| | A | B | C | D | E | F | G | H | I | J | K | L | M | N | O | P | Q |
|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|
| 1 | 837 Dental - 4010X097A1HIPAA Implementation Guide | | | | | | | | | | | | | | | Tennessee Specific Values | |
| 2 | Element ID | Elem Use | Min Len | Max Len | DataType | Seg Use | Seg Rep | Loop ID | Loop Name | Loop Rep | Comp Seq ID | DED Name | Industry Name or Alias | HIPAA Valid Values | HIPAA Notes | TN Valid Values | TN Notes |
| 3 | ISA01 | R | 2 | 2 | ID | R | 1 | | INTERCHANGE CONTROL HEADER | | | Authorization Information Qualifier | | 00, 03 | | | Preferred value is 00 |
| 4 | ISA02 | R | 10 | 10 | AN | R | 1 | | INTERCHANGE CONTROL HEADER | | | Authorization Information | | | | | |
| 5 | ISA03 | R | 2 | 2 | ID | R | 1 | | INTERCHANGE CONTROL HEADER | | | Security Information Qualifier | | 00, 01 | | | Preferred value is 00 |
| 6 | ISA04 | R | 10 | 10 | AN | R | 1 | | INTERCHANGE CONTROL HEADER | | | Security Information | | | | | |
| 7 | ISA05 | R | 2 | 2 | ID | R | 1 | | INTERCHANGE CONTROL HEADER | | | Interchange ID Qualifier | | 01, 14, 20, 27, 28, 29, 30, 33, ZZ | | | Preferred value is ZZ |
| 8 | ISA06 | R | 15 | 15 | AN | R | 1 | | INTERCHANGE CONTROL HEADER | | | Interchange Sender ID | | | | | This value will be the Sender Trading Partner ID for Inbound Transactions. It will be TennCare's ID 626001445TC for Outbound Transactions. |
| 9 | ISA07 | R | 2 | 2 | ID | R | 1 | | INTERCHANGE CONTROL HEADER | | | Interchange ID Qualifier | | 01, 14, 20, 27, 28, 29, 30, 33, ZZ | | | Preferred value is ZZ |
| 10 | ISA08 | R | 15 | 15 | AN | R | 1 | | INTERCHANGE CONTROL HEADER | | | Interchange Receiver ID | | | | | It will be TennCare's ID 626001445TC for Inbound Transactions.This value will be the Sender Trading Partner ID for Outbound Transactions. |
| 11 | ISA09 | R | 6 | 6 | DT | R | 1 | | INTERCHANGE CONTROL HEADER | | | Interchange Date | | Format: YYMMDD | | | **Encounters:** Adjudication Date should be plugged. Only one adjudication data per file is allowed. |
| 12 | ISA10 | R | 4 | 4 | TM | R | 1 | | INTERCHANGE CONTROL HEADER | | | Interchange Time | | Format: HHMM | | | |
| 13 | ISA11 | R | 1 | 1 | ID | R | 1 | | INTERCHANGE CONTROL HEADER | | | Interchange Control Standards ID | | U | | | |
| 14 | ISA12 | R | 5 | 5 | ID | R | 1 | | INTERCHANGE CONTROL HEADER | | | Interchange Control Version Number | | 00401 | | | |
| 15 | ISA13 | R | 9 | 9 | N0 | R | 1 | | INTERCHANGE CONTROL HEADER | | | Interchange Control Number | | | | | System generated |
| 16 | ISA14 | R | 1 | 1 | ID | R | 1 | | INTERCHANGE CONTROL HEADER | | | Acknowledgment Requested | | 0, 1 | | | |
| 17 | ISA15 | R | 1 | 1 | ID | R | 1 | | INTERCHANGE CONTROL HEADER | | | Usage Indicator | | P, T | | | Use T for Test Transactions and P for Production Transactions. |

Yellow - rows with NPI info
Red - changes made
Grey - NPI info added

| | A | B | C | D | E | F | G | H | I | J | K | L | M | N | O | P | Q |
|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|
| 1 | 837 Dental - 4010X097A1HIPAA Implementation Guide | | | | | | | | | | | | | | | Tennessee Specific Values | |
| 2 | Element ID | Elem Use | Min Len | Max Len | DataType | Seg Use | Seg Rep | Loop ID | Loop Name | Loop Rep | Comp Seq ID | DED Name | Industry Name or Alias | HIPAA Valid Values | HIPAA Notes | TN Valid Values | TN Notes |
| 18 | ISA16 | R | 1 | 1 | | R | 1 | | INTERCHANGE CONTROL HEADER | | | Component Element Separator | | | | | |
| 19 | GS01 | R | 2 | 2 | ID | R | 1 | | FUNCTIONAL GROUP HEADER | | | Functional Identifier Code | | HC | | | |
| 20 | GS02 | R | 2 | 15 | AN | R | 1 | | FUNCTIONAL GROUP HEADER | | | Application Sender's Code | | | | | Same as ISA06 |
| 21 | GS03 | R | 2 | 15 | AN | R | 1 | | FUNCTIONAL GROUP HEADER | | | Application Receiver's Code | | | | | Same as ISA08 |
| 22 | GS04 | R | 8 | 8 | DT | R | 1 | | FUNCTIONAL GROUP HEADER | | | Date | | Format: CCYYMMDD | | | |
| 23 | GS05 | R | 4 | 8 | TM | R | 1 | | FUNCTIONAL GROUP HEADER | | | Time | | | | | |
| 24 | GS06 | R | 1 | 9 | N0 | R | 1 | | FUNCTIONAL GROUP HEADER | | | Group Control Number | | | | | |
| 25 | GS07 | R | 1 | 2 | ID | R | 1 | | FUNCTIONAL GROUP HEADER | | | Responsible Agency Code | | X | | | |
| 26 | GS08 | R | 1 | 12 | AN | R | 1 | | FUNCTIONAL GROUP HEADER | | | Version/Release/ Industry ID Code | | 004010X097A1 | | | |
| 27 | ST02 | R | 4 | 9 | AN | R | 1 | | TRANSACTION SET HEADER | | | Transaction Set Control Number | Transaction Set Control Number | | | | |
| 28 | BHT02 | R | 2 | 2 | ID | R | 1 | | BEGINNING OF HIERARCHICAL TRANSACTION | | | Transaction Set Purpose Code | Transaction Set Purpose Code | 00, 18 | | | **Encounters:** 18 is used for replacements of rejected files only. The entire transmission should either be replacements ( BHT02 = 18) or originals (BHT02 = 00). Reissues/replacements cannot be mixed and matched with the originals. When a transmission is rejected, the entire transmission should be sent again with an 18 in BHT02. |
| 29 | BHT03 | R | 1 | 30 | AN | R | 1 | | BEGINNING OF HIERARCHICAL TRANSACTION | | | Reference Identification | Originator Application Transaction Identifier | | | | Batch Control # |
| 30 | BHT04 | R | 8 | 8 | DT | R | 1 | | BEGINNING OF HIERARCHICAL TRANSACTION | | | Date | Transaction Set Creation Date | | | | |

Yellow - rows with NPI info
Red - changes made
Grey - NPI info added

| | A | B | C | D | E | F | G | H | I | J | K | L | M | N | O | P | Q |
|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|
| 1 | 837 Dental - 4010X097A1HIPAA Implementation Guide | | | | | | | | | | | | | | | **Tennessee Specific Values** | |
| 2 | **Element ID** | **Elem Use** | **Min Len** | **Max Len** | **DataType** | **Seg Use** | **Seg Rep** | **Loop ID** | **Loop Name** | **Loop Rep** | **Comp Seq ID** | **DED Name** | **Industry Name or Alias** | **HIPAA Valid Values** | **HIPAA Notes** | **TN Valid Values** | **TN Notes** |
| 31 | BHT05 | R | 4 | 8 | TM | R | 1 | | BEGINNING OF HIERARCHICAL TRANSACTION | | | Time | Transaction Set Creation Time | | | | |
| 32 | BHT06 | R | 2 | 2 | ID | R | 1 | | BEGINNING OF HIERARCHICAL TRANSACTION | | | Transaction Type Code | Claim or Encounter Identifier | CH, RP | | Y/N | **Encounters:** RP<br>**FFS:** CH |
| 33 | NM101 | R | 2 | 3 | ID | R | 1 | 1000A | SUBMITTER NAME | 1 | | Entity Identifier Code | | 41 | | | |
| 34 | NM102 | R | 1 | 1 | ID | R | 1 | 1000A | SUBMITTER NAME | 1 | | Entity Type Qualifier | | 1, 2 | | | |
| 35 | NM103 | R | 1 | 35 | AN | R | 1 | 1000A | SUBMITTER NAME | 1 | | Name Last or Organization Name | Submitter Last or Organization Name | | | | |
| 36 | NM104 | S | 1 | 25 | AN | R | 1 | 1000A | SUBMITTER NAME | 1 | | Name First | Submitter First Name | | | | |
| 37 | NM105 | S | 1 | 25 | AN | R | 1 | 1000A | SUBMITTER NAME | 1 | | Name Middle | Submitter Middle Name | | | | |
| 38 | NM108 | R | 1 | 2 | ID | R | 1 | 1000A | SUBMITTER NAME | 1 | | Identification Code Qualifier | | 46 | | | |
| 39 | NM109 | R | 2 | 80 | AN | R | 1 | 1000A | SUBMITTER NAME | 1 | | Identification Code | Submitter Identifier | | | | This value will be the Trading Partner ID/Submitter ID. Same as ISA06. |
| 40 | NM101 | R | 2 | 3 | ID | R | 1 | 1000B | RECEIVER NAME | 1 | | Entity Identifier Code | | 40 | | | |
| 41 | NM102 | R | 1 | 1 | ID | R | 1 | 1000B | RECEIVER NAME | 1 | | Entity Type Qualifier | | 2 | | | |
| 42 | NM103 | R | 1 | 35 | AN | R | 1 | 1000B | RECEIVER NAME | 1 | | Name Last or Organization Name | Identification Code Qualifier | | | TENNCARE | |
| 43 | NM108 | R | 1 | 2 | ID | R | 1 | 1000B | RECEIVER NAME | 1 | | Identification Code Qualifier | | 46 | | | |
| 44 | NM109 | R | 2 | 80 | AN | R | 1 | 1000B | RECEIVER NAME | 1 | | Identification Code | Receiver Primary Identifier | | | 626001445TC | Receiver Code. Same as ISA08. |
| 45 | PRV01 | R | 1 | 3 | ID | S | 1 | 2000A | BILLING/PAY-TO PROVIDER HIERARCHICAL LEVEL | >1 | | Provider Code | | BI, PT | Required when adjudication is known to be impacted by provider taxonomy code, and the Rendering Provider is the same entity as the Billing and/or Pay-to Provider. In these cases, the Rendering Provider is being identified at this level for all subsequent claims/encounters in this HL and Loop ID-2310B is not used. | | It is required for MCCs to send this segment to TennCare. |
| 46 | PRV02 | R | 2 | 3 | ID | S | 1 | 2000A | BILLING/PAY-TO PROVIDER HIERARCHICAL LEVEL | >1 | | Reference Identification Qualifier | | ZZ | | | |

Yellow - rows with NPI info
Red - changes made
Grey - NPI info added

| | A | B | C | D | E | F | G | H | I | J | K | L | M | N | O | P | Q |
|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|
| 1 | 837 Dental - 4010X097A1HIPAA Implementation Guide | | | | | | | | | | | | | | | Tennessee Specific Values | |
| 2 | Element ID | Elem Use | Min Len | Max Len | DataType | Seg Use | Seg Rep | Loop ID | Loop Name | Loop Rep | Comp Seq ID | DED Name | Industry Name or Alias | HIPAA Valid Values | HIPAA Notes | TN Valid Values | TN Notes |
| 47 | PRV03 | R | 1 | 30 | AN | S | 1 | 2000A | BILLING/PAY-TO PROVIDER HIERARCHICAL LEVEL | >1 | | Reference Identification | Provider Taxonomy Code or Provider Specialty Code | | | | Taxonomy Code is required on FFS claims and requested on all encounters. |
| 48 | NM101 | R | 2 | 3 | ID | R | 1 | 2010AA | BILLING PROVIDER NAME | 1 | | Entity Identifier Code | | 85 | | | |
| 49 | NM102 | R | 1 | 2 | ID | R | 1 | 2010AA | BILLING PROVIDER NAME | 1 | | Entity Type Qualifier | | 1, 2 | | | |
| 50 | NM103 | R | 1 | 35 | AN | R | 1 | 2010AA | BILLING PROVIDER NAME | 1 | | Name Last or Organization Name | Billing Provider Last or Organization Name | | | | |
| 51 | NM104 | S | 1 | 25 | AN | R | 1 | 2010AA | BILLING PROVIDER NAME | 1 | | Name First | Billing Provider First Name | | | | |
| 52 | NM105 | S | 1 | 25 | AN | R | 1 | 2010AA | BILLING PROVIDER NAME | 1 | | Name Middle | Billing Provider Middle Name | | | | |
| 53 | NM107 | S | 1 | 10 | AN | R | 1 | 2010AA | BILLING PROVIDER NAME | 1 | | Name Suffix | Billing Provider Name Suffix | | | | |
| 54 | NM108 | R | 1 | 2 | ID | R | 1 | 2010AA | BILLING PROVIDER NAME | 1 | | Identification Code Qualifier | | 24, 34, XX | XX is required if NPI is mandated for use. | 24, 34, XX | Non-NPI qualifiers are valid for atypical providers. All healthcare providers are required to use NPI on and after May 23, 2008. (Employer's ID number or provider's SSN must be carried in REF in this loop.) |
| 55 | NM109 | R | 2 | 80 | AN | R | 1 | 2010AA | BILLING PROVIDER NAME | 1 | | Identification Code | Billing Provider Identifier | | | | |
| 56 | N301 | R | 1 | 55 | AN | R | 1 | 2010AA | BILLING PROVIDER NAME | 1 | | Address Information | Billing Provider Address Line-1 | | | | This is the submitter's address/the billing provider's address for FFS claims. On an encounter, the correct address will be maintained on the provider's master file. |
| 57 | N302 | S | 1 | 55 | AN | R | 1 | 2010AA | BILLING PROVIDER NAME | 1 | | Address Information | Billing Provider Address Line-2 | | | | |
| 58 | N401 | R | 2 | 30 | AN | R | 1 | 2010AA | BILLING PROVIDER NAME | 1 | | City Name | Billing Provider City Name | | | | |

