

MN-ITS Help Text – 837D – Service Line

The table below describes the individual fields on the Services screens used for line item billing, line item coordination of benefits reporting, and reporting other providers for a specific service line. * The Field Name column identifies X12 loops and elements only for fields that display in the MN-ITS screens. Refer to the X12 HIPAA Companion Guides available through the [WPC X12 Registry](#) for additional instruction when submitting batch claims.

Select [MN-ITS User Guides](#) to obtain additional instruction for submitting claims for specific services using MN-ITS DDE.

Field Name* <i>(X12 Loop and element)</i>	Valid Values	Character Length	Field Descriptions
Date of Service (From) <i>(Loop: 2400, DTP03)</i>	MMDDCCYY	8 (numeric)	The date the service was completed
Date of Service (To) <i>(Loop: 2400, DTP03)</i>	MMDDCCYY	8 (numeric)	Treatment completion date
Place of Service <i>(Loop: 2400, SV303)</i>	Refer to the MN-ITS screen for values available		Identifies where the service/item was rendered
Procedure Code <i>(Loop: 2430, SV301-2)</i>		5 (alphanumeric)	Code (CDT) identifying the service
Procedure Code Modifier(s) <i>(Loop: 2400, SV101-3, SV101-4, SV101-5, SV101-6)</i>		2 (alphanumeric)	Code (HCPCS or CDT modifier) that clarifies or further identifies the service indicated in the procedure code field
Diagnosis Pointer(s) <i>(Loop: 2400, SV311-1, SV311-2, SV311-3, SV311-4)</i>	Refer to the MN-ITS screen for values available		Indicates, in the order of importance, the diagnosis code(s) from the Claim Information screen that apply to this service Default is V72.2 Dental Examination
Line Item Charge Amount <i>(Loop: 2400, SV302)</i>		10 (numeric)	The usual and customary charge for the service performed
Service Unit Count <i>(Loop: 2400, SV306)</i>		1-15 (numeric)	The quantity of units for the service
Other Payer			
Other Payer	Refer to the		Identifier of the insurance carrier (NPI)

Primary ID (Loop: 2430, REF04-2)	MN-ITS screen for values available		
Service Line Paid Amount (Loop: 2430, SVD02)		10 (numeric)	The total dollar amount paid for this service by the other payer
Adjudication Payment Date (Loop: 2430, DTP03)		10 (numeric)	Date of payment or denial determination by Medicare payer for this service line
Claim Adjustment Group Code (Loop: 2430, CAS01)	Refer to the MN-ITS screen for values available		HIPAA compliant adjustment group code listed on the insurance (other payer) EOB
Paid Unit Count (Loop: 2430, SVD05)		1-15 (numeric)	The number of units identified as being paid from the other payer's EOB
Adjustment Reason Code (Loop: 2430, CAS02)		1-5 (alphanumeric)	Code identifying the reason the adjustment was made
Adjustment Amount (Loop: 2430, CAS03)		10 (numeric)	The total dollar amount of the adjustment made to this service line
Adjustment Quantity (Loop: 2430, CAS04)		1-15 (numeric)	The number of units being adjusted for this service line
Situational Services			
Prior Authorization Number (Loop: 2400, REF02)		11 (numeric)	Authorization number for the service when different than the authorization number reported at the claim level
Fixed Form Information X12 Loop, 2400, K301)		1-80 (alphanumeric)	Field has no specific X12 use at this time
Tooth Code (Loop: 2400, TOO02)	Refer to the MN-ITS screen for values available		Code identifying the tooth on which services were performed
Tooth Surface (Loop: 2400 TOO03-1, TOO03-2, TOO03-3, TOO03-4, TOO03-	Refer to the MN-ITS screen for values		Code identifying the area of the tooth that was treated

5)	available		
Oral Cavity Designation (Loop 2400, SV304-1)	Refer to the MN-ITS screen for values available		Code identifying an oral cavity involved in the service
Prosthesis Code (Loop: 2400, SV305)	Refer to the MN-ITS screen for values available		Code identifying if the placement status of the prosthesis
Prior Placement Date (Loop: 2400, DTP03)		8 (numeric)	Date prior prosthetic was received
Orthodontic Banding Date (Loop: 2400, DTP02)		8 (numeric)	Date initial banding was performed
Replacement Date (Loop: 2400, DTP03)		8 (numeric)	Date orthodontic appliance was replaced
Other Providers (Line Level)			
Rendering Provider – Provider Identifier NPI/UMPI (Loop: 2420A, NM109)		10 (numeric)	NPI of the provider performing/rendering the service
Service Facility Location			
Service Facility Location – Provider Identifier NPI/UMPI (Loop2410C, NM109)		10 (numeric)	NPI identifying one of the following: Where the service was actually provided The recipient's or provider's home/clinic location when the location of health care service is different than the billing provider
Supervising Provider			
Supervising Provider – Provider Identifier NPI/UMPI (Loop: 2420C, NM109)		10 (numeric)	NPI of the provider supervising the service
Assistant Surgeon Provider			
Assistant Surgeon Provider – Provider		10 (numeric)	NPI of the assistant surgeon who performed the service

Identifier
NPI/UMPI

*(Loop: 2420B,
NM109)*