The Commonwealth of Massachusetts
Center for Health Information and Analysis

The Massachusetts All-Payer Claims Database Dental Claim File Submission Guide

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Revision History

Date	Version	Description	Author
12/1/2012	3.0	Administrative Bulletin 12-01; issued 11/8/2012	M. Prettenhofer
1/28/2013	3.1	• Updated 'Non-Massachusetts Resident' section • DC067 (APCD ID Code): Added option (6) ICO - Integrated Care Organization	H. Hines
5/31/2013	3.1	• Updated DC043 and DC058 – Street Address – to a length of 50 • Updated HD009 to reflect reporting period change • Updated element submission guideline for Delegated Benefit Adminstrator OrganizationID (DC025).	K. Hines
10/2014	4.0	• Administrative Bulletin 14-08	K. Hines
2/2016	5.0	• Administrative Bulletin 16-03	K. Hines
2/2016	5.0	• Update Cover Sheet, CHIA website and address	K. Hines
2/2016	5.0	• Update APCD Version Number – HD009 – to 5.0	K. Hines
	6.0	• Initial 6.0 Updates	K. Hines
2/2019	2019	• 2019 Updates	P. Smith
2/2023	2023	• DC011 - standardized values across lookup table • DC012 - added lookup table values • DC047 – update to allow restorative care codes	P. Smith

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Introduction

Access to timely, accurate, and relevant data is essential to improving quality, mitigating costs, and promoting transparency and efficiency in the health care delivery system. A valuable source of data can be found in health care claims. Using its broad statutory authority to collect, store and maintain health care information in a payer and provider claims database pursuant to M.G.L. c. 12C, the Center for Health Information and Analysis (CHIA) has adopted regulations to collect medical, pharmacy, and dental claims as well as provider, product, and member eligibility information derived from fully-insured, self-insured (where allowed), Medicare, Medicaid and Supplemental Policy data which CHIA stores in a comprehensive All Payer Claims Database (APCD). CHIA serves as the Commonwealth's primary hub for health care data and a primary source of health care analytics that support policy development.

To facilitate communication and collaboration, CHIA actively maintains a MA APCD website (http://www.chiamass.gov/apcd-information-for-data-submitters/) with resources that currently include the submission and release regulations, Administrative Bulletins, the technical submission guide with examples, and support documentation. These resources are periodically updated with materials and CHIA staff are dedicated to working with all submitters to ensure full compliance with the regulation.

While CHIA is committed to establishing and maintaining an APCD that promotes transparency, improves health care quality, and mitigates health care costs, we welcome your ongoing suggestions for revising reporting requirements that facilitate our shared goal of administrative simplification. If you have any questions regarding the regulations or technical specifications we encourage you to utilize the online resources and reach out to our staff for any further questions.

Thank you for your partnership with CHIA on the all payer claims database.

957 CMR 8.00: APCD and Case Mix Data Submission

957 CMR 8.00 governs the reporting requirements regarding health care data and information that health care Payers and Hospitals must submit pursuant to M.G.L. c. 12C in connection with the APCD and the Acute Hospital Case Mix and Charge Data Databases. The regulation establishes the data submission requirements for the health care claims data and health plan information that Payers must submit and the procedures and timeframe for submitting such health care data and information. CHIA collects data essential for the continued monitoring of health care cost trends, minimizes the duplication of data submissions by payers to state entities, and promotes administrative simplification among state entities in Massachusetts.

Except as specifically provided otherwise by CHIA or under Chapter 12C, claims data collected by CHIA for the APCD is not a public record under clause 26 of section 7 of chapter 4 or under chapter 66. No public disclosure of any health plan information or data

shall be made unless specifically authorized under 957 CMR 5.00.CHIA developed the data release procedures defined in CHIA regulations to ensure that the release of such data is in the public interest, as well as consistent with applicable Federal and State privacy and security laws.

Patient Identifying Information

No patient identifying information may be included in any fields not specifically instructed as such within the element name, description and submission guideline outlined in this document. Patient identifying information includes name, address, social security number and similar information by which the identity of a patient can be readily determined.

Acronyms Frequently Used

APCD – All-Payer Claims Database

CHIA – Center for Health Information and Analysis

CSO – Computer Services Organization

DBA – Delegated Benefit Administrator

DBM – Dental Benefit Manager

DOI – Division of Insurance

GIC – Group Insurance Commission

ID – Identification; Identifier

MA APCD – Massachusetts' All-Payer Claims Database

NPI – National Provider Identifier

PBM – Pharmacy Benefit Manager

QA – Quality Assurance

RA – Risk Adjustment; Risk Adjuster

TME / RP – Total Medical Expense / Relative Pricing

TPA – Third Party Administrator

<u>The File Types:</u>

DC – Dental Claims

MC – Medical Claims

ME – Member Eligibility

PC – Pharmacy Claims

PR – Product File

PV – Provider File

BP – Benefit Plan Control Total File

The MA APCD Monthly Dental Claims File

As part of the MA APCD, submitters with dental lines of business will be required to submit a Dental Claims File. CHIA, in an effort to decrease any programming burden, is maintaining its adopted file layout but adjusting some of the elements to insure data quality, linkage to other files and continuity of the data set.

Below we have provided details on business rules, data definitions and the potential uses of this data.