Yellow - rows with NPI info
Red - changes made
Grey - NPI info added

| | A | B | C | D | E | F | G | H | I | J | K | L | M | N | O | P | Q |
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| 1 | 837 Dental - 4010X097A1HIPAA Implementation Guide | | | | | | | | | | | | | | | Tennessee Specific Values | |
| 2 | Element ID | Elem Use | Min Len | Max Len | DataType | Seg Use | Seg Rep | Loop ID | Loop Name | Loop Rep | Comp Seq ID | DED Name | Industry Name or Alias | HIPAA Valid Values | HIPAA Notes | TN Valid Values | TN Notes |
| 59 | N402 | R | 2 | 2 | ID | R | 1 | 2010AA | BILLING PROVIDER NAME | 1 | | State or Province Code | Billing Provider State or Province Code | | | | |
| 60 | N403 | R | 3 | 15 | ID | R | 1 | 2010AA | BILLING PROVIDER NAME | 1 | | Postal Code | Billing Provider Postal Zone or Zip Code | | | | |
| 61 | N404 | S | 2 | 3 | ID | R | 1 | 2010AA | BILLING PROVIDER NAME | 1 | | Country Code | Billing Provider Country Code | | | | |
| 62 | REF01 | R | 2 | 3 | ID | S | 5 | 2010AA | BILLING PROVIDER NAME | 1 | | Reference Identification Qualifier | | 0B, 1A, 1B, 1C, 1D, 1E, 1H, EI, G2, G5, LU, SY, TJ | If "code XX - NPI" is used in the NM108/09 of this loop, then either the Employer's Identification Number or the Social Security Number or federal Tax ID Number of the provider must be carried in this REF. The number sent is the one which is used on the 1099. If additional numbers are needed the REF can be run up to 5 times. | 1A,1B,1D,G2, EI, SY | 1. G2 - TennCare ID, with G2 MCCs submit their monthly Provider Enrollment file. 2. Instead of G2 as the TennCare ID, BCBS may use 1A or 1B for REF01 identifier as required ID. 3. Medicaid ID may be provided when available. |
| 63 | REF02 | R | 1 | 30 | AN | S | 5 | 2010AA | BILLING PROVIDER NAME | 1 | | Reference Identification | Billing Provider Identifier | | | | |
| 64 | NM101 | R | 2 | 3 | ID | S | 1 | 2010AB | PAY-TO PROVIDER NAME | 1 | | Entity Identifier Code | | 87 | | | Pay-to provider can be sent sometimes on TennCare |
| 65 | NM102 | R | 1 | 1 | ID | S | 1 | 2010AB | PAY-TO PROVIDER NAME | 1 | | Entity Type Qualifier | | 1, 2 | | | |
| 66 | NM103 | R | 1 | 35 | AN | S | 1 | 2010AB | PAY-TO PROVIDER NAME | 1 | | Name Last or Organization Name | Pay to Provider last or Organization Name | | | | |
| 67 | NM104 | S | 1 | 25 | AN | S | 1 | 2010AB | PAY-TO PROVIDER NAME | 1 | | Name First | Pay to Provider First Name | | | | |
| 68 | NM105 | S | 1 | 25 | AN | S | 1 | 2010AB | PAY-TO PROVIDER NAME | 1 | | Name Middle | Pay to Provider Middle Name | | | | |
| 69 | NM107 | S | 1 | 10 | AN | S | 1 | 2010AB | PAY-TO PROVIDER NAME | 1 | | Name Suffix | | | | | |

Yellow - rows with NPI info
Red - changes made
Grey - NPI info added

| | A | B | C | D | E | F | G | H | I | J | K | L | M | N | O | P | Q |
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| 1 | 837 Dental - 4010X097A1HIPAA Implementation Guide | | | | | | | | | | | | | | | Tennessee Specific Values | |
| 2 | Element ID | Elem Use | Min Len | Max Len | DataType | Seg Use | Seg Rep | Loop ID | Loop Name | Loop Rep | Comp Seq ID | DED Name | Industry Name or Alias | HIPAA Valid Values | HIPAA Notes | TN Valid Values | TN Notes |
| 70 | NM108 | R | 1 | 2 | ID | S | 1 | 2010AB | PAY-TO PROVIDER NAME | 1 | | Identification Code Qualifier | | 24, 34, XX | XX is required if NPI is mandated for use. | 24, 34, XX | Non-NPI qualifiers are valid for atypical providers. All healthcare providers are required to use NPI on and after May 23, 2008. (Employer's ID number or provider's SSN must be carried in REF in this loop.) |
| 71 | NM109 | R | 2 | 80 | AN | S | 1 | 2010AB | PAY-TO PROVIDER NAME | 1 | | Identification Code | Pay-to Provider Identifier | | | | |
| 72 | N301 | R | 1 | 55 | AN | R | 1 | 2010AB | PAY-TO PROVIDER NAME | 1 | | Address Information | Pay-to Provider Address Line-1 | | | | |
| 73 | N302 | S | 1 | 55 | AN | R | 1 | 2010AB | PAY-TO PROVIDER NAME | 1 | | Address Information | Pay-to Provider Address Line-2 | | | | |
| 74 | N401 | R | 2 | 30 | AN | R | 1 | 2010AB | PAY-TO PROVIDER NAME | 1 | | City Name | Pay-to Provider City Name | | | | |
| 75 | N402 | R | 2 | 2 | ID | R | 1 | 2010AB | PAY-TO PROVIDER NAME | 1 | | State or Province Code | Pay-to Provider State or Province Code | | | | |
| 76 | N403 | R | 3 | 15 | ID | R | 1 | 2010AB | PAY-TO PROVIDER NAME | 1 | | Postal Code | Pay-to Provider Postal Zone or Zip Code | | | | |
| 77 | N404 | S | 2 | 3 | ID | R | 1 | 2010AB | PAY-TO PROVIDER NAME | 1 | | Country Code | Pay-to Provider Country Code | | | | |
| 78 | REF01 | R | 2 | 3 | ID | S | 5 | 2010AB | PAY-TO PROVIDER NAME | 1 | | Reference Identification Qualifier | | 0B, 1A, 1B, 1C, 1D, 1E, 1H, EI, G2, G5, LU, SY, TJ | If "code XX - NPI" is used in the NM108/09 of this loop, then either the Employer's Identification Number or the Social Security Number or federal Tax ID Number of the provider must be carried in this REF. The number sent is the one which is used on the 1099. If additional numbers are needed the REF can be run up to 5 times. | 1D, EI, SY | EI - Employer's ID number or SY - SSN |
| 79 | REF02 | R | 1 | 30 | AN | S | 5 | 2010AB | PAY-TO PROVIDER NAME | 1 | | Reference Identification | Pay-to Provider Additional Identifier | | | | |
| 80 | SBR01 | R | 1 | 1 | ID | R | 1 | 2000B | SUBSCRIBER HIERARCHICAL LEVEL | >1 | | Payer Responsibility Sequence Number Code | Payer Responsibility Sequence Number Code | P, S, T | | | **Encounters:** P<br>**FFS:** P/S/T |

Yellow - rows with NPI info
Red - changes made
Grey - NPI info added

| | A | B | C | D | E | F | G | H | I | J | K | L | M | N | O | P | Q |
|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|
| 1 | 837 Dental - 4010X097A1HIPAA Implementation Guide | | | | | | | | | | | | | | | Tennessee Specific Values | |
| 2 | Element ID | Elem Use | Min Len | Max Len | DataType | Seg Use | Seg Rep | Loop ID | Loop Name | Loop Rep | Comp Seq ID | DED Name | Industry Name or Alias | HIPAA Valid Values | HIPAA Notes | TN Valid Values | TN Notes |
| 81 | SBR02 | S | 2 | 2 | ID | R | 1 | 2000B | SUBSCRIBER HIERARCHICAL LEVEL | >1 | | Individual Relationship Code | Relationship Code | 18 | | 18 | If there is a dependent information, this field shall be blank. On Dental encounters, there is no dependent information, so this field is always 18 |
| 82 | SBR03 | S | 1 | 30 | AN | R | 1 | 2000B | SUBSCRIBER HIERARCHICAL LEVEL | >1 | | Reference Identification | Insured Group or Policy Number | | | | **Encounters:** SSN of the subscriber **FFS:** Policy Number |
| 83 | SBR04 | S | 1 | 60 | AN | R | 1 | 2000B | SUBSCRIBER HIERARCHICAL LEVEL | >1 | | Name | Insured Group Name or Plan Name | | | | |
| 84 | SBR06 | R | 1 | 1 | ID | R | 1 | 2000B | SUBSCRIBER HIERARCHICAL LEVEL | >1 | | Coordination of Benefits Code | COB Code | 1, 6 | | | |
| 85 | SBR09 | S | 1 | 2 | ID | R | 1 | 2000B | SUBSCRIBER HIERARCHICAL LEVEL | >1 | | | | 09, 11, 12, 13, 14, 15, 16, 17, BL, CH, CI, DS, FI, HM, LM, MB, MC, MH, OF, SA, VA, WC, ZZ | | MC | **Encounters:** MC **FFS:** MC |
| 86 | NM101 | R | 2 | 3 | ID | R | 1 | 2010BA | SUBSCRIBER NAME | 1 | | Entity Identifier Code | | IL | | | |
| 87 | NM102 | R | 1 | 1 | ID | R | 1 | 2010BA | SUBSCRIBER NAME | 1 | | Entity Type Qualifier | | 1, 2 | | | |
| 88 | NM103 | R | 1 | 35 | AN | R | 1 | 2010BA | SUBSCRIBER NAME | 1 | | Name Last or Organization Name | Subscriber Last Name | | | | |
| 89 | NM104 | S | 1 | 25 | AN | R | 1 | 2010BA | SUBSCRIBER NAME | 1 | | Name First | Subscriber First Name | | | | |
| 90 | NM105 | S | 1 | 25 | AN | R | 1 | 2010BA | SUBSCRIBER NAME | 1 | | Name Middle | Subscriber Middle Name | | | | |
| 91 | NM107 | S | 1 | 10 | AN | R | 1 | 2010BA | SUBSCRIBER NAME | 1 | | Name Suffix | Subscriber Name Suffix | | | | |
| 92 | NM108 | S | 1 | 2 | ID | R | 1 | 2010BA | SUBSCRIBER NAME | 1 | | Identification Code Qualifier | Identification Code Qualifier | MI, ZZ | | MI | |
| 93 | NM109 | S | 2 | 80 | AN | R | 1 | 2010BA | SUBSCRIBER NAME | 1 | | Identification Code | Subscriber Primary Identifier | | | | **Encounters:** Recipient's SSN. **FFS/Xovr:** Recipient's Medicaid ID. |
| 94 | N301 | R | 1 | 55 | AN | S | 1 | 2010BA | SUBSCRIBER NAME | 1 | | Address Information | Subscriber Address Line-1 | | | | |
| 95 | N302 | S | 1 | 55 | AN | S | 1 | 2010BA | SUBSCRIBER NAME | 1 | | Address Information | Subscriber Address Line-2 | | | | |
| 96 | N401 | R | 2 | 30 | AN | S | 1 | 2010BA | SUBSCRIBER NAME | 1 | | City Name | Subscriber City Name | | | | |
| 97 | N402 | R | 2 | 2 | ID | S | 1 | 2010BA | SUBSCRIBER NAME | 1 | | State or Province Code | Subscriber State or Province Code | | | | |

