

# Appendix IV

## Alaska 837 Dental Instructions

### Revision History

Date	Location	Revision
6/17/03	Entire guide (through Appendix IV)	Initial release
10/3/03	Entire guide (through Appendix V)	Added Appendix V: Alaska 835 Payment/Advice Instructions; no changes made to this appendix
12/29/03	Footers	Modified page numbers
06/19/07	Entire Guide	Added NPI Requirements
08/23/07	Billing and servicing provider REF01s	Added reference to the tax id number

## Alaska Trading Partner Companion Guide

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The following table identifies the information that will be contained in the mapping tables in the appendices for submitting EDI transactions to Alaska Medical Assistance. The columns used in all data tables are:

<b>I.G. Page</b>	Referenced Page in the HIPAA ANSI X12N Implementation Guide (including any approved addenda)	
<b>I.G. SegID</b>	Segment ID in the Implementation Guide.	
<b>I.G. RefDes</b>	Field ID in the Implementation Guide.	
<b>I.G. Use</b>	Usage in the Implementation Guide: R means Required, and S means Situational, as defined by the national standard in the Implementation Guide.	
<b>I.G. Element Name</b>	Name of the element as given in the Implementation Guide.	
<b>Alaska</b>	This field describes the use of the segment/field by Alaska Medical Assistance as discussed below:	
	*	There is a requirement specific to Alaska Medical Assistance. Instructions to complete this field have been provided which detail the specifications for Alaska Medical Assistance. The expected values are highlighted.
	X	This indicates segments and/or fields, that will be validated and stored but may not be used for the purpose of claims processing by Alaska Medical Assistance.
	IG	This indicates that the expected values are identical to those in the Implementation Guide.
<b>Usage Details and Expected Value</b>	This field describes the expected values. The values required by Alaska Medical Assistance are highlighted. An explanation of the field may be provided. If values are not highlighted, any value listed is acceptable. If there are five (5) or less values listed in the Implementation Guide, then all of the values are listed in the transaction table. If more than five (5) values are listed in the Implementation Guide, then <b>&lt;See IG List&gt;</b> will appear in this column.	
<b>Additional Instructions</b>	This column provides instructions for populating the field in question and may include specific instructions regarding Alaska Medical Assistance.	

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I.G. Page	I.G. SegID	I.G. RefDes	I.G. Use	I.G. Element Name	Alaska	Usage Details and Expected Values	Additional Instructions
<b>B.3</b>	<b>ISA</b>		<b>R</b>	<b>Interchange Control Header</b>			
		ISA01	R	Authorization Information Qualifier	*	<b>“00”</b> - No Authorization Information Present	Enter a ‘00’ here
		ISA02	R	Authorization Information	IG	10 blanks	
		ISA03	R	Security Information Qualifier	*	<b>“00”</b> - No Security Information Present	Enter a ‘00’ here
		ISA04	R	Security Information	IG	10 blanks	
		ISA05	R	Interchange ID Qualifier	*	<b>“ZZ”</b> - Mutually Defined	
		ISA06	R	Interchange Sender ID	IG	Identification code published by the sender for other parties to use as the receiver ID to route data to them; the sender always codes this value in the sender ID Element	
		ISA07	R	Interchange ID Qualifier	*	<b>“ZZ”</b> - Mutually Defined	
		ISA08	R	Interchange Receiver ID	*	<b>“AKMEDICAID FHSC”</b>	This is the ID of Alaska Medical Assistance. Enter ‘AKMEDICAID FHSC’ here
		ISA09	R	Interchange Date	IG	<b>“YYMMDD”</b> - Date of the Interchange	
		ISA10	R	Interchange Time	IG	<b>“HHMM”</b> - Time of the Interchange	
		ISA11	R	Interchange Control Standards Identifier	IG	<b>“U”</b> - U.S. EDI Community of ASC X12, TDCC and UCS	
		ISA12	R	Interchange Control Version Number	IG	<b>“00401”</b> - Draft Standards for Trial Use Approved for Publication by ASC X12 Procedures Review Board through October 1997	
		ISA13	R	Interchange Control Number	*	<b>Batch Number</b> (ISA13 must be identical to the associated Interchange Trailer IEA02)	
		ISA14	R	Acknowledgement Requested	*	<b>“0”</b> - No Acknowledgment Requested	Enter ‘0’ here
		ISA15	R	Usage indicator	IG	<b>“T”</b> - Test Data <b>“P”</b> - Production Data	When testing enter ‘T’ or When approved for production enter ‘P’

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I.G. Page	I.G. SegID	I.G. RefDes	I.G. Use	I.G. Element Name	Alaska	Usage Details and Expected Values	Additional Instructions
		ISA16	R	Component Element Separator	*	Component Element Separator The component element separator is a delimiter and not a data element; this field provides the delimiter used to separate component data elements within a composite data structure; this value must be different than the data element separator and the segment terminator.	
<b>B.8 &amp; 48A</b>	<b>GS</b>		<b>R</b>	<b>Functional Group Header</b>			
		GS01	R	Functional Identifier Code	IG	“HC” - Health Care Claim (837)	
		GS02	R	Application Sender’s Code	IG	Code identifying party sending transmission; codes agreed to by trading partners	
		GS03	R	Application Receiver’s Code	*	“AKMEDICAID FHSC”	This is the ID of Alaska Medical Assistance. Enter ‘AKMEDICAID FHSC’ here
		GS04	R	Date	IG	Functional Group Creation Date expressed as CCYYMMDD	
		GS05	R	Time	IG	Functional Group Creation Time	
		GS06	R	Group Control Number	IG	Sender’s Assigned Number (GS06 must be identical to the associated Functional Group Trailer GE02)	
		GS07	R	Responsible Agency Code	IG	“X” - Accredited Standards Committee X12	
		GS08	R	Version/Release/Industry Identifier Code	IG	“004010X097A1”	Enter ‘004010X097A1’ here
<b>53</b>	<b>ST</b>		<b>R</b>	<b>Transaction Set Header</b>			
		ST01	R	Transaction Set Identifier Code	IG	“837” - Health Care Claim	
		ST02	R	Transaction Set Control Number	IG	Variable - Unique within a specific functional group (GS-GE) and interchange (ISA-IEA) , but can repeat in other groups and interchanges. (The Transaction Set Control Numbers in ST02 and SE02 must be identical.)	
<b>54</b>	<b>BHT</b>		<b>R</b>	<b>Beginning of Hierarchical Trans</b>			
		BHT01	R	Hierarchical Structure Code	IG	“0019” - Information Source, Subscriber, Dependent	

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I.G. Page	I.G. SegID	I.G. RefDes	I.G. Use	I.G. Element Name	Alaska	Usage Details and Expected Values	Additional Instructions
		BHT02	R	Transaction Set Purpose Code	IG	“00” - Original “18” - Reissue	Enter value ‘00’ for an Original transaction or ‘18’ for a Reissue. The terms “original” and “reissue” refer to the electronic transmission status of the 837 batch, not the billing status. <i>“Original” - Original transmission are claims/encounters which have never been sent to the receiver. Generally, nearly all transmissions to a payer entity (as the ultimate destination of the transaction) are original.</i> <i>“Reissue” - In the case where a transmission was disrupted, the receiver can request that the batch be sent again. Use “Reissue” when resending transmission batches that have been previously sent.</i>
		BHT03	R	Reference Identification	IG	Originator Application Transaction Identifier	
		BHT04	R	Date	IG	Transaction Set Creation Date; Billing date	
		BHT05	R	Time	IG	Transaction Set Creation Time	Use the time to identify the time of day that the submitter created the file. Time expressed in 24-hour clock time as follows: HHMM, or HHMMSS, or HHMMSSD, or HHMMSSDD, where H = hours (00-23), M = minutes (00-59), S = integer seconds (00-59) and DD = decimal seconds; decimal seconds are expressed as follows: D = tenths (0-9) and DD = hundredths (00-99)
		BHT06	R	Transaction Type Code	*	Claim or Encounter Identifier “CH” - Chargeable	Enter ‘CH’ here.
<b>57</b>	<b>REF</b>		<b>R</b>	<b>Transmission Type Identification</b>			
		REF01	R	Reference Identification Qualifier	*	“087” - Functional Category	Enter ‘087’ here
		REF02	R	Reference Identification	*	“004010X097DA1” for Testing “004010X097A1” for Production	Enter value ‘004010X097DA1’ for Testing or ‘004010X097A1’ for Production

