's location. Notes: Include the ZIP+4 (also referred to as the "plus-four" or "add-on" code) when possible. Do not code dashes or spaces within ZIP codes.	All	98.0%	837/2420C/N4//03, 837/2310C/N4/ /03	7/2/2013
32	DC031	Place of Service Code	External Code Source - CMS - Text	2	Place of service code	Use this field to report the two-digit value that defines the Place of Service on professional claim.	All	100.0%	837/2300/CLM/ /05-1	7/2/2013
33	DC033	Claim Status Code	Look-up Table - integer	2	Claim line status	Use this field to report the value that defines the payment status of this claim line. The only valid codes for this field are: 1 = Processed as primary 2 = Processed as secondary 3 = Processed as tertiary 4 = Denied 19 = Processed as primary, forwarded to additional payer(s) 20 = Processed as secondary, forwarded to additional payer(s) 21 = Processed as tertiary, forwarded to additional payer(s) 22 = Reversal of previous payment 23 = Not our claim, forwarded to additional payer(s) 25 = Predetermination pricing only - no payment	All	98.0%	835/2100/CLP/ /02	10/7/2013
34	DC033	Procedure Code/CDT Code	External Code Source - AMA - CP...	10	HCPCS/CPT/CDT code	Use this field to report the CDT, HCPCS, or CPT code for the service rendered.	All	98.0%	835/2110/SVC/HC/01-2, 835/2110/SVC/HP/01-2	7/2/2013
35	DC034	Procedure Modifier (1)	External Code Source - AMA -Text	2	HCPCS / CPT code modifier	Use this field to report a valid procedure modifier when a modifier clarifies/improves the reporting accuracy of the associated Procedure Code (DC033).	All	20.0%	835/2110/SVC/HC/01-3	7/2/2013
36	DC035	Procedure Modifier (2)	External Code Source - AMA - Text	2	HCPCS/CPT code modifier	Use this field to report a valid procedure modifier when a modifier clarifies/improves the reporting accuracy of the associated Procedure Code (DC033).	All	3.0%	835/2110/SVC/HC/01-4	7/2/2013

Col. #	Element ID	Data Element Name	Format	Length	Description	Element Submission Guideline Comments	Condition (Denominator)	Threshold	Reference	Date Modified
37	DC036	Date of Service (From)	Full Date - Integer	8	Date of service (from)	Use this field to report the first date of service for the claim line in YYYYMMDD format.	All	98.0%	835/2110/DTM/472/02, 835/2110/DTM/150/02	7/2/2013
38	DC037	Date of Service (Through)	Full Date - Integer	8	Date of Service (to)	Use this field to report the last service date for the claim line in YYYYMMDD format.	All	98.0%	835/2110/DTM/472/02, 835/2110/DTM/151/02	7/2/2013
39	DC038	Charge Amount	Decimal,2	10	Amount of provider charges for the claim line	Use this field to report the charge amount for this claim line. Do not code the decimal or round up/down to whole dollars; code zero cents ("00") when applicable. EXAMPLE: 150.00 is reported as "15000"; 150.70 is reported as "15070". May be reported as a negative.	All	99.0%	835/2110/SVC/ /02	7/2/2013
40	DC039	Paid Amount	Decimal,2	10	Amount paid by the carrier for the claim line	Use this field to report the amount paid for the claim line. Report "0" if line is paid as part of another procedure / claim line. Report "0" if the line is denied. Do not code the decimal or round up/down to whole dollars; code zero cents ("00") when applicable. EXAMPLE: 150.00 is reported as "15000"; 150.70 is reported as "15070". May be reported as a negative.	All	99.0%	835/2110/SVC/ /03	7/2/2013
41	DC040	Copay Amount	Decimal,2	10	Amount of copay that the member is responsible to pay	Use this field to report the amount that defines a preset, fixed amount for this claim line service that the member is responsible to pay. Report "0" if no Copay applies. Do not code the decimal or round up/down to whole dollars; code zero cents ("00") when applicable. EXAMPLE: 150.00 is reported as "15000"; 150.70 is reported as "15070". May be reported as a negative.	All	100.0%	835/2110/CAS/PR/3-03	7/2/2013