Yellow - rows with NPI info
Red - changes made
Grey - NPI info added

| | A | B | C | D | E | F | G | H | I | J | K | L | M | N | O | P | Q |
|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|
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| 2 | Element ID | Elem Use | Min Len | Max Len | DataType | Seg Use | Seg Rep | Loop ID | Loop Name | Loop Rep | Comp Seq ID | DED Name | Industry Name or Alias | HIPAA Valid Values | HIPAA Notes | TN Valid Values | TN Notes |
| 98 | N403 | R | 3 | 15 | ID | S | 1 | 2010BA | SUBSCRIBER NAME | 1 | | Postal Code | Subscriber Postal Zone or Zip Code | | | | |
| 99 | N404 | S | 2 | 3 | ID | S | 1 | 2010BA | SUBSCRIBER NAME | 1 | | Country Code | Scriber Country Code | | | | |
| 100 | DMG01 | R | 2 | 3 | ID | S | 1 | 2010BA | SUBSCRIBER NAME | 1 | | Date/Time Period Format Qualifier | | D8 | | | |
| 101 | DMG02 | R | 1 | 35 | AN | S | 1 | 2010BA | SUBSCRIBER NAME | 1 | | Date Time Period | Subscriber Birth Date or Patient Birth date | | | | |
| 102 | DMG03 | R | 1 | 1 | ID | S | 1 | 2010BA | SUBSCRIBER NAME | 1 | | Gender Code | Subscriber or Patient Gender Code | F, M, U | | | |
| 103 | REF01 | R | 2 | 3 | ID | S | 4 | 2010BA | SUBSCRIBER NAME | 1 | | Reference ID Qualifier | | 1W, 23, IG, SY | | | |
| 104 | REF02 | R | 1 | 30 | AN | S | 4 | 2010BA | SUBSCRIBER NAME | 1 | | Reference ID | Subscriber Supplemental Identifier | | | | If TennCare adopts policy numbers for 834 enrollment then we could communicate this here - otherwise leave blank |
| 105 | REF01 | R | 2 | 3 | ID | S | 1 | 2010BA | SUBSCRIBER NAME | 1 | | Reference ID Qualifier | | Y4 | | | |
| 106 | REF02 | R | 1 | 30 | AN | S | 1 | 2010BA | SUBSCRIBER NAME | 1 | | Reference ID | Property Casualty Claim Number | | | | |
| 107 | CLM01 | R | 1 | 38 | AN | R | 1 | 2300 | CLAIM INFORMATION | 100 | | Subscriber Identifier | Patient Account Number | | | | |
| 108 | CLM02 | R | 1 | 10 | R | R | 1 | 2300 | CLAIM INFORMATION | 100 | | Monetary Amount | Total Claim Charge Amt | | | | Total Billed Amount |
| 109 | CLM05 | R | N/A | N/A | N/A | R | 1 | 2300 | CLAIM INFORMATION | 100 | | Health Care Service Location Information | | | | | |
| 110 | CLM05 | R | 1 | 2 | AN | R | 1 | 2300 | CLAIM INFORMATION | 100 | CLM05-1 | Facility Code Value | Facility Type Code | External Code Source 237 | | | |
| 111 | CLM05 | R | 1 | 1 | ID | R | 1 | 2300 | CLAIM INFORMATION | 100 | CLM05-3 | Claim Frequency Type code | Claim Frequency Code | External Code Source 235 | | 1, 8 | For encounters only:<br>1 - ORIGINAL<br>8 - VOID (Void/Cancel of Prior Claim) |
| 112 | CLM06 | R | 1 | 1 | ID | R | 1 | 2300 | CLAIM INFORMATION | 100 | | Yes/No condition or Response Code | Provider or Supplier Signature Indicator or Signature on file code. | N, Y | | | |

Yellow - rows with NPI info
Red - changes made
Grey - NPI info added

| | A | B | C | D | E | F | G | H | I | J | K | L | M | N | O | P | Q |
|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|
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| 2 | Element ID | Elem Use | Min Len | Max Len | DataType | Seg Use | Seg Rep | Loop ID | Loop Name | Loop Rep | Comp Seq ID | DED Name | Industry Name or Alias | HIPAA Valid Values | HIPAA Notes | TN Valid Values | TN Notes |
| 113 | CLM07 | S | 1 | 1 | ID | R | 1 | 2300 | CLAIM INFORMATION | 100 | | Provider Accept Assignment Code | Medicare Assignment Code | A, C, P | | | |
| 114 | CLM08 | R | 1 | 1 | ID | R | 1 | 2300 | CLAIM INFORMATION | 100 | | Yes/No Condition or Response Code | Benefits Assignment Certification Indicator or Assignment of Benefits Code | N, Y | | | |
| 115 | CLM09 | R | 1 | 1 | ID | R | 1 | 2300 | CLAIM INFORMATION | 100 | | Release of Information Code | Release of Information Code | N, Y | | | |
| 116 | CLM11 | S | N/A | N/A | N/A | R | 1 | 2300 | CLAIM INFORMATION | 100 | | Related Causes Information | Accident/Employment/Related Causes | | | | |
| 117 | CLM11 | R | 2 | 3 | ID | R | 1 | 2300 | CLAIM INFORMATION | 100 | CLM11-1 | Related Causes Code | Related Causes Code | AA, EM, OA | | | |
| 118 | CLM11 | S | 2 | 3 | ID | R | 1 | 2300 | CLAIM INFORMATION | 100 | CLM11-2 | Related Causes Code | Related Causes Code | AA, EM, OA | | | |
| 119 | CLM11 | S | 2 | 3 | ID | R | 1 | 2300 | CLAIM INFORMATION | 100 | CLM11-3 | Related Causes Code | Related Causes Code | AA, EM, OA | | | |
| 120 | CLM11 | S | 2 | 2 | ID | R | 1 | 2300 | CLAIM INFORMATION | 100 | CLM11-4 | State or Province Code | Auto Accident State or Province Code | Use state postal code (UT=Utah, etc) | | | CLM11-4 required if CLM11-1, CLM11-2, OR CLM11-3 has a value of "AA" |
| 121 | CLM11 | S | 2 | 3 | ID | R | 1 | 2300 | CLAIM INFORMATION | 100 | CLM11-5 | Country Code | | | | | |
| 122 | CLM12 | S | 2 | 3 | ID | R | 1 | 2300 | CLAIM INFORMATION | 100 | | Special Program Code | Special Program Indicator | 01, 02, 03, 05 | | | |
| 123 | CLM19 | S | 2 | 2 | ID | R | 1 | 2300 | CLAIM INFORMATION | 100 | | Claim Submission Reason Code | Predetermination of Benefits Code | PB | | | |
| 124 | CLM20 | S | 1 | 2 | ID | R | 1 | 2300 | CLAIM INFORMATION | 100 | | Delay Reason Code | | 1, 2, 3, 4, 5, 6, 7, 8, 9, 10, 11 | | | |
| 125 | DTP01 | R | 3 | 3 | ID | S | 1 | 2300 | CLAIM INFORMATION | 100 | | Date/Time Qualifier | Date Time Qualifier | 435 | | | |
| 126 | DTP02 | R | 2 | 3 | ID | S | 1 | 2300 | CLAIM INFORMATION | 100 | | Date Time Period Format Qualifier | | D8 | | | |
| 127 | DTP03 | R | 1 | 35 | AN | S | 1 | 2300 | CLAIM INFORMATION | 100 | | Date Time Period | Related Hospitalization Admission Date | | | | |
| 128 | DTP01 | R | 3 | 3 | ID | S | 1 | 2300 | CLAIM INFORMATION | 100 | | Date/Time Qualifier | Date Time Qualifier | 096 | | | |

Yellow - rows with NPI info
Red - changes made
Grey - NPI info added

| | A | B | C | D | E | F | G | H | I | J | K | L | M | N | O | P | Q |
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| 1 | 837 Dental - 4010X097A1HIPAA Implementation Guide | | | | | | | | | | | | | | | Tennessee Specific Values | |
| 2 | Element ID | Elem Use | Min Len | Max Len | DataType | Seg Use | Seg Rep | Loop ID | Loop Name | Loop Rep | Comp Seq ID | DED Name | Industry Name or Alias | HIPAA Valid Values | HIPAA Notes | TN Valid Values | TN Notes |
| 129 | DTP02 | R | 2 | 3 | ID | S | 1 | 2300 | CLAIM INFORMATION | 100 | | Date Time Period Format Qualifier | | D8 | | | |
| 130 | DTP03 | R | 1 | 35 | AN | S | 1 | 2300 | CLAIM INFORMATION | 100 | | Date Time Period | Related Hospitalization Discharge Date | | | | |
| 131 | DTP01 | R | 3 | 3 | ID | S | 1 | 2300 | CLAIM INFORMATION | 100 | | Date/Time Qualifier | Date Time Qualifier | 330 | | | |
| 132 | DTP02 | R | 2 | 2 | ID | S | 1 | 2300 | CLAIM INFORMATION | 100 | | Date Time Period Format Qualifier | | D8 | | | |
| 133 | DTP03 | R | 1 | 35 | AN | S | 1 | 2300 | CLAIM INFORMATION | 100 | | Date Time Period | Referral Date | | | | |
| 134 | DTP01 | R | 3 | 3 | ID | S | 1 | 2300 | CLAIM INFORMATION | 100 | | Date/Time Qualifier | Date Time Qualifier | 439 | | | |
| 135 | DTP02 | R | 2 | 2 | ID | S | 1 | 2300 | CLAIM INFORMATION | 100 | | Date Time Period Format Qualifier | | D8 | | | |
| 136 | DTP03 | R | 1 | 35 | AN | S | 1 | 2300 | CLAIM INFORMATION | 100 | | Date Time Period | Accident Date | | | | |
| 137 | DTP01 | R | 3 | 3 | ID | S | 5 | 2300 | CLAIM INFORMATION | 100 | | Date/Time Qualifier | Date Time Qualifier | 452 | | | |
| 138 | DTP02 | R | 2 | 2 | ID | S | 5 | 2300 | CLAIM INFORMATION | 100 | | Date Time Period Format Qualifier | | D8 | | | |
| 139 | DTP03 | R | 1 | 35 | AN | S | 5 | 2300 | CLAIM INFORMATION | 100 | | Date Time Period | Orthodontic Banding Date | | | | |
| 140 | DTP01 | R | 3 | 3 | ID | S | 1 | 2300 | CLAIM INFORMATION | 100 | | Date/Time Qualifier | Date Time Qualifier | 472 | | | |
| 141 | DTP02 | R | 2 | 2 | ID | S | 1 | 2300 | CLAIM INFORMATION | 100 | | Date Time Period Format Qualifier | | D8 | | | |
| 142 | DTP03 | R | 1 | 1 | AN | S | 1 | 2300 | CLAIM INFORMATION | 100 | | Date Time Period | Service Date | | | | Used only if all service line items apply to the same date. |
| 143 | DN101 | S | 1 | 15 | R | S | 1 | 2300 | CLAIM INFORMATION | 100 | | Quantity | Orthodontic Total Months of Treatment | | | | |
| 144 | DN102 | S | 1 | 15 | R | S | 1 | 2300 | CLAIM INFORMATION | 100 | | Quantity | Orthodontic Treatment Months Remaining | | | | |
| 145 | DN103 | S | 1 | 1 | AN | S | 1 | 2300 | CLAIM INFORMATION | 100 | | Yes/No Condition or Response Code | Question Response | Y | | | |
| 146 | DN201 | R | 1 | 30 | AN | S | 35 | 2300 | CLAIM INFORMATION | 100 | | Reference Identification | Tooth Number | | | | |

Yellow - rows with NPI info
Red - changes made
Grey - NPI info added

| | A | B | C | D | E | F | G | H | I | J | K | L | M | N | O | P | Q |
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| 1 | 837 Dental - 4010X097A1HIPAA Implementation Guide | | | | | | | | | | | | | | | Tennessee Specific Values | |
| 2 | Element ID | Elem Use | Min Len | Max Len | DataType | Seg Use | Seg Rep | Loop ID | Loop Name | Loop Rep | Comp Seq ID | DED Name | Industry Name or Alias | HIPAA Valid Values | HIPAA Notes | TN Valid Values | TN Notes |
| 147 | DN202 | R | 1 | 2 | ID | S | 35 | 2300 | CLAIM INFORMATION | 100 | | Tooth Status Code | | E, I, M | | | |
| 148 | PWK01 | R | 2 | 2 | ID | S | 10 | 2300 | CLAIM INFORMATION | 100 | | Report Type Code | Attachment Report Type Code | B4, DA, DG, EB, OB, OZ, P6, RB, RR | | | |
| 149 | PWK02 | R | 1 | 2 | ID | S | 10 | 2300 | CLAIM INFORMATION | 100 | | Report Transmission Code | Attachment Transmission Code | AA, BM, EL, EM, FX | | | |
| 150 | PWK05 | S | 1 | 2 | ID | S | 10 | 2300 | CLAIM INFORMATION | 100 | | Identification Code Qualifier | | AC | | | |
| 151 | PWK06 | S | 2 | 80 | AN | S | 10 | 2300 | CLAIM INFORMATION | 100 | | Identification Code | Attachment Control Number | | | | |
| 152 | AMT01 | R | 1 | 3 | ID | S | 1 | 2300 | CLAIM INFORMATION | 100 | | Amount Qualifier Code | | F5 | | | |
| 153 | AMT02 | R | 1 | 10 | R | S | 1 | 2300 | CLAIM INFORMATION | 100 | | Monetary Amount | Patient Amount Paid | | | | |
| 154 | REF01 | R | 2 | 3 | ID | S | 5 | 2300 | CLAIM INFORMATION | 100 | | Reference Identification Qualifier | | G3 | | | |
| 155 | REF02 | R | 1 | 30 | AN | S | 5 | 2300 | CLAIM INFORMATION | 100 | | Reference Identification | Predetermination of Benefits Identifier | | | | |
| 156 | REF01 | R | 2 | 3 | ID | S | 1 | 2300 | CLAIM INFORMATION | 100 | | Reference Identification Qualifier | | 4N | | | |
| 157 | REF02 | R | 1 | 30 | AN | S | 1 | 2300 | CLAIM INFORMATION | 100 | | Reference Identification | Service Authorization Exception Code | 1, 2, 3, 4, 5, 6, 7 | | | |
| 158 | REF01 | R | 2 | 3 | ID | S | 1 | 2300 | CLAIM INFORMATION | 100 | | Reference Identification Qualifier | | F8 | | | |
| 159 | REF02 | R | 1 | 30 | AN | S | 1 | 2300 | CLAIM INFORMATION | 100 | | Reference Identification | Claim Original Reference Number | | | | **Encounter:** MCC ICN of the void/replacement encounter. **FFS Claims:** EDS assigned ICN plugged when an adjustment or a void is sent. |
| 160 | REF01 | R | 2 | 3 | ID | S | 2 | 2300 | CLAIM INFORMATION | 100 | | Reference Identification Qualifier | Prior Authorization or Referral Number | 9F, G1 | | | |
| 161 | REF02 | R | 1 | 30 | AN | S | 2 | 2300 | CLAIM INFORMATION | 100 | | Reference Identification | Referral Number | | | | |
| 162 | REF01 | R | 2 | 3 | ID | S | 1 | 2300 | CLAIM INFORMATION | 100 | | Reference Identification Qualifier | | D9 | | | |
| 163 | REF02 | R | 1 | 30 | AN | S | 1 | 2300 | CLAIM INFORMATION | 100 | | Reference Identification | Value Added Network Trace Number | | | | |