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I.G. Page	I.G. SegID	I.G. RefDes	I.G. Use	I.G. Element Name	Alaska	Usage Details and Expected Values	Additional Instructions
			<b>R</b>	<b>LOOP 1000A – SUBMITTER NAME</b>			
<b>59</b>	<b>NM1</b>		<b>R</b>	<b>Submitter Name</b>			
		NM101	R	Entity Identifier Code	IG	“41” - Submitter	
		NM102	R	Entity Type Qualifier	IG	“1” - Person “2” - Non-Person	Enter ‘1’ if submitter is a person, ‘2’ if non-person/organization
		NM103	R	Name Last or Organization Name	IG	Submitter Last or Organization Name	
		NM104	S	Name First	IG	Submitter First Name Required if NM102 = 1	
		NM105	S	Name Middle	IG	Submitter Middle Name Required if NM102 = 1 and is known	
		NM108	R	Identification Code Qualifier	IG	“46” - Electronic Submitter Identification Number (ETIN)	
		NM109	R	Identification Code	IG	Submitter Identifier	Enter your submitter ID here
<b>63</b>	<b>PER</b>		<b>R</b>	<b>Submitter Contact Information</b>			
		PER01	R	Contact Function Code	IG	“IC” - Information Contact	
		PER02	R	Name	IG	Submitter Contact Name	
		PER03	R	Communication Number Qualifier	IG	“ED” - Electronic Data Interchange Access Number “EM” - Electronic Mail “FX” - Facsimile “TE” - Telephone	
		PER04	S	Communication Number	IG	Complete communications number including country or area code when applicable	
		PER05	S	Communication Number Qualifier	IG	“ED” - Electronic Data Interchange Access Number “EM” - Electronic Mail “EX” - Telephone Extension “FX” - Facsimile “TE” - Telephone	
		PER06	S	Communication Number	IG	Complete communications number including country or area code when applicable	

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I.G. Page	I.G. SegID	I.G. RefDes	I.G. Use	I.G. Element Name	Alaska	Usage Details and Expected Values	Additional Instructions
		PER07	S	Communication Number Qualifier	IG	“ED” - Electronic Data Interchange Access Number “EM” - Electronic Mail “EX” - Telephone Extension “FX” - Facsimile “TE” - Telephone	
		PER08	S	Communication Number	IG	Complete communications number including country or area code when applicable	
			<b>R</b>	<b>LOOP 1000 B – RECEIVER NAME</b>			
<b>66</b>	<b>NM1</b>		<b>R</b>	<b>Receiver Name</b>			
		NM101	R	Entity Identifier Code	IG	“40” - Receiver	
		NM102	R	Entity Type Qualifier	IG	“2” - Non-Person Entity	
		NM103	R	Name Last or Organization Name	*	“AKMEDICAID FHSC”	Enter ‘AKMEDICAID FHSC’ identifying receiver as Alaska Medical Assistance
		NM108	R	Identification Code Qualifier	IG	“46” - Electronic Transmitter Identification Number (ETIN)	
		NM109	R	Identification Code	*	“AKMEDICAID FHSC”	Enter ‘AKMEDICAID FHSC’ identifying receiver as Alaska Medical Assistance.
			<b>R</b>	<b>LOOP 2000A – BILLING/PAY-TO PROVIDER HIERARCHICAL LEVEL</b>			
<b>69</b>	<b>HL</b>		<b>R</b>	<b>Billing/Pay-To Provider Hierarchical Level</b>			<b>Alaska Medical Assistance System doesn’t currently support the separate identification of both billing provider and pay-to provider information. These terms are interchangeable and synonymous. Complete only billing/pay-to provider information in Loop 2000A and 2010AA (not the pay-to information in Loop 2010AB)</b>
		HL01	R	Hierarchical ID Number	IG	A unique number assigned by the sender to identify a particular data segment in a hierarchical structure.	

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I.G. Page	I.G. SegID	I.G. RefDes	I.G. Use	I.G. Element Name	Alaska	Usage Details and Expected Values	Additional Instructions	
		HL03	R	Hierarchical Level Code	IG	“20” - Information Source		
		HL04	R	Hierarchical Child Code	IG	“1” - Additional Subordinate HL data segments in this Hierarchical Structure.		
<b>71</b>	<b>PRV</b>		<b>S</b>	<b>Billing/Pay-To Provider Specialty Information</b>				
		PRV01	R	Provider Code	*	“PT” – Pay-To Provider “BI” - Billing	Alaska Medical Assistance recommends the inclusion of the billing provider’s taxonomy code for claim adjudication.	
		PRV02	R	Reference Identification Qualifier	IG	“ZZ” – Taxonomy Identifier		
		PRV03	R	Reference Identification	IG	Billing Provider Taxonomy Code		
<b>73</b>	<b>CUR</b>		<b>S</b>	<b>Foreign Currency Information</b>				
		CUR01	R	Entity Identifier Code	IG	“85” - Billing Provider		
		CUR02	R	Currency Code	*	“USD”	Alaska Medical Assistance doesn’t accept electronic claims from out of country provider. If this segment is used, then only valid value is ‘USD’. Out of Country provider need to submit the paper claim.	
			<b>R</b>	<b>LOOP 2010AA – BILLING PROVIDER NAME</b>				
<b>76</b>	<b>NM1</b>		<b>R</b>	<b>Billing Provider Name</b>				
		NM101	R	Entity Identifier Code	IG	“85” - Billing Provider		
		NM102	R	Entity Type Qualifier	IG	“1” - Person “2” - Non-Person Entity		
		NM103	R	Name Last or Organization Name	IG	Billing Provider Last or Organization Name		
		NM104	S	Name First	IG	Billing Provider First Name Required if NM102 = 1		
		NM105	S	Name Middle	IG	Billing Provider Middle Name Required if NM102 = 1 and is known		
		NM107	S	Name Suffix	IG	Billing Provider Name Suffix Required if known		

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I.G. Page	I.G. SegID	I.G. RefDes	I.G. Use	I.G. Element Name	Alaska	Usage Details and Expected Values	Additional Instructions
		NM108	R	Identification Code Qualifier	IG	“24” - Employer’s Identification Number “34” - Social Security Number “XX” - National Provider Identifier	Enter “XX” for NPI.
		NM109	R	Identification Code	IG	Billing Provider Identifier NPI	Billing Provider Identifier NPI
<b>80</b>	<b>N3</b>		<b>R</b>	<b>Billing Provider Address</b>			
		N301	R	Address Information	IG	Billing Provider Address Line	
		N302	S	Address Information	IG	Billing Provider Address Line	
<b>81</b>	<b>N4</b>		<b>R</b>	<b>Billing Provider City/State/Zip Code</b>			
		N401	R	City Name	IG	Billing Provider City Name	
		N402	R	State or Province Code	IG	Billing Provider State or Province Code	
		N403	R	Postal Code	IG	Billing Provider ZIP Code	Enter 9-digit Zip Code.
		N404	S	Country Code	IG	Billing Provider Country Code Required when out of U.S.	
<b>83</b>	<b>REF</b>		<b>S</b>	<b>Billing Provider Secondary Identification Number</b>			
		REF01	R	Reference Identification Qualifier	*	‘EI’ or ‘SY’ – Provider’s Tax id number ‘ID’ – Medicaid Provider Number (Dual Use Only)	Alaska Medical Assistance will accept the TAX id number but not use it for processing. During Dual Use period the Medicaid provider number qualifier ‘ID’ should be provided in an additional occurrence of this segment
		REF02	R	Reference Identification	*	Billing Provider Additional Identifier. In the case of group practice or agency, the provider identifier of the group or agency is to be used. When reporting the Medicaid Number, it is the number assigned to the group or agency	Enter the Billing Provider’s Tax ID in one occurrence of this segment. During Dual Use, enter the billing provider’s Medicaid id in a second occurrence of the segment.
<b>85</b>	<b>REF</b>		<b>S</b>	<b>Claim Submitter Credit/Debit Card Information</b>			<b>The information carried under this segment must never be send to the payer. Do not send this information to Alaska Medical Assistance.</b>
			<b>S</b>	<b>LOOP 2010AB - PAY-TO PROVIDER’S NAME</b>			<b>For Alaska Medical Assistance Pay-To Provider is same as Billing Provider. Do not send this information to Alaska Medical Assistance. ( See note in Loop 2000A)</b>

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I.G. Page	I.G. SegID	I.G. RefDes	I.G. Use	I.G. Element Name	Alaska	Usage Details and Expected Values	Additional Instructions
87	NM1		S	Pay-To Provider's Name			
91	N3		R	Pay-To Provider's Address			
92	N4		R	Pay-To Provider City/State/Zip			
94	REF		S	Pay-To Provider Secondary Identification Number			
			R	<b>LOOP 2000B – SUBSCRIBER HIERARCHICAL LEVEL</b>			<b>For Alaska Medical Assistance each recipient is assigned a unique ID number; therefore, the patient is considered as subscriber for all HIPAA transactions. Complete LOOP 2000B related to Alaska Medical Assistance benefits only. Complete Loop 2320 and repeat as necessary to report all other available coverage.</b>
96	HL		R	<b>Subscriber Hierarchical Level</b>			
		HL01	R	Hierarchical ID Number	IG	A unique number assigned by the sender to identify a particular data segment in a hierarchical structure.	
		HL02	R	Hierarchical Parent ID Number	IG	Identification number of the next higher hierarchical data segment that the data segment being described is subordinate to	
		HL03	R	Hierarchical Level Code	IG	“22” - Subscriber	
		HL04	R	Hierarchical Child Code	*	“0” - No Subordinate HL Segment in this Hierarchical Structure.	Enter ‘0’ here (For Alaska Medical Assistance the patient is always the subscriber).
99	SBR		R	<b>Subscriber Information</b>			
		SBR01	R	Payer Responsibility Sequence Number Code	*	“T” - Tertiary/Payer of last resort	Enter ‘T’ here (Alaska Medical Assistance is the payer of last resort)
		SBR02	S	Individual Relationship Code	*	“18” - Self	Enter ‘18’ here