42	DC041	Coinsurance Amount	Decimal,2	10	Amount of coinsurance that the member is responsible to pay	Use this field to report the amount that defines a calculated percentage amount for this claim line service that the member is responsible to pay. Report "0" if no Coinsurance applies. Do not code the decimal or round up/down to whole dollars; code zero cents ("00") when applicable. EXAMPLE: 150.00 is reported as "15000"; 150.70 is reported as "15070". May be reported as a negative.	All	100.0%	835/2110/CAS/PR/2-03	7/2/2013
43	DC042	Deductible Amount	Decimal,2	10	Amount of deductible that the member is responsible to pay on the claim line	Use this field to report the amount that defines a preset, fixed amount for this claim line service that the member is responsible to pay. Report "0" if no Deductible applies to service. Do not code the decimal or round up/down to whole dollars; code zero cents ("00") when applicable. EXAMPLE: 150.00 is reported as "15000"; 150.70 is reported as "15070". May be reported as a negative.	All	100.0%	835/2110/CAS/PR/1-03	7/2/2013
44	DC043	Filler / Placeholder	Filler	0	Filler	The CT APCD reserves this field for future use. Do not populate with any data.	All	0.0%	N/A	7/2/2013
45	DC044	Member Street Address (1)	Text	50	Street address of the member	Use this field to report the first line of the member's street address. Note that additional street address information can be reported using the Member Street Address 2 field (DC089).	All	90.0%	837/2010BA/N3/ /01 837/2010CA/N3/ /01	7/2/2013
46	DC045	Billing Provider Tax ID	Text	9	Billing provider's tax ID number	Use this field to report the Federal Tax ID of the Billing Provider. Do not use hyphen or alpha prefix.	All	99.0%	837/2010AA/REF/EI/02, 837/2010AA/REF/SY/02	7/2/2013
47	DC046	Submitter-Specific Billing Provider ID	Text	30	Billing provider number	Use this field to report the carrier- / submitter-assigned ID number for the billing provider. This number should be the identifier used for internal identification purposes and should not routinely change. The value in this field also must be reported in the Provider File using the Submitter-Specific Provider ID field (PV002).	All	99.0%	837/2010BB/REF/G2/02	6/15/2022

Col. #	Element ID	Data Element Name	Format	Length	Description	Element Submission Guideline Comments	Condition (Denominator)	Threshold	Reference	Date Modified
48	DC047	Billing Provider NPI	External Code Source - NPPES - Text	10	National Provider Identifier (NPI) of the billing provider	Use this field to report the billing provider's primary National Provider Identifier (NPI). This NPI also should be reported using the National Provider Identifier field (PV039) in the provider file.	All	99.0%	837/2010AA/NM1/XX/09	6/15/2022
49	DC048	Billing Provider Last Name or Organization Name	Text	60	Last name or organization name of billing provider	Use this field to report the name of the organization or the last name of the individual billing provider. Individuals' names should be reported in upper case and should be concatenated to exclude all punctuation, including hyphens, spaces, and apostrophes.	All	99.0%	837/2010AA/NM1/ /03	6/15/2022
50	DC049	Paid Date	Integer	8	Paid date of the claim line	Use this field to report the date that appears on the check and/or remittance and/or explanation of benefits and corresponds to any and all types of payment in YYYYMMDD format. This can be the same date as Processed Date.

