AHCCCS 837 DENTAL CODE VALUES MAPPING

Final DRAFT Includes Addenda Changes

#	Code or Value Set (Element Name)	Loop-Segment/Element	HIPAA Values & Descriptions	AHCCCS Values & Descriptions	Mapping Decision
1	Transaction Set Header/Transaction Set Identifier Code	Transaction Set Header - ST01	837 – Health Care Claim	No Current Equivalent	837 – Health Care Claim
2	Beginning of Hierarchical Transaction/Hierarchical Structure Code	Transaction Set Header - BHT01	0019 – Information Source, Subscriber, Dependent	No Current Equivalent	0019 – Information Source, Subscriber, Dependent
3	Beginning of Hierarchical Transaction/Transaction Set Purpose Code	Transaction Set Header – BHT02	00 – Original 18 – Reissue	No Current Equivalent	00 – Original 18 – Reissue
4	Beginning of Hierarchical Transaction/Claim or Encounter Identifier	Transaction Set Header - BHT06	CH – Chargeable RP – Reporting	No Current Equivalent	CH – Chargeable RP – Reporting
5	Transmission Type Identification/Reference Identification Qualifier	Transaction Set Header - REF01	87 – Functional Category	No Current Equivalent	87 – Functional Category
6	Submitter Name/Entity Identifier Code	1000A - NM101	41 - Submitter	No Current Equivalent	41 - Submitter
7	Submitter Name/Entity Type Qualifier	1000A - NM102	1 - Person 2 - Non-Person Entity	No Current Equivalent	1 - Person 2 - Non-Person Entity
8	Submitter Name/Identification Code Qualifier	1000A - NM108	46 - Electronic Transmitter Identification Number (ETIN)	No Current Equivalent	46 - Electronic Transmitter Identification Number (ETIN)
9	Submitter Contact Information/Contact Function Code	1000A - PER01	IC - Information Contact	No Current Equivalent	IC - Information Contact
10	Submitter Contact Information/Communication Number Qualifier	1000A - PER03	ED - Electronic Data Interchange Access Number EM - Electronic Mail FX - Facsimile TE - Telephone	No Current Equivalent	ED - Electronic Data Interchange Access Number EM - Electronic Mail FX - Facsimile TE - Telephone
11	Submitter Contact Information/Communication Number Qualifier	1000A - PER05	ED - Electronic Data Interchange Access Number EM - Electronic Mail EX - Telephone Extension FX - Facsimile TE - Telephone	No Current Equivalent	ED - Electronic Data Interchange Access Number EM - Electronic Mail EX - Telephone Extension FX - Facsimile TE - Telephone
12	Submitter Contact Information/Communication Number Qualifier	1000A - PER07	ED - Electronic Data Interchange Access Number EM - Electronic Mail EX - Telephone Extension FX - Facsimile TE - Telephone	No Current Equivalent	ED - Electronic Data Interchange Access Number EM - Electronic Mail EX - Telephone Extension FX - Facsimile TE - Telephone
13	Receiver Name/Entity Identifier Code	1000B - NM101	40 - Receiver	No Current Equivalent	40 - Receiver
14	Receiver Name/Entity Type Qualifier	1000B - NM102	2 - Non-Person Entity	No Current Equivalent	2 - Non-Person Entity
15	Receiver Name/Identification Code Qualifier	1000B - NM108	46 - Electronic Transmitter Identification Number (ETIN)	No Current Equivalent	46 - Electronic Transmitter Identification Number (ETIN)
16	Billing/Pay-to Provider Hierarchical Level/Hierarchical Level Code	2000A - HL03	20 - Information Source	No Current Equivalent	20 - Information Source
17	Billing/Pay-to Provider Hierarchical Level/Hierarchical Child Code	2000A - HL04	1 - Additional Subordinate HL Data Segment in This Hierarchical Structure	No Current Equivalent	1 - Additional Subordinate HL Data Segment in This Hierarchical Structure

Bolded Codes and Values are from Addenda version 0040X097A1 -–October 2001

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#	Code or Value Set (Element Name)	Loop-Segment/Element	HIPAA Values & Descriptions	AHCCCS Values & Descriptions	Mapping Decision
	Level/Hierarchical Child Code		Segment in This Hierarchical Structure.		Segment in This Hierarchical Structure.
18	Billing/Pay-to Provider Specialty Information/Provider Code	2000A - PRV01	BI - Billing PT - Pay-To	No Current Equivalent	BI - Billing PT - Pay-To
19	Billing/Pay-to Provider Specialty Information/Reference Identification Qualifier	2000A - PRV02	ZZ - Mutually Defined	No Current Equivalent	ZZ - Mutually Defined
20	Foreign Currency Information/Entity Identifier Code	2000A - CUR01	85 - Billing Provider	No Current Equivalent	85 - Billing Provider
21	Billing Provider Name/Entity Identifier Code	2010AA - NM101	85 - Billing Provider	No Current Equivalent	85 - Billing Provider
22	Billing Provider Name/Entity Type Qualifier	2010AA - NM102	1 - Person 2 - Non-Person Entity	No Current Equivalent	1 - Person 2 - Non-Person Entity
23	Billing Provider Name/Identification Code Qualifier	2010AA - NM108	24 - Employer's Identification Number 34 - Social Security Number XX - Health Care Financing Administration National Provider Identifier. Required value if the National Provider ID is mandated for use. Otherwise, one of the other listed codes may be used.	No Current Equivalent	24 - Employer's Identification Number 34 - Social Security Number XX - Health Care Financing Administration National Provider Identifier. Required value if the National Provider ID is mandated for use. Otherwise, one of the other listed codes may be used.
24	Billing Provider Secondary Identification Number/Reference Identification Qualifier	2010AA - REF01	0B - State License Number 1A - Blue Cross Provider Number 1B - Blue Shield Provider Number 1C - Medicare Provider Number 1D - Medicaid Provider Number 1E - Dentist License Number 1H - CHAMPUS Identification Number EI - Employer's Identification Number G2 - Provider Commercial Number G5 - Provider Site Number LU - Location Number SY - Social Security Number TJ - Federal Taxpayer's Identification Number	No Current Equivalent	0B - State License Number 1A - Blue Cross Provider Number 1B - Blue Shield Provider Number 1C - Medicare Provider Number 1D - Medicaid Provider Number 1E - Dentist License Number 1H - CHAMPUS Identification Number EI - Employer's Identification Number G2 - Provider Commercial Number G5 - Provider Site Number LU - Location Number SY - Social Security Number TJ - Federal Taxpayer's Identification Number
25	Claim Submitter Credit/Debit Card Information/Reference Identification Qualifier	2010AA - REF01	06 - System Number 8U - Bank Assigned Security Identifier EM - Electronic Payment Reference Number IJ - Standard Industry Classification (SIC) Code LU - Location Number RB - Rate code number ST - Store Number TT - Terminal Code	No Current Equivalent	06 - System Number 8U - Bank Assigned Security Identifier EM - Electronic Payment Reference Number IJ - Standard Industry Classification (SIC) Code LU - Location Number RB - Rate code number ST - Store Number TT - Terminal Code
26	Pay-to Provider's Name/Entity Identifier Code	2010AB - NM101	87 - Pay-to Provider	No Current Equivalent	87 - Pay-to Provider

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AHCCCS 837 DENTAL CODE VALUES MAPPING