Refer to <http://alaska.fhsc.com> for current version  
Appendix IV—Alaska 837 Dental Instructions

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I.G. Page	I.G. SegID	I.G. RefDes	I.G. Use	I.G. Element Name	Alaska	Usage Details and Expected Values	Additional Instructions
		SBR03	S	Reference Identification	IG	Insured Group or Policy Number	
		SBR04	S	Name	IG	Insured Group Name	
		SBR06	R	Coordination of Benefits Code	IG	“1” - Coordination of Benefits “6” - No Coordination of Benefits	
		SBR09	R	Claim Filing Indicator Code	*	“MC” - Medicaid	Enter ‘MC’ for all Alaska Medical Assistance Claims
			<b>R</b>	<b>LOOP 2010BA – SUBSCRIBER NAME</b>			
<b>103</b>	<b>NM1</b>		<b>R</b>	<b>Subscriber Name</b>			
		NM101	R	Entity Identifier Code	IG	“IL” - Insured or Subscriber	Enter ‘IL’ for Insured or Subscriber
		NM102	R	Entity Type Qualifier	*	“1” - Person	As the Subscriber is always a person, enter ‘1’ here.
		NM103	R	Name Last or Organization Name	*	Subscriber Last Name	Enter the recipient’s last name here.
		NM104	S	Name First	*	Subscriber First Name	Enter the recipient’s first name here.
		NM105	S	Name Middle	*	Subscribers Middle Name or Initial	Enter the recipient’s Middle name here.
		NM107	S	Name Suffix	IG	Subscribers Name Suffix Required if known	
		NM108	S	Identification Code Qualifier	*	“MI” - Member Identification Number	Enter ‘MI’ here as the identification code is assigned by the payer.
		NM109	S	Identification Code	*	Subscriber Primary Identifier.	Enter the recipient’s Medical Assistance Program ID number here as it appears on the eligibility coupon/label/card.
<b>108</b>	<b>N3</b>		<b>S</b>	<b>Subscriber Address</b>			<b>Required as Alaska Medical Assistance considers the patient as the subscriber.</b>
		N301	R	Address Information	*	Subscriber Address Line	Enter the recipient address here.
		N302	S	Address Information	IG	Subscriber Address Line	
<b>109</b>	<b>N4</b>		<b>S</b>	<b>Subscriber City/State/Zip Code</b>			<b>Required as Alaska Medical Assistance considers the patient as the subscriber.</b>
		N401	R	City Name	*	Subscriber’s City Name	Enter the recipient’s city name
		N402	R	State or Province Code	*	Subscriber’s State	Enter the recipient’s state.
		N403	R	Postal Code	*	Subscriber’s Zip Code	Enter the recipient’s zip code
		N404	S	Country Code	IG	Subscriber’s Country Code	

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I.G. Page	I.G. SegID	I.G. RefDes	I.G. Use	I.G. Element Name	Alaska	Usage Details and Expected Values	Additional Instructions
111	DMG		S	<b>Subscriber Demographic Information</b>			<b>Required as Alaska Medical Assistance considers the patient as the subscriber.</b>
		DMG01	R	Date Time Period Format Qualifier	IG	“D8” - Date Expressed in Format CCYYMMDD	
		DMG02	R	Date Time Period	*	Subscriber Birth Date	Enter the recipient’s date of birth in CCYYMMDD format here.
		DMG03	R	Gender Code	*	Subscriber Gender Code “F” - Female “M” - Male “U” - Unknown	Enter the recipient’s gender here.
113	REF		S	<b>Subscriber Secondary Identification</b>			
		REF01	R	Reference Identification Qualifier	X	“1W” - Member Identification Number “23” - Client Number “IG” - Insurance Policy Number “SY” - Social Security Number	
		REF02	R	Reference Identification	X	Subscriber Supplemental Identifier	
115	REF		S	<b>Property and Casualty Claim Number</b>			
		REF01	R	Reference Identification Qualifier	IG	“Y4” - Agency Claim Number	
		REF02	R	Reference Identification	IG	Property Casualty Claim Number	
			R	<b>LOOP 2010BB – PAYER NAME</b>			
117	NM1		R	<b>Payer Name</b>			
		NM101	R	Entity Identifier Code	IG	“PR” - Payer	Enter ‘PR’ here for the identifier code.
		NM102	R	Entity Type Qualifier	IG	“2” - Non-Person	Enter ‘2’ here as Alaska Medical Assistance is an organization.
		NM103	R	Name Last or Organization Name	*	“AKMEDICAID FHSC”	Enter ‘AKMEDICAID FHSC’ identifying payer as Alaska Medical Assistance.
		NM108	R	Identification Code Qualifier	*	“PI” - Payor Identification	Enter ‘PI’ here.
		NM109	R	Identification Code	*	“AKMEDICAID FHSC”	Enter ‘AKMEDICAID FHSC’ identifying payer as Alaska Medical Assistance

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I.G. Page	I.G. SegID	I.G. RefDes	I.G. Use	I.G. Element Name	Alaska	Usage Details and Expected Values	Additional Instructions
121	N3		S	<b>Payer Address</b>			<b>Refer to provider billing manual for Post Office Box address based on claim type or provider type.</b>
		N301	R	Address Information	X	Payer Address Line	
		N302	S	Address Information	X	Payer Address Line	
122	N4		S	<b>Payer City/State/Zip Code</b>			
		N401	R	City Name	X	Payer City Name	
		N402	R	State or Province Code	X	Payer State Code	
		N403	R	Postal Code	X	Payer Postal Zone or ZIP code	
		N404	R	Country Code	X	Payer Country Code	
124	REF		S	<b>Payer Secondary Identification Number</b>			
		REF01	R	Reference Identification Qualifier	X	“2U” - Payer Identification Number “FY” - Claim Office Number “NF” - National Association of Insurance Commissioners (NAIC) Code “TJ” - Federal Taxpayer’s Identification Number	
		REF02	R	Reference Identification	X	Payer Additional Identifier	
			S	<b>LOOP 2010BC - CREDIT/DEBIT CARD HOLDER NAME</b>			
126	NM1		S	<b>Credit/Debit Card Holder Name</b>			<b>The information carried under this segment must never be send to the payer. Do not send this information to Alaska Medical Assistance.</b>
130	REF		S	<b>Credit/Debit Card Information</b>			<b>The information carried under this segment must never be send to the payer. Do not send this information to Alaska Medical Assistance.</b>
			S	<b>LOOP 2000C - PATIENT HIERARCHICAL LEVEL</b>			<b>Since Alaska Medical Assistance requires that all patients be identified in subscriber loop (2000B), this loop is not applicable to Alaska Medical Assistance</b>
132	HL		S	<b>Hierarchical Level</b>			
134	PAT		R	<b>Patient Information</b>			

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I.G. Page	I.G. SegID	I.G. RefDes	I.G. Use	I.G. Element Name	Alaska	Usage Details and Expected Values	Additional Instructions
			R	<b>LOOP 2010CA – PATIENT NAME</b>			Since Alaska Medical Assistance requires that all patients be identified in subscriber loop (2000BA), this loop is not applicable to Alaska Medical Assistance
136	NM1		R	Patient Name			
140	N3		R	Patient Address			
141	N4		R	Patient City/State/Zip Code			
143	DMG		R	Patient Demographic Information			
145	REF		S	Patient Secondary Identification			
147	REF		S	Property and Casualty Claim Number			
			R	<b>LOOP 2300 - CLAIM INFORMATION</b>			
149 & 14A	CLM		R	<b>Claim Information</b>			
		CLM01	R	Claim Submitter's Identifier	IG	Patient Account Number	Enter patient account number here and it will be reported on Remittance Advice statement as follows: <ul style="list-style-type: none"> <li>Up to a maximum of 11 alphanumeric characters will be referenced on <b>paper</b> Remittance Advice.</li> <li>Up to a maximum of 20 alphanumeric characters will be referenced on <b>electronic</b> 835 Remittance Advice.</li> </ul>
		CLM02	R	Monetary Amount	IG	Total Claim Charge	
		CLM05	R	Health Care Service Location Information	IG		
		CLM05-1	R	Facility Code Value	IG	Facility Type Code (Refer Code Source 237 : Place of Service)	