Specification Question	Clarification	Rationale
What is the frequency of submission?	Dental claim files are to be submitted monthly by the last day of the month.	CHIA requires this frequency to maintain a current dataset for analysis.
What is the format of the file?	Each submission must be a variable field length asterisk delimited file.	An asterisk cannot be used within an element in lieu of another character. Example: if the file includes "Smith*Jones" in the Last Name, the system will read an incorrect number of elements and drop the file.
What does each row in the file represent?	Each row represents a claim line. If there are multiple services performed and billed on a claim, each of those services will be uniquely identified and reported on a line.	It is necessary to obtain line item data to understand how services are utilized and adjudicated by different submitters.
Won't reporting claim lines create redundant data?	Yes, claim level data will be repeated in every row in order to report unique line item processing. The repeated claim level data will be de-duplicated at CHIA.	It is necessary to maintain the link between line item processing and claim level data.

Specification Question	Clarification	Rationale
Are denied claims to be reported?	No. Wholly denied claims should not be reported at this time. However, if a single procedure is denied within a paid claim that denied line should be reported.	Denied line items of an adjudicated claim aid with analysis in the MA APCD in terms of covered benefits and/or eligibility.
Should claims that are paid under a 'global payment', thus zero paid, be reported in this file?	Yes. Any dental claim that is considered 'paid' by the carrier should appear in this filing. Paid amount should be reported as 0 and the corresponding Allowed, Contractual, Deductible Amounts should be calculated and reported accordingly.	The reporting of Zero Paid Dental Claims aids with the analysis of services utilized, Member Eligibility and deductibles applied.
Should previously paid but now Voided claims be reported?	Yes. Claims that were paid and reported in one period and voided by either the Provider or the Submitter should be reported in the next file. See DC060 below.	The reporting of Voided Claims maintains logic integrity between services utilized and deductibles applied.
The word 'Member' is used in the specification. Are 'Member' and 'Patient' used synonymously?	Yes. Member and Patient are to be used in the same manner in this specification.	Member is used in the claim specification to strengthen the reporting bond between Member Eligibility and the claims attached to a Member.

Specification Question	Clarification	Rationale
If claims are processed by a third-party administrator, who is responsible for submitting the data and how should the data be submitted?	In instances where more than one entity administers a health plan, the health care carrier **and** third-party administrators are responsible for submitting data according to the specifications and format defined in the Submission Guides. CHIA expects each party to report the Organization ID of the other party in the Delegated Benefit Organization ID (DC025) field to assist in linkage between the health care carrier and the third party administrator.	CHIA's objective is to create a **comprehensive** database that must include data from all health care carriers and all their vendors (TPAs, PBMs, DBAs, CSOs, etc.) to complete the view of the health service delivery system.

Types of Data collected in the Dental Claim File

Submitter-assigned Identifiers

CHIA requires various Submitter-assigned identifiers for matching-logic to the other files, including the Product and Member Eligibility files. Examples of these elements include DC003, DC006, DC056 and DC057. These elements will be used by CHIA to aid with the matching algorithm to those other files. This matching allows for data aggregation and required reporting.

Claims Data

CHIA requires the line-level detail of all Dental Claims for analysis. The line-level data aids with understanding utilization within products across Submitters. The specific dental data reported in DC030, DC032, DC035, DC036, DC037, DC047, DC048, and DC049 would be the same elements that are reported to a Dental Carrier on the ADA J400 and any of its versions (including eADA), the HIPAA 837D 4010 / 5010 or specific direct data entry system.

DC047, DC048 and DC049 (Tooth Number, Dental Quadrant and Tooth Surface, respectively) have had their thresholds and categories adjusted to meet clinical analytic needs for data requesters.

Subscriber and Member (Patient) Carrier unique identifiers are being requested to aid with the matching algorithm, see DC056 and DC057.

Non-Massachusetts Resident

CHIA requires that payers submitting claims and encounter data on behalf of an employer group submit claims and encounter data for employees who reside outside of Massachusetts.

CHIA requires data submission for employees that are based in Massachusetts whether the employer is based in MA or the employer has a site in Massachusetts that employs individuals. This requirement is for all payers that are licensed by the MA Division of Insurance, or are required by contract with the Group Insurance Commission to submit paid claims and encounter data for all Massachusetts residents, and all members of a Massachusetts employer group including those who reside outside of Massachusetts.

For payers reporting to the MA Division of Insurance, CHIA requires data submission for all members where the “situs” of the insurance contract or product is Massachusetts regardless of residence or employer (or the location of the employer that signed the contract is in Massachusetts.)

Adjudication Data

CHIA requires adjudication-centric data on the file for analysis of Member Eligibility to Product. The elements typically used in an adjudication process are DC017, DC030, DC031, DC037 through DC041, DC045, DC046 are variations of paper remittances or the HIPAA 835 4010 / 5010.

> **Denied Claims:** Payers will not be required to submit wholly denied claims at this time. CHIA will issue an Administrative Bulletin notifying Submitters when the requirement to submit denied claims will become effective, the detailed process required to identify and report, and the due dates of denied claim reporting.

The Provider ID

Element DC018 (Provider ID) is one of the most critical elements in the APCD process as it links the Provider identified on the Dental Claims file with the corresponding record in the Provider File (PV002). The definition of the PV002 element is:

The Provider ID is a unique number for every service provider (persons, facilities or other entities involved in claims transactions) that a carrier/submitter has in its system. This element may or may not be the provider NPI and this element is used to uniquely identify a provider and that provider's affiliation, when applicable as well as the provider's practice location within this provider file.

The following are the elements that are required to link to PV002:
Dental Claim Link: DC018 – Service Provider Number

The goal of PV002 is to identify provider data elements associated with provider data that was submitted in the claim line detail, and to identify the details of the Provider Affiliation.

CHIA is committed to working with all submitters and their technical teams to ensure compliance with applicable laws and regulations. CHIA will continue to provide support through technical assistance calls and resources available on the CHIA website, http://www.chiamass.gov/.