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#	Code or Value Set (Element Name)	Loop-Segment/Element	HIPAA Values & Descriptions	AHCCCS Values & Descriptions	Mapping Decision
27	Pay-to Provider's Name/Entity Type Qualifier	2010AB - NM102	1 - Person 2 - Non-Person Entity	No Current Equivalent	1 - Person 2 - Non-Person Entity
28	Pay-to Provider's Name/Identification Code Qualifier	2010AB - NM108	24 - Employer's Identification Number 34 - Social Security Number XX - Health Care Financing Administration National Provider Identifier. Required value if the National Provider ID is mandated for use. Otherwise, one of the other listed codes may be used.	No Current Equivalent	24 - Employer's Identification Number 34 - Social Security Number XX - Health Care Financing Administration National Provider Identifier. Required value if the National Provider ID is mandated for use. Otherwise, one of the other listed codes may be used.
29	Pay-to Provider Secondary Identification Number/Reference Identification Qualifier	2010AB - REF01	0B - State License Number 1A - Blue Cross Provider Number 1B - Blue Shield Provider Number 1C - Medicare Provider Number 1D - Medicaid Provider Number 1E - Dentist License Number 1H - CHAMPUS Identification Number EI - Employer's Identification Number G2 - Provider Commercial Number G5 - Provider Site Number LU - Location Number SY - Social Security Number TJ - Federal Taxpayer's Identification Number	No Current Equivalent	0B - State License Number 1A - Blue Cross Provider Number 1B - Blue Shield Provider Number 1C - Medicare Provider Number 1D - Medicaid Provider Number 1E - Dentist License Number 1H - CHAMPUS Identification Number EI - Employer's Identification Number G2 - Provider Commercial Number G5 - Provider Site Number LU - Location Number SY - Social Security Number TJ - Federal Taxpayer's Identification Number
30	Subscriber Hierarchical Level/Hierarchical Level Code	2000B - HL03	22 - Subscriber	No Current Equivalent	22 - Subscriber
31	Subscriber Hierarchical Level/Hierarchical Child Code	2000B - HL04	0 - No Subordinate HL Segment in This Hierarchical Structure. 1 - Additional Subordinate HL Data Segment in This Hierarchical Structure.	No Current Equivalent	0 - No Subordinate HL Segment in This Hierarchical Structure. 1 - Additional Subordinate HL Data Segment in This Hierarchical Structure.
32	Subscriber Information/Payer Responsibility Sequence Number Code	2000B - SBR01	P - Primary S - Secondary T - Tertiary	No Current Equivalent	P - Primary S - Secondary T - Tertiary
33	Subscriber Information/Individual Relationship Code	2000B - SBR02	18 - Self	No Current Equivalent	18 - Self
34	Subscriber Information/Coordination of Benefits Code	2000B - SBR06	1 - Coordination of Benefits 6 - No Coordination of Benefits	No Current Equivalent	1 - Coordination of Benefits 6 - No Coordination of Benefits

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AHCCCS 837 DENTAL CODE VALUES MAPPING

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#	Code or Value Set (Element Name)	Loop-Segment/Element	HIPAA Values & Descriptions	AHCCCS Values & Descriptions	Mapping Decision
35	Subscriber Information/Claim Filing Indicator Code	2000B - SBR09	09 - Self-pay 11 - Other Non-Federal Programs 12 - Preferred Provider Organization (PPO) 13 - Point of Service (POS) 14 - Exclusive Provider Organization (EPO) 15 - Indemnity Insurance 16 - Health Maintenance Organization (HMO) Medicare Risk 17 - Dental Maintenance Organization BL - Blue Cross/Blue Shield CH - Champus CI - Commercial Insurance Co. DS - Disability FI - Federal Employees Program HM - Health Maintenance Organization LM - Liability Medical MB - Medicare Part B MC - Medicaid MH - Managed Care Non-HMO OF - Other Federal Program SA - Self-administered Group	No Current Equivalent	09 - Self-pay 11 - Other Non-Federal Programs 12 - Preferred Provider Organization (PPO) 13 - Point of Service (POS) 14 - Exclusive Provider Organization (EPO) 15 - Indemnity Insurance 16 - Health Maintenance Organization (HMO) Medicare Risk 17 - Dental Maintenance Organization BL - Blue Cross/Blue Shield CH - Champus CI - Commercial Insurance Co. DS - Disability FI - Federal Employees Program HM - Health Maintenance Organization LM - Liability Medical MB - Medicare Part B MC - Medicaid MH - Managed Care Non-HMO OF - Other Federal Program
36	Subscriber Information/Claim Filing Indicator Code	2000B - SBR09	Continue SBR09 code values: VA - Veteran Administration Plan WC - Workers' Compensation Health Claim ZZ - Mutually Defined	No Current Equivalent	Continue SBR09 code values: SA - Self-administered Group VA - Veteran Administration Plan WC - Workers' Compensation Health Claim ZZ - Mutually Defined
37	Subscriber Name/Entity Identifier Code	2010BA - NM101	IL - Insured or Subscriber	No Current Equivalent	IL - Insured or Subscriber
38	Subscriber Name/Entity Type Qualifier	2010BA - NM102	1 - Person 2 - Non-Person Entity	No Current Equivalent	1 - Person 2 - Non-Person Entity
39	Subscriber Name/Identification Code Qualifier	2010BA - NM108	MI - Member Identification Number ZZ - Mutually Defined	No Current Equivalent	MI - Member Identification Number ZZ - Mutually Defined
40	Subscriber Demographic Information/Date Time Period Format Qualifier	2010BA - DMG01	D8 - Date Expressed in Format CCYYMMDD	No Current Equivalent	D8 - Date Expressed in Format CCYYMMDD
41	Subscriber Demographic Information/Subscriber Gender Code	2010BA - DMG03	F - Female M - Male U - Unknown	F Female M Male	F Female M Male U Unknown (would pend transaction)
42	Subscriber Secondary Identification/Reference Identification Qualifier	2010BA - REF01	1W - Member Identification Number 23 - Client Number IG - Insurance Policy Number SY - Social Security Number	No Current Equivalent	1W - Member Identification Number 23 - Client Number IG - Insurance Policy Number SY - Social Security Number
43	Property and Casualty Claim Number/Reference Identification	2010BA - REF01	Y4 - Agency Claim Number	No Current Equivalent	Y4 - Agency Claim Number

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#	Code or Value Set (Element Name)	Loop-Segment/Element	HIPAA Values & Descriptions	AHCCCS Values & Descriptions	Mapping Decision
	Qualifier				
44	Payer Name/Entity Identifier Code	2010BB - NM101	PR - Payer	No Current Equivalent	PR - Payer
45	Payer Name/Entity Type Qualifier	2010BB - NM102	2 - Non-Person Entity	No Current Equivalent	2 - Non-Person Entity
46	Payer Name/Identification Code Qualifier	2010BB - NM108	PI - Payor Identification XV - Health Care Financing Administration National PlanID. Required if the National PlanID is mandated for use. Otherwise, one of the other listed codes may be used.	No Current Equivalent	PI - Payor Identification XV - Health Care Financing Administration National PlanID. Required if the National PlanID is mandated for use. Otherwise, one of the other listed codes may be used.
47	Payer Secondary Identification Number/Reference Identification Qualifier	2010BB - REF01	2U - Payer Identification Number FY - Claim Office Number NF - National Association of Insurance Commissioners (NAIC) Code	No Current Equivalent	2U - Payer Identification Number FY - Claim Office Number NF - National Association of Insurance Commissioners (NAIC) Code
48	Payer Secondary Identification Number/Reference Identification Qualifier	2010BB - REF01	TJ - Federal Taxpayer's Identification Number	No Current Equivalent	TJ - Federal Taxpayer's Identification Number
49	Credit/Debit Card Holder Name/Location Qualifier	2010BC - NM101	AO - Account Of	No Current Equivalent	AO - Account Of
50	Credit/Debit Card Holder Name/Loop Identifier Code	2010BC - NM102	1 - Person 2 - Non-Person Entity	No Current Equivalent	1 - Person 2 - Non-Person Entity
51	Credit/Debit Card Holder Name/Identification Code Qualifier	2010BC - NM108	MI - Member Identification Number	No Current Equivalent	MI - Member Identification Number
52	Credit/Debit Card Information/Reference Identification Qualifier	2010BC - REF01	BB - Authorization Number	No Current Equivalent	BB - Authorization Number
53	Patient Hierarchical Level/Hierarchical Level Code	2000C - HL03	23 - Dependent	No Current Equivalent	23 - Dependent
54	Patient Hierarchical Level/Hierarchical Child Code	2000C - HL04	0 - No Subordinate HL Segment in This Hierarchical Structure.	No Current Equivalent	0 - No Subordinate HL Segment in This Hierarchical Structure.
55	Patient Information/Individual Relationship Code	2000C - PAT01	01 - Spouse 19 - Child 20 - Employee 22 - Handicapped Dependent 29 - Significant Other 41 - Injured Plaintiff 53 - Life Partner 76 - Dependent	No Current Equivalent	01 - Spouse **19 – Child = C Same** 20 - Employee 22 - Handicapped Dependent 29 - Significant Other 41 - Injured Plaintiff 53 - Life Partner 76 - Dependent
56	Patient Information/Student Status Code	2000C - PAT04	F - Full-time N - Not a Student P - Part-time	No Current Equivalent	F - Full-time N - Not a Student P - Part-time
57	Patient Name/Entity Identifier Code	2010CA - NM101	QC - Patient	No Current Equivalent	QC - Patient
58	Patient Name/Entity Type Qualifier	2010CA - NM102	1 - Person	No Current Equivalent	1 - Person