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I.G. Page	I.G. SegID	I.G. RefDes	I.G. Use	I.G. Element Name	Alaska	Usage Details and Expected Values	Additional Instructions
		CLM05-3	R	Claim Frequency Type Code	*	Claim Submission Reason Code (Refer Code Source 235 : Claim Frequency Type Code)	Enter '1' here if the claim submitted is Original. Enter '7' here if the claim submitted is an adjustment to a previous paid claim. Enter '8' here if the claim paid previously is to be voided.
		CLM06	R	Yes/No Condition or Response Code	IG	Provider or Supplier Signature Indicator "Y" - Yes "N" - No	Refer to CG Narrative language
		CLM07	S	Provider Accept Assignment Code	X	"A" - Assigned "C" - Not Assigned "P" - Patient Refuses to Assign Benefits	
		CLM08	R	Yes/No Condition or Response Code	X	Benefits Assignment Certification Indicator. "Y"/"N"	
		CLM09	R	Release of Information Code	IG	"N" - No, Provider is Not Allowed to Release Data. "Y" - Yes, Provider has a Signed Statement Permitting Release of Medical Billing Data Related to Claim.	
		CLM11	S	Related Causes Information			
		CLM11-1	R	Related Causes Code	IG	Related Causes Code. "AA" - Auto Accident "EM" - Employment "OA" - Other Accident	If dental services are the result of an accident enter appropriate related cause code here.
		CLM11-2	S	Related Causes Code	IG	Additional Related Causes Code. "AA" - Auto Accident "EM" - Employment "OA" - Other Accident	
		CLM11-3	S	Related Causes Code	IG	Additional Related Causes Code. "AA" - Auto Accident "EM" - Employment "OA" - Other Accident	
		CLM11-4	S	State or Province Code	IG	Auto Accident State of Province Code	
		CLM11-5	S	Country Code	IG	Code identifying the country	
		CLM12	S	Special Program Code	IG	Special Program Indicator	

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I.G. Page	I.G. SegID	I.G. RefDes	I.G. Use	I.G. Element Name	Alaska	Usage Details and Expected Values	Additional Instructions
						“01” - Early & Periodic Screening, Diagnosis, and Treatment (EPSDT) or Child Health Assessment Program (CHAP) “02” - Physically Handicapped Children’s Program “03” - Special Federal Funding “05” - Disability	
		CLM19	S	Claim Submission Reason Code	X	“PB” - Predetermination of Dental Benefits	Alaska Medical Assistance does not support predetermination of dental benefits.
		CLM20	S	Delay Reason Code	<b>IG</b>	<See IG List>	
<b>157</b>	<b>DTP</b>		<b>S</b>	<b>Date - Admission</b>			
		DTP01	R	Date/Time Qualifier	X	“435” - Admission	
		DTP02	R	Date Time Period Format Qualifier	X	“D8” - Date Expressed in Format CYYMMDD	
		DTP03	R	Date Time Period	X	Hospital Admission Date	
<b>158</b>	<b>DTP</b>		<b>S</b>	<b>Date - Discharge</b>			
		DTP01	R	Date/Time Qualifier	X	“096” - Discharge	
		DTP02	R	Date Time Period Format Qualifier	X	“D8” - Date Expressed in Format CYYMMDD	
		DTP03	R	Date Time Period	X	Hospital Discharge Date	
<b>160</b>	<b>DTP</b>		<b>S</b>	<b>Date - Referral</b>			
		DTP01	R	Date Time Qualifier	IG	“330” - Referral Date	
		DTP02	R	Date Time Period Format Qualifier	IG	“D8” - Date Expressed in Format CYYMMDD	
		DTP03	R	Date Time Period	IG	Referral Date	
<b>161</b>	<b>DTP</b>		<b>S</b>	<b>Date - Accident</b>			
		DTP01	R	Date Time Qualifier	IG	“439” - Accident	
		DTP02	R	Date Time Period Format Qualifier	IG	“D8” - Date Expressed in Format CYYMMDD	
		DTP03	R	Date Time Period	IG	Accident Date	
<b>162</b>	<b>DTP</b>		<b>S</b>	<b>Date - Appliance Placement</b>			
		DTP01	R	Date Time Qualifier	IG	“452” - Appliance Placement	
		DTP02	R	Date Time Period Format Qualifier	IG	“D8” - Date Expressed in Format CYYMMDD	
		DTP03	R	Date Time Period	IG	Orthodontic Banding Date	

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<b>164</b>	<b>DTP</b>		<b>S</b>	<b>Date - Service</b>			
		DTP01	R	Date Time Qualifier	IG	“472” - Service	
		DTP02	R	Date Time Period Format Qualifier	IG	“D8” - Date Expressed in Format CCYYMMDD “RD8” - Range of Dates Expressed in Format CCYYMMDD-CCYYMMDD	
		DTP03	R	Date Time Period	IG	Service Date	
<b>166</b>	<b>DN1</b>		<b>S</b>	<b>Orthodontic Total Months of Treatment</b>			
		DN101	S	Quantity	IG	Orthodontic Treatment Months Count	
		DN102	S	Quantity	IG	Orthodontic Treatment Months Remaining Count	
		DN103	S	Yes/No Condition or Response Code	IG	Question Response “Y” - Yes	
<b>168</b>	<b>DN2</b>		<b>S</b>	<b>Tooth Status</b>			
		DN201	R	Reference Identification	IG	Tooth Number	
		DN202	R	Tooth Status Code	IG	“E” - To Be Extracted “I” - Impacted “M” - Missing	
<b>170</b>	<b>PWK</b>		<b>S</b>	<b>Claim Supplemental Information</b>			<b>Required when the provider will be faxing paper documentation. Currently, Alaska Medical Assistance will only accept claim supplemental information by fax.</b>
		PWK01	R	Report Type Code	IG	Attachment Report Type Code <See IG List>	Enter the appropriate attachment report type code here. <i>Do not send the Radiology films as attachment</i>
		PWK02	R	Report Transmission Code	*	“FX” - Fax	Enter ‘FX’ here. <i>Fax the attachments the same day that claims are transmitted.</i>
		PWK05	S	Identification Code Qualifier	*	“AC” - Attachment Control Number	Required if any attachment is sent by Fax.
		PWK06	S	Identification Code	*	Attachment Control Number	Generate unique attachment number and put it on the Fax sent to support this claim. This attachment number may be used by Alaska Medical Assistance to match attachment to claim.
<b>173</b>	<b>AMT</b>		<b>S</b>	<b>Patient Amount Paid</b>			

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I.G. Page	I.G. SegID	I.G. RefDes	I.G. Use	I.G. Element Name	Alaska	Usage Details and Expected Values	Additional Instructions
		AMT01	R	Amount Qualifier Code	*	“F5” - Patient Amount Paid	
		AMT02	R	Monetary Amount	*	Patient Amount Paid	Enter Patient Paid amount when : <ul style="list-style-type: none"> <li>• Patient paid any amount prior to their Medicaid eligibility determination.</li> </ul>
174	AMT		S	<b>Credit/Debit Card - Maximum Amount</b>			<b>The information carried under this segment must never be send to the payer. Do not send this information to Alaska Medical Assistance.</b>
175	REF		S	<b>Predetermination Identification</b>			<b>Alaska Medical Assistance does not support pre-determination of dental benefits.</b>
177	REF		S	<b>Service Authorization Exception Code</b>			<b>Not Required by Alaska State Law at this time.</b>
		REF01	R	Reference Identification Qualifier	X	“4N” - Special Payment Reference Number	
		REF02	R	Reference Identification	X	Service Authorization Exception Code <See IG List>	
179	REF		S	<b>Original Reference Number (ICN/DCN)</b>			<b>Required when CLM05-3=‘7’ or ‘8’.</b>
		REF01	R	Reference Identification Qualifier	IG	“F8” - Original Reference Number	
		REF02	R	Reference Identification	IG	Claim Original Reference Number	Report the Claim Control Number (CCN) assigned by Alaska Medical Assistance to identify the original claim.
181 & 16A	REF		S	<b>Prior Authorization or Referral Number</b>			<b>Required if services on this claim require Prior Authorization.</b>
		REF01	R	Reference Identification Qualifier	*	“G1” - Prior Authorization Number	Enter ‘G1’ here.
		REF02	R	Reference Identification	*	Prior Authorization Number	Enter the Prior Authorization number here.
183	REF		S	<b>Claim Identification Number for Clearinghouses and Other Transmission Intermediaries</b>			
		REF01	R	Reference Identification Qualifier	X	“D9” - Claim Number	