File Guideline and Layout

Legend

1. File: Identifies the file per element as well as the Header and Trailer Records that repeat on all MA APCD File Types. Headers and Trailers are Mandatory as a whole, with just a few elements allowing situational reporting.
2. Col: Identifies the column the data resides in when reported
3. Elmt: This is the number of the element in regards to the file type
4. Data Element Name: Provides identification of basic data required
5. Date Modified: Identifies the last date that an element was adjusted
6. Type: Defines the data as Decimal, Integer, Numeric or Text. Additional information provided for identification, e.g., Date Period – Integer
7. Type Description: Used to group like-items together for quick identification
8. Format / Length: Defines both the reporting length and element min/max requirements. See below:
    a. char[n] – this is a fixed length element of [n] characters, cannot report below or above [n]. This can be any type of data, but is governed by the type listed for the element, Text vs. Numeric.
    b. varchar[n] – this is a variable length field of max [n] characters, cannot report above [n]. This can be any type of data, but is governed by the type listed for the element, Text vs. Numeric.
    c. int[n] – this is a fixed type and length element of [n] for numeric reporting only. This cannot be anything but numeric with no decimal points or leading zeros.

    The plus/minus symbol (**±**) in front on any of the Formats above indicate that a negative can be submitted in the element under specific conditions. **Example:** When the Claim Line Type (MC138) = V (void) or B (backout) then certain claim values can be negative.
9. Description: Short description that defines the data expected in the element
10. Element Submission Guideline: Provides detailed information regarding the data required as well as constraints, exceptions and examples.
11. Condition: Provides the condition for reporting the given data
12. %: Provides the base percentage that the MA APCD is expecting in volume of data in regards to condition requirements.

13. Cat: Provides the category or tiering of elements and reporting margins where applicable. 'A' level fields must meet their APCD threshold percentage in order for a file to pass. The other categories (B, C, Z) are also monitored but will not cause a file to fail. Header and Trailer Mandatory element errors will cause a file to drop. Where elements have a conditional requirement, the percentages are applied to the number of records that meet the condition.
    HM = Mandatory Header element; HS = Situational Header element; HO = Optional Header element; A0 = Data is required to be valid per Conditions and must meet threshold percent with 0% variation; A1= Data is required to be valid per Conditions and must meet threshold percent with no more than 1% variation; A2 = Data is required to be valid per Conditions and must meet threshold percent with no more than 2% variation; TM = Mandatory Trailer element; TS = Situational Trailer element; TO = Optional Trailer element.

Elements that are highlighted indicate that a MA APCD lookup table is present and contains valid values expected in the element. In very few cases, there is a combination of a MA APCD lookup table and an External Code Source or Carrier Defined Table, these maintain the highlight.

It is important to note that Type, Format/Length, Condition, Threshold and Category are considered as a suite of requirements that the intake edits are built around to ensure compliance, continuity and quality. This ensures that the data can be standardized at other levels for greater understanding of healthcare utilization.

File	Col	Elmt	Data Element Name	Date Modified	Type	Type Description	Format / Length	Description	Element Submission Guideline	Condition	%	Cat
HD-DC	1	HD001	Record Type	11/8/12	Text	ID Record	char[2]	Header Record Identifier	Report **HD** here. Indicates the beginning of the Header Elements of the file.	Mandatory	100%	HM
HD-DC	2	HD002	Submitter	11/8/12	Integer	ID OrgID	varchar[6]	Header Submitter / Carrier ID defined by CHIA	Report CHIA defined, unique Submitter ID here. TR002 must match the Submitter ID reported here. This ID is linked to other elements in the file for quality control.	Mandatory	100%	HM
HD-DC	3	HD003	National Plan ID	11/8/12	Integer	ID Nat'l PlanID	int[10]	Header CMS National Plan Identification Number (PlanID)	Do not report any value here until National PlanID is fully implemented. This is a unique identifier as outlined by Centers for Medicare and Medicaid Services (CMS) for Plans or Sub plans.	Situational	0%	HS
HD-DC	4	HD004	Type of File	11/8/12	Text	ID File	char[2]	Defines the file type and data expected.	Report **DC** here. Indicates that the data within this file is expected to be DENTAL CLAIM-based. This must match the File Type reported in TR004.	Mandatory	100%	HM

File	Col	Elmt	Data Element Name	Date Modified	Type	Type Description	Format / Length	Description	Element Submission Guideline	Condition	%	Cat
HD-DC	5	HD005	Period Beginning Date	11/8/12	Date Period - Integer	Century Year Month - CCYYMM	int[6]	Header Period Start Date	Report the Year and Month of the reported submission period in CCYYMM format. This date period must be repeated in HD006, TR005 and TR006. This same date must be selected in the upload application for successful transfer.	Mandatory	100%	HM
HD-DC	6	HD006	Period Ending Date	11/8/12	Date Period - Integer	Century Year Month - CCYYMM	int[6]	Header Period Ending Date	Report the Year and Month of the reporting submission period in CCYYMM format. This date period must match the date period reported in HD005 and be repeated in TR005 and TR006.	Mandatory	100%	HM
HD-DC	7	HD007	Record Count	11/8/12	Integer	Counter	varchar[10]	Header Record Count	Report the total number of records submitted within this file. Do not report leading zeros, space fill, decimals, or any special characters.	Mandatory	100%	HM
HD-DC	8	HD008	Comments	11/8/12	Text	Free Text Field	varchar[80]	Header Carrier Comments	May be used to document the submission by assigning a filename, system source, compile identifier, etc.	Optional	0%	HO
HD-DC	9	HD009	APCD Version Number	2/2019	Decimal - Numeric	ID Version	char[4]	Submission Guide Version	Report the version number as presented on the APCD Dental Claim File Submission Guide in 0.0 Format. Sets the intake control for editing elements. Version must be accurate or else file will drop. **EXAMPLE:** 3.0 = Version 3.0	Mandatory	100%	HM