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#	Code or Value Set (Element Name)	Loop-Segment/Element	HIPAA Values & Descriptions	AHCCCS Values & Descriptions	Mapping Decision
59	Patient Name/Identification Code Qualifier	2010CA - NM108	MI - Member Identification Number ZZ - Mutually Defined	No Current Equivalent	MI - Member Identification Number ZZ - Mutually Defined
60	Patient Demographic Information/Date Time Period Format Qualifier	2010CA - DMG01	D8 - Date Expressed in Format CCYYMMDD	No Current Equivalent	D8 - Date Expressed in Format CCYYMMDD
61	Patient Demographic Information/Patient Gender Code	2010CA - DMG03	F - Female M - Male U - Unknown	F Female M Male	F Female M Male U Unknown (would pend transaction)
62	Patient Secondary Identification/Reference Identification Qualifier	2010CA - REF01	1W - Member Identification Number 23 - Client Number IG - Insurance Policy Number SY - Social Security Number	No Current Equivalent	1W - Member Identification Number 23 - Client Number IG - Insurance Policy Number SY - Social Security Number
63	Property and Casualty Claim Number/Reference Identification Qualifier	2010CA - REF01	Y4 - Agency Claim Number	No Current Equivalent	Y4 - Agency Claim Number
64	Claim Information/Facility Code Value	2300 - CLM05-01	Please refer to page 151 of IG for detail note of these codes. 11 - Office 12 - Home 21 - Inpatient Hospital 22 – Outpatient Hospital 31 - Skilled Nursing Facility 35 - Adult Living Care Facility	From 837 Professional Codes and Values Mapping document: 11 Office 12 Home 21 Inpatient Hospital 22 Outpatient Hospital 31 Skilled Nursing Facility 35 Adult Care Facility	All AHCCCS values match HIPAA values.
65	Claim Information/Claim Frequency Type Code	2300 - CLM05-03	1 – Original Claim 7 – Replacement Claim 8 – Void of a Previous Claim Note: Value "6" (Adjustment of Previous Claim has been deleted by NUBC and removed from the IGs.	A Adjustment V Void	1 Original **6 Corrected = A Same (Removed)** 7 Replacement 8 Void = V Same
66	Claim Information/Provider or Supplier Signature Indicator	2300 - CLM06	N – No Y - Yes	No Current Equivalent	N – No Y - Yes
67	Claim Information/Medicare Assignment Code	2300 - CLM07	A - Assigned C - Not Assigned P - Patient Refuses to Assign Benefits	No Current Equivalent	A - Assigned C - Not Assigned P - Patient Refuses to Assign Benefits
68	Claim Information/Benefits Assignment Certification Indicator	2300 - CLM08	N - No Y - Yes	No Current Equivalent	N - No Y - Yes
69	Claim Information/Release of Information Code	2300 - CLM09	N - No, Provider is Not Allowed to Release Data Y - Yes, Provider has a Signed Statement Permitting Release of Medical Billing Data Related to a Claim	No Current Equivalent	N - No, Provider is Not Allowed to Release Data Y - Yes, Provider has a Signed Statement Permitting Release of Medical Billing Data Related to a Claim
70	Claim Information/Related Causes Code	2300 - CLM11 - 01	AA - Auto Accident EM - Employment OA - Other Accident	No Current Equivalent	AA - Auto Accident EM - Employment OA - Other Accident

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#	Code or Value Set (Element Name)	Loop-Segment/Element	HIPAA Values & Descriptions	AHCCCS Values & Descriptions	Mapping Decision
71	Claim Information/Related Causes Code	2300 - CLM11 - 02	AA - Auto Accident EM - Employment OA - Other Accident	No Current Equivalent	AA - Auto Accident EM - Employment OA - Other Accident
72	Claim Information/Related Causes Code	2300 - CLM11 - 03	AA - Auto Accident EM - Employment OA - Other Accident	No Current Equivalent	AA - Auto Accident EM - Employment OA - Other Accident
73	Claim Information/Special Program Indicator	2300 - CLM12	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	No Current Equivalent	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
74	Claim Information/Claim Submission Reason Code	2300 - CLM19	PB - Predetermination of Dental Benefits	No Current Equivalent	PB - Predetermination of Dental Benefits
75	Claim Information/Delay Reason Code	2300 - CLM20	1 - Proof of Eligibility Unknown or Unavailable 10 - Administration Delay in the Prior Approval Process 11 - Other 2 - Litigation 3 - Authorization Delays 4 - Delay in Certifying Provider 5 - Delay in Supplying Billing Forms 6 - Delay in Delivery of Custom-made Appliances 7 - Third Party Processing Delay 8 - Delay in Eligibility Determination 9 - Original Claim Rejected or Denied Due to a Reason Unrelated to the Billing Limitation Rules 10 Administration Delay in the Prior Approval Process 11 Other	No Current Equivalent	1 - Proof of Eligibility Unknown or Unavailable 10 - Administration Delay in the Prior Approval Process 11 - Other 2 - Litigation 3 - Authorization Delays 4 - Delay in Certifying Provider 5 - Delay in Supplying Billing Forms 6 - Delay in Delivery of Custom-made Appliances 7 - Third Party Processing Delay 8 - Delay in Eligibility Determination 9 - Original Claim Rejected or Denied Due to a Reason Unrelated to the Billing Limitation Rules 10 Administration Delay in the Prior Approval Process 11 Other
76	Date - Admission/Date Time Qualifier	2300 - DTP01	435 - Admission	No Current Equivalent	435 - Admission
77	Date - Admission/Date Time Period Format Qualifier	2300 - DTP02	D8 - Date Expressed in Format CCYYMMDD	No Current Equivalent	D8 - Date Expressed in Format CCYYMMDD
78	Date - Discharge/Date Time Qualifier	2300 - DTP01	096 - Discharge	No Current Equivalent	096 - Discharge
79	Date - Discharge/Date Time Period Format Qualifier	2300 - DTP02	D8 - Date Expressed in Format CCYYMMDD	No Current Equivalent	D8 - Date Expressed in Format CCYYMMDD
80	Date - Referral/Date Time Qualifier	2300 - DTP01	330 - Referral Date	No Current Equivalent	330 - Referral Date
81	Date - Referral/Date Time Period Format Qualifier	2300 - DTP02	D8 - Date Expressed in Format CCYYMMDD	No Current Equivalent	D8 - Date Expressed in Format CCYYMMDD
82	Date - Accident/Date Time Qualifier	2300 - DTP01	439 - Accident	No Current Equivalent	439 - Accident