Notes: Claims paid in full, partial, or zero paid must have a date reported here. | All | 100.0% | 835/Header Financial Information/BPR/ /16 | 7/2/2013 |
51	DC050	Allowed Amount	Decimal,2	10	Allowed amount	Use this field to report the maximum amount contractually allowed and that a carrier will pay to a provider for a particular procedure or service. This will vary by provider contract and most often is less than or equal to the fee charged by the provider. Report "0" when the claim line is denied. Do not code the decimal or round up/down to whole dollars; code zero cents ("00") when applicable. EXAMPLE: 150.00 is reported as "15000"; 150.70 is reported as "15070". May be reported as a negative.	All	99.0%	835/2110/CAS	7/2/2013
52	DC051	Tooth Oral Cavity (Quadrant or Arch) (1)	Text	2	Tooth Oral Cavity (Quadrant or Arch) (1)	Use this field to report the standard quadrant identifier.	All	0.0%	837/2400/SV3/ /04-1	7/2/2013
53	DC052	Tooth Oral Cavity (Quadrant or Arch) (2)	Text	2	Tooth Oral Cavity (Quadrant or Arch) (2)	Use this field to report the standard quadrant identifier.	All	0.0%	837/2400/SV3/ /04-2	6/15/2022
54	DC053	Tooth Oral Cavity (Quadrant or Arch) (3)	Text	2	Tooth Oral Cavity (Quadrant or Arch) (3)	Use this field to report the standard quadrant identifier.	All	0.0%	837/2400/SV3/ /04-3	6/15/2022
55	DC054	Tooth Oral Cavity (Quadrant or Arch) (4)	Text	2	Tooth Oral Cavity (Quadrant or Arch) (4)	Use this field to report the standard quadrant identifier.	All	0.0%	837/2400/SV3/ /04-4	6/15/2022
56	DC055	Tooth Oral Cavity (Quadrant or Arch) (5)	Text	2	Tooth Oral Cavity (Quadrant or Arch) (5)	Use this field to report the standard quadrant identifier.	All	0.0%	837/2400/SV3/ /04-5	6/15/2022
57	DC056	Tooth System Qualifier	Text	2	Tooth System Qualifier	Use this field to report the code list qualifier code that identifies the tooth designation system used in the claim. The only valid codes for this field are:

JO = ANSI/ADA/ISO Specification No. 3950
JP = ADA Universal/National Tooth Designation System | All | 99.9% | 837/2400/TOO/ /01 | 6/15/2022 |
58	DC057	Tooth (1) - Number or Letter	Text	2	Tooth (1) - Number or Letter	Use this field to report the first tooth number or letter associated with the claim.	All	10.0%	837/2400/TOO/ /02	7/2/2013
59	DC058	Tooth (1) – Surface Code (1)	Text	1	Tooth (1) – Surface Code (1)	Use this field to report the first tooth surface (of a maximum of five) for the services rendered for Tooth (1).	All	0.0%	837/2400/TOO/ /03-1	7/2/2013
60	DC059	Tooth (1) – Surface Code (2)	Text	1	Tooth (1) – Surface Code (2)	Use this field to report the second tooth surface (of a maximum of five) for the services rendered for Tooth (1).	All	0.0%	837/2400/TOO/ /03-2	6/15/2022
61	DC060	Tooth (1) – Surface Code (3)	Text	1	Tooth (1) – Surface Code (3)	Use this field to report the third tooth surface (of a maximum of five) for the services rendered for Tooth (1).	All	0.0%	837/2400/TOO/ /03-3	6/15/2022

Col. #	Element ID	Data Element Name	Format	Length	Description	Element Submission Guideline Comments	Condition (Denominator)	Threshold	Reference	Date Modified
62	DC061	Tooth (1) – Surface Code (4)	Text	1	Tooth (1) – Surface Code (4)	Use this field to report the fourth tooth surface (of a maximum of five) for the services rendered for Tooth (1).	All	0.0%	837/2400/TOO/ /03-4	6/15/2022
63	DC062	Tooth (1) – Surface Code (5)	Text	1	Tooth (1) – Surface Code (5)	Use this field to report the fifth tooth surface (of a maximum of five) for the services rendered for Tooth (1).	All	0.0%	837/2400/TOO/ /03-5	6/15/2022