Code	***Description***
2.1	Prior Version; valid only for reporting periods prior to October 2013
3.0	Version 3.0; required for reporting periods as of October 2013 – No longer valid as of May 2015
4.0	Version 4.0; required for reporting periods October 2013 onward; No longer valid as of August 2016
5.0	Version 5.0; required for reporting periods October 2013 onward as of August 2016; No longer valid as of August 2017
6.0	Version 6.0; required for reporting periods October 2013 onward as of August 2017; No longer valid as of August 2019

File	Col	Elmt	Data Element Name	Date Modified	Type	Type Description	Format / Length	Description	Element Submission Guideline	Condition	%	Cat
								2019	Version 2019; required for reporting periods October 2013 onward as of August 2019			
DC	1	DC001	Submitter	11/8/12	Integer	ID OrgID	varchar[6]	CHIA defined and maintained unique identifier	Report the Unique Submitter ID as defined by CHIA here. This must match the Submitter ID reported in HD002.	All	100%	A0
DC	2	DC002	National Plan ID	11/8/12	Text	ID Nat'l PlanID	int[10]	CMS National Plan Identification Number (PlanID)	Do not report any value here until National PlanID is fully implemented. This is a unique identifier as outlined by Centers for Medicare and Medicaid Services (CMS) for Plans or Sub plans.	All	0%	Z
DC	3	DC003	Insurance Type Code / Product	2/2019	Lookup Table - Text	tlkpClaimInsuranceType	char[2]	Type / Product Identification Code	Report the code that defines the type of insurance under which this patient's claim line was processed. **EXAMPLE:** 17 = Dental Maintenance Organization	All	96%	A1

Code	***Description***
09	Self-pay
10	Central Certification
11	Other Non-Federal Programs
12	Preferred Provider Organization (PPO)
13	Point of Service (POS)
14	Exclusive Provider Organization (EPO)
15	Indemnity Insurance
16	Health Maintenance Organization (HMO) Medicare Advantage
17	Dental Maintenance Organization (DMO)
20	Medicare Advantage PPO
21	Medicare Advantage Private Fee for Service
30	Accountable Care Organization (ACO) - MassHealth
AM	Automobile Medical

File	Col	Elmt	Data Element Name	Date Modified	Type	Type Description	Format / Length	Description	Element Submission Guideline	Condition	%	Cat
								BL	Blue Cross / Blue Shield			
								CC	Commonwealth Care			
								CE	Commonwealth Choice			
								CH	Champus			
								CI	Commercial Insurance			
								DS	Disability			
								HM	Health Maintenance Organization			
								HN	HMO Medicare Risk/Medicare Part C			
								IC	Integrated Care Organization			
								LI	Liability			
								LM	Liability Medical			
								MA	Medicare Part A			
								MB	Medicare Part B			
								MC	Medicaid			
								MD	Medicare Part D			
								MO	Medicaid Managed Care Organization			
								MP	Medicare Primary			
								MS	Medicare Secondary Plan			
								OF	Other Federal Program (e.g. Black Lung)			
								QM	Qualified Medicare Beneficiary			
								SC	Senior Care Option			
								SP	Supplemental Policy			
								TF	HSN Trust Fund			
								TV	Title V			
								VA	Veterans Administration Plan			
								WC	Workers' Compensation			

File	Col	Elmt	Data Element Name	Date Modified	Type	Type Description	Format / Length	Description	Element Submission Guideline	Condition	%	Cat
								ZZ	Other			
DC	4	DC004	Payer Claim Control Number	6/24/10	Text	ID Claim Number	varchar[35]	Payer Claim Control Identification	Report the Unique identifier within the payer's system that applies to the entire claim.	All	100%	A0
DC	5	DC005	Line Counter	11/8/12	Integer	ID Count	varchar[4]	Incremental Line Counter	Report the line number for this service within the claim. Start with 1 and increment by 1 for each additional line. Do not start with 0, include alphas or special characters.	All	100%	A0
DC	6	DC005A	Version Number	7/6/10	Integer	Counter	varchar[4]	Claim Service Line Version Number	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. No alpha or special characters.	All	100%	A0
DC	7	DC006	Insured Group or Policy Number	11/8/12	Text	ID Group	varchar[30]	Group / Policy Number	Report the number that defines the insured group or policy. Do not report the number that uniquely identifies the subscriber or member.	All	98%	A2
DC	8	DC007	Filler	2/2017	Text	Filler	char[0]	Filler	Do not populate with any data. Required to be NULL.	All	100%	A0
DC	9	DC008	Plan Specific Contract Number	6/24/10	Text	ID Contract	varchar[30]	Contract Number	Report the Plan-assigned contract number. Do not include values in this element 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.	All	70%	A2
DC	10	DC009	Member Suffix or Sequence Number	6/24/10	Text	ID Sequence	varchar[20]	Member/Patient's Contract Sequence Number	Report the unique number / identifier of the member / patient within the contract	All	98%	A2
DC	11	DC010	Filler	2/2017	Text	Filler	char[0]	Filler	Do not populate with any data. Required to be NULL.	All	100%	A0

File	Col	Elmt	Data Element Name	Date Modified	Type	Type Description	Format / Length	Description	Element Submission Guideline	Condition	%	Cat
DC	12	DC011	Individual Relationship Code	2/2023	Lookup Table - Numeric	tlkpIndividualRelathionshipCode	varchar[2]	Patient to Subscriber Relationship Code	Report the value that defines the Patient's relationship to the Subscriber. **EXAMPLE:** 20 = Self / Employee	All	98%	B