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83	Date - Accident/Date Time Period Format Qualifier	2300 - DTP02	D8 - Date Expressed in Format CCYYMMDD	No Current Equivalent	D8 - Date Expressed in Format CCYYMMDD
84	Date - Appliance Placement/Date Time Qualifier	2300 - DTP01	452 - Appliance Placement	No Current Equivalent	452 - Appliance Placement
85	Date - Appliance Placement/Date Time Period Format Qualifier	2300 - DTP02	D8 - Date Expressed in Format CCYYMMDD	No Current Equivalent	D8 - Date Expressed in Format CCYYMMDD
86	Date - Service/Date Time Qualifier	2300 - DTP01	472 - Service	No Current Equivalent	472 - Service
87	Date - Service/Date Time Period Format Qualifier	2300 - DTP02	D8 - Date Expressed in Format CCYYMMDD RD8 - Range of Dates Expressed in Format CCYYMMDD-CCYYMMDD	No Current Equivalent	D8 - Date Expressed in Format CCYYMMDD RD8 - Range of Dates Expressed in Format CCYYMMDD-CCYYMMDD
88	Orthodontic Total Months of Treatment/Question Response	2300 - DN103	Y - Yes	No Current Equivalent	Y - Yes
89	Tooth Status/Tooth Status Code	2300 - DN202	E - To Be Extracted I - Impacted M - Missing	Match to TOOTH-STATUS E – To Be Extracted I – Impacted M – Missing Space – Healthy Tooth	E - To Be Extracted (E) I – Impacted (I) M – Missing (M)
90	Claim Supplemental Information/Attachment Report Type Code	2300 - PWK01	B4 - Referral Form DA - Dental Models DG - Diagnostic Report EB - Explanation of Benefits (Coordination of Benefits or Medicare Secondary Payor) OB - Operative Note OZ - Support Data for Claim P6 - Periodontal Charts RB - Radiology Films RR - Radiology Reports	No Current Equivalent	B4 - Referral Form DA - Dental Models DG - Diagnostic Report EB - Explanation of Benefits (Coordination of Benefits or Medicare Secondary Payor) OB - Operative Note OZ - Support Data for Claim P6 - Periodontal Charts RB - Radiology Films RR - Radiology Reports
91	Claim Supplemental Information/Attachment Transmission Code	2300 - PWK02	AA - Available on Request at Provider Site BM - By Mail EL - Electronically Only EM - E-Mail FX - By Fax	No Current Equivalent	AA - Available on Request at Provider Site BM - By Mail EL - Electronically Only EM - E-Mail FX - By Fax
92	Claim Supplemental Information/Identification Code Qualifier	2300 - PWK05	AC - Attachment Control Number	No Current Equivalent	AC - Attachment Control Number
93	Patient Amount Paid/Amount Qualifier Code	2300 - AMT01	F5 - Patient Amount Paid	No Current Equivalent	F5 - Patient Amount Paid
94	Credit/Debit Card - Maximum Amount/Amount Qualifier Code	2300 - AMT01	MA - Maximum Amount	No Current Equivalent	MA - Maximum Amount
95	Predetermination Identification/Reference Identification Qualifier	2300 - REF01	G3 - Predetermination of Benefits Identification Number	No Current Equivalent	G3 - Predetermination of Benefits Identification Number
96	Service Authorization Exception Code/Reference Identification	2300 - REF01	4N - Special Payment Reference Number	No Current Equivalent	4N - Special Payment Reference Number

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	Code/Reference Identification Qualifier				Number
97	Service Authorization Exception Code/Reference Identification	2300 - REF01	Allowable Values for this element are: 1 - Immediate/Urgent Care 2 - Services rendered in a retroactive period 3 - Emergency care 4 - Client as temporary Medicaid 5 - Request from County for second opinion to recipient can work 6 - Request for override pending 7 - Special handling	No Current Equivalent	1 - Immediate/Urgent Care 2 - Services rendered in a retroactive period 3 - Emergency care 4 - Client as temporary Medicaid 5 - Request from County for second opinion to recipient can work 6 - Request for override pending 7 - Special handling
98	Original Reference Number (ICN/DCN)/Reference Identification Qualifier	2300 - REF01	F8 - Original Reference Number	No Current Equivalent	F8 - Original Reference Number
99	**Prior Authorization or** Referral Number/Reference Identification Qualifier	2300 - REF01	9F - Referral Number G1 – Prior Authorization Number	No Current Equivalent	9F - Referral Number G1 – Prior Authorization Number
100	Claim Identification Number for Clearinghouses and Other Transmission Intermediaries/Reference Identification Qualifier	2300 - REF01	D9 - Claim Number	No Current Equivalent	D9 - Claim Number
101	Claim Note/Note Reference Code	2300 - NTE01	ADD - Additional Information	No Current Equivalent	ADD - Additional Information
102	Referring Provider Name/Entity Identifier Code	2310A - NM101	DN - Referring Provider P3 - Primary Care Provider	No Current Equivalent	DN - Referring Provider P3 - Primary Care Provider
103	Referring Provider Name/Entity Type Qualifier	2310A - NM102	1 - Person 2 - Non-Person Entity	No Current Equivalent	1 - Person 2 - Non-Person Entity
104	Referring Provider Name/Identification Code Qualifier	2310A - NM108	24 - Employer's Identification Number 34 - Social Security Number XX - Health Care Financing Administration National Provider Identifier. Required value if the National Provider ID is mandated for use. Otherwise, one of the other listed codes may be used.	No Current Equivalent	24 - Employer's Identification Number 34 - Social Security Number XX - Health Care Financing Administration National Provider Identifier. Required value if the National Provider ID is mandated for use. Otherwise, one of the other listed codes may be used.
105	Referring Provider Specialty Information/Provider Code	2310A - PRV01	RF - Referring	No Current Equivalent	RF - Referring
106	Referring Provider Specialty Information/Reference Identification Qualifier	2310A - PRV02	ZZ - Mutually Defined	No Current Equivalent	ZZ - Mutually Defined

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#	Code or Value Set (Element Name)	Loop-Segment/Element	HIPAA Values & Descriptions	AHCCCS Values & Descriptions	Mapping Decision
107	Referring Provider Secondary Identification/Reference Identification Qualifier	2310A - REF01	0B - State License Number 1A - Blue Cross Provider Number 1B - Blue Shield Provider Number 1C - Medicare Provider Number 1D - Medicaid Provider Number 1E - Dentist License Number 1H - CHAMPUS Identification Number EI - Employer's Identification Number G2 - Provider Commercial Number G5 - Provider Site Number LU - Location Number SY - Social Security Number TJ - Federal Taxpayer's Identification Number	No Current Equivalent	0B - State License Number 1A - Blue Cross Provider Number 1B - Blue Shield Provider Number 1C - Medicare Provider Number 1D - Medicaid Provider Number 1E - Dentist License Number 1H - CHAMPUS Identification Number EI - Employer's Identification Number G2 - Provider Commercial Number G5 - Provider Site Number LU - Location Number SY - Social Security Number TJ - Federal Taxpayer's Identification Number
108	Rendering Provider Name/Entity Identifier Code	2310B - NM101	82 - Rendering Provider	No Current Equivalent	82 - Rendering Provider
109	Rendering Provider Name/Entity Type Qualifier	2310B - NM102	1 - Person 2 - Non-Person Entity	No Current Equivalent	1 - Person 2 - Non-Person Entity
110	Rendering Provider Name/Identification Code Qualifier	2310B - NM108	24 - Employer's Identification Number 34 - Social Security Number XX - Health Care Financing Administration National Provider Identifier. Required value if the National Provider ID is mandated for use. Otherwise, one of the other listed codes may be used.	No Current Equivalent	24 - Employer's Identification Number 34 - Social Security Number XX - Health Care Financing Administration National Provider Identifier. Required value if the National Provider ID is mandated for use. Otherwise, one of the other listed codes may be used.
111	Rendering Provider Specialty Information/Provider Code	2310B - PRV01	PE - Performing	No Current Equivalent	PE - Performing
112	Rendering Provider Specialty Information/Reference Identification Qualifier	2310B - PRV02	ZZ - Mutually Defined	No Current Equivalent	ZZ - Mutually Defined
113	Rendering Provider Secondary Identification/Reference Identification Qualifier	2310B - REF01	0B - State License Number 1A - Blue Cross Provider Number 1B - Blue Shield Provider Number 1C - Medicare Provider Number 1D - Medicaid Provider Number 1E - Dentist License Number 1H - CHAMPUS Identification Number EI - Employer's Identification Number G2 - Provider Commercial Number G5 - Provider Site Number LU - Location Number SY - Social Security Number TJ - Federal Taxpayer's Identification Number	No Current Equivalent	0B - State License Number 1A - Blue Cross Provider Number 1B - Blue Shield Provider Number 1C - Medicare Provider Number 1D - Medicaid Provider Number 1E - Dentist License Number 1H - CHAMPUS Identification Number EI - Employer's Identification Number G2 - Provider Commercial Number G5 - Provider Site Number LU - Location Number SY - Social Security Number TJ - Federal Taxpayer's Identification Number
114	Service Facility Location/Entity Identifier Code	2310C - NM101	FA - Facility	No Current Equivalent	FA - Facility