64	DC063	Tooth (2) - Number or Letter	Text	2	Tooth (2) - Number or Letter	Use this field to report the second tooth number or letter associated with the claim.	All	0.0%	837/2400/TOO/ /02	6/15/2022
65	DC064	Tooth (2) – Surface Code (1)	Text	1	Tooth (2) – Surface Code (1)	Use this field to report the first tooth surface (of a maximum of five) for the services rendered for Tooth (2).	All	0.0%	837/2400/TOO/ /03-1	6/15/2022
66	DC065	Tooth (2) – Surface Code (2)	Text	1	Tooth (2) – Surface Code (2)	Use this field to report the second tooth surface (of a maximum of five) for the services rendered for Tooth (2).	All	0.0%	837/2400/TOO/ /03-2	6/15/2022
67	DC066	Tooth (2) – Surface Code (3)	Text	1	Tooth (2) – Surface Code (3)	Use this field to report the third tooth surface (of a maximum of five) for the services rendered for Tooth (2).	All	0.0%	837/2400/TOO/ /03-3	6/15/2022
68	DC067	Tooth (2) – Surface Code (4)	Text	1	Tooth (2) – Surface Code (4)	Use this field to report the fourth tooth surface (of a maximum of five) for the services rendered for Tooth (2).	All	0.0%	837/2400/TOO/ /03-4	6/15/2022
69	DC068	Tooth (2) – Surface Code (5)	Text	1	Tooth (2) – Surface Code (5)	Use this field to report the fifth tooth surface (of a maximum of five) for the services rendered for Tooth (2).	All	0.0%	837/2400/TOO/ /03-5	6/15/2022
70	DC069	Tooth (3) - Number or Letter	Text	2	Tooth (3) - Number or Letter	Use this field to report the third tooth number or letter associated with the claim.	All	0.0%	837/2400/TOO/ /02	6/15/2022
71	DC070	Tooth (3) – Surface Code (1)	Text	1	Tooth (3) – Surface Code (1)	Use this field to report the first tooth surface (of a maximum of five) for the services rendered for Tooth (3).	All	0.0%	837/2400/TOO/ /03-1	6/15/2022
72	DC071	Tooth (3) – Surface Code (2)	Text	1	Tooth (3) – Surface Code (2)	Use this field to report the second tooth surface (of a maximum of five) for the services rendered for Tooth (3).	All	0.0%	837/2400/TOO/ /03-2	6/15/2022
73	DC072	Tooth (3) – Surface Code (3)	Text	1	Tooth (3) – Surface Code (3)	Use this field to report the third tooth surface (of a maximum of five) for the services rendered for Tooth (3).	All	0.0%	837/2400/TOO/ /03-3	6/15/2022
74	DC073	Tooth (3) – Surface Code (4)	Text	1	Tooth (3) – Surface Code (4)	Use this field to report the fourth tooth surface (of a maximum of five) for the services rendered for Tooth (3).	All	0.0%	837/2400/TOO/ /03-4	6/15/2022
75	DC074	Tooth (3) – Surface Code (5)	Text	1	Tooth (3) – Surface Code (5)	Use this field to report the fifth tooth surface (of a maximum of five) for the services rendered for Tooth (3).	All	0.0%	837/2400/TOO/ /03-5	6/15/2022
76	DC075	Tooth (4) - Number or Letter	Text	2	Tooth (4) - Number or Letter	Use this field to report the fourth tooth number or letter associated with the claim.	All	0.0%	837/2400/TOO/ /02	6/15/2022
77	DC076	Tooth (4) – Surface Code (1)	Text	1	Tooth (4) – Surface Code (1)	Use this field to report the first tooth surface (of a maximum of five) for the services rendered for Tooth (4).	All	0.0%	837/2400/TOO/ /03-1	6/15/2022
78	DC077	Tooth (4) – Surface Code (2)	Text	1	Tooth (4) – Surface Code (2)	Use this field to report the second tooth surface (of a maximum of five) for the services rendered for Tooth (4).	All	0.0%	837/2400/TOO/ /03-2	6/15/2022
79	DC078	Tooth (4) – Surface Code (3)	Text	1	Tooth (4) – Surface Code (3)	Use this field to report the third tooth surface (of a maximum of five) for the services rendered for Tooth (4).	All	0.0%	837/2400/TOO/ /03-3	6/15/2022