Value	***Description***
01	Spouse
04	Grandfather or Grandmother
05	Grandson or Granddaughter
07	Nephew or Niece
10	Foster Child
12	Other Adult
15	Ward
17	Stepson or Stepdaughter
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
36	Emancipated Minor
39	Organ Donor
40	Cadaver Donor
41	Injured Plaintiff
43	Child Where Insured Has No Financial Responsibility

File	Col	Elmt	Data Element Name	Date Modified	Type	Type Description	Format / Length	Description	Element Submission Guideline	Condition	%	Cat
								53	Life Partner			
								76	Dependent			
DC	13	DC012	Member Gender	2/2023	Lookup Table - Text	tlkpGender	char[1]	Patient's Gender	Report patient gender as found on the claim in alpha format. Used to validate clinical services when applicable and Unique Member ID. **EXAMPLE:** F = Female	All	100%	B
								Code	***Description***			
								F	Female			
								M	Male			
								A	Transgender Male/Trans Man			
								B	Transgender Female/Trans Woman			
								G	Genderqueer/gender nonconforming: neither exclusively male nor female			
								N	Non-binary			
								O	Other			
								U	Unknown			
								C	Choose not to answer			
DC	14	DC013	Member Date of Birth	2/2017	Year Month - Integer	Century Year Month–CCYYMM	int[6]	Member/Patient's month and year of birth	Report the month/year the member / patient was born in CCYYMM Format. Used to validate Unique Member ID.	All	99%	A0
DC	15	DC014	Filler	2/2017	Text	Filler	char[0]	Filler	Do not populate with any data. Required to be NULL.	All	100%	A0
DC	16	DC015	Filler	2/2019	Text	Filler	char[0]	Filler	Do not populate with any data. Required to be NULL.	All	100%	A0
DC	17	DC016	Filler	2/2019	Text	Filler	char[0]	Filler	Do not populate with any data. Required to be NULL.	All	100%	A0

File	Col	Elmt	Data Element Name	Date Modified	Type	Type Description	Format / Length	Description	Element Submission Guideline	Condition	%	Cat
DC	18	DC017	Date Service Approved (AP Date)	6/24/10	Full Date - Integer	Century Year Month Day - CCYYMMDD	int[8]	Date Service Approved by Payer	Report the date that the payer approved this claim line for payment in CCYYMMDD Format. This element was designed to capture a date other than the Paid date. If Approved Date and Paid Date are the same, then the date here should match Paid Date.	All	98%	C
DC	19	DC018	Service Provider Number	6/24/10	Text	ID Link to PV002	varchar[30]	Service Provider Identification Number	Report the carrier / submitter assigned service provider number. This number should be the identifier used for internal identification purposes, and does not routinely change. The value in this element must match a record in the provider file in PV002.	All	100%	A1
DC	20	DC019	Service Provider Tax ID Number	11/8/12	Numeric	ID Tax	char[9]	Service Provider's Tax ID number	Report the Federal Tax ID of the Service Provider here. Do not use hyphen or alpha prefix. Reminder: Must not be an SSN.	All	99%	C
DC	21	DC020	National Provider ID - Service	10/30/14	External Code Source 3 - Integer	External Code Source 3 - National Provider ID	int[10]	National Provider Identification (NPI) of the Service Provider	Report the Primary National Provider ID (NPI) here. This ID should be found on the Provider File in the NPI element (PV039).	All	98%	A2
DC	22	DC021	Service Provider Entity Type Qualifier	11/8/12	Lookup Table - integer	tlkpServProvEntityTypeQualifier	int[1]	Service Provider Entity Identifier Code	Report the value that defines the provider entity type. Only individuals should be identified with a 1. Facilities, professional groups and clinic sites should all be identified with a 2. **EXAMPLE:** 1 = Person	All	98%	A0
								Value	***Description***			
								1	Person			
								2	Non-person entity			
DC	23	DC022	Service Provider First Name	11/8/12	Text	Name First Provider	varchar[25]	First name of Service Provider	Report the individual's first name here. If provider is a facility or organization , do not report any value here.	All	98%	C
DC	24	DC023	Service Provider Middle Name	11/8/12	Text	Name Middle Provider	varchar[25]	Middle initial of Service Provider	Report the individual's middle name here. If provider is a facility or organization , do not report any value here.	All	2%	C

File	Col	Elmt	Data Element Name	Date Modified	Type	Type Description	Format / Length	Description	Element Submission Guideline	Condition	%	Cat
DC	25	DC024	Service Provider Last Name or Organization Name	6/24/10	Text	Name Last / Org Provider	varchar[60]	Last name or Organization Name of Service Provider	Report the name of the organization or last name of the individual provider. DC021 determines if this is an Organization or Individual Name reported here.	All	98%	B
DC	26	DC025	Delegated Benefit Administrator Organization ID	11/8/12	Integer	ID Link to OrgID	varchar[6]	CHIA defined and maintained Org ID for linking across submitters	Riskholders report the OrgID of the DBA here. DBAs report the OrgID of the insurance carrier here. This element contains the CHIA assigned organization ID for the DBA or carrier. Contact the MA APCD for the appropriate value. If no DBA is affiliated with this claim line do not report any value here: i.e., do not repeat the OrgID from DC001.	All	98%	A2
DC	27	DC026	Service Provider Taxonomy	11/8/12	External Code Source 5 - Text	External Code Source 5 – Taxonomy	varchar[10]	Taxonomy Code	Report the standard code that defines this provider for this line of service. Taxonomy values allow for the reporting of hygienists, assistants and laboratory technicians, where applicable, as well as Dentists, Orthodontists, etc.	All	98%	A2
DC	28	DC027	Service Provider City Name	6/24/10	Text	Address City Provider	varchar[30]	City name of the Provider	Report the Providers practice city location.	All	98%	B
DC	29	DC028	Service Provider State	11/8/12	External Code Source 2 - Text	Address State External Code Source 2 – States	char[2]	State of the Service Provider	Report the state of the service providers as defined by the US Postal Service.	All	98%	B
DC	30	DC029	Service Provider ZIP Code	11/8/12	External Code Source 2 - Text	Address Zip External Code Source 2 - Zip Codes	varchar[9]	Zip Code of the Service Provider	Report the 5 or 9 digit Zip Code as defined by the US Postal Service. When submitting the 9-digit Zip Code do not include hyphen.	All	98%	B
DC	31	DC030	Facility Type - Professional	11/8/12	External Code Source 13 - Numeric	External Code Source 13 - Place of Service	char[2]	Place of Service Code	Report the code the defines the location code where services were performed by the provider referenced on the claim.	All	80%	B