Bolded Codes and Values are from Addenda version 0040X097A1 -–October 2001

AHCCCS 837 DENTAL CODE VALUES MAPPING

Final DRAFT Includes Addenda Changes

#	Code or Value Set (Element Name)	Loop-Segment/Element	HIPAA Values & Descriptions	AHCCCS Values & Descriptions	Mapping Decision
115	Service Facility Location/Entity Type Qualifier	2310C - NM102	2 - Non-Person Entity	No Current Equivalent	2 - Non-Person Entity
116	Service Facility Location/Identification Code Qualifier	2310C - NM108	24 - Employer's Identification Number 34 - Social Security Number XX - Health Care Financing Administration National Provider Identifier. Required value if the National Provider ID is mandated for use. Otherwise, one of the other listed codes may be used.	No Current Equivalent	24 - Employer's Identification Number 34 - Social Security Number XX - Health Care Financing Administration National Provider Identifier. Required value if the National Provider ID is mandated for use. Otherwise, one of the other listed codes may be used.
117	Service Facility Location Secondary Identification/Reference Identification Qualifier	2310C - REF01	0B - State License Number 1A - Blue Cross Provider Number 1B - Blue Shield Provider Number 1C - Medicare Provider Number 1D - Medicaid Provider Number 1G - Provider UPIN Number 1H - CHAMPUS Identification Number G2 - Provider Commercial Number LU - Location Number TJ - Federal Taxpayer's Identification Number X4 - Clinical Laboratory Improvement Amendment Number X5 - State Industrial Accident Provider Number	No Current Equivalent	0B - State License Number 1A - Blue Cross Provider Number 1B - Blue Shield Provider Number 1C - Medicare Provider Number 1D - Medicaid Provider Number 1G - Provider UPIN Number 1H - CHAMPUS Identification Number G2 - Provider Commercial Number LU - Location Number TJ - Federal Taxpayer's Identification Number X4 - Clinical Laboratory Improvement Amendment Number X5 - State Industrial Accident Provider Number
118	**Assistant Surgeon Name/Entity Identifier Code**	**2310D – NM101**	**DD – Assistant Surgeon**	**No Current Equivalent**	**DD – Assistant Surgeon**
119	**Assistant Surgeon Name/Entity Type Qualifier**	**2310D – NM102**	**1 – Person** **2 – Non-Person Entity**	**No Current Equivalent**	**1 – Person** **2 – Non-Person Entity**
120	**Assistant Surgeon Name/Identification Code Qualifier**	**2310D - NM108**	**24 - Employer's Identification Number** **34 - Social Security Number** **XX - Health Care Financing Administration National Provider Identifier. Required value if the National Provider ID is mandated for use. Otherwise, one of the other listed codes may be used.**	**No Current Equivalent**	**24 - Employer's Identification Number** **34 - Social Security Number** **XX - Health Care Financing Administration National Provider Identifier. Required value if the National Provider ID is mandated for use. Otherwise, one of the other listed codes may be used.**
121	**Assistant Surgeon Specialty Information/Provider Code**	**2310D – PRV01**	**AS – Assistant Surgeon**	**No Current Equivalent**	**AS – Assistant Surgeon**

Bolded Codes and Values are from Addenda version 0040X097A1 -–October 2001

AHCCCS 837 DENTAL CODE VALUES MAPPING

Final DRAFT Includes Addenda Changes

#	Code or Value Set (Element Name)	Loop-Segment/Element	HIPAA Values & Descriptions	AHCCCS Values & Descriptions	Mapping Decision
122	**Assistant Surgeon Specialty Information/Reference Identification Qualifier**	**2310D – PRV02**	**ZZ – Mutually Defined** **ZZ is sued to indicate the "Health Care Provider Taxonomy" code list (provider specialty code) which is available on the Washington Publishing Company web site:** http://www.wpc-edi.com. **This taxonomy is maintained by the Blue Cross Blue Shield Association and ANSI ASC X12N TG2 WG15.**	**No Current Equivalent**	**ZZ – Mutually Defined**
123	**Assistant Surgeon Secondary Identification/Reference Identification Qualifier**	**2310D – REF01**	**0B - State License Number** **1A - Blue Cross Provider Number** **1B - Blue Shield Provider Number** **1C - Medicare Provider Number** **1D - Medicaid Provider Number** **1E – Dentist License Number** **1H - CHAMPUS Identification Number** **G2 - Provider Commercial Number** **LU - Location Number** **TJ - Federal Taxpayer's Identification Number** **X4 - Clinical Laboratory Improvement Amendment Number** **X5 - State Industrial Accident Provider Number**	**No Current Equivalent**	**0B - State License Number** **1A - Blue Cross Provider Number** **1B - Blue Shield Provider Number** **1C - Medicare Provider Number** **1D - Medicaid Provider Number** **1E – Dentist License Number** **1H - CHAMPUS Identification Number** **G2 - Provider Commercial Number** **LU - Location Number** **TJ - Federal Taxpayer's Identification Number** **X4 - Clinical Laboratory Improvement Amendment Number** **X5 - State Industrial Accident Provider Number**
124	Other Subscriber Information/Payer Responsibility Sequence Number Code	2320 - SBR01	P - Primary S - Secondary T - Tertiary	No Current Equivalent	P - Primary S - Secondary T - Tertiary
125	Other Subscriber Information/Individual Relationship Code	2320 - SBR02	01 - Spouse 18 - Self 19 - Child 20 - Employee 21 - Unknown 22 - Handicapped Dependent 29 - Significant Other 76 - Dependent	No Current Equivalent	01 - Spouse 19 – Child 20 - Employee 22 - Handicapped Dependent 29 - Significant Other 41 - Injured Plaintiff 53 - Life Partner 76 - Dependent

Bolded Codes and Values are from Addenda version 0040X097A1 -–October 2001

AHCCCS 837 DENTAL CODE VALUES MAPPING

Final DRAFT Includes Addenda Changes

#	Code or Value Set (Element Name)	Loop-Segment/Element	HIPAA Values & Descriptions	AHCCCS Values & Descriptions	Mapping Decision
126	Other Subscriber Information/Claim Filing Indicator Code	2320 - SBR09	09 - Self-pay 11 - Other Non-Federal Programs 12 - Preferred Provider Organization (PPO) 13 - Point of Service (POS) 14 - Exclusive Provider Organization (EPO) 15 - Indemnity Insurance 16 - Health Maintenance Organization (HMO) Medicare Risk 17 - Dental Maintenance Organization BL - Blue Cross/Blue Shield CH - Champus CI - Commercial Insurance Co. DS - Disability FI - Federal Employees Program HM - Health Maintenance Organization LM - Liability Medical MB - Medicare Part B MC - Medicaid MH - Managed Care Non-HMO OF - Other Federal Program SA - Self-administered Group	No Current Equivalent	09 - Self-pay 11 - Other Non-Federal Programs 12 - Preferred Provider Organization (PPO) 13 - Point of Service (POS) 14 - Exclusive Provider Organization (EPO) 15 - Indemnity Insurance 16 - Health Maintenance Organization (HMO) Medicare Risk 17 - Dental Maintenance Organization BL - Blue Cross/Blue Shield CH - Champus CI - Commercial Insurance Co. DS - Disability FI - Federal Employees Program HM - Health Maintenance Organization LM - Liability Medical MB - Medicare Part B MC - Medicaid MH - Managed Care Non-HMO OF - Other Federal Program
127	Other Subscriber Information/Claim Filing Indicator Code	2320 - SBR09	Continue SBR09 code values: VA - Veteran Administration Plan WC - Workers' Compensation Health Claim ZZ - Mutually Defined	No Current Equivalent	Continue SBR09 code values: SA - Self-administered Group VA - Veteran Administration Plan WC - Workers' Compensation Health Claim ZZ - Mutually Defined
128	Claim Adjustment/Claim Adjustment Group Code	2320 - CAS01	CO - Contractual Obligations CR - Correction and Reversals OA - Other adjustments PI - Payor Initiated Reductions PR - Patient Responsibility	No Current Equivalent	CO - Contractual Obligations CR - Correction and Reversals OA - Other adjustments PI - Payor Initiated Reductions PR - Patient Responsibility
129	Coordination of Benefits (COB) Payer Paid Amount/Amount Qualifier Code	2320 - AMT01	D - Payor Amount Paid	No Current Equivalent	D - Payor Amount Paid
130	Coordination of Benefits (COB) Approved Amount/Amount Qualifier Code	2320 - AMT01	AAE - Approved Amount	No Current Equivalent	AAE - Approved Amount
131	Coordination of Benefits (COB) Allowed Amount/Amount Qualifier Code	2320 - AMT01	B6 - Allowed - Actual	No Current Equivalent	B6 - Allowed - Actual
132	Coordination of Benefits (COB) Patient Responsibility Amount/Amount Qualifier Code	2320 - AMT01	F2 - Patient Responsibility - Actual	No Current Equivalent	F2 - Patient Responsibility - Actual
133	Coordination of Benefits (COB) Covered Amount/Amount Qualifier	2320 - AMT01	AU - Coverage Amount	No Current Equivalent	AU - Coverage Amount