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I.G. Page	I.G. SegID	I.G. RefDes	I.G. Use	I.G. Element Name	Alaska	Usage Details and Expected Values	Additional Instructions	
		REF02	R	Reference Identification	X	Value Added Network Trace Number	If this number is sent it will be returned on 835 Remittance Advice. It will not be returned on any other transaction.	
<b>185</b>	<b>NTE</b>		<b>S</b>	<b>Claim Note</b>				
		NTE01	R	Note reference code	X	“ADD” - Additional Information		
		NTE02	R	Description	X	Claim Note Text		
			<b>S</b>	<b>LOOP 2310A - REFERRING PROVIDER NAME</b>				
<b>187</b>	<b>NM1</b>		<b>S</b>	<b>Referring Provider Name</b>				
		NM101	R	Entity Identifier Code	X	“DN” - Referring Provider “P3” - Primary Care Provider	Enter “P3” for primary care lock-in clients, when referral from primary care provider has been obtained. Enter “DN” to identify referring provider as applicable.	
		NM102	R	Entity type Qualifier	X	“1” - Person “2” - Non-Person		
		NM103	R	Name Last or Organization Name	X	Referring Provider Last Name		
		NM104	S	Name First	X	Referring Provider First Name Required if NM102 = 1		
		NM105	S	Name Middle	X	Referring Provider Middle Name Required if NM102 = 1 and is known		
		NM107	S	Name Suffix	X	Referring Provider Name Suffix Required if known		
		NM108	S	Identification Code Qualifier	X	“24” - Employer’s Identification Number “34” - Social Security Number “XX” - National Provider Identifier	Enter “XX” for NPI.	
		NM109	S	Identification Code	X	Referring Provider Identifier.	Enter NPI.	
<b>190 &amp; 18A</b>	<b>PRV</b>		<b>S</b>	<b>Referring Provider Specialty Information</b>			<b>Alaska Medical Assistance recommends inclusion of the referring provider’s taxonomy code for claim adjudication.</b>	
		PRV01	R	Provider Code	X	“RF” - Referring		
		PRV02	R	Reference Identification Qualifier	X	“ZZ” - Mutually Defined		
		PRV03	R	Reference Identification	X	Provider Taxonomy Code		

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I.G. Page	I.G. SegID	I.G. RefDes	I.G. Use	I.G. Element Name	Alaska	Usage Details and Expected Values	Additional Instructions
193	REF		S	<b>Referring Provider Secondary Identification</b>			
		REF01	R	Reference Identification Qualifier	X	“1D” - Medicaid Provider Number (Dual Use Only)	Alaska Medical Assistance will accept only Medicaid provider number; enter ‘1D’ here (Dual Use Only)
		REF02	R	Reference Identification	X	Referring Provider Secondary Identifier (Dual Use Only)	Enter Referring Provider’s Medicaid Provider ID Number here, if known (Dual Use Only).
			S	<b>LOOP 2310B - RENDERING PROVIDER NAME</b>			
195	NM1		S	<b>Rendering Provider Name</b>			
		NM101	R	Entity Identifier Code	IG	“82” - Rendering Provider	
		NM102	R	Entity type Qualifier	IG	“1” - Person “2” - Non-Person	
		NM103	R	Name Last or Organization Name	IG	Rendering Provider Last or Organization Name	
		NM104	S	Name First	IG	Rendering Provider First Name Required if NM102 = 1	
		NM105	S	Name Middle	IG	Rendering Provider Middle Name Required if NM102 = 1 and is known	
		NM107	S	Name Suffix	IG	Rendering Provider Name Suffix Required if known	
		NM108	R	Identification Code Qualifier	IG	“24” - Employer’s Identification Number “34” - Social Security Number “XX” - National Provider Identifier	Use “XX” for NPI.
		NM109	R	Identification Code	IG	Rendering Provider Identifier NPI Required if known.	Enter NPI.
198 & 19A	PRV		S	<b>Rendering Provider Specialty Information</b>			<b>Alaska Medical Assistance recommends inclusion of the rendering provider's taxonomy code for claim adjudication.</b>
		PRV01	R	Provider Code	IG	“PE” - Performing	
		PRV02	R	Reference Identification Qualifier	IG	“ZZ” – Taxonomy Identifier	
		PRV03	R	Reference Identification	IG	Provider Taxonomy Code	

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201	REF		S	Rendering Provider Secondary Identification			
		REF01	R	Reference Identification Qualifier	*	'EI' or 'SY' – Provider's Tax id number 'ID' – Medicaid Provider Number (Dual Use Only)	Alaska Medical Assistance will accept the TAX id number but not use it for processing. During Dual Use period the Medicaid provider number qualifier 'ID' should be provided in an additional occurrence of this segment
		REF02	R	Reference Identification	*	Rendering Provider Additional Identifier. In the case of group practice or agency, the provider identifier of the group or agency is to be used. When reporting the Medicaid Number, it is the number assigned to the group or agency	Enter the rendering Provider's Tax ID in one occurrence of this segment. During Dual Use, enter the billing provider's Medicaid id in a second occurrence of the segment.
<b>S LOOP 2310C - SERVICE FACILITY LOCATION</b>							
203	NM1		S	Service Facility Location			
		NM101	R	Entity Identifier Code	IG	"FA" - Facility	
		NM102	R	Entity type Qualifier	IG	"2" - Non-Person	
		NM103	R	Name Last or Organization Name	IG	Laboratory or Facility Name	
		NM108	R	Identification Code Qualifier	IG	"24" - Employer's Identification Number "34" - Social Security Number "XX" - National Provider Identifier	Enter "XX" for NPI.
		NM109	R	Identification Code	IG	Laboratory or Facility Primary Identifier	Enter NPI.
207	REF		S	Service Facility Location Secondary Identification			
		REF01	R	Reference Identification Qualifier	*	"ID" - Medicaid Provider Number (Dual Use Only).	Alaska Medical Assistance will accept only Medicaid provider number; enter 'ID' here (Dual Use Only).
		REF02	R	Reference Identification	*	Laboratory or Facility Secondary Identifier (Dual Use Only).	Enter Laboratory or Facility's Medicaid Provider ID Number here, if known (Dual Use Only).
<b>S LOOP 2310D - ASSISTANT SURGEON NAME</b>							
20A	NM1		S	Assistant Surgeon Name			
		NM101	R	Entity Identifier Code	X	"DD" - Assistant Surgeon	
		NM102	R	Entity Type Qualifier	X	"1" - Person "2" - Non-Person Entity	
		NM103	R	Name Last or Organization Name	X	Assistant Surgeon Last or Organization Name	

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		NM104	S	Name First	X	Assistant Surgeon First Name Required if NM102 = 1	
		NM105	S	Name Middle	X	Assistant Surgeon Middle Name Required if NM102 = 1 and is known	
		NM107	S	Name Suffix	X	Assistant Surgeon Name Suffix Required if known	
		NM108	R	Identification Code Qualifier	X	“24” - Employer’s Identification Number “34” - Social Security Number “XX” - National Provider Identifier	Enter “XX” for NPI.
		NM109	R	Identification Code	X	Assistant Surgeon Identifier	Enter NPI.
<b>23A</b>	<b>PRV</b>		<b>S</b>	<b>Assistant Surgeon Specialty Information</b>			
		PRV01	R	Provider Code	X	“AS” - Assistant Surgeon	
		PRV02	R	Reference Identification Qualifier	X	“ZZ” - Mutually Defined	
		PRV03	R	Reference Identification	X	Provider Taxonomy Code	
<b>25A</b>	<b>REF</b>		<b>S</b>	<b>Assistant Surgeon Secondary Identification</b>			
		REF01	R	Reference Identification Qualifier	X	“1D” - Medicaid Provider Number (Dual Use Only).	Alaska Medical Assistance will accept only Medicaid provider number; enter ‘1D’ here (Dual Use Only).
		REF02	R	Reference Identification	X	Assistant Surgeon Secondary Identifier (Dual Use Only).	Enter Assistant Surgeon’s Medicaid Provider ID Number here, if known (Dual Use Only)..
			<b>S</b>	<b>LOOP 2320 - OTHER SUBSCRIBER INFORMATION</b>			
<b>209</b>	<b>SBR</b>		<b>S</b>	<b>Other Subscriber Information</b>			
		SBR01	R	Payer Responsibility Sequence Number Code	IG	“P” - Primary “S” - Secondary “T” - Tertiary	
		SBR02	R	Individual Relationship Code	IG	Patient’s relationship to the person insured <See IG List>	
		SBR03	S	Reference Identification	IG	Insured Group or Policy Number	
		SBR04	S	Name	IG	Policy Name	
		SBR09	S	Claim Filing Indicator Code	IG	<See IG List>	
<b>213</b>	<b>CAS</b>		<b>S</b>	<b>Claim Adjustment</b>			

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		CAS01	R	Claim Adjustment Group Code	IG	“CO” - Contractual Obligation “CR” - Correction and Reversal “OA” - Other Adjustment “PI” - Payer Initiated Reductions “PR” - Patient Responsibility	
		CAS02	R	Claim Adjustment Reason Code	IG	Adjustment Reason Code (Refer Code Source139 : Claim Adjustment Reason Code)	
		CAS03	R	Monetary Amount	IG	Adjustment Amount	
		CAS04	S	Quantity	IG	Adjustment Quantity	
		CAS05	S	Claim Adjustment Reason Code	IG	Adjustment Reason Code (Refer Code Source139 : Claim Adjustment Reason Code)	
		CAS06	S	Monetary Amount	IG	Adjustment Amount	
		CAS07	S	Quantity	IG	Adjustment Quantity	
		CAS08	S	Claim Adjustment Reason Code	IG	Adjustment Reason Code (Refer Code Source139 : Claim Adjustment Reason Code)	
		CAS09	S	Monetary Amount	IG	Adjustment Amount	
		CAS10	S	Quantity	IG	Adjustment Quantity	
		CAS11	S	Claim Adjustment Reason Code	IG	Adjustment Reason Code (Refer Code Source139 : Claim Adjustment Reason Code)	
		CAS12	S	Monetary Amount	IG	Adjustment Amount	
		CAS13	S	Quantity	IG	Adjustment Quantity	
		CAS14	S	Claim Adjustment Reason Code	IG	Adjustment Reason Code (Refer Code Source139 : Claim Adjustment Reason Code)	
		CAS15	S	Monetary Amount	IG	Adjustment Amount	
		CAS16	S	Quantity	IG	Adjustment Quantity	
		CAS17	S	Claim Adjustment Reason Code	IG	Adjustment Reason Code (Refer Code Source139 : Claim Adjustment Reason Code)	
		CAS18	S	Monetary Amount	IG	Adjustment Amount	
		CAS19	S	Quantity	IG	Adjustment Quantity	
220	AMT		S	<b>Coordination of Benefits (COB) Payer Paid Amount</b>			