File	Col	Elmt	Data Element Name	Date Modified	Type	Type Description	Format / Length	Description	Element Submission Guideline	Condition	%	Cat
DC	32	DC031	Claim Status	11/8/12	Lookup Table - Numeric	tlkpClaimStatus	varchar[2]	Claim Line Status	Report the value that defines the payment status of this claim line.	All	98%	A0
								Value	***Description***			
								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			
DC	33	DC032	CDT Code	11/8/12	External Code Source 10 - Text	External Code Source 10 - Current Dental Terminology	char[5]	HCPCS / CDT Code	Report the Current Dental Terminology code here.	All	99%	A2
DC	34	DC033	Procedure Modifier - 1	11/8/12	External Code Source 9 - Text	External Code Source 9 - Modifiers	char[2]	HCPCS / CPT Code Modifier	Report a valid Procedure modifier when a modifier clarifies / improves the reporting accuracy of the associated procedure code (DC032).	All	0%	C
DC	35	DC034	Procedure Modifier - 2	11/8/12	External Code Source 9 - Text	External Code Source 9 - Modifiers	char[2]	HCPCS / CPT Code Modifier	Report a valid Procedure modifier when a modifier clarifies / improves the reporting accuracy of the associated procedure code (DC032).	All	0%	C
DC	36	DC035	Date of Service - From	6/24/10	Full Date - Integer	Century Year Month Day - CCYYMMDD	int[8]	Date of Service	Report the date of service for this claim line in CCYYMMDD Format.	All	99%	A0

File	Col	Elmt	Data Element Name	Date Modified	Type	Type Description	Format / Length	Description	Element Submission Guideline	Condition	%	Cat
DC	37	DC036	Date of Service - Thru	6/24/10	Full Date - Integer	Century Year Month Day - CCYYMMDD	int[8]	Last date of service for this service line.	Report the end service date for the claim line in CCYYMMDD Format; it can equal DC035 when a single date of service is being reported.	All	0%	B
DC	38	DC037	Charge Amount	6/24/10	Integer	Currency	±varchar[10]	Amount of provider charges for the claim line	Report the amount the provider billed the insurance carrier for this claim line service. Report 0 for services rendered in conjunction with other services on the claim. Do not code 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	All	99%	A0
DC	39	DC038	Paid Amount	10/3/10	Integer	Currency	±varchar[10]	Amount paid by the carrier for the claim line	Report the amount paid for the claim line. Report 0 if line is paid as part of another procedure / claim line. Do not report any value if the line is denied. Do not code 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	All	99%	A0
DC	40	DC039	Copay Amount	6/24/10	Integer	Currency	±varchar[10]	Amount of Copay member/patient is responsible to pay	Report the amount that defines a preset, fixed amount for this claim line service that the patient is responsible to pay. Report 0 if no Copay applies. Do not code 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	All	99%	A1
DC	41	DC040	Coinsurance Amount	6/24/10	Integer	Currency	±varchar[10]	Amount of coinsurance member/patient is responsible to pay	Report the amount that defines a calculated percentage amount for this claim line service that the patient is responsible to pay. Report 0 if no Coinsurance applies. Do not code 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	All	99%	A1

File	Col	Elmt	Data Element Name	Date Modified	Type	Type Description	Format / Length	Description	Element Submission Guideline	Condition	%	Cat
DC	42	DC041	Deductible Amount	6/24/10	Integer	Currency	±varchar[10]	Amount of deductible member/patient is responsible to pay on the claim line	Report the amount that defines a preset, fixed amount for this claim line service that the patient is responsible to pay. Report 0 if no Deductible applies to service. Do not code 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	All	99%	A1
DC	43	DC042	Product ID Number	11/8/12	Text	ID Link to PR001	varchar[30]	Product Identification	Report the submitter-assigned identifier as it appears in PR001 in the Product File. This element is used to understand Product and Eligibility attributes of the member / subscriber as applied to this record.	All	100%	A0
DC	44	DC043	Filler	2/2017	Text	Filler	char[0]	Filler	Do not populate with any data. Required to be NULL.	All	100%	A0
DC	45	DC044	Billing Provider Tax ID Number	11/8/12	Numeric	ID Tax	char[9]	The Billing Provider's Federal Tax Identification Number (FTIN)	Report the Federal Tax ID of the Billing Provider here. Do not use hyphen or alpha prefix. Reminder: Must not be an SSN.	All	90%	C
DC	46	DC045	Paid Date	6/24/10	Full Date - Integer	Century Year Month Day - CCYYMMDD	int[8]	Paid date of the claim line	Report the date that appears on the check and/or remit and/or explanation of benefits and corresponds to any and all types of payment in CCYYMMDD Format. This can be the same date as Processed Date. **EXAMPLE:** Claims paid in full, partial or zero paid.	All	98%	A0
DC	47	DC046	Allowed Amount	11/8/12	Integer	Currency	±varchar[10]	Allowed Amount	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 it is less than or equal to the fee charged by the provider. Report 0 when the claim line is denied. Do not code 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	Required when DC031 does not = 4, 22, or 23	99%	A2