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AHCCCS 837 DENTAL CODE VALUES MAPPING

Final DRAFT Includes Addenda Changes

#	Code or Value Set (Element Name)	Loop-Segment/Element	HIPAA Values & Descriptions	AHCCCS Values & Descriptions	Mapping Decision
	Covered Amount/Amount Qualifier Code				
134	Coordination of Benefits (COB) Discount Amount/Amount Qualifier Code	2320 - AMT01	D8 - Discount Amount	No Current Equivalent	D8 - Discount Amount
135	Coordination of Benefits (COB) Patient Paid Amount/Amount Qualifier Code	2320 - AMT01	F5 - Patient Amount Paid	No Current Equivalent	F5 - Patient Amount Paid
136	Other Insured Demographic Information/Date Time Period Format Qualifier	2320 - DMG01	D8 - Date Expressed in Format CCYYMMDD	No Current Equivalent	D8 - Date Expressed in Format CCYYMMDD
137	Other Insured Demographic Information/Other Insured Gender Code	2320 - DMG03	F - Female M - Male U - Unknown	F Female M Male	F Female M Male U Unknown (would pend transaction)
138	Other Insurance Coverage Information/Benefits Assignment Certification Indicator	2320 - OI03	N - No Y - Yes	No Current Equivalent	N - No Y - Yes
139	Other Insurance Coverage Information/Release of Information Code	2320 - OI06	N - No, Provider is Not Allowed to Release Data Y - Yes, Provider has a Signed Statement Permitting Release of Medical Billing Data Related to a Claim	No Current Equivalent	N - No, Provider is Not Allowed to Release Data Y - Yes, Provider has a Signed Statement Permitting Release of Medical Billing Data Related to a Claim
140	Other Subscriber Name/Entity Identifier Code	2330A - NM101	IL - Insured or Subscriber	No Current Equivalent	IL - Insured or Subscriber
141	Other Subscriber Name/Entity Type Qualifier	2330A - NM102	1 - Person 2 - Non-Person Entity	No Current Equivalent	1 - Person 2 - Non-Person Entity
142	Other Subscriber Name/Identification Code Qualifier	2330A - NM108	24 - Employer's Identification Number MI - Member Identification Number ZZ - Mutually Defined	No Current Equivalent	24 - Employer's Identification Number MI - Member Identification Number ZZ - Mutually Defined
143	Other Subscriber Secondary Identification/Reference Identification Qualifier	2330A - REF01	1W - Member Identification Number 23 - Client Number IG - Insurance Policy Number SY - Social Security Number	No Current Equivalent	1W - Member Identification Number 23 - Client Number IG - Insurance Policy Number SY - Social Security Number
144	Other Payer Name/Entity Identifier Code	2330B - NM101	PR - Payer	No Current Equivalent	PR - Payer
145	Other Payer Name/Entity Type Qualifier	2330B - NM102	2 - Non-Person Entity	No Current Equivalent	2 - Non-Person Entity
146	Other Payer Name/Identification Code Qualifier	2330B - NM108	PI - Payor Identification XV - Health Care Financing Administration National PlanID Required if the National PlanID is mandated for use. Otherwise, one of the other listed codes may be used.	No Current Equivalent	PI - Payor Identification XV - Health Care Financing Administration National PlanID Required if the National PlanID is mandated for use. Otherwise, one of the other listed codes may be used.
147	Other Payer Contact Information/Contact Function Code	2330B - PER01	IC - Information Contact	No Current Equivalent	IC - Information Contact

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AHCCCS 837 DENTAL CODE VALUES MAPPING

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#	Code or Value Set (Element Name)	Loop-Segment/Element	HIPAA Values & Descriptions	AHCCCS Values & Descriptions	Mapping Decision
148	Other Payer Contact Information/Communication Number Qualifier	2330B - PER03	ED - Electronic Data Interchange Access Number EM - Electronic Mail FX - Facsimile TE - Telephone	No Current Equivalent	ED - Electronic Data Interchange Access Number EM - Electronic Mail FX - Facsimile TE - Telephone
149	Other Payer Contact Information/Communication Number Qualifier	2330B - PER05	ED - Electronic Data Interchange Access Number EM - Electronic Mail EX - Telephone Extension FX - Facsimile TE - Telephone	No Current Equivalent	ED - Electronic Data Interchange Access Number EM - Electronic Mail EX - Telephone Extension FX - Facsimile TE - Telephone
150	Other Payer Contact Information/Communication Number Qualifier	2330B - PER07	ED - Electronic Data Interchange Access Number EM - Electronic Mail EX - Telephone Extension FX - Facsimile TE - Telephone	No Current Equivalent	ED - Electronic Data Interchange Access Number EM - Electronic Mail EX - Telephone Extension FX - Facsimile TE - Telephone
151	Claim Paid Date/Date Time Qualifier	2330B - DTP01	573 - Date Claim Paid	No Current Equivalent	573 - Date Claim Paid
152	Claim Paid Date/Date Time Period Format Qualifier	2330B - DTP02	D8 - Date Expressed in Format CCYYMMDD	No Current Equivalent	D8 - Date Expressed in Format CCYYMMDD
153	Other Payer Secondary Identifier/Reference Identification Qualifier	2330B - REF01	2U - Payer Identification Number D8 - Loss Report Number F8 - Original Reference Number FY - Claim Office Number NF - National Association of Insurance Commissioners (NAIC) Code TJ - Federal Taxpayer's Identification Number	No Current Equivalent	2U - Payer Identification Number D8 - Loss Report Number F8 - Original Reference Number FY - Claim Office Number NF - National Association of Insurance Commissioners (NAIC) Code TJ - Federal Taxpayer's Identification Number
154	Other Payer **Prior Authorization or** Referral Number/Reference Identification Qualifier	2330B - REF01	9F - Referral Number G1 – Prior Authorization Number	No Current Equivalent	9F - Referral Number G1 – Prior Authorization Number
155	Other Payer Claim Adjustment Indicator/Reference Identification Qualifier	2330B - REF01	T4 - Signal Code	No Current Equivalent	T4 - Signal Code
156	Other Payer Claim Adjustment Indicator/Reference Identification Qualifier	2330B - REF02	Allowable value is “Y” indicating that the payer in this loop has previously adjudicated this claim and sent a record of that adjudication to the destination payer identified in the 2010BB loop. The claim being transmitted in this iteration of the 2300 loop is a readjudication version of that claim.	No Current Equivalent	Y Payer in this loop has previously adjudicated this claim and sent a record of that adjudication to the destination payer identified in the 2010BB loop.
157	Other Payer Patient Information/Entity Identifier Code	2330C - NM101	QC - Patient	No Current Equivalent	QC - Patient
158	Other Payer Patient Information/Entity Type Qualifier	2330C - NM102	1 - Person	No Current Equivalent	1 - Person

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AHCCCS 837 DENTAL CODE VALUES MAPPING