Yellow - rows with NPI info
Red - changes made
Grey - NPI info added

| | A | B | C | D | E | F | G | H | I | J | K | L | M | N | O | P | Q |
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| 1 | 837 Dental - 4010X097A1HIPAA Implementation Guide | | | | | | | | | | | | | | | Tennessee Specific Values | |
| 2 | Element ID | Elem Use | Min Len | Max Len | DataType | Seg Use | Seg Rep | Loop ID | Loop Name | Loop Rep | Comp Seq ID | DED Name | Industry Name or Alias | HIPAA Valid Values | HIPAA Notes | TN Valid Values | TN Notes |
| 164 | NTE01 | R | 3 | 3 | ID | S | 20 | 2300 | CLAIM INFORMATION | 100 | | Note Reference Code | | ADD | | ADD | Additional Information |
| 165 | NTE02 | R | 1 | 80 | AN | S | 20 | 2300 | CLAIM INFORMATION | 100 | | Description | Claim Note Text | | | paper | Sub-component 1(required): date-time stamp:CCYYMMDDhhmmssnn (up to 16 digits)<br>Sub-component 2(optional): preceded by sub-component separator; 'paper' for paper claims, i.e. 2007082209200112:PAPER |
| 166 | NM101 | R | 2 | 3 | ID | S | 1 | 2310A | REFERRING PROVIDER NAME | 2 | | Entity Identifier Code | | DN, P3 | | | |
| 167 | NM102 | R | 1 | 1 | ID | S | 1 | 2310A | REFERRING PROVIDER NAME | 2 | | Entity Type Qualifier | | 1, 2 | | | |
| 168 | NM103 | R | 1 | 35 | AN | S | 1 | 2310A | REFERRING PROVIDER NAME | 2 | | Name Last or Organization Name | Referring Provider Last Name | | | | |
| 169 | NM104 | S | 1 | 25 | AN | S | 1 | 2310A | REFERRING PROVIDER NAME | 2 | | Name First | Referring Provider First Name | | | | |
| 170 | NM105 | S | 1 | 25 | AN | S | 1 | 2310A | REFERRING PROVIDER NAME | 2 | | Name Middle | Referring Provider Middle Name | | | | |
| 171 | NM107 | S | 1 | 10 | AN | S | 1 | 2310A | REFERRING PROVIDER NAME | 2 | | Name Suffix | Referring Provider Generation | | | | |
| 172 | NM108 | S | 1 | 2 | ID | S | 1 | 2310A | REFERRING PROVIDER NAME | 2 | | Identification Code Qualifier | | 24, 34, XX | XX is required if NPI is mandated for use. | 24, 34, XX | Non-NPI qualifiers are valid for atypical providers. All healthcare providers are required to use NPI on and after May 23, 2008.<br>(Employer's ID number or provider's SSN must be carried in REF in this loop.) |
| 173 | NM109 | S | 2 | 80 | AN | S | 1 | 2310A | REFERRING PROVIDER NAME | 2 | | Identification Code | Referring Provider Primary Identifier | | | | |
| 174 | PRV01 | R | 1 | 3 | ID | S | 1 | 2310A | REFERRING PROVIDER NAME | 2 | | Provider Code | | RF | Required when adjudication is known to be impacted by provider taxonomy code. | | |
| 175 | PRV02 | R | 2 | 3 | ID | S | 1 | 2310A | REFERRING PROVIDER NAME | 2 | | Reference Identification Qualifier | | ZZ | | | |

Yellow - rows with NPI info
Red - changes made
Grey - NPI info added

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| 1 | 837 Dental - 4010X097A1HIPAA Implementation Guide | | | | | | | | | | | | | | | Tennessee Specific Values | |
| 2 | Element ID | Elem Use | Min Len | Max Len | DataType | Seg Use | Seg Rep | Loop ID | Loop Name | Loop Rep | Comp Seq ID | DED Name | Industry Name or Alias | HIPAA Valid Values | HIPAA Notes | TN Valid Values | TN Notes |
| 176 | PRV03 | R | 1 | 30 | AN | S | 1 | 2310A | REFERRING PROVIDER NAME | 2 | | Reference Identification Qualifier | Provider Taxonomy Code or Specialty Code | | | | Taxonomy Code is required on FFS claims and requested on all encounters. |
| 177 | REF01 | R | 2 | 3 | ID | S | 5 | 2310A | REFERRING PROVIDER NAME | 2 | | Reference Identification Qualifier | | 0B, 1A, 1B, 1C, 1D, 1E, 1H, EI, G2, G5, LU, SY, TJ | | 1D | |
| 178 | REF02 | R | 1 | 30 | AN | S | 5 | 2310A | REFERRING PROVIDER NAME | 2 | | Reference Identification | Referring Provider Secondary Identifier | | | | **FFS:** Medicaid ID is required. |
| 179 | NM101 | R | 2 | 3 | ID | S | 1 | 2310B | RENDERING PROVIDER NAME | 1 | | Entity Identifier Code | | 82 | | | |
| 180 | NM102 | R | 1 | 1 | ID | S | 1 | 2310B | RENDERING PROVIDER NAME | 1 | | Entity Type Qualifier | | 1, 2 | | | |
| 181 | NM103 | R | 1 | 35 | AN | S | 1 | 2310B | RENDERING PROVIDER NAME | 1 | | Name Last or Organization Name | Rendering Provider Last Name | | | | |
| 182 | NM104 | S | 1 | 25 | AN | S | 1 | 2310B | RENDERING PROVIDER NAME | 1 | | Name First | Rendering Provider First Name | | | | |
| 183 | NM105 | S | 1 | 25 | AN | S | 1 | 2310B | RENDERING PROVIDER NAME | 1 | | Name Middle | Rendering Provider Middle Name | | | | |
| 184 | NM107 | S | 1 | 10 | AN | S | 1 | 2310B | RENDERING PROVIDER NAME | 1 | | Name Suffix | Rendering Provider Last Name or Generation | | | | |
| 185 | NM108 | R | 1 | 2 | ID | S | 1 | 2310B | RENDERING PROVIDER NAME | 1 | | Identification Code Qualifier | | 24, 34, XX | XX is required if NPI is mandated for use. | 24, 34, XX | Non-NPI qualifiers are valid for atypical providers. All healthcare providers are required to use NPI on and after May 23, 2008. (Employer's ID number or provider's SSN must be carried in REF in this loop.) |
| 186 | NM109 | R | 2 | 80 | AN | S | 1 | 2310B | RENDERING PROVIDER NAME | 1 | | Identification Code | Rendering Provider Primary Identifier | | | | |
| 187 | PRV01 | R | 1 | 3 | ID | S | 1 | 2310B | RENDERING PROVIDER NAME | 1 | | Provider Code | | PE | Required when adjudication is known to be impacted by provider taxonomy code. | | |

Yellow - rows with NPI info
Red - changes made
Grey - NPI info added

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| 1 | 837 Dental - 4010X097A1HIPAA Implementation Guide | | | | | | | | | | | | | | | Tennessee Specific Values | |
| 2 | Element ID | Elem Use | Min Len | Max Len | DataType | Seg Use | Seg Rep | Loop ID | Loop Name | Loop Rep | Comp Seq ID | DED Name | Industry Name or Alias | HIPAA Valid Values | HIPAA Notes | TN Valid Values | TN Notes |
| 188 | PRV02 | R | 2 | 3 | ID | S | 1 | 2310B | RENDERING PROVIDER NAME | 1 | | Reference Identification Qualifier | | ZZ | | | |
| 189 | PRV03 | R | 1 | 30 | AN | S | 1 | 2310B | RENDERING PROVIDER NAME | 1 | | Reference Identification Qualifier | Provider Taxonomy Code or Specialty Code | | | | Provider Taxonomy code is required for FFS claims and requested on all encounters. |
| 190 | REF01 | R | 2 | 3 | ID | S | 5 | 2310B | RENDERING PROVIDER NAME | 1 | | Reference Identification Qualifier | | 0B, 1A, 1B, 1C, 1D, 1E, 1H, EI, G2, G5, LU, SY, TJ | | 1A, 1B,1D,G2 | 1. G2 - TennCare ID, with G2 MCCs submit their monthly Provider Enrollment file. 2. Instead of G2 as the TennCare ID, BCBS may use 1A or 1B for REF01 identifier as required ID. 3. Medicaid ID may be provided when available. |
| 191 | REF02 | R | 1 | 30 | AN | S | 5 | 2310B | RENDERING PROVIDER NAME | 1 | | Reference Identification | | | | | |
| 192 | NM101 | R | 2 | 3 | ID | S | 1 | 2310C | SERVICE FACILITY LOCATION | 1 | | Entity Identifier Code | | FA | | | |
| 193 | NM102 | R | 1 | 1 | ID | S | 1 | 2310C | SERVICE FACILITY LOCATION | 1 | | Entity Type Qualifier | Laboratory or Facility Name | 2 | | | |
| 194 | NM103 | R | 1 | 35 | AN | S | 1 | 2310C | SERVICE FACILITY LOCATION | 1 | | Name Last or Organization Name | | | | | |
| 195 | NM108 | R | 1 | 2 | ID | S | 1 | 2310C | SERVICE FACILITY LOCATION | 1 | | Identification Code Qualifier | Laboratory / Facility Primary Identifier | 24, 34, XX | XX is required if NPI is mandated for use. | 24, 34, XX | Non-NPI qualifiers are valid for atypical providers. All healthcare providers are required to use NPI on and after May 23, 2008. (Employer's ID number or provider's SSN must be carried in REF in this loop.) |
| 196 | NM109 | R | 2 | 80 | AN | S | 1 | 2310C | SERVICE FACILITY LOCATION | 1 | | Identification Code | | | | | |
| 197 | REF01 | R | 2 | 3 | ID | S | 5 | 2310C | SERVICE FACILITY LOCATION | 1 | | Reference Identification Qualifier | Laboratory or Facility Secondary Identifier | 0B, 1A, 1B, 1C, 1D, 1G, 1H, G2, LU, TJ, X4, X5 | | 1D | |
| 198 | REF02 | R | 1 | 30 | AN | S | 5 | 2310C | SERVICE FACILITY LOCATION | 1 | | Reference Identification | | | | | **FFS Claims:** Medicaid ID is required. |
| 199 | NM101 | R | 2 | 3 | ID | S | 1 | 2310D | ASSISTANT SURGEON NAME | 1 | | Entity Identifier Code | Individual Relationship Code | DD | New Loop Added in Addenda - Assistant Surgeon Name | | |

Yellow - rows with NPI info
Red - changes made
Grey - NPI info added

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| 1 | 837 Dental - 4010X097A1HIPAA Implementation Guide | | | | | | | | | | | | | | | Tennessee Specific Values | |
| 2 | Element ID | Elem Use | Min Len | Max Len | DataType | Seg Use | Seg Rep | Loop ID | Loop Name | Loop Rep | Comp Seq ID | DED Name | Industry Name or Alias | HIPAA Valid Values | HIPAA Notes | TN Valid Values | TN Notes |
| 200 | NM102 | R | 1 | 1 | ID | S | 1 | 2310D | ASSISTANT SURGEON NAME | 1 | | Entity Type Qualifier | | 1, 2 | | | |
| 201 | NM103 | R | 1 | 35 | AN | S | 1 | 2310D | ASSISTANT SURGEON NAME | 1 | | Name Last or Organization Name | | | | | |
| 202 | NM104 | S | 1 | 25 | AN | S | 1 | 2310D | ASSISTANT SURGEON NAME | 1 | | Name First | | | Required if NM102 == 1 | | |
| 203 | NM105 | S | 1 | 25 | AN | S | 1 | 2310D | ASSISTANT SURGEON NAME | 1 | | Name Middle | | | | | |
| 204 | NM107 | S | 1 | 10 | AN | S | 1 | 2310D | ASSISTANT SURGEON NAME | 1 | | Name Suffix | | | | | |
| 205 | NM108 | R | 1 | 2 | ID | S | 1 | 2310D | ASSISTANT SURGEON NAME | 1 | | Identification Code Qualifier | | 24, 34, XX | XX is required if NPI is mandated for use. | 24, 34, XX | Non-NPI qualifiers are valid for atypical providers. All healthcare providers are required to use NPI on and after May 23, 2008. (Employer's ID number or provider's SSN must be carried in REF in this loop.) |
| 206 | NM109 | R | 2 | 80 | AN | S | 1 | 2310D | ASSISTANT SURGEON NAME | 1 | | Identification Code | | | | | |
| 207 | PRV01 | R | 1 | 3 | ID | R | 1 | 2310D | ASSISTANT SURGEON NAME | 1 | | Provider Code | | AS | | 1D | |
| 208 | PRV02 | R | 2 | 3 | ID | R | 1 | 2310D | ASSISTANT SURGEON NAME | 1 | | Reference Identification Qualifier | | ZZ | | | **FFS Claims:** Medicaid ID is required. |
| 209 | PRV03 | R | 1 | 30 | AN | R | 1 | 2310D | ASSISTANT SURGEON NAME | 1 | | Reference Identification Qualifier | | | | | |
| 210 | REF01 | R | 2 | 3 | ID | S | 5 | 2310D | ASSISTANT SURGEON NAME | 1 | | Reference Identification Qualifier | | 0B, 1A, 1B, 1C, 1D, 1E, 1H, G2, LU, TJ, X4, X5 | | 1D | |
| 211 | REF02 | R | 1 | 30 | AN | S | 5 | 2310D | ASSISTANT SURGEON NAME | 1 | | Reference Identification | | | | | **FFS Claims:** Medicaid ID is required. |
| 212 | SBR01 | R | 1 | 1 | ID | S | 1 | 2320 | OTHER SUBSCRIBER INFORMATION | 10 | | Payer Responsibility Sequence Number Code | | P, S, T | | | **Encounters:** P/S/T. When more than one payer, the last resort is the MCC. **FFS:** Use appropriate value. No FFS Dental claims are expected. |