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		AMT01	R	Amount Qualifier Code	IG	“D” - Payer Amount Paid	
		AMT02	R	Monetary Amount	IG	Payer Paid Amount	Enter the amount paid by an another dental plan here.
221	AMT		S	<b>Coordination of Benefits (COB) Approved Amount</b>			
		AMT01	R	Amount Qualifier Code	IG	“AAE” - Approved Amount	
		AMT02	R	Monetary Amount	IG	Approved Amount	
222	AMT		S	<b>Coordination of Benefits (COB) Allowed Amount</b>			
		AMT01	R	Amount Qualifier Code	IG	“B6” - Allowed-Actual	
		AMT02	R	Monetary Amount	IG	Allowed Amount	
223	AMT		S	<b>Coordination of Benefits (COB) Patient Responsibility Amount</b>			
		AMT01	R	Amount Qualifier Code	IG	“F2” - Patient Responsibility - Actual	
		AMT02	R	Monetary Amount	IG	Other Payer Patient Responsibility Amount	
224	AMT		S	<b>Coordination of Benefits (COB) Covered Amount</b>			
		AMT01	R	Amount Qualifier Code	IG	“AU” - Coverage Amount	
		AMT02	R	Monetary Amount	IG	Other Payer Covered Amount	
225	AMT		S	<b>Coordination of Benefits (COB) Discount Amount</b>			
		AMT01	R	Amount Qualifier Code	IG	“D8” - Discount Amount	
		AMT02	R	Monetary Amount	IG	Other Payer Discount Amount	
226	AMT		S	<b>Coordination of Benefits (COB) Patient Paid Amount</b>			
		AMT01	R	Amount Qualifier Code	IG	“F5” - Patient Paid Amount	
		AMT02	R	Monetary Amount	IG	Other Payer Patient Paid Amount	
227	DMG		S	<b>Other Insured Demographic Information</b>			
		DMG01	R	Date Time Period Format Qualifier	IG	“D8” - Date Expressed in Format CCYYMMDD	
		DMG02	R	Date Time Period	IG	Other Insured Birth Date	

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		DMG03	R	Gender Code	IG	Other Insured Gender Code “F” - Female “M” - Male “U” - Unknown		
<b>229</b>	<b>OI</b>		<b>R</b>	<b>Other Insurance Coverage Information</b>				
		OI03	R	Yes/No Condition or Response Code	IG	Benefits Assignment Certification Indicator “N” - No “Y” - Yes		
		OI06	R	Release of Information Code	*	“N” - No, Provider is Not Allowed to Release data “Y” - Yes, Provider has a Signed Statement Permitting Release of Medical Billing Data.		
			<b>R</b>	<b>LOOP 2330A - OTHER SUBSCRIBER NAME</b>				
<b>231</b>	<b>NM1</b>		<b>R</b>	<b>Other Subscriber Name</b>				
		NM101	R	Entity Identifier Code	IG	“IL” - Insured or Subscriber		
		NM102	R	Entity Type Qualifier	IG	“1” - Person “2” - Non-Person Entity		
		NM103	R	Name Last or Organization Name	IG	Other Insured Last Name		
		NM104	R	Name First	IG	Other Insured First Name		
		NM105	S	Name Middle	IG	Other Insured Middle Name Required if NM102 = 1 and is known		
		NM107	S	Name Suffix	IG	Other Insured Name Suffix Required if known		
		NM108	R	Identification Code Qualifier	IG	“24” - Employer’s ID Number “MI” - Member Identification Number “ZZ” - Mutually Defined		
		NM109	R	Identification Code	IG	Other Insured Identifier		
<b>235</b>	<b>N3</b>		<b>S</b>	<b>Other Subscriber Address</b>				
		N301	R	Address Information	IG	Other Insured Address Line		
		N302	S	Address Information	IG	Other Insured Address Line		
<b>236</b>	<b>N4</b>		<b>S</b>	<b>Other Subscriber City/State/Zip Code</b>				
		N401	S	City Name	IG	Other Insured City Name		
		N402	S	State or Province Code	IG	Other Insured State Code		

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		N403	S	Postal Code	IG	Other Insured Postal Zone or ZIP Code		
		N404	S	Country Code	IG	Other Insured Country Code		
<b>238</b>	<b>REF</b>		<b>S</b>	<b>Other Subscriber Secondary Identification</b>				
		REF01	R	Reference Identification Qualifier	IG	“1W” - Member Identification Number “23” - Client Number “IG” - Insurance Policy Number “SY” - Social Security Number		
		REF02	R	Reference Identification	IG	Other Insured Additional Identifier		
			<b>R</b>	<b>LOOP 2330B - OTHER PAYER NAME</b>				
<b>240</b>	<b>NM1</b>		<b>R</b>	<b>Other Payer Name</b>				
		NM101	R	Entity Identifier Code	IG	“PR” - Payer		
		NM102	R	Entity Type Qualifier	IG	“2” - Non-Person Entity		
		NM103	R	Name Last or Organization Name	IG	Other Payer Organization Name		
		NM108	R	Identification Code Qualifier	IG	“PI” - Payer Identification “XV” - Health Care Administration National PlanID		
		NM109	R	Identification Code	IG	Other Payer Primary Identifier		
<b>243</b>	<b>PER</b>		<b>S</b>	<b>Other Payer Contact Information</b>				
		PER01	R	Contact Function Code	IG	“IC” - Information Contact		
		PER02	R	Name	IG	Other Payer Contact Name		
		PER03	R	Communication Number Qualifier	IG	“ED” - Electronic Data Interchange Access Number “EM” - Electronic Mail “FX” - Facsimile “TE” - Telephone		
		PER04	R	Communication Number	IG	Complete communications number including country or area code when applicable		
		PER05	S	Communication Number Qualifier	IG	“ED” - Electronic Data Interchange Access Number “EM” - Electronic Mail “EX” - Telephone Extension “FX” - Facsimile “TE” - Telephone		
		PER06	S	Communication Number	IG	Complete communications number including country or area code when applicable		

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		PER07	S	Communication Number Qualifier	IG	“ED” - Electronic Data Interchange Access Number “EM” - Electronic Mail “EX” - Telephone Extension “FX” - Facsimile “TE” - Telephone		
		PER08	S	Communication Number	IG	Complete communications number including country or area code when applicable		
<b>246</b>	<b>DTP</b>		<b>S</b>	<b>Claim Paid Date</b>				
		DTP01	R	Date/Time Qualifier	IG	“573” - Date Claim Paid		
		DTP02	R	Date Time Period Format Qualifier	IG	“D8” - Date Expressed in Format CCYYMMDD		
		DTP03	R	Date Time Period	IG	Date Claim Paid		
<b>247</b>	<b>REF</b>		<b>S</b>	<b>Other Payer Secondary Identifier</b>				
		REF01	R	Reference Identification Qualifier	IG	“2U” - Payer Identification Number “F8” - Original Reference Number “FY” - Claim Office Number “NF” - National Association of Insurance Commissioners (NAIC) Code “TJ” - Federal Taxpayer’s Identification Number		
		REF02	R	Reference Identification	IG	Other Payers Secondary Identifier		
<b>249 &amp; 28A</b>	<b>REF</b>		<b>S</b>	<b>Other Payer Prior Authorization or Referral Number</b>				
		REF01	R	Reference Identification Qualifier	IG	“9F” - Referral number “G1” - Prior Authorization Number		
		REF02	R	Reference Identification	IG	Other Payer Prior Authorization or Referral Number		
<b>251</b>	<b>REF</b>		<b>S</b>	<b>Other Payer Claim Adjustment Indicator</b>				
		REF01	R	Reference Identification Qualifier	IG	“T4” - Signal Code		
		REF02	R	Reference Identification	IG	Other Payer Claim Adjustment Indicator		
			<b>S</b>	<b>LOOP 2330C - OTHER PAYER PATIENT INFORMATION</b>				
<b>253 &amp; 29A</b>	<b>NM1</b>		<b>S</b>	<b>Other Payer Patient Information</b>				