Final DRAFT Includes Addenda Changes

#	Code or Value Set (Element Name)	Loop-Segment/Element	HIPAA Values & Descriptions	AHCCCS Values & Descriptions	Mapping Decision
159	Other Payer Patient Information/Identification Code Qualifier	2330C - NM108	MI - Member Identification Number	No Current Equivalent	MI - Member Identification Number
160	Other Payer Patient Identification/Reference Identification Qualifier	2330C - REF01	1W - Member Identification Number 23 - Client Number IG - Insurance Policy Number SY - Social Security Number	No Current Equivalent	1W - Member Identification Number 23 - Client Number IG - Insurance Policy Number SY - Social Security Number
161	Other Payer Referring Provider/Entity Identifier Code	2330D - NM101	DN - Referring Provider P3 - Primary Care Provider	No Current Equivalent	DN - Referring Provider P3 - Primary Care Provider
162	Other Payer Referring Provider/Entity Type Qualifier	2330D - NM102	1 - Person 2 - Non-Person Entity	No Current Equivalent	1 - Person 2 - Non-Person Entity
163	Other Payer Referring Provider Identification/Reference Identification Qualifier	2330D - REF01	0B - State License Number 1A - Blue Cross Provider Number 1B - Blue Shield Provider Number 1C - Medicare Provider Number 1D - Medicaid Provider Number 1E - Dentist License Number 1H - CHAMPUS Identification Number EI - Employer's Identification Number G2 - Provider Commercial Number G5 - Provider Site Number LU - Location Number SY - Social Security Number TJ - Federal Taxpayer's Identification Number	No Current Equivalent	0B - State License Number 1A - Blue Cross Provider Number 1B - Blue Shield Provider Number 1C - Medicare Provider Number 1D - Medicaid Provider Number 1E - Dentist License Number 1H - CHAMPUS Identification Number EI - Employer's Identification Number G2 - Provider Commercial Number G5 - Provider Site Number LU - Location Number SY - Social Security Number TJ - Federal Taxpayer's Identification Number
164	Other Payer Rendering Provider/Entity Identifier Code	2330E - NM101	82 - Rendering Provider	No Current Equivalent	82 - Rendering Provider
165	Other Payer Rendering Provider/Entity Type Qualifier	2330E - NM102	1 - Person 2 - Non-Person Entity	No Current Equivalent	1 - Person 2 - Non-Person Entity
166	Other Payer Rendering Provider Identification/Reference Identification Qualifier	2330E - REF01	0B - State License Number 1A - Blue Cross Provider Number 1B - Blue Shield Provider Number 1C - Medicare Provider Number 1D - Medicaid Provider Number 1E - Dentist License Number 1H - CHAMPUS Identification Number EI - Employer's Identification Number G2 - Provider Commercial Number G5 - Provider Site Number LU - Location Number SY - Social Security Number TJ - Federal Taxpayer's Identification Number	No Current Equivalent	0B - State License Number 1A - Blue Cross Provider Number 1B - Blue Shield Provider Number 1C - Medicare Provider Number 1D - Medicaid Provider Number 1E - Dentist License Number 1H - CHAMPUS Identification Number EI - Employer's Identification Number G2 - Provider Commercial Number G5 - Provider Site Number LU - Location Number SY - Social Security Number TJ - Federal Taxpayer's Identification Number
167	Dental Service/Product or Service ID Qualifier	2400 - SV301 - 01	AD - American Dental Association Codes	No Current Equivalent	AD - American Dental Association Codes
168	Dental Service/Facility Code Value	2400 - SV303	Facility Type Code Please refer to page 268 for further detail	From 837 Professional Codes and Values Mapping document:	All AHCCCS values match HIPAA values.

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AHCCCS 837 DENTAL CODE VALUES MAPPING

Final DRAFT Includes Addenda Changes

#	Code or Value Set (Element Name)	Loop-Segment/Element	HIPAA Values & Descriptions	AHCCCS Values & Descriptions	Mapping Decision
			explanation of the list: 11 - Office 12 - Home 21 - Inpatient Hospital 22 - Outpatient Hospital 31 - Skilled Nursing Facility 35 - Adult Living Care Facility	11 Office 12 Home 21 Inpatient Hospital 22 Outpatient Hospital 31 Skilled Nursing Facility 35 Adult Care Facility	
169	Dental Service/Oral Cavity Designation Code	2400 - SV304 - 01	00 - Entire Oral Cavity 01 - Maxillary Area 02 - Mandibular Area 09 - Other Area of Oral Cavity 10 - Upper Right Quadrant 20 - Upper Left Quadrant 30 - Lower Left Quadrant 40 - Lower Right Quadrant L - Left R - Right	Dental Oral Cavity Codes: 00 WHOLE OF THE ORAL CAVITY 01 MAXILLARY AREA 02 MANDIBULAR AREA 03 UPPER RIGHT SEXTANT 04 UPPER ANTERIOR SEXTANT 05 UPPER LEFT SEXTANT 06 LOWER LEFT SEXTANT 07 LOWER ANTERIOR SEXTANT 08 LOWER RIGHT SEXTANT 09 OTHER AREA OF ORAL CAVITY 10 UPPER RIGHT QUADRANT 20 UPPER LEFT QUADRANT 30 LOWER LEFT QUADRANT 40 LOWER RIGHT QUADRANT	**00 - Entire Oral Cavity = 00 Same** **01 - Maxillary Area = 01 Same** **02 - Mandibular Area = 02 Same** **09 - Other Area of Oral Cavity = 09 Same** **10 - Upper Right Quadrant = 10 Same** **20 - Upper Left Quadrant = 20 Same** **30 - Lower Left Quadrant = 30 Same** **40 - Lower Right Quadrant = 40 Same** L - Left R - Right
170	Dental Service/Prosthesis, Crown, or Inlay Code	2400 - SV305	I - Initial Placement R - Replacement	No Current Equivalent	I - Initial Placement R - Replacement
171	Tooth Information/Code List Qualifier Code	2400 - TOO01	JP - National Standard Tooth Numbering System	No Current Equivalent	JP - National Standard Tooth Numbering System
172	Tooth Information/Tooth Surface Code	2400 - TOO03 - 01	B - Buccal D - Distal F - Facial I - Incisal L - Lingual M - Mesial O - Occlusal	Dental Surface Codes: A LABIAL B BUCCAL D DISTAL F FACIAL I INCISAL L LINGUAL M MESIAL O OCCLUSAL	B – Buccal = B Same D – Distal = D Same F – Facial = F Same I – Incisal = I Same L – Lingual = L Same M – Mesial = M Same O – Occlusal = O Same
173	Date - Service/Date Time Qualifier	2400 - DTP01	472 - Service	No Current Equivalent	472 - Service
174	Date - Service/Date Time Period Format Qualifier	2400 - DTP02	D8 - Date Expressed in Format CCYYMMDD	No Current Equivalent	D8 - Date Expressed in Format CCYYMMDD
175	Date - Prior Placement/Date Time Qualifier	2400 - DTP01	441 - Prior Placement	No Current Equivalent	441 - Prior Placement
176	Date - Prior Placement/Date Time Period Format Qualifier	2400 - DTP02	D8 - Date Expressed in Format CCYYMMDD	No Current Equivalent	D8 - Date Expressed in Format CCYYMMDD
177	Date - Appliance Placement/Date Time Qualifier	2400 - DTP01	452 - Appliance Placement	No Current Equivalent	452 - Appliance Placement