Yellow - rows with NPI info
Red - changes made
Grey - NPI info added

| | A | B | C | D | E | F | G | H | I | J | K | L | M | N | O | P | Q |
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| 2 | Element ID | Elem Use | Min Len | Max Len | DataType | Seg Use | Seg Rep | Loop ID | Loop Name | Loop Rep | Comp Seq ID | DED Name | Industry Name or Alias | HIPAA Valid Values | HIPAA Notes | TN Valid Values | TN Notes |
| 213 | SBR02 | R | 2 | 2 | ID | S | 1 | 2320 | OTHER SUBSCRIBER INFORMATION | 10 | | Individual Relationship Code | Individual Relationship Code | 01, 18, 19, 20, 21, 22, 29, 76 | | 18 | Translator shall accept any value. But MMIS shall edit for 18 as the mother/child scenario does not exist in Dental. |
| 214 | SBR03 | S | 1 | 30 | AN | S | 1 | 2320 | OTHER SUBSCRIBER INFORMATION | 10 | | Reference Identification | Insured Group or Policy Number | | | SSN | **Encounters:** SSN of the recipients. |
| 215 | SBR04 | S | 1 | 60 | AN | S | 1 | 2320 | OTHER SUBSCRIBER INFORMATION | 10 | | Name | Other Insured Group Name | | | | |
| 216 | SBR09 | S | 1 | 2 | ID | S | 1 | 2320 | OTHER SUBSCRIBER INFORMATION | 10 | | Claim Filing Indicator Code | Claim Filing Indicator Code | 01, 11, 12, 13, 14, 15, 16, 17, BL, CH, CI, DS, FI, HM, LM, MB, MC, MH, OF, SA, VA, WC, ZZ | | HM | **Encounters:** HM.<br>**FFS:** N/A |
| 217 | CAS01 | R | 1 | 2 | ID | S | 5 | 2320 | OTHER SUBSCRIBER INFORMATION | 10 | | Claim Adjustment Group Code | Claim Adjustment Group Code | CO, CR, OA, PI, PR | If it is necessary to send more than one Group Code at the claim level, repeat the CAS segment. | CO | **Encounters:** CO |
| 218 | CAS02 | R | 1 | 5 | ID | S | 5 | 2320 | OTHER SUBSCRIBER INFORMATION | 10 | | Claim Adjustment Reason Code | Adjustment Reason Code - Claim Level | External Code Source 139 | | 1, 2, 3, 24, 66, 107, and other codes | **Encounters/FFS** - 1 (Deductible), 2 (Coinsurance), 3 (Co-pay), 24 (Charges covered under a capitation agreement/managed care plan - Monetary Amount is zero.), 66 (blood deductible) usually FFS, 107 (Denied - Monetary Amount is zero). On a denied encounter, preferred way is to indicate the first CAS as denied with 107, and then other CAS segments to indicate the EOB codes. |
| 219 | CAS03 | R | 1 | 10 | R | S | 5 | 2320 | OTHER SUBSCRIBER INFORMATION | 10 | | Monetary Amount | Adjustment Amount - Claim Level | | | | |
| 220 | CAS04 | S | 1 | 15 | R | S | 5 | 2320 | OTHER SUBSCRIBER INFORMATION | 10 | | Quantity | Adjustment Quantity - Claim Level | | | | |
| 221 | CAS05 | S | 1 | 5 | ID | S | 5 | 2320 | OTHER SUBSCRIBER INFORMATION | 10 | | Claim Adjustment Reason Code | Adjustment Reason Code - Claim Level | External Code Source 139 | | | See CAS02. |
| 222 | CAS06 | S | 1 | 10 | R | S | 5 | 2320 | OTHER SUBSCRIBER INFORMATION | 10 | | Monetary Amount | Adjustment Amount - Claim Level | | | | |
| 223 | CAS07 | S | 1 | 15 | R | S | 5 | 2320 | OTHER SUBSCRIBER INFORMATION | 10 | | Quantity | Adjustment Quantity - Claim Level | | | | |

Yellow - rows with NPI info
Red - changes made
Grey - NPI info added

| | A | B | C | D | E | F | G | H | I | J | K | L | M | N | O | P | Q |
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| 2 | Element ID | Elem Use | Min Len | Max Len | DataType | Seg Use | Seg Rep | Loop ID | Loop Name | Loop Rep | Comp Seq ID | DED Name | Industry Name or Alias | HIPAA Valid Values | HIPAA Notes | TN Valid Values | TN Notes |
| 224 | CAS08 | S | 1 | 5 | ID | S | 5 | 2320 | OTHER SUBSCRIBER INFORMATION | 10 | | Claim Adjustment Reason Code | Adjustment Reason Code - Claim Level | External Code Source 139 | | | See CAS02. |
| 225 | CAS09 | S | 1 | 10 | R | S | 5 | 2320 | OTHER SUBSCRIBER INFORMATION | 10 | | Monetary Amount | Adjustment Amount | | | | |
| 226 | CAS10 | S | 1 | 15 | R | S | 5 | 2320 | OTHER SUBSCRIBER INFORMATION | 10 | | Quantity | Adjustment Quantity | | | | |
| 227 | CAS11 | S | 1 | 5 | ID | S | 5 | 2320 | OTHER SUBSCRIBER INFORMATION | 10 | | Claim Adjustment Reason Code | Adjustment Reason Code - Claim Level | External Code Source 139 | | | See CAS02. |
| 228 | CAS12 | S | 1 | 10 | R | S | 5 | 2320 | OTHER SUBSCRIBER INFORMATION | 10 | | Monetary Amount | Adjustment Amount - Claim Level | | | | |
| 229 | CAS13 | S | 1 | 15 | R | S | 5 | 2320 | OTHER SUBSCRIBER INFORMATION | 10 | | Quantity | Adjustment Quantity - Claim Level | | | | |
| 230 | CAS14 | S | 1 | 5 | ID | S | 5 | 2320 | OTHER SUBSCRIBER INFORMATION | 10 | | Claim Adjustment Reason Code | Adjustment Reason Code - Claim Level | External Code Source 139 | | | See CAS02. |
| 231 | CAS15 | S | 1 | 10 | R | S | 5 | 2320 | OTHER SUBSCRIBER INFORMATION | 10 | | Monetary Amount | Adjustment Amount - Claim Level | | | | |
| 232 | CAS16 | S | 1 | 15 | R | S | 5 | 2320 | OTHER SUBSCRIBER INFORMATION | 10 | | Quantity | Adjustment Quantity - Claim Level | | | | |
| 233 | CAS17 | S | 1 | 5 | ID | S | 5 | 2320 | OTHER SUBSCRIBER INFORMATION | 10 | | Claim Adjustment Reason Code | Adjustment Reason Code - Claim Level | External Code Source 139 | | | See CAS02. |
| 234 | CAS18 | S | 1 | 10 | R | S | 5 | 2320 | OTHER SUBSCRIBER INFORMATION | 10 | | Monetary Amount | Adjustment Amount - Claim Level | | | | |
| 235 | CAS19 | S | 1 | 15 | R | S | 5 | 2320 | OTHER SUBSCRIBER INFORMATION | 10 | | Quantity | Adjustment Quantity - Claim Level | | | | |
| 236 | AMT01 | R | 1 | 3 | ID | S | 1 | 2320 | OTHER SUBSCRIBER INFORMATION | 10 | | Amount Qualifier Code | | D | | | |
| 237 | AMT02 | R | 1 | 10 | R | S | 1 | 2320 | OTHER SUBSCRIBER INFORMATION | 10 | | Monetary Amount | Payer Paid Amount | | | | **Encounters:** MCC header level Paid Amount. |
| 238 | AMT01 | R | 1 | 3 | ID | S | 1 | 2320 | OTHER SUBSCRIBER INFORMATION | 10 | | Amount Qualifier Code | | AAE | | | |
| 239 | AMT02 | R | 1 | 10 | R | S | 1 | 2320 | OTHER SUBSCRIBER INFORMATION | 10 | | Monetary Amount | Approved Amount | | | | |

Yellow - rows with NPI info
Red - changes made
Grey - NPI info added

| | A | B | C | D | E | F | G | H | I | J | K | L | M | N | O | P | Q |
|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|
| 1 | 837 Dental - 4010X097A1HIPAA Implementation Guide | | | | | | | | | | | | | | | Tennessee Specific Values | |
| 2 | Element ID | Elem Use | Min Len | Max Len | DataType | Seg Use | Seg Rep | Loop ID | Loop Name | Loop Rep | Comp Seq ID | DED Name | Industry Name or Alias | HIPAA Valid Values | HIPAA Notes | TN Valid Values | TN Notes |
| 240 | AMT01 | R | 1 | 3 | ID | S | 1 | 2320 | OTHER SUBSCRIBER INFORMATION | 10 | | Amount Qualifier Code | | B6 | | | |
| 241 | AMT02 | R | 1 | 10 | R | S | 1 | 2320 | OTHER SUBSCRIBER INFORMATION | 10 | | Monetary Amount | Allowed Amount | | | | **Encounters:** MCC header level Allowed Amount |
| 242 | AMT01 | R | 1 | 3 | ID | S | 1 | 2320 | OTHER SUBSCRIBER INFORMATION | 10 | | Amount Qualifier Code | | F2 | | | |
| 243 | AMT02 | R | 1 | 10 | R | S | 1 | 2320 | OTHER SUBSCRIBER INFORMATION | 10 | | Monetary Amount | Other Payer Patient Responsibility Amount | | | | |
| 244 | AMT01 | R | 1 | 3 | ID | S | 1 | 2320 | OTHER SUBSCRIBER INFORMATION | 10 | | Amount Qualifier Code | | AU | | | |
| 245 | AMT02 | R | 1 | 10 | R | S | 1 | 2320 | OTHER SUBSCRIBER INFORMATION | 10 | | Monetary Amount | Other Payer Covered Amount | | | | |
| 246 | AMT01 | R | 1 | 3 | ID | S | 1 | 2320 | OTHER SUBSCRIBER INFORMATION | 10 | | Amount Qualifier Code | | D8 | | | |
| 247 | AMT02 | R | 1 | 10 | R | S | 1 | 2320 | OTHER SUBSCRIBER INFORMATION | 10 | | Monetary Amount | Other Payer Discount Amount | | | | |
| 248 | AMT01 | R | 1 | 3 | ID | S | 1 | 2320 | OTHER SUBSCRIBER INFORMATION | 10 | | Amount Qualifier Code | | F5 | | | |
| 249 | AMT02 | R | 1 | 10 | R | S | 1 | 2320 | OTHER SUBSCRIBER INFORMATION | 10 | | Monetary Amount | Other Payer Patient Paid Amount | | | | |
| 250 | DMG01 | R | 2 | 3 | ID | S | 1 | 2320 | OTHER SUBSCRIBER INFORMATION | 10 | | Date Time Period Format Qualifier | | D8 | | | |
| 251 | DMG02 | R | 1 | 35 | AN | S | 1 | 2320 | OTHER SUBSCRIBER INFORMATION | 10 | | Date Time Period | Other Insured Birth Date | | | | |
| 252 | DMG03 | R | 1 | 1 | ID | S | 1 | 2320 | OTHER SUBSCRIBER INFORMATION | 10 | | Gender Code | Other Insured Gender Code | F, M, U | | | |
| 253 | OI03 | R | 1 | 1 | ID | R | 1 | 2320 | OTHER SUBSCRIBER INFORMATION | 10 | | Yes/No Condition or Response Code | Benefits Assignment Certification Indicator | N, Y | | | |
| 254 | OI06 | R | 1 | 1 | ID | R | 1 | 2320 | OTHER SUBSCRIBER INFORMATION | 10 | | Release of Information Code | Release of Information Code | N, Y | | | |

Yellow - rows with NPI info
Red - changes made
Grey - NPI info added

| | A | B | C | D | E | F | G | H | I | J | K | L | M | N | O | P | Q |
|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|
| 1 | 837 Dental - 4010X097A1HIPAA Implementation Guide | | | | | | | | | | | | | | | Tennessee Specific Values | |
| 2 | Element ID | Elem Use | Min Len | Max Len | DataType | Seg Use | Seg Rep | Loop ID | Loop Name | Loop Rep | Comp Seq ID | DED Name | Industry Name or Alias | HIPAA Valid Values | HIPAA Notes | TN Valid Values | TN Notes |
| 255 | NM101 | R | 2 | 3 | ID | R | 1 | 2330A | OTHER SUBSCRIBER NAME | 1 | | Entity Identifier Code | | IL | | | |
| 256 | NM102 | R | 1 | 1 | ID | R | 1 | 2330A | OTHER SUBSCRIBER NAME | 1 | | Entity Type Qualifier | | 1, 2 | | | |
| 257 | NM103 | R | 1 | 35 | AN | R | 1 | 2330A | OTHER SUBSCRIBER NAME | 1 | | Name Last or Organization Name | Other Insured Last name | | | | |
| 258 | NM104 | R | 1 | 25 | AN | R | 1 | 2330A | OTHER SUBSCRIBER NAME | 1 | | Name First | Other Insured First Name | | | | |
| 259 | NM105 | S | 1 | 25 | AN | R | 1 | 2330A | OTHER SUBSCRIBER NAME | 1 | | Name Middle | Other Insured Middle Name | | | | |
| 260 | NM107 | S | 1 | 10 | AN | R | 1 | 2330A | OTHER SUBSCRIBER NAME | 1 | | Name Suffix | Other Insured Name Suffix | | | | |
| 261 | NM108 | R | 1 | 2 | ID | R | 1 | 2330A | OTHER SUBSCRIBER NAME | 1 | | Identification Code Qualifier | | 24, MI, ZZ | | | |
| 262 | NM109 | R | 2 | 80 | AN | R | 1 | 2330A | OTHER SUBSCRIBER NAME | 1 | | Identification Code | Other Insured Identifier | | | | |
| 263 | N301 | R | 1 | 55 | AN | S | 1 | 2330A | OTHER SUBSCRIBER NAME | 1 | | Address Information | Other Insured Address Line | | | | |
| 264 | N302 | S | 1 | 55 | AN | S | 1 | 2330A | OTHER SUBSCRIBER NAME | 1 | | Address Information | Other Insured Address Line | | | | |
| 265 | N401 | R | 2 | 30 | AN | S | 1 | 2330A | OTHER SUBSCRIBER NAME | 1 | | City Name | Other Insured City Name | | | | |
| 266 | N402 | R | 2 | 2 | ID | S | 1 | 2330A | OTHER SUBSCRIBER NAME | 1 | | State or Province Code | Other Insured State or Province Code | | | | |
| 267 | N403 | R | 3 | 15 | ID | S | 1 | 2330A | OTHER SUBSCRIBER NAME | 1 | | Postal Code | Other Insured Postal Zone or Zip Code | | | | |
| 268 | N404 | S | 2 | 3 | ID | S | 1 | 2330A | OTHER SUBSCRIBER NAME | 1 | | Country Code | Other Insured Country Code | | | | |
| 269 | REF01 | R | 2 | 3 | ID | S | 3 | 2330A | OTHER SUBSCRIBER NAME | 1 | | Reference ID Qualifier | | 1W, 23, IG, SY | | | |
| 270 | REF02 | R | 1 | 30 | AN | S | 3 | 2330A | OTHER SUBSCRIBER NAME | 1 | | Reference ID Qualifier | Other Insured Additional Identifier | | | | |