80	DC079	Tooth (4) – Surface Code (4)	Text	1	Tooth (4) – Surface Code (4)	Use this field to report the fourth tooth surface (of a maximum of five) for the services rendered for Tooth (4).	All	0.0%	837/2400/TOO/ /03-4	6/15/2022

Col. #	Element ID	Data Element Name	Format	Length	Description	Element Submission Guideline Comments	Condition (Denominator)	Threshold	Reference	Date Modified
81	DC080	Tooth (4) – Surface Code (5)	Text	1	Tooth (4) – Surface Code (5)	Use this field to report the fifth tooth surface (of a maximum of five) for the services rendered for Tooth (4).	All	0.0%	837/2400/TOO/ /03-5	6/15/2022
82	DC081	Subscriber Last Name	Text	60	Last name of subscriber	Use this field to report the last name of the subscriber. Names should be reported in upper case and should be concatenated to exclude all punctuation, including hyphens, spaces, and apostrophes. EXAMPLE: O'Brien should be reported as "OBRIEN"; Carlton-Smythe should be reported as "CARLTONSMYTHE".	All	100.0%	837/2010BA/NM1/ /03	10/15/2010
83	DC082	Subscriber First Name	Text	25	First name of subscriber	Use this field to report the first name of the subscriber. Names should be reported in upper case and should be concatenated to exclude all punctuation, including hyphens, spaces, and apostrophes. EXAMPLE: Anne-Marie should be reported as "ANNEMARIE".	All	100.0%	837/2010BA/NM1/ /04	10/15/2010
84	DC083	Subscriber Middle Initial	Text	1	Middle initial of subscriber	Use this field to report the subscriber's middle initial.	All	2.0%	837/2010BA/NM1/ /05	10/15/2010
85	DC084	Member Last Name	Text	60	Last name of member	Use this field to report the last name of the member. Names should be reported in upper case and should be concatenated to exclude all punctuation, including hyphens, spaces, and apostrophes. EXAMPLE: O'Brien should be reported as "OBRIEN"; Carlton-Smythe should be reported as "CARLTONSMYTHE".	All	100.0%	837/2010CA/NM1/ /03, 837/2010BA/NM1/ /03	7/2/2013
86	DC085	Member First Name	Text	25	First name of member	Use this field to report the first name of the member. Names should be reported in upper case and should be concatenated to exclude all punctuation, including hyphens, spaces, and	All	100.0%	837/2010CA/NM1/ /04, 837/2010BA/NM1/ /04	7/2/2013
87	DC086	Member Middle Initial	Text	1	Middle initial of member	Use this field to report the middle initial of the member when available.	All	2.0%	837/2010CA/NM1/ /05, 837/2010BA/NM1/ /05	7/2/2013
88	DC087	Submitter-Specific Unique Member ID	Text	50	Member's unique ID	Use this field to report the identifier that the carrier/submitter uses internally to uniquely identify the member.	All	100.0%	Administrative	7/2/2013
89	DC088	Submitter-Specific Unique Subscriber ID	Text	50	Subscriber's unique ID	Use this field to report the identifier that the carrier/submitter uses internally to uniquely identify the subscriber.	All	100.0%	Administrative	7/2/2013
90	DC089	Member Street Address (2)	Text	50	Secondary street address of the member	Use this field to report the second line of the member's street address, which may include apartment number, suite identifier, or other secondary information.	All	2.0%	837/2010BA/N3/ /02 837/2010CA/N3/ /02	7/2/2013
91	DC090	Claim Line Type	Look-up Table - Text	1	Claim line activity type code	Use this field to report the code that defines the claim line status in terms of adjudication. The only valid codes for this field are: A = Amendment B = Back-Out O = Original R = Replacement V = Void	All	98.0%	Administrative	7/2/2013