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		NM101	R	Entity Identifier Code	IG	“QC” - Patient	
		NM102	R	Entity Type Qualifier	IG	“1” - Person	
		NM108	R	Identification Code Qualifier	IG	“MI” - Member Identification Number	
		NM109	R	Identification Code	IG	Other Payer Patient Primary Identifier	
<b>255</b>	<b>REF</b>		<b>S</b>	<b>Other Payer Patient Identification</b>			
		REF01	R	Reference Identification Qualifier	IG	“1W” - Member Identification Number “23” - Client Number “IG” - Insurance Policy Number “SY” - Social Security Number	
		REF02	R	Reference Identification	IG	Other Payer Patient Secondary Identifier	
			<b>S</b>	<b>LOOP 2330D - OTHER PAYER REFERRING PROVIDER</b>			
<b>257</b>	<b>NM1</b>		<b>S</b>	<b>Other Payer Referring Provider</b>			
		NM101	R	Entity Identifier Code	X	“DN” - Referring Provider “P3” - Primary Care Provider	
		NM102	R	Entity Type Qualifier	X	“1” - Person “2” - Non-Person Entity	
<b>259</b>	<b>REF</b>		<b>S</b>	<b>Other Payer Referring Provider Identification</b>			
		REF01	R	Reference Identification Qualifier	*	“1D” - Medicaid Provider Number (Dual Use Only).	Alaska Medical Assistance will accept only Medicaid provider number; enter ‘1D’ here (Dual Use Only).
		REF02	R	Reference Identification	*	Other Payer Referring Provider Identifier (Dual Use Only).	Enter Other Payer Referring Provider’s Medicaid Provider ID Number here, if known (Dual Use Only).
			<b>S</b>	<b>LOOP 2330E - OTHER PAYER RENDERING PROVIDER</b>			
<b>261</b>	<b>NM1</b>		<b>S</b>	<b>Other Payer Rendering Provider</b>			
		NM101	R	Entity Identifier Code	X	“82” - Rendering Provider	
		NM102	R	Entity Type Qualifier	X	“1” - Person “2” - Non-Person Entity	
<b>263</b>	<b>REF</b>		<b>S</b>	<b>Other Payer Rendering Provider Identification</b>			
		REF01	R	Reference Identification Qualifier	*	“1D” - Medicaid Provider Number (Dual Use Only).	Alaska Medical Assistance will accept only Medicaid provider number; enter ‘1D’ here (Dual Use Only).

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		REF02	R	Reference Identification	*	Other Payer Rendering Provider Identifier (Dual Use Only).	Enter Other Payer Rendering Provider's Medicaid Provider ID Number here, if known (Dual Use Only).
			<b>R</b>	<b>LOOP 2400 - LINE COUNTER</b>			
<b>265</b>	<b>LX</b>		<b>R</b>	<b>Line Counter</b>			
		LX01	R	Assigned Number	IG	The service line Counter is incremented by 1 for each service line	
<b>266 &amp; 30A</b>	<b>SV3</b>		<b>R</b>	<b>Dental Service</b>			
		SV301	R	Composite Medical Procedure Identifier			
		SV301-1	R	Product/Service ID Qualifier	IG	“AD” - American Dental Association Codes	
		SV301-2	R	Product/Service ID	IG	Procedure Code (Refer Code Source 135: ADA Codes)	Enter the Procedure code for this service line here
		SV301-3	S	Procedure Modifier	*	Procedure Code Modifier 1	<b>A modifier must be from code source 135 (American Dental Association) found in the ‘Code on Dental Procedures and Nomenclature’, if such modifier is available.</b>
		SV301-4	S	Procedure Modifier	*	Procedure Code Modifier 2	Same as above
		SV301-5	S	Procedure Modifier	*	Procedure Code Modifier 3	Same as above
		SV301-6	S	Procedure Modifier	*	Procedure Code Modifier 4	Same as above
		SV302	R	Monetary Amount	IG	Line Item Charge Amount	Enter the billed charges for this line item of the claim here.
		SV303	S	Facility Code Value	IG	Facility Type Code (Refer Code Source 237 : Place of Service )	
		SV304	S	Oral Cavity Designation	X		
		SV304-1	R	Oral Cavity Designation Code	X	<See IG List>	
		SV304-2	S	Oral Cavity Designation Code	X	Same as above	
		SV304-3	S	Oral Cavity Designation Code	X	Same as above	
		SV304-4	S	Oral Cavity Designation Code	X	Same as above	
		SV304-5	S	Oral Cavity Designation Code	X	Same as above	

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		SV305	S	Prosthesis, Crown, or Inlay Code	X	“I” - Initial Placement “R” - Replacement	
		SV306	R	Quantity	X	Procedure Count	
<b>271</b>	<b>TOO</b>		<b>S</b>	<b>Tooth Information</b>			
		TOO01	R	Code List Qualifier Code	IG	“JP” - National Standard Tooth Numbering System	
		TOO02	S	Industry Code	IG	Tooth Code	
		TOO03	S	Tooth Surface			
		TOO03-1	R	Tooth Surface Code	IG	Code identifying the area of the tooth that was treated <See IG List>	
		TOO03-2	S	Tooth Surface Code	IG	Same as above	
		TOO03-3	S	Tooth Surface Code	IG	Same as above	
		TOO03-4	S	Tooth Surface Code	IG	Same as above	
		TOO03-5	S	Tooth Surface Code	IG	Same as above	
<b>273</b>	<b>DTP</b>		<b>S</b>	<b>Date - Service</b>			
		DTP01	R	Date Time Qualifier	IG	“472” - Service	
		DTP02	R	Date Time Period Format Qualifier	IG	“D8” - Date Expressed in Format CCYYMMDD	
		DTP03	R	Date Time Period	IG	Service Date	
<b>275</b>	<b>DTP</b>		<b>S</b>	<b>Date - Prior Placement</b>			
		DTP01	R	Date/Time Qualifier	X	“441” - Prior Placement	
		DTP02	R	Date time period format qualifier	X	“D8” - Date Expressed in Format CCYYMMDD	
		DTP03	R	Date Time Period	X	Prior Placement Date	
<b>277</b>	<b>DTP</b>		<b>S</b>	<b>Date - Appliance Placement</b>			
		DTP01	R	Date/Time Qualifier	X	“452” - Appliance Placement	
		DTP02	R	Date time period format qualifier	X	“D8” - Date Expressed in Format CCYYMMDD	
		DTP03	R	Date Time Period	X	Orthodontic Banding Date	
<b>279</b>	<b>DTP</b>		<b>S</b>	<b>Date - Replacement</b>			
		DTP01	R	Date Time Qualifier	X	“446” - Replacement	
		DTP02	R	Date Time Period Format Qualifier	X	“D8” - Date Expressed in Format CCYYMMDD	
		DTP03	R	Date Time Period	X	Replacement Date	
<b>281</b>	<b>QTY</b>		<b>S</b>	<b>Anesthesia Quantity</b>			
		QTY01	R	Quantity Qualifier	X	<See IG List>	

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		QTY02	R	Quantity	X	Anesthesia Unit Count	
<b>283</b>	<b>REF</b>		<b>S</b>	<b>Service Predetermination Identification</b>			
		REF01	R	Reference Identification Qualifier	X	“G3” - Predetermination of Benefits Identification Number	
		REF02	R	Reference Identification	X	Predetermination of Benefits Identifier	
<b>284 &amp; 33A</b>	<b>REF</b>		<b>S</b>	<b>Prior Authorization or Referral Number</b>			
		REF01	R	Reference Identification Qualifier	*	“G1” - Prior Authorization Number	Enter ‘G1’ here
		REF02	R	Reference Identification	*	Prior Authorization Number	Enter the Prior Authorization number here for this service line
<b>285</b>	<b>REF</b>		<b>S</b>	<b>Line Item Control Number</b>			
		REF01	R	Reference Identification Qualifier	IG	“6R” - Provider Control Number	
		REF02	R	Reference Identification	IG	Line Item Control Number	
<b>287</b>	<b>AMT</b>		<b>S</b>	<b>Approved Amount</b>			
		AMT01	R	Amount Qualifier Code	IG	“AAE” - Approved Amount	
		AMT02	R	Monetary Amount	IG	Approved Amount	
<b>34A</b>	<b>AMT</b>		<b>S</b>	<b>Sales Tax Amount</b>			
		AMT01	R	Amount Qualifier Code	IG	“T” - Tax	
		AMT02	R	Monetary Amount	*	Sales Tax Amount	Specify Sales Tax amount here. Don’t add Sales tax to line item charges. Alaska Medical Assistance doesn’t cover taxes.
<b>288</b>	<b>NTE</b>		<b>S</b>	<b>Line Note</b>			
		NTE01	R	Note Reference Code	IG	“ADD” - Additional Information	
		NTE02	R	Description	IG	Line Note Text	
			<b>S</b>	<b>LOOP 2420A - RENDERING PROVIDER NAME</b>			
<b>289</b>	<b>NM1</b>		<b>S</b>	<b>Rendering Provider Name</b>			
		NM101	R	Entity Identifier Code	IG	“82” - Rendering Provider	
		NM102	R	Entity type Qualifier	IG	“1” - Person “2” - Non-Person Entity	
		NM103	R	Name Last or Organization Name	IG	Rendering Provider Last or Organization Name	