Yellow - rows with NPI info
Red - changes made
Grey - NPI info added

| | A | B | C | D | E | F | G | H | I | J | K | L | M | N | O | P | Q |
|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|
| 1 | 837 Dental - 4010X097A1HIPAA Implementation Guide | | | | | | | | | | | | | | | Tennessee Specific Values | |
| 2 | Element ID | Elem Use | Min Len | Max Len | DataType | Seg Use | Seg Rep | Loop ID | Loop Name | Loop Rep | Comp Seq ID | DED Name | Industry Name or Alias | HIPAA Valid Values | HIPAA Notes | TN Valid Values | TN Notes |
| 271 | NM101 | R | 2 | 3 | ID | R | 1 | 2330B | OTHER PAYER NAME | 1 | | Entity Identifier Code | | PR | | | **Encounter:** One of the 2320 loops will have MCC information in 2330B loops. Additional 2320 loops might have other payer information for the FFS claims/Xovrs/encounters in the 2330B loop. |
| 272 | NM102 | R | 1 | 1 | ID | R | 1 | 2330B | OTHER PAYER NAME | 1 | | Entity Type Qualifier | | 2 | | | |
| 273 | NM103 | R | 1 | 35 | AN | R | 1 | 2330B | OTHER PAYER NAME | 1 | | Name Last or Organization Name | Other Payer Last or Organization Name | | | | **Encounters:** MCC Name for MCC payment loop. |
| 274 | NM108 | R | 1 | 2 | ID | R | 1 | 2330B | OTHER PAYER NAME | 1 | | Identification Code Qualifier | | PI, XV | | PI | |
| 275 | NM109 | R | 2 | 80 | AN | R | 1 | 2330B | OTHER PAYER NAME | 1 | | Identification Code | Other Payer Primary Identifier | | | | **Encounters:** MCC ID for MCC payment loop. |
| 276 | DTP01 | R | 3 | 3 | ID | S | 1 | 2330B | OTHER PAYER NAME | 1 | | Date Time Qualifier | Date/Time Qualifier | 573 | | | |
| 277 | DTP02 | R | 2 | 3 | ID | S | 1 | 2330B | OTHER PAYER NAME | 1 | | Date Time Period Format Qualifier | | D8 | | | |
| 278 | DTP03 | R | 1 | 35 | AN | S | 1 | 2330B | OTHER PAYER NAME | 1 | | Date Time Period | Claim Adjudication or Payment Date | | | | **Encounters:** TennCare uses this field to track the date when MCC paid a claim. MCC adjudication date: CCYYMMDD for MCC payment loop. |
| 279 | REF01 | R | 2 | 3 | ID | S | 3 | 2330B | OTHER PAYER NAME | 1 | | Reference ID Qualifier | | 2U, D8, F8, FY, NF, TJ | | F8 | |
| 280 | REF02 | R | 1 | 30 | AN | S | 3 | 2330B | OTHER PAYER NAME | 1 | | Reference ID Qualifier | Other Payer Secondary Identifier | | | | **Encounters:** MCC generated ICN of the current encounter for MCC payment loop. |
| 281 | REF01 | R | 2 | 3 | ID | S | 3 | 2330B | OTHER PAYER NAME | 1 | | Reference ID Qualifier | | 2U, D8, F8, FY, NF, TJ | | 2U | |
| 282 | REF02 | R | 1 | 30 | AN | S | 3 | 2330B | OTHER PAYER NAME | 1 | | Reference ID Qualifier | Other Payer Secondary Identifier | | | | **Encounters:** 'MCC' + MCC number for MCC payment loop or TennCare carrier code for all other loops |
| 283 | REF01 | R | 2 | 3 | ID | S | 2 | 2330B | OTHER PAYER NAME | 1 | | Reference ID Qualifier | | 9F, G1 | | | |
| 284 | REF02 | R | 1 | 30 | AN | S | 2 | 2330B | OTHER PAYER NAME | 1 | | Reference ID Qualifier | Other Payer Prior Authorization or Referral Number | | | | |
| 285 | REF01 | R | 2 | 3 | ID | S | 1 | 2330B | OTHER PAYER NAME | 1 | | Reference ID Qualifier | | T4 | | | |

Yellow - rows with NPI info
Red - changes made
Grey - NPI info added

| | A | B | C | D | E | F | G | H | I | J | K | L | M | N | O | P | Q |
|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|
| 1 | 837 Dental - 4010X097A1HIPAA Implementation Guide | | | | | | | | | | | | | | | Tennessee Specific Values | |
| 2 | Element ID | Elem Use | Min Len | Max Len | DataType | Seg Use | Seg Rep | Loop ID | Loop Name | Loop Rep | Comp Seq ID | DED Name | Industry Name or Alias | HIPAA Valid Values | HIPAA Notes | TN Valid Values | TN Notes |
| 286 | REF02 | R | 1 | 30 | AN | S | 1 | 2330B | OTHER PAYER NAME | 1 | | Reference ID Qualifier | Other Payer Claim Adjustment Indicator | | | | |
| 287 | NM101 | R | 2 | 3 | ID | S | 1 | 2330C | OTHER PAYER PATIENT INFORMATION | 1 | | Entity Identifier Code | | QC | | | |
| 288 | NM102 | R | 1 | 1 | ID | S | 1 | 2330C | OTHER PAYER PATIENT INFORMATION | 1 | | Entity Type Qualifier | | 1 | | | |
| 289 | NM108 | R | 1 | 2 | ID | S | 1 | 2330C | OTHER PAYER PATIENT INFORMATION | 1 | | Identification Code Qualifier | | MI | | | |
| 290 | NM109 | R | 2 | 80 | AN | S | 1 | 2330C | OTHER PAYER PATIENT INFORMATION | 1 | | Identification Code | Other Payer Patient Primary Identifier | | | | |
| 291 | REF01 | R | 2 | 3 | ID | S | 3 | 2330C | OTHER PAYER PATIENT INFORMATION | 1 | | Reference ID Qualifier | | 1W, 23, IG, SY | | | |
| 292 | REF02 | R | 1 | 30 | AN | S | 3 | 2330C | OTHER PAYER PATIENT INFORMATION | 1 | | Reference ID | Other Payer Patient Secondary Identifier | | | | |
| 293 | NM101 | R | 2 | 3 | ID | S | 1 | 2330D | OTHER PAYER REFERRING PROVIDER | 1 | | Entity Identifier Code | | DN, P3 | | | |
| 294 | NM102 | R | 1 | 1 | ID | S | 1 | 2330D | OTHER PAYER REFERRING PROVIDER | 1 | | Entity Type Qualifier | | 1, 2 | | | |
| 295 | REF01 | R | 2 | 3 | ID | S | 3 | 2330D | OTHER PAYER REFERRING PROVIDER | 1 | | Reference Identification Qualifier | | 0B, 1A, 1B, 1C, 1D, 1E, 1H, EI, G2, G5, LU, SY, TJ | | 1D | |
| 296 | REF02 | R | 1 | 30 | AN | S | 3 | 2330D | OTHER PAYER REFERRING PROVIDER | 1 | | Reference ID | Other Payer Referring Provider Identifier | | | | **FFS Claims:** Medicaid ID is required. |
| 297 | NM101 | R | 2 | 3 | ID | S | 1 | 2330E | OTHER PAYER RENDERING PROVIDER | 1 | | Entity Identifier Code | | 82 | | | |
| 298 | NM102 | R | 1 | 1 | ID | S | 1 | 2330E | OTHER PAYER RENDERING PROVIDER | 1 | | Entity Type Qualifier | | 1, 2 | | | |

Yellow - rows with NPI info
Red - changes made
Grey - NPI info added

| | A | B | C | D | E | F | G | H | I | J | K | L | M | N | O | P | Q |
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| 1 | 837 Dental - 4010X097A1HIPAA Implementation Guide | | | | | | | | | | | | | | | Tennessee Specific Values | |
| 2 | Element ID | Elem Use | Min Len | Max Len | DataType | Seg Use | Seg Rep | Loop ID | Loop Name | Loop Rep | Comp Seq ID | DED Name | Industry Name or Alias | HIPAA Valid Values | HIPAA Notes | TN Valid Values | TN Notes |
| 299 | REF01 | R | 2 | 3 | ID | S | 3 | 2330E | OTHER PAYER RENDERING PROVIDER | 1 | | Reference Identification Qualifier | | 0B, 1A, 1B, 1C, 1D, 1E, 1H, EI, G2, G5, LU, SY, TJ | | 1D | |
| 300 | REF02 | R | 1 | 30 | AN | S | 3 | 2330E | OTHER PAYER RENDERING PROVIDER | 1 | | Reference Identification | Other Payer Rendering Provider Secondary Identifier | | | | **FFS Claims:** Medicaid ID is required. |
| 301 | LX01 | R | 1 | 1 | N0 | R | 1 | 2400 | SERVICE LINE | 50 | | Assigned Number | Line Counter | | | | The service line number is increment by 1 for each service line. |
| 302 | SV301 | R | 2 | 2 | ID | R | 1 | 2400 | SERVICE LINE | 50 | SV301-1 | Product/Service ID Qualifier | Product/Service ID Qualifier | AD | | | |
| 303 | SV301 | R | 1 | 48 | AN | R | 1 | 2400 | SERVICE LINE | 50 | SV301-2 | Product/Service ID | Procedure Code | | | | |
| 304 | SV301 | S | 2 | 2 | AN | R | 1 | 2400 | SERVICE LINE | 50 | SV301-3 | Procedure Modifier | Procedure Modifier 1 | | | | |
| 305 | SV301 | S | 2 | 2 | AN | R | 1 | 2400 | SERVICE LINE | 50 | SV301-4 | Procedure Modifier | Procedure Modifier 2 | | | | |
| 306 | SV301 | S | 2 | 2 | AN | R | 1 | 2400 | SERVICE LINE | 50 | SV301-5 | Procedure Modifier | Procedure Modifier 3 | | | | |
| 307 | SV301 | S | 2 | 2 | AN | R | 1 | 2400 | SERVICE LINE | 50 | SV301-6 | Procedure Modifier | Procedure Modifier 4 | | | | |
| 308 | SV302 | R | 1 | 10 | R | R | 1 | 2400 | SERVICE LINE | 50 | | Monetary Amount | Line Item Charge Amount | | | | Map Notes: This amount will be stored on the original detail only. Any "system generated" details created for the presence of multiple TOO segments will contain a detail billed amount of zero. |
| 309 | SV303 | S | 1 | 2 | ID | R | 1 | 2400 | SERVICE LINE | 50 | | Facility Code Value | Facility Type Code | External Code Source 237 | | | Map Notes: If the POS is submitted on the X12 at the header level and not at the detail level, it will not be "defaulted" down to the detail for Dental Claims. |
| 310 | SV304 | R | 1 | 3 | ID | R | 1 | 2400 | SERVICE LINE | 50 | SV304-1 | Oral Cavity Designation Code | | 00, 01, 02, 09, 10, 20, 30, 40, L, R | | | |
| 311 | SV304 | S | 1 | 3 | ID | R | 1 | 2400 | SERVICE LINE | 50 | SV304-2 | Oral Cavity Designation Code | | 00, 01, 02, 09, 10, 20, 30, 40, L, R | | | |
| 312 | SV304 | S | 1 | 3 | ID | R | 1 | 2400 | SERVICE LINE | 50 | SV304-3 | Oral Cavity Designation Code | | 00, 01, 02, 09, 10, 20, 30, 40, L, R | | | |
| 313 | SV304 | S | 1 | 3 | ID | R | 1 | 2400 | SERVICE LINE | 50 | SV304-4 | Oral Cavity Designation Code | | 00, 01, 02, 09, 10, 20, 30, 40, L, R | | | |