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#	Code or Value Set (Element Name)	Loop-Segment/Element	HIPAA Values & Descriptions	AHCCCS Values & Descriptions	Mapping Decision
	Time Qualifier				
178	Date - Appliance Placement/Date Time Period Format Qualifier	2400 - DTP02	D8 - Date Expressed in Format CCYYMMDD	No Current Equivalent	D8 - Date Expressed in Format CCYYMMDD
179	Date - Replacement/Date Time Qualifier	2400 - DTP01	446 - Replacement	No Current Equivalent	446 - Replacement
180	Date - Replacement/Date Time Period Format Qualifier	2400 - DTP02	D8 - Date Expressed in Format CCYYMMDD	No Current Equivalent	D8 - Date Expressed in Format CCYYMMDD
181	Anesthesia Quantity/Quantity Qualifier	2400 - QTY01	BF - Age Modifying Units EM - Emergency Modifying Units HM - Use of Hypothermia HO - Use of Hypotension HP - Use of Hyperbaric Pressurization P3 - Physical Status III P4 - Physical Status IV P5 - Physical Status V SG - Swan-Ganz	No Current Equivalent	BF - Age Modifying Units EM - Emergency Modifying Units HM - Use of Hypothermia HO - Use of Hypotension HP - Use of Hyperbaric Pressurization P3 - Physical Status III P4 - Physical Status IV P5 - Physical Status V SG - Swan-Ganz
182	Service Predetermination Identification/Reference Identification Qualifier	2400 - REF01	G3 - Predetermination of Benefits Identification Number	No Current Equivalent	G3 - Predetermination of Benefits Identification Number
183	**Prior Authorization or** Referral Number/Reference Identification Qualifier	2400 - REF01	9F - Referral Number G1 – Prior Authorization Number	No Current Equivalent	9F - Referral Number G1 – Prior Authorization Number
184	Line Item Control Number/Reference Identification Qualifier	2400 - REF01	6R - Provider Control Number	No Current Equivalent	6R - Provider Control Number
185	Approved Amount/Amount Qualifier Code	2400 - AMT01	AAE - Approved Amount	No Current Equivalent	AAE - Approved Amount
186	**Sale Tax Amount/Amount Qualifier Code**	**2400 - AMT01**	**T – Tax**	**No Current Equivalent**	**T - Tax**
187	Line Note/Note Reference Code	2400 - NTE01	ADD - Additional Information	No Current Equivalent	ADD - Additional Information
188	Rendering Provider Name/Entity Identifier Code	2420A - NM101	82 - Rendering Provider	No Current Equivalent	82 - Rendering Provider
189	Rendering Provider Name/Entity Type Qualifier	2420A - NM102	1 - Person 2 - Non-Person Entity	No Current Equivalent	1 - Person 2 - Non-Person Entity
190	Rendering Provider Name/Identification Code Qualifier	2420A - NM108	24 - Employer's Identification Number 34 - Social Security Number XX - Health Care Financing Administration National Provider Identifier. Required value if the National Provider ID is mandated for use. Otherwise, one of the other listed codes may be used.	No Current Equivalent	24 - Employer's Identification Number 34 - Social Security Number XX - Health Care Financing Administration National Provider Identifier. Required value if the National Provider ID is mandated for use. Otherwise, one of the other listed codes may be used.
191	Rendering Provider Specialty Information/Provider Code	2420A - PRV01	PE - Performing	No Current Equivalent	PE - Performing
192	Rendering Provider Specialty Information/Reference Identification	2420A - PRV02	ZZ - Mutually Defined	No Current Equivalent	ZZ - Mutually Defined

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AHCCCS 837 DENTAL CODE VALUES MAPPING

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#	Code or Value Set (Element Name)	Loop-Segment/Element	HIPAA Values & Descriptions	AHCCCS Values & Descriptions	Mapping Decision
	Qualifier				
193	Rendering Provider Secondary Identification/Reference Identification Qualifier	2420A - REF01	0B - State License Number 1A - Blue Cross Provider Number 1B - Blue Shield Provider Number 1C - Medicare Provider Number 1D - Medicaid Provider Number 1E - Dentist License Number 1H - CHAMPUS Identification Number EI - Employer's Identification Number G2 - Provider Commercial Number G5 - Provider Site Number LU - Location Number SY - Social Security Number TJ - Federal Taxpayer's Identification Number	No Current Equivalent	0B - State License Number 1A - Blue Cross Provider Number 1B - Blue Shield Provider Number 1C - Medicare Provider Number 1D - Medicaid Provider Number 1E - Dentist License Number 1H - CHAMPUS Identification Number EI - Employer's Identification Number G2 - Provider Commercial Number G5 - Provider Site Number LU - Location Number SY - Social Security Number TJ - Federal Taxpayer's Identification Number
194	Other Payer Referral Number/Entity Identifier Code	2420B - NM101	PR - Payer	No Current Equivalent	PR - Payer
195	Other Payer Referral Number/Entity Type Qualifier	2420B - NM102	2 - Non-Person Entity	No Current Equivalent	2 - Non-Person Entity
196	Other Payer Referral Number/Identification Code Qualifier	2420B - NM108	PI - Payor Identification XV - Health Care Financing Administration National PlanID. Required if the National PlanID is mandated for use. Otherwise, one of the other listed codes may be used.	No Current Equivalent	PI - Payor Identification XV - Health Care Financing Administration National PlanID. Required if the National PlanID is mandated for use. Otherwise, one of the other listed codes may be used.
197	Other Payer **Prior Authorization or** Referral Number/Reference Identification Qualifier	2420B - REF01	9F - Referral Number G1 – Prior Authorization Number	No Current Equivalent	9F - Referral Number G1 – Prior Authorization Number
198	**Assistant Surgeon Name/Entity Identifier Code**	**2420C – NM101**	**DD – Assistant Surgeon**	**No Current Equivalent**	**DD – Assistant Surgeon**
199	**Assistant Surgeon Name/Entity Type Qualifier**	**2420C – NM102**	**1 – Person** **2 – Non-Person Entity**	**No Current Equivalent**	**1 – Person** **2 – Non-Person Entity**
200	**Assistant Surgeon Name/Identification Code Qualifier**	**2420C - NM108**	**24 - Employer's Identification Number** **34 - Social Security Number** **XX - Health Care Financing Administration National Provider Identifier. Required value if the National Provider ID is mandated for use. Otherwise, one of the other listed codes may be used.**	**No Current Equivalent**	**24 - Employer's Identification Number** **34 - Social Security Number** **XX - Health Care Financing Administration National Provider Identifier. Required value if the National Provider ID is mandated for use. Otherwise, one of the other listed codes may be used.**
201	**Assistant Surgeon Specialty Information/Provider Code**	**2420C – PRV01**	**AS – Assistant Surgeon**	**No Current Equivalent**	**AS – Assistant Surgeon**
202	**Assistant Surgeon Specialty Information/Reference Identification Qualifier**	**2420C – PRV02**	**ZZ – Mutually Defined** **ZZ is sued to indicate the "Health Care**	**No Current Equivalent**	**ZZ – Mutually Defined**

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#	Code or Value Set (Element Name)	Loop-Segment/Element	HIPAA Values & Descriptions	AHCCCS Values & Descriptions	Mapping Decision
			Provider Taxonomy" code list (provider specialty code) which is available on the Washington Publishing Company web site: http://www.wpc-edi.com. **This taxonomy is maintained by the Blue Cross Blue Shield Association and ANSI ASC X12N TG2 WG15.**		
203	**Assistant Surgeon Secondary Identification/Reference Identification Qualifier**	**2420C – REF01**	**0B - State License Number** **1A - Blue Cross Provider Number** **1B - Blue Shield Provider Number** **1C - Medicare Provider Number** **1D - Medicaid Provider Number** **1E – Dentist License Number** **1H - CHAMPUS Identification Number** **G2 - Provider Commercial Number** **LU - Location Number** **TJ - Federal Taxpayer's Identification Number** **X4 - Clinical Laboratory Improvement Amendment Number** **X5 - State Industrial Accident Provider Number**	**No Current Equivalent**	**0B - State License Number** **1A - Blue Cross Provider Number** **1B - Blue Shield Provider Number** **1C - Medicare Provider Number** **1D - Medicaid Provider Number** **1E – Dentist License Number** **1H - CHAMPUS Identification Number** **G2 - Provider Commercial Number** **LU - Location Number** **TJ - Federal Taxpayer's Identification Number** **X4 - Clinical Laboratory Improvement Amendment Number** **X5 - State Industrial Accident Provider Number**
204	Line Adjudication Information/Product or Service ID Qualifier	2430 - SVD03 - 01	AD - American Dental Association Codes ZZ - Mutually Defined	No Current Equivalent	AD - American Dental Association Codes ZZ - Mutually Defined
205	Service Adjustment/Claim Adjustment Group Code	2430 - CAS01	CO - Contractual Obligations CR - Correction and Reversals OA - Other adjustments PI - Payor Initiated Reductions PR - Patient Responsibility	No Current Equivalent	CO - Contractual Obligations CR - Correction and Reversals OA - Other adjustments PI - Payor Initiated Reductions PR - Patient Responsibility
206	Line Adjudication Date/Date Time Qualifier	2430 - DTP01	573 - Date Claim Paid	No Current Equivalent	573 - Date Claim Paid
207	Line Adjudication Date/Date Time Period Format Qualifier	2430 - DTP02	D8 - Date Expressed in Format CCYYMMDD	No Current Equivalent	D8 - Date Expressed in Format CCYYMMDD
208	Transaction Set Trailer/Transaction Segment Count	Transaction Set Trailer - SE01		No Current Equivalent	
209	Transaction Set Trailer/Transaction Set Control Number	Transaction Set Trailer - SE02		No Current Equivalent	

Bolded Codes and Values are from Addenda version 0040X097A1 -–October 2001