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		NM104	S	Name First	IG	Rendering Provider First Name Required if NM102 = 1		
		NM105	S	Name Middle	IG	Rendering Provider Middle Name Required if NM102 = 1 and is known		
		NM107	S	Name Suffix	IG	Rendering Provider Name Suffix Required if known		
		NM108	S	Identification Code Qualifier	IG	“24” - Employer’s Identification Number “34” - Social Security Number “XX” - National Provider Identifier	Enter “XX” for NPI.	
		NM109	S	Identification Code	IG	Rendering Provider Identifier	Enter NPI.	
<b>292 &amp; 35A</b>	<b>PRV</b>		<b>S</b>	<b>Rendering Provider Specialty Information</b>			<b>Alaska Medical Assistance recommends inclusion of the rendering provider's taxonomy code for claim adjudication.</b>	
		PRV01	R	Provider Code	IG	“PE” - Performing		
		PRV02	R	Reference Identification Qualifier	IG	“ZZ” - Mutually Defined		
		PRV03	R	Reference Identification	IG	Provider Taxonomy Code		
<b>295</b>	<b>REF</b>		<b>S</b>	<b>Rendering Provider Secondary Identification</b>				
		REF01	R	Reference Identification Qualifier	*	“ID” - Medicaid Provider Number (Dual Use Only).	Alaska Medical Assistance will accept only Medicaid provider number; enter ‘1D’ here (Dual Use Only).	
		REF02	R	Reference Identification	*	Rendering Provider Secondary Identifier (Dual Use Only).	Enter Rendering Provider’s Medicaid Provider ID Number her (Dual Use Only).	
			<b>S</b>	<b>LOOP 2420B - OTHER PAYER PRIOR AUTHORIZATION OR REFERRAL NUMBER</b>				
<b>297 &amp; 36A</b>	<b>NM1</b>		<b>S</b>	<b>Other Payer Prior Authorization or Referral Number</b>				
		NM101	R	Entity Identifier Code	IG	“PR” - Payer		
		NM102	R	Entity type Qualifier	IG	“2” - Non-Person Entity		
		NM103	R	Name Last or Organization Name	IG	Other Payer Last or Organization Name		
		NM108	R	Identification Code Qualifier	IG	“PI” - Payer Identification “XV” - Health Care Financing Administration PlanID		
		NM109	R	Identification Code	IG	Other Payer Referral Number		

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300 & 36A	REF		S	Other Payer Prior Authorization or Referral Number			
		REF01	R	Reference Identification Qualifier	IG	“9F” - Referral Number “G1” - Prior Authorization Number	
		REF02	R	Reference Identification	IG	Other Payer Prior Authorization or Referral Number	
			<b>S</b>	<b>LOOP 2420C - ASSISTANT SURGEON NAME</b>			
38A	NM1		S	Assistant Surgeon Name			
		NM101	R	Entity Identifier Code	IG	“DD” - Assistant Surgeon	
		NM102	R	Entity Type Qualifier	IG	“1” - Person “2” - Non-Person Entity	
		NM103	R	Name Last or Organization Name	IG	Assistant Last or Organization Name	
		NM104	S	Name First	IG	Assistant Surgeon First Name Required if NM102 = 1	
		NM105	S	Name Middle	IG	Assistant Surgeon Middle Name Required if NM102 = 1 and is known	
		NM107	S	Name Suffix	IG	Assistant Surgeon Name Suffix Required if known	
		NM108	R	Identification Code Qualifier	IG	“24” - Employer’s Identification Number “34” - Social Security Number “XX” - National Provider Identifier	Enter “XX” for NPI.
		NM109	R	Identification Code	IG	Assistant Surgeon Identifier	Enter NPI.
40A	PRV		S	Assistant Surgeon Specialty Information			<b>Alaska Medical Assistance recommends inclusion of the rendering provider's taxonomy code for claim adjudication.</b>
		PRV01	R	Provider Code	IG	“AS” - Assistant Surgeon	
		PRV02	R	Reference Identification Qualifier	IG	“ZZ” - Mutually Defined	
		PRV03	R	Reference Identification	IG	Provider Taxonomy Code	
42A	REF		S	Assistant Surgeon Secondary Identification			
		REF01	R	Reference Identification Qualifier	*	“1D” - Medicaid Provider Number (Dual Use Only).	Alaska Medical Assistance will accept only Medicaid provider number; enter ‘1D’ here (Dual Use Only).
		REF02	R	Reference Identification	*	Assistant Surgeon Secondary Identifier (Dual Use Only).	Enter Assistant Surgeon’s Medicaid Provider ID Number here, if known (Dual Use Only).

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S LOOP 2430 - LINE ADJUDICATION INFORMATION						
301	SVD	S Line Adjudication Information				
		SVD01	R	Identification Code	IG	Other Payer Primary Identifier
		SVD02	R	Monetary Amount	IG	Service Line Paid Amount
		SVD03	R	Composite Medical Procedure Identifier	IG	
		SVD03-1	R	Product/Service ID Qualifier	IG	“AD” - American Dental Association Code “ZZ” - Mutually Defined
		SVD03-2	R	Product/Service ID	IG	Procedure Code
		SVD03-3	S	Procedure Modifier	IG	Procedure Code Modifier 1
		SVD03-4	S	Procedure Modifier	IG	Procedure Code Modifier 2
		SVD03-5	S	Procedure Modifier	IG	Procedure Code Modifier 3
		SVD03-6	S	Procedure Modifier	IG	Procedure Code Modifier 4
		SVD03-7	S	Description	IG	Procedure Code Description.
		SVD05	R	Quantity	IG	Paid Service Unit Count
		SVD06	S	Assigned Number	IG	Bundled or Unbundled Line Number
305 CAS S Service Adjustment						
		CAS01	R	Claim Adjustment Group Code	IG	“CO” - Contractual Obligation “CR” - Correction and Reversal “OA” - Other Adjustment “PI” - Payer Initiated Reductions “PR” - Patient Responsibility
		CAS02	R	Claim Adjustment Reason Code	IG	Adjustment Reason Code (Refer Code Source139 : Claim Adjustment Reason Code)
		CAS03	R	Monetary Amount	IG	Adjustment Amount
		CAS04	S	Quantity	IG	Adjustment Quantity
		CAS05	S	Claim Adjustment Reason Code	IG	Adjustment Reason Code (Refer Code Source139 : Claim Adjustment Reason Code)
		CAS06	S	Monetary Amount	IG	Adjustment Amount
		CAS07	S	Quantity	IG	Adjustment Quantity
		CAS08	S	Claim Adjustment Reason Code	IG	Adjustment Reason Code (Refer Code Source139 : Claim Adjustment Reason Code)
		CAS09	S	Monetary Amount	IG	Adjustment Amount
		CAS10	S	Quantity	IG	Adjustment Quantity

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		CAS11	S	Claim Adjustment Reason Code	IG	Adjustment Reason Code (Refer Code Source139 : Claim Adjustment Reason Code)	
		CAS12	S	Monetary Amount	IG	Adjustment Amount	
		CAS13	S	Quantity	IG	Adjustment Quantity	
		CAS14	S	Claim Adjustment Reason Code	IG	Adjustment Reason Code (Refer Code Source139 : Claim Adjustment Reason Code)	
		CAS15	S	Monetary Amount	IG	Adjustment Amount	
		CAS16	S	Quantity	IG	Adjustment Quantity	
		CAS17	S	Claim Adjustment Reason Code	IG	Adjustment Reason Code (Refer Code Source139 : Claim Adjustment Reason Code)	
		CAS18	S	Monetary Amount	IG	Adjustment Amount	
		CAS19	S	Quantity	IG	Adjustment Quantity	
<b>312</b>	<b>DTP</b>		<b>R</b>	<b>Line Adjudication Date</b>			
		DTP01	R	Date/Time Qualifier	X	“573” - Date Claim Paid	
		DTP02	R	Date Time Period Format Qualifier	X	“D8” - Date Expressed in Format CCYYMMDD	
		DTP03	R	Date Time Period	X	Adjudication or Payment Date	
<b>313</b>	<b>SE</b>		<b>R</b>	<b>Transaction Set Trailer</b>			
		SE01	R	Number of Included Segments	IG	Number of Segments in Transaction Set	
		SE02	R	Transaction Set Control Number	IG	Transaction Set Control Number (Transaction Set Control Number in ST02 and SE02 must be identical)	
<b>B.10</b>	<b>GE</b>		<b>R</b>	<b>Functional Group Trailer</b>			
		GE01	R	Number of Transactions set included	IG	Number of Transaction Sets Included	
		GE02	R	Group Control Number	IG	<b>Sender’s Assigned Number</b> (GE02 must be identical to the associated Functional Group Header GS06)	
<b>B.7</b>	<b>IEA</b>		<b>R</b>	<b>Interchange Control Trailer</b>			

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		IEA01	R	Number of Included Functional Groups	IG	Number of Functional Groups Included	
		IEA02	R	Interchange Control Number	*	<b>Batch Number</b> (IEA13 must be identical to the associated Interchange Header ISA02)	