92	DC091	Former Claim Number	Text	35	Previous claim number	Use this field to report the Payer Claim Control Number (DC004) that was originally sent in a prior filing that this line corresponds to. When reported, this data cannot equal its own DC004. Use of the Former Claim Number field to version claims can only be used if approved by Connecticut.	All	0.0%	Administrative	7/2/2013

Col. #	Element ID	Data Element Name	Format	Length	Description	Element Submission Guideline Comments	Condition (Denominator)	Threshold	Reference	Date Modified
93	DC092	Diagnosis Code	Text	7	ICD principal diagnosis code	Use this field to report the ICD diagnosis for the diagnosis. Do not include the decimal point when coding this field.	All	99.0%	837/2300/HI/BK/01-2, 837/2300/HI/ABK/01-2	7/2/2013
94	DC093	ICD Version Indicator	Look-up Table - Integer	1	International Classification of Diseases (ICD) version	Use this field to report whether the diagnoses on the claim were coded using ICD-9 or ICD-10 codes. The only valid codes for this field are: 9 = ICD-9 0 = ICD-10	Required when DC092 is populated	100.0%	N/A	7/2/2013
95	DC094	Denied Claim Indicator	Look-up Table - Integer	1	Denied claim line indicator	Use this field to report whether or not the claim line was denied. The only valid codes for this field are: 1 = Yes 2 = No 3 = Unknown 4 = Other 5 = Not Applicable	All	100.0%	Administrative	7/2/2013
96	DC095	Denial Reason	External Code Source - HIPAA -OR- Carrier Look-up Table - Text	15	Denial reason code	Use this field to report the code that defines the reason for denial of the claim line. Carrier must submit denial reason codes in separate table to the APCD. If using carrier-defined codes, submitter must provide reference table of values.	Required when DC094 = 1	99.9%	835/2110/CAS	7/2/2013
97	DC096	Payment Arrangement Indicator	Look-up Table - Integer	1	Payment arrangement type value	Use this field to report the value that defines the contracted payment methodology for this claim line. The only valid codes for this field are: 1 = Capitation 2 = Fee for Service 3 = Percent of Charges 4 = DRG 5 = Pay for Performance 6 = Global Payment 7 = Other 8 = Bundled Payment	All	98.0%	Administrative	7/2/2013
98	DC097	Filler / Placeholder	Filler	0	Filler	The CT APCD reserves this field for future use. Do not populate with any data.	All	0.0%	N/A	7/2/2013
99	DC098	APCD ID Code	Look-up Table - Integer	1	Member enrollment type	Use this field to report the value that describes the member's/subscriber's enrollment into one of the predefined categories; aligns enrollment to appropriate validations and thresholds. The only valid codes for this field are: 1 = Fully Insured Commercial Group Enrollee (FIG) 2 = Self-Insured Group Enrollee (SIG) 3 = State or Federal Employer Enrollee 4 = Individual - Non-Group Enrollee 5 = Supplemental Policy Enrollee 6 = Integrated Care Organization (ICO) 0 = Unknown / Not Applicable	All	100.0%	Administrative	7/2/2013

Col. #	Element ID	Data Element Name	Format	Length	Description	Element Submission Guideline Comments	Condition (Denominator)	Threshold	Reference	Date Modified
100	DC099	Bill Frequency Code	External Code Source - NUBC - Text	1	Bill frequency code	Use this field to report the valid frequency code of the claim to indicate version, credit/debit activity, and/or setting of claim. Default value for dental claims is "1".	All	100.0%	837/2300/CLM/ /05-3	7/2/2013
101	DC899	Record Type	Text	2	File type identifier	This field must be coded 'DC' to indicate the submission of medical claims data. The value reported here must match across the following three fields: HD004, TR004, and DC899.	All	100.0%	Administrative	7/2/2013