File	Col	Elmt	Data Element Name	Date Modified	Type	Type Description	Format / Length	Description	Element Submission Guideline	Condition	%	Cat
DC	48	DC047	Tooth Number/ Letter	2/2023	External Code Source 10 - Text	External Code Source 10 - Tooth Numbering	varchar[2]	Tooth Number or Letter Identification	Report the tooth identifier(s) when DC032 is within the given range.	Required when DC032 = D2000 thru D2999, D3000 thru D3999	100%	A2
DC	49	DC048	Dental Quadrant	10/30/14	External Code Source 10 - Numeric	External Code Source 10 - Dental Quadrants	char[2]	Dental Quadrant	Report the standard quadrant identifier from the External Code Source here. Provides further detail on procedure(s).	Required when DC032 reports quandrant-coded Dental Code	100%	B
DC	50	DC049	Tooth Surface	10/30/14	External Code Source 10 - Text	External Code Source 10 - Tooth Surfaces	varchar[5]	Tooth Service Identification	Report the tooth surface(s) that this service relates to. Provides further detail on procedure.	Required when DC032=D2000-D2709	100%	A2
DC	51	DC050	Filler	2/2017	Text	Filler	char[0]	Filler	Do not populate with any data. Required to be NULL.	All	100%	A0
DC	52	DC051	Filler	2/2017	Text	Filler	char[0]	Filler	Do not populate with any data. Required to be NULL.	All	100%	A0
DC	53	DC052	Filler	2/2017	Text	Filler	char[0]	Filler	Do not populate with any data. Required to be NULL.	All	100%	A0

File	Col	Elmt	Data Element Name	Date Modified	Type	Type Description	Format / Length	Description	Element Submission Guideline	Condition	%	Cat
DC	54	DC053	Filler	2/2017	Text	Filler	char[0]	Filler	Do not populate with any data. Required to be NULL.	All	100%	A0
DC	55	DC054	Filler	2/2017	Text	Filler	char[0]	Filler	Do not populate with any data. Required to be NULL.	All	100%	A0
DC	56	DC055	Filler	2/2017	Text	Filler	char[0]	Filler	Do not populate with any data. Required to be NULL.	All	100%	A0
DC	57	DC056	Carrier Specific Unique Member ID	11/8/12	Text	ID Link to ME107	varchar[50]	Member's Unique ID	Report the identifier the carrier / submitter uses internally to uniquely identify the member. Used to validate Unique Member ID and link back to Member Eligibility (ME107).	All	100%	A0
DC	58	DC057	Carrier Specific Unique Subscriber ID	11/8/12	Text	ID Link to ME117	varchar[50]	Subscriber's Unique ID	Report the identifier the carrier / submitter uses internally to uniquely identify the subscriber. Used to validate Unique Member ID and link back to Member Eligibility (ME117).	All	100%	A0
DC	59	DC058	Filler	2/2017	Text	Filler	char[0]	Filler	Do not populate with any data. Required to be NULL.	All	100%	A0
DC	60	DC059	Claim Line Type	11/8/12	Lookup Table - Text	tlkpClaimLineType	char[1]	Claim Line Activity Type Code	Report the code that defines the claim line status in terms of adjudication. **EXAMPLE:** O = Original	All	98%	A2

Code	***Description***
O	Original
V	Void
R	Replacement
B	Back Out

File	Col	Elmt	Data Element Name	Date Modified	Type	Type Description	Format / Length	Description	Element Submission Guideline	Condition	%	Cat
								A	Amendment			
DC	61	DC060	Former Claim Number	12/1/10	Text	ID Claim Number	varchar[35]	Previous Claim Number	Report the 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 "Former Claim Number" to version claims can **only** be used if approved by the MA APCD. Contact the MA APCD for conditions of use.	All	0%	B
DC	62	DC061	Diagnosis Code	11/8/12	External Code Source 8 - Text	External Codes Source 8 - International Classification of Diseases	varchar[7]	ICD Diagnosis Code	Report the ICD Diagnosis Code when applicable.	Required when DC032 is within the ranges of D7000-D7999 or D9220 or D9221	1%	B
DC	63	DC062	ICD Indicator	11/8/12	Lookup Table - Integer	tlkpICDIndicator	int[1]	International Classification of Diseases version	Report the value that defines whether the diagnoses on claim are ICD9 or ICD10. **EXAMPLE:** 9 = ICD9	Required when DC061 is populated	100%	B
								Value	***Description***			
								9	ICD-9			
								0	ICD-10			
DC	64	DC063	Denied Flag	11/8/12	Lookup Table - Integer	tlkpFlagIndicators	int[1]	Denied Claim Line Indicator	Report the value that defines the element. **EXAMPLE:** 1 = Yes, Claim Line was denied.	Required when DC031 = 04	100%	A0
								Value	***Description***			
								1	Yes			
								2	No			
								3	Unknown			
								4	Other			
								5	Not Applicable			