Yellow - rows with NPI info
Red - changes made
Grey - NPI info added

| | A | B | C | D | E | F | G | H | I | J | K | L | M | N | O | P | Q |
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| 2 | Element ID | Elem Use | Min Len | Max Len | DataType | Seg Use | Seg Rep | Loop ID | Loop Name | Loop Rep | Comp Seq ID | DED Name | Industry Name or Alias | HIPAA Valid Values | HIPAA Notes | TN Valid Values | TN Notes |
| 314 | SV304 | S | 1 | 3 | ID | R | 1 | 2400 | SERVICE LINE | 50 | SV304-5 | Oral Cavity Designation Code | | 00, 01, 02, 09, 10, 20, 30, 40, L, R | | | |
| 315 | SV305 | S | 1 | 1 | ID | R | 1 | 2400 | SERVICE LINE | 50 | | Prosthesis, Crown or Inlay Code | Prosthesis, Crown or Inlay Code | I, R | | | |
| 316 | SV306 | R | 1 | 15 | R | R | 1 | 2400 | SERVICE LINE | 50 | | Quantity | Procedure Count | | | | Map Notes: If multiple TOO segments are not submitted for a given detail, SV306 will be mapped directly to t_susp_dental_dtl.qty_billed. If multiple TOO segments are submitted for a given detail, qty_billed will be set to 1 for the original detail and SV306 will be moved to t_dental_dtl_keys.qty_billed_orig. For all "system generated" details created to support multiple TOO segments, qty_billed will be set to 1.<br><br>Store on data base in the current location |
| 317 | TOO01 | R | 1 | 3 | ID | S | 32 | 2400 | SERVICE LINE | 50 | | Code List Qualifier Code | | JP | | | |
| 318 | TOO02 | S | 1 | 30 | AN | S | 32 | 2400 | SERVICE LINE | 50 | | Industry Code | Tooth Code/Tooth Number | External Code Source 135 | | | |
| 319 | TOO03 | R | 1 | 2 | ID | S | 32 | 2400 | SERVICE LINE | 50 | TOO03-1 | Tooth Surface Code | | B, D, F, I, L, M, O | | | |
| 320 | TOO03 | S | 1 | 2 | ID | S | 32 | 2400 | SERVICE LINE | 50 | TOO03-2 | Tooth Surface Code | | B, D, F, I, L, M, O | | | |
| 321 | TOO03 | S | 1 | 2 | ID | S | 32 | 2400 | SERVICE LINE | 50 | TOO03-3 | Tooth Surface Code | | B, D, F, I, L, M, O | | | |
| 322 | TOO03 | S | 1 | 2 | ID | S | 32 | 2400 | SERVICE LINE | 50 | TOO03-4 | Tooth Surface Code | | B, D, F, I, L, M, O | | | |
| 323 | TOO03 | S | 1 | 2 | ID | S | 32 | 2400 | SERVICE LINE | 50 | TOO03-5 | Tooth Surface Code | | B, D, F, I, L, M, O | | | |
| 324 | DTP01 | R | 3 | 3 | ID | S | 1 | 2400 | SERVICE LINE | 50 | | Date Time Qualifier | Date/Time Qualifier | 472 | Required if the service date is different than the service date reported at the DTP segment in the 2300 loop and the service was performed. | | |
| 325 | DTP02 | R | 2 | 3 | ID | S | 1 | 2400 | SERVICE LINE | 50 | | Date Time Period Format Qualifier | | D8 | | | |
| 326 | DTP03 | R | 1 | 35 | AN | S | 1 | 2400 | SERVICE LINE | 50 | | Date Time Period | Service Date | | | | |
| 327 | DTP01 | R | 3 | 3 | ID | S | 1 | 2400 | SERVICE LINE | 50 | | Date Time Qualifier | Date/Time Qualifier | 441 | | | |

Yellow - rows with NPI info
Red - changes made
Grey - NPI info added

| | A | B | C | D | E | F | G | H | I | J | K | L | M | N | O | P | Q |
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| 2 | Element ID | Elem Use | Min Len | Max Len | DataType | Seg Use | Seg Rep | Loop ID | Loop Name | Loop Rep | Comp Seq ID | DED Name | Industry Name or Alias | HIPAA Valid Values | HIPAA Notes | TN Valid Values | TN Notes |
| 328 | DTP02 | R | 2 | 3 | ID | S | 1 | 2400 | SERVICE LINE | 50 | | Date Time Period Format Qualifier | | D8 | | | |
| 329 | DTP03 | R | 1 | 35 | AN | S | 1 | 2400 | SERVICE LINE | 50 | | Date Time Period | Prior Placement Date | | | | |
| 330 | DTP01 | R | 3 | 3 | ID | S | 1 | 2400 | SERVICE LINE | 50 | | Date Time Qualifier | Date/Time Qualifier | 452 | | | |
| 331 | DTP02 | R | 2 | 3 | ID | S | 1 | 2400 | SERVICE LINE | 50 | | Date Time Period Format Qualifier | | D8 | | | |
| 332 | DTP03 | R | 1 | 35 | AN | S | 1 | 2400 | SERVICE LINE | 50 | | Date Time Period | Orthodontic Banding Date | | | | |
| 333 | DTP01 | R | 3 | 3 | ID | S | 1 | 2400 | SERVICE LINE | 50 | | Date Time Qualifier | Date/Time Qualifier | 446 | | | |
| 334 | DTP02 | R | 2 | 3 | ID | S | 1 | 2400 | SERVICE LINE | 50 | | Date Time Period Format Qualifier | | D8 | | | |
| 335 | DTP03 | R | 1 | 35 | AN | S | 1 | 2400 | SERVICE LINE | 50 | | Date Time Period | Replacement Date | | | | |
| 336 | QTY01 | R | 2 | 2 | ID | S | 5 | 2400 | SERVICE LINE | 50 | | Quantity Qualifier | | BF, EM, HM, HO, HP, P3, P4, P5, SG | | | |
| 337 | QTY02 | R | 1 | 15 | R | S | 5 | 2400 | SERVICE LINE | 50 | | Quantity | Anesthesia Unit Count | | | | |
| 338 | REF01 | R | 2 | 3 | ID | S | 1 | 2400 | SERVICE LINE | 50 | | Reference Identification Qualifier | | G3 | | | |
| 339 | REF02 | R | 1 | 30 | AN | S | 1 | 2400 | SERVICE LINE | 50 | | Reference Identification | Predetermination of Benefits Indicator | | | | |
| 340 | REF01 | R | 2 | 3 | ID | S | 2 | 2400 | SERVICE LINE | 50 | | Reference Identification Qualifier | | 9F, G1 | | | |
| 341 | REF02 | R | 1 | 30 | AN | S | 2 | 2400 | SERVICE LINE | 50 | | Reference Identification | Prior Authorization or Referral Number | | | | |
| 342 | REF01 | R | 2 | 3 | ID | S | 2 | 2400 | SERVICE LINE | 50 | | Reference Identification Qualifier | | 6R | | | |
| 343 | REF02 | R | 1 | 30 | AN | S | 2 | 2400 | SERVICE LINE | 50 | | Reference Identification | Line Item Control Number | | | | |
| 344 | AMT01 | R | 1 | 3 | ID | S | 1 | 2400 | SERVICE LINE | 50 | | Amount Qualifier Code | | AAE | | | |
| 345 | AMT02 | R | 1 | 10 | R | S | 1 | 2400 | SERVICE LINE | 50 | | Monetary Amount | Approved Amount | | | | **Encounters:** MCC line item Allowed Amount |
| 346 | AMT01 | R | 1 | 3 | ID | S | 1 | 2400 | SERVICE LINE | 50 | | Amount Qualifier Code | | T | | | |

Yellow - rows with NPI info
Red - changes made
Grey - NPI info added

| | A | B | C | D | E | F | G | H | I | J | K | L | M | N | O | P | Q |
|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|
| 1 | 837 Dental - 4010X097A1HIPAA Implementation Guide | | | | | | | | | | | | | | | Tennessee Specific Values | |
| 2 | Element ID | Elem Use | Min Len | Max Len | DataType | Seg Use | Seg Rep | Loop ID | Loop Name | Loop Rep | Comp Seq ID | DED Name | Industry Name or Alias | HIPAA Valid Values | HIPAA Notes | TN Valid Values | TN Notes |
| 347 | AMT02 | R | 1 | 10 | R | S | 1 | 2400 | SERVICE LINE | 50 | | Monetary Amount | Sales Tax Amount | | | | |
| 348 | NTE01 | R | 3 | 3 | ID | S | 10 | 2400 | SERVICE LINE | 50 | | Note Reference Code | | ADD | | | |
| 349 | NTE02 | R | 1 | 80 | AN | S | 10 | 2400 | SERVICE LINE | 50 | | Description | Claim Note Text | | | | |
| 350 | NM101 | R | 2 | 3 | ID | S | 1 | 2420A | RENDERING PROVIDER NAME | 1 | | Entity Identifier Code | | 82 | | | |
| 351 | NM102 | R | 1 | 1 | ID | S | 1 | 2420A | RENDERING PROVIDER NAME | 1 | | Entity Type Qualifier | | 1, 2 | | | |
| 352 | NM103 | R | 1 | 35 | AN | S | 1 | 2420A | RENDERING PROVIDER NAME | 1 | | Name Last or Organization Name | Rendering Provider Last Name | | | | |
| 353 | NM104 | S | 1 | 25 | AN | S | 1 | 2420A | RENDERING PROVIDER NAME | 1 | | Name First | Rendering Provider First Name | | | | |
| 354 | NM105 | S | 1 | 25 | AN | S | 1 | 2420A | RENDERING PROVIDER NAME | 1 | | Name Middle | Rendering Provider Middle Name | | | | |
| 355 | NM107 | S | 1 | 10 | AN | S | 1 | 2420A | RENDERING PROVIDER NAME | 1 | | Name Suffix | Rendering Provider Last Name or generation | | | | |
| 356 | NM108 | R | 1 | 2 | ID | S | 1 | 2420A | RENDERING PROVIDER NAME | 1 | | Identification Code Qualifier | | 24, 34, XX | XX is required if NPI is mandated for use. | 24, 34, XX | Non-NPI qualifiers are valid for atypical providers. All healthcare providers are required to use NPI on and after May 23, 2008. (Employer's ID number or provider's SSN must be carried in REF in this loop.) |
| 357 | NM109 | R | 2 | 80 | AN | S | 1 | 2420A | RENDERING PROVIDER NAME | 1 | | Identification Code | Rendering Provider Primary Identifier | | | | |
| 358 | PRV01 | R | 1 | 3 | ID | S | 1 | 2420A | RENDERING PROVIDER NAME | 1 | | Provider Code | | PE | | | |
| 359 | PRV02 | R | 2 | 3 | ID | S | 1 | 2420A | RENDERING PROVIDER NAME | 1 | | Reference Identification Qualifier | | ZZ | | | |
| 360 | PRV03 | R | 1 | 30 | AN | S | 1 | 2420A | RENDERING PROVIDER NAME | 1 | | Reference Identification Qualifier | Provider Taxonomy Code or Specialty Code | | | | Taxonomy Code is required on FFS claims and requested on encounters. |

Yellow - rows with NPI info
Red - changes made
Grey - NPI info added

| | A | B | C | D | E | F | G | H | I | J | K | L | M | N | O | P | Q |
|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|
| 1 | 837 Dental - 4010X097A1HIPAA Implementation Guide | | | | | | | | | | | | | | | Tennessee Specific Values | |
| 2 | Element ID | Elem Use | Min Len | Max Len | DataType | Seg Use | Seg Rep | Loop ID | Loop Name | Loop Rep | Comp Seq ID | DED Name | Industry Name or Alias | HIPAA Valid Values | HIPAA Notes | TN Valid Values | TN Notes |
| 361 | REF01 | R | 2 | 3 | ID | S | 5 | 2420A | RENDERING PROVIDER NAME | 1 | | Reference Identification Qualifier | | 0B, 1A, 1B, 1C, 1D, 1E, 1H, EI, G2, G5, LU, SY, TJ | | 1A, 1B,1D,G2 | 1. G2, TennCare ID, must be provided or edit will be set. Use the ID that MCC submits on their monthly Provider enrollment file.<br>2. Instead of G2 as the TennCare ID, BCBS may use 1A or 1B for REF01 identifier as required.<br>3. ID, Medicaid ID, should be always provided when available. |
| 362 | REF02 | R | 1 | 30 | AN | S | 5 | 2420A | RENDERING PROVIDER NAME | 1 | | Reference Identification | Rendering Provider Secondary Identifier | | | | **FFS Claims:** Medicaid ID is required. |
| 363 | NM101 | R | 2 | 3 | ID | S | 1 | 2420B | OTHER PAYER REFERRAL NUMBER | 1 | | Entity Identifier Code | | PR | | | |
| 364 | NM102 | R | 1 | 1 | ID | S | 1 | 2420B | OTHER PAYER REFERRAL NUMBER | 1 | | Entity Type Qualifier | | 2 | | | |
| 365 | NM103 | R | 1 | 35 | AN | S | 1 | 2420B | OTHER PAYER REFERRAL NUMBER | 1 | | Name Last or Organization Name | Payer Name | | | | |
| 366 | NM108 | R | 1 | 2 | ID | S | 1 | 2420B | OTHER PAYER REFERRAL NUMBER | 1 | | Identification Code Qualifier | | PI, XV | | | |
| 367 | NM109 | R | 2 | 80 | AN | S | 1 | 2420B | OTHER PAYER REFERRAL NUMBER | 1 | | Identification Code | Other Payer ID Number | | | | Must match corresponding Other Payer Identifier in NM109 in 2330B loop(s) |
| 368 | REF01 | R | 2 | 3 | ID | S | 2 | 2420B | OTHER PAYER PRIOR AUTHORIZATION or REFERRAL NUMBER | 1 | | Reference Identification Qualifier | | G1, 9F | | 9F | |
| 369 | REF02 | R | 1 | 30 | AN | S | 2 | 2420B | OTHER PAYER PRIOR AUTHORIZATION or REFERRAL NUMBER | 1 | | Reference Identification | Prior Authorization or Referral Number | | | | |
| 370 | NM101 | R | 2 | 3 | ID | S | 1 | 2420C | ASSISTANT SURGEON NAME | 1 | | Entity Identifier Code | | DD | New Loop Added in Addenda - Assistant Surgeon Name | | |
| 371 | NM102 | R | 1 | 1 | ID | S | 1 | 2420C | ASSISTANT SURGEON NAME | 1 | | Entity Type Qualifier | | 1, 2 | | | |
| 372 | NM103 | R | 1 | 35 | AN | S | 1 | 2420C | ASSISTANT SURGEON NAME | 1 | | Name Last or Organization Name | | | | | |