File	Col	Elmt	Data Element Name	Date Modified	Type	Type Description	Format / Length	Description	Element Submission Guideline	Condition	%	Cat
DC	65	DC064	Denial Reason	11/8/12	Carrier Defined Table - OR - External Code Source 16	External Code Source 16 - Reason Codes OR – Carrier Defined Table -	varchar[20]	Denial Reason Code	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.	Required when DC063 = 1	98%	A2
DC	66	DC065	Payment Arrangement Type	11/8/12	Lookup Table - Numeric	tlkpPaymentArrangementType	char[2]	Payment Arrangement Type Value	Report the value that defines the contracted payment methodology for this claim line. **EXAMPLE:** 02 = Fee for Service	All	98%	A0
								Value	***Description***			
								01	Capitation			
								02	Fee for Service			
								03	Percent of Charges			
								04	DRG			
								05	Pay for Performance			
								06	Global Payment			
								07	Other			
								08	Bundled Payment			
								09	Payment Amount Per Episode (PAPE) (MassHealth).	**(Valid for MassHealth ONLY)**		
DC	67	DC066	Filler	2/2017	Text	Filler	char[0]	Filler	Do not populate with any data. Required to be NULL.	All	100%	A0
DC	68	DC067	APCD ID Code	2/2019	Lookup Table - Integer	tlkpAPCDIdentifier	int[1]	Member Enrollment Type	Report the value that describes the member's / subscriber's enrollment into one of the predefined categories; aligns enrollment to appropriate editing and thresholds. **EXAMPLE:** 1 = FIG - Fully Insured Commercial Group Enrollee.	All	100%	A2
								Value	***Description***			
								1	FIG - Fully-Insured Commercial Group Enrollee			

File	Col	Elmt	Data Element Name	Date Modified	Type	Type Description	Format / Length	Description	Element Submission Guideline	Condition	%	Cat
								2	SIG - Self-Insured Group Enrollee			
								3	GIC - Group Insurance Commission Enrollee			
								4	MCO - MassHealth Managed Care Organization Enrollee			
								5	Supplemental Policy Enrollee			
								6	ICO - Integrated Care Organization or SCO – Senior Care Option			
								7	ACO – Accountable Care Organization Enrollee (MassHealth only – unless approved by CHIA)			
								0	Unknown / Not Applicable			
DC	69	DC068	Claim Line Paid Flag	10/30/14	Lookup Table - Integer	tlkpFlagIndicators	int[1]	Claim Line Paid Indicator	Report the value that defines the element. **EXAMPLE:** 1 = Yes, Claim Line was paid.	Required	100%	B
								Value	***Description***			
								1	Yes			
								2	No			
								3	Unknown			
								4	Other			
								5	Not Applicable			
DC	70	DC899	Record Type	11/8/12	Text	ID File	char[2]	File Type Identifier	Report **DC** here. This validates the type of file and the data contained within the file. This must match HD004.	All	100%	A0
TR-DC	1	TR001	Record Type	6/24/10	Text	ID Record	char[2]	Trailer Record Identifier	Report **TR** here. Indicates the end of the data file.	Mandatory	100%	TM

File	Col	Elmt	Data Element Name	Date Modified	Type	Type Description	Format / Length	Description	Element Submission Guideline	Condition	%	Cat
TR-DC	2	TR002	Submitter	11/8/12	Integer	ID Submitter	varchar[6]	Trailer Submitter / Carrier ID defined by CHIA	Report the Unique Submitter ID as defined by CHIA here. This must match the Submitter ID reported in HD002.	Mandatory	100%	TM
TR-DC	3	TR003	National Plan ID	11/8/12	Integer	ID Nat'l PlanID	int[10]	CMS National Plan Identification Number (PlanID)	Do not report any value here until National PlanID is fully implemented. This is a unique identifier as outlined by Centers for Medicare and Medicaid Services (CMS) for Plans or Sub plans.	Situational	0%	TS
TR-DC	4	TR004	Type of File	11/8/12	Text	ID File	char[2]	Validates the file type defined in HD004.	Report **DC** here. This must match the File Type reported in HD004.	Mandatory	100%	TM
TR-DC	5	TR005	Period Beginning Date	6/24/10	Date Period - Integer	Century Year Month - CCYYMM	int[6]	Trailer Period Start Date	Report the Year and Month of the reported submission period in CCYYMM format. This date period must match the date period reported in HD005 and HD006.	Mandatory	100%	TM
TR-DC	6	TR006	Period Ending Date	6/24/10	Date Period - Integer	Century Year Month - CCYYMM	int[6]	Trailer Period Ending Date	Report the Year and Month of the reporting submission period in CCYYMM format. This date period must match the date period reported in TR005 and HD005 and HD006.	Mandatory	100%	TM
TR-DC	7	TR007	Date Processed	6/24/10	Full Date - Integer	Century Year Month Day - CCYYMMDD	int[8]	Trailer Processed Date	Report the full date that the submission was compiled by the submitter in CCYYMMDD Format.	Mandatory	100%	TM

Appendix D – External Code Sources

2. States, Zip Codes and Other Areas of the US

U.S. Postal Service
https://www.usps.com/

DC015	DC016	DC028	DC029

3. National Provider Identifiers

National Plan & Provider Enumeration System
https://nppes.cms.hhs.gov/

DC020

5. Health Care Provider Taxonomy

Washington Publishing Company
http://www.wpc-edi.com/reference/

DC026

8. International Classification of Diseases 9 & 10

American Medical Association
http://www.ama-assn.org/

DC061

9. HCPCS, CPTs and Modifiers

American Medical Association
http://www.ama-assn.org/

DC033	DC034

10. Dental Procedure Codes and Identifiers

American Dental Association
http://www.ada.org/

DC032	DC047	DC048	DC049

13. Standard Professional Billing Elements

Centers for Medicare and Medicaid Services (Rev. 10/26/12)
http://www.cms.gov/Regulations-and-Guidance/Guidance/Manuals/downloads/clm104c26.pdf

DC030

16. Claim Adjustment Reason Codes

Washington Publishing Company
http://www.wpc-edi.com/reference/

DC064

The Commonwealth of Massachusetts
Center for Health Information and Analysis

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