Yellow - rows with NPI info
Red - changes made
Grey - NPI info added

| | A | B | C | D | E | F | G | H | I | J | K | L | M | N | O | P | Q |
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| 1 | 837 Dental - 4010X097A1HIPAA Implementation Guide | | | | | | | | | | | | | | | Tennessee Specific Values | |
| 2 | Element ID | Elem Use | Min Len | Max Len | DataType | Seg Use | Seg Rep | Loop ID | Loop Name | Loop Rep | Comp Seq ID | DED Name | Industry Name or Alias | HIPAA Valid Values | HIPAA Notes | TN Valid Values | TN Notes |
| 373 | NM104 | S | 1 | 25 | AN | S | 1 | 2420C | ASSISTANT SURGEON NAME | 1 | | Name First | | | Required if NM102 == 1 | | |
| 374 | NM105 | S | 1 | 25 | AN | S | 1 | 2420C | ASSISTANT SURGEON NAME | 1 | | Name Middle | | | | | |
| 375 | NM107 | S | 1 | 10 | AN | S | 1 | 2420C | ASSISTANT SURGEON NAME | 1 | | Name Suffix | | | | | |
| 376 | NM108 | R | 1 | 2 | ID | S | 1 | 2420C | ASSISTANT SURGEON NAME | 1 | | Identification Code Qualifier | | 24, 34, XX | XX is required if NPI is mandated for use. | 24, 34, XX | Non-NPI qualifiers are valid for atypical providers. All healthcare providers are required to use NPI on and after May 23, 2008. (Employer's ID number or provider's SSN must be carried in REF in this loop.) |
| 377 | NM109 | R | 2 | 80 | AN | R | 1 | 2420C | ASSISTANT SURGEON NAME | 1 | | Identification Code | | | | | |
| 378 | PRV01 | R | 1 | 3 | ID | R | 1 | 2420C | ASSISTANT SURGEON NAME | 1 | | Provider Code | | AS | | | |
| 379 | PRV02 | R | 2 | 3 | ID | R | 1 | 2420C | ASSISTANT SURGEON NAME | 1 | | Reference Identification Qualifier | | ZZ | | | |
| 380 | PRV03 | R | 1 | 30 | AN | R | 1 | 2420C | ASSISTANT SURGEON NAME | 1 | | Reference Identification | | | | | |
| 381 | REF01 | R | 2 | 3 | ID | S | 5 | 2420C | ASSISTANT SURGEON NAME | 1 | | Reference Identification Qualifier | | 0B, 1A, 1B, 1C, 1D, 1E, 1H, G2, LU, TJ, X4, X5 | | 1D | |
| 382 | REF02 | R | 1 | 30 | AN | S | 5 | 2420C | ASSISTANT SURGEON NAME | 1 | | Reference Identification | | | | | **FFS Claims:** Medicaid ID is required. |
| 383 | SVD01 | R | 2 | 80 | AN | S | 1 | 2430 | LINE ADJUDICATION INFORMATION | 25 | | Identification Code | Other Payer Primary ID | | | | This Number shown matches NM109 in the Loop ID-2330B Identifying other payer |
| 384 | SVD02 | R | 1 | 10 | R | S | 1 | 2430 | LINE ADJUDICATION INFORMATION | 25 | | Monetary Amount | Service Line Paid Amt. | | | | Line Level Paid Amount |
| 385 | SVD03 | R | 2 | 2 | ID | S | 1 | 2430 | LINE ADJUDICATION INFORMATION | 25 | SVD03-1 | Product/Service ID Qualifier | Product or Service ID Qualifier | AD, ZZ | | | |
| 386 | SVD03 | R | 1 | 48 | AN | S | 1 | 2430 | LINE ADJUDICATION INFORMATION | 25 | SVD03-2 | Product/Service ID | Procedure Code | | | | |

Yellow - rows with NPI info
Red - changes made
Grey - NPI info added

| | A | B | C | D | E | F | G | H | I | J | K | L | M | N | O | P | Q |
|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|
| 1 | 837 Dental - 4010X097A1HIPAA Implementation Guide | | | | | | | | | | | | | | | Tennessee Specific Values | |
| 2 | Element ID | Elem Use | Min Len | Max Len | DataType | Seg Use | Seg Rep | Loop ID | Loop Name | Loop Rep | Comp Seq ID | DED Name | Industry Name or Alias | HIPAA Valid Values | HIPAA Notes | TN Valid Values | TN Notes |
| 387 | SVD03 | S | 2 | 2 | AN | S | 1 | 2430 | LINE ADJUDICATION INFORMATION | 25 | SVD03-3 | Procedure Modifier | Procedure Modifier 1 | | | | |
| 388 | SVD03 | S | 2 | 2 | AN | S | 1 | 2430 | LINE ADJUDICATION INFORMATION | 25 | SVD03-4 | Procedure Modifier | Procedure Modifier 2 | | | | |
| 389 | SVD03 | S | 2 | 2 | AN | S | 1 | 2430 | LINE ADJUDICATION INFORMATION | 25 | SVD03-5 | Procedure Modifier | Procedure Modifier 3 | | | | |
| 390 | SVD03 | S | 2 | 2 | AN | S | 1 | 2430 | LINE ADJUDICATION INFORMATION | 25 | SVD03-6 | Procedure Modifier | Procedure Modifier 4 | | | | |
| 391 | SVD03 | S | 1 | 80 | AN | S | 1 | 2430 | LINE ADJUDICATION INFORMATION | 25 | SVD03-7 | Description | Procedure Code Description | | | | |
| 392 | SVD05 | R | 1 | 15 | R | S | 1 | 2430 | LINE ADJUDICATION INFORMATION | 25 | | Quantity | Paid Service Unit Count | | | | -999,999.99<=values>=999,999.99 |
| 393 | SVD06 | S | 1 | 6 | N0 | S | 1 | 2430 | LINE ADJUDICATION INFORMATION | 25 | | Assigned Number | Bundled Line Number or Bundled/Unbundled Line Number | | | | |
| 394 | CAS01 | R | 1 | 2 | ID | S | 99 | 2430 | LINE ADJUDICATION INFORMATION | 25 | | Claim Adjustment Group Code | | CO, CR, OA, PI, PR | | CO | |
| 395 | CAS02 | R | 1 | 5 | ID | S | 99 | 2430 | LINE ADJUDICATION INFORMATION | 25 | | Claim Adjustment Reason Code | Adjustment Reason Code - line level | External Code Source 139 | | 1, 2, 3, 24, 66, 107, A2, and other codes | **Encounters/FFS** - 1 (Deductible), 2 (Coinsurance), 3 (Co-pay), 24 (Charges covered under a capitation agreement/managed care plan - Monetary Amount is zero.), 66 (blood deductible) usually FFS, 107 (Denied - Monetary Amount is zero), A2 (Cap claim override for a FFS line). On a denied encounter, preferred way is to indicate the first CAS as denied with 107, and then other CAS segments to indicate the EOB codes. |
| 396 | CAS03 | R | 1 | 10 | R | S | 99 | 2430 | LINE ADJUDICATION INFORMATION | 25 | | Monetary Amount | Adjustment Amount - line level | | | | |
| 397 | CAS04 | S | 1 | 15 | R | S | 99 | 2430 | LINE ADJUDICATION INFORMATION | 25 | | Quantity | Adjustment Quantity - line level | | | | |
| 398 | CAS05 | S | 1 | 5 | ID | S | 99 | 2430 | LINE ADJUDICATION INFORMATION | 25 | | Claim Adjustment Reason Code | Adjustment Reason Code - line level | External Code Source 139 | | | See CAS02. |

Yellow - rows with NPI info
Red - changes made
Grey - NPI info added

| | A | B | C | D | E | F | G | H | I | J | K | L | M | N | O | P | Q |
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| 1 | 837 Dental - 4010X097A1HIPAA Implementation Guide | | | | | | | | | | | | | | | Tennessee Specific Values | |
| 2 | Element ID | Elem Use | Min Len | Max Len | DataType | Seg Use | Seg Rep | Loop ID | Loop Name | Loop Rep | Comp Seq ID | DED Name | Industry Name or Alias | HIPAA Valid Values | HIPAA Notes | TN Valid Values | TN Notes |
| 399 | CAS06 | S | 1 | 10 | R | S | 99 | 2430 | LINE ADJUDICATION INFORMATION | 25 | | Monetary Amount | Adjustment Amount - line level | | | | |
| 400 | CAS07 | S | 1 | 15 | R | S | 99 | 2430 | LINE ADJUDICATION INFORMATION | 25 | | Quantity | Adjustment Quantity - line level | | | | |
| 401 | CAS08 | S | 1 | 5 | ID | S | 99 | 2430 | LINE ADJUDICATION INFORMATION | 25 | | Claim Adjustment Reason Code | Adjustment Reason Code - line level | External Code Source 139 | | | See CAS02. |
| 402 | CAS09 | S | 1 | 10 | R | S | 99 | 2430 | LINE ADJUDICATION INFORMATION | 25 | | Monetary Amount | Adjustment Amount - line level | | | | |
| 403 | CAS10 | S | 1 | 15 | R | S | 99 | 2430 | LINE ADJUDICATION INFORMATION | 25 | | Quantity | Adjustment Quantity - line level | | | | |
| 404 | CAS11 | S | 1 | 5 | ID | S | 99 | 2430 | LINE ADJUDICATION INFORMATION | 25 | | Claim Adjustment Reason Code | Adjustment Reason Code - line level | External Code Source 139 | | | See CAS02. |
| 405 | CAS12 | S | 1 | 10 | R | S | 99 | 2430 | LINE ADJUDICATION INFORMATION | 25 | | Monetary Amount | Adjustment Amount - line level | | | | |
| 406 | CAS13 | S | 1 | 15 | R | S | 99 | 2430 | LINE ADJUDICATION INFORMATION | 25 | | Quantity | Adjustment Quantity - line level | | | | |
| 407 | CAS14 | S | 1 | 5 | ID | S | 99 | 2430 | LINE ADJUDICATION INFORMATION | 25 | | Claim Adjustment Reason Code | Adjustment Reason Code - line level | External Code Source 139 | | | See CAS02. |
| 408 | CAS15 | S | 1 | 10 | R | S | 99 | 2430 | LINE ADJUDICATION INFORMATION | 25 | | Monetary Amount | Adjustment Amount - line level | | | | |
| 409 | CAS16 | S | 1 | 15 | R | S | 99 | 2430 | LINE ADJUDICATION INFORMATION | 25 | | Quantity | Adjustment Quantity - line level | | | | |
| 410 | CAS17 | S | 1 | 5 | ID | S | 99 | 2430 | LINE ADJUDICATION INFORMATION | 25 | | Claim Adjustment Reason Code | Adjustment Reason Code - line level | External Code Source 139 | | | See CAS02. |
| 411 | CAS18 | S | 1 | 10 | R | S | 99 | 2430 | LINE ADJUDICATION INFORMATION | 25 | | Monetary Amount | Adjustment Amount - line level | | | | |
| 412 | CAS19 | S | 1 | 15 | R | S | 99 | 2430 | LINE ADJUDICATION INFORMATION | 25 | | Quantity | Adjustment Quantity - line level | | | | |
| 413 | DTP01 | R | 3 | 3 | ID | R | 1 | 2430 | LINE ADJUDICATION INFORMATION | 25 | | Date Time Qualifier | Date/Time Qualifier | 573 | | | |
| 414 | DTP02 | R | 2 | 3 | ID | R | 1 | 2430 | LINE ADJUDICATION INFORMATION | 25 | | Date Time Period Format Qualifier | | D8 | | | |

Yellow - rows with NPI info
Red - changes made
Grey - NPI info added

| | A | B | C | D | E | F | G | H | I | J | K | L | M | N | O | P | Q |
|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|
| 1 | 837 Dental - 4010X097A1HIPAA Implementation Guide | | | | | | | | | | | | | | | **Tennessee Specific Values** | |
| 2 | **Element ID** | **Elem Use** | **Min Len** | **Max Len** | **DataType** | **Seg Use** | **Seg Rep** | **Loop ID** | **Loop Name** | **Loop Rep** | **Comp Seq ID** | **DED Name** | **Industry Name or Alias** | **HIPAA Valid Values** | **HIPAA Notes** | **TN Valid Values** | **TN Notes** |
| 415 | DTP03 | R | 1 | 35 | AN | R | 1 | 2430 | LINE ADJUDICATION INFORMATION | 25 | | Date Time Period | Adjudication or Payment Date | | | | **Encounters:** MCC Adjudication Date |
| 416 | GE01 | R | 1 | 6 | N0 | R | | | FUNCTIONAL GROUP TRAILER | | | Number of Transaction Sets Included | | | | | |
| 417 | GE02 | R | 1 | 9 | N0 | R | | | FUNCTIONAL GROUP TRAILER | | | Group Control Number | | = GS06 | | = GS06 | |
| 418 | IEA01 | R | 1 | 5 | N0 | R | | | INTERCHANGE CONTROL TRAILER | | | Number of Included Functional Groups | | | | | |
| 419 | IEA02 | R | 9 | 9 | N0 | R | | | INTERCHANGE CONTROL TRAILER | | | Interchange Control Number | | = ISA13 | | = ISA13 | |

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Red - changes made
Grey - NPI info added