Medicare-Medicaid Encounter Data System

Standard Companion Guide for Dental Transaction Information

Instructions related to the 837 Health Care Claim: Dental Transaction based on ASC X12 Technical Report Type 3 (TR3), Version 005010X224A2

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Preface

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The Medicare-Medicaid Encounter Data System (MMEDS) Dental Companion Guide contains information to assist Medicare Medicaid Plans (MMPs) and other entities in the submission of Medicare-Medicaid Encounter data. Information in this MMEDS Dental Companion Guide reflects current decisions and may be subject to change. Each version of the MMEDS Dental Companion Guide is identified with a version number, which is located in the version control log on the last page of the document. Users should verify that they are using the most current version.

Questions regarding the contents of the MMEDS Dental Companion Guide should be directed to csscoperations@palmettogba.com.

Contents

1 Introduction

1.1 Scope

The purpose of this Companion Guide is to provide MMPs and other entities with unique requirements of the MMEDS to be used in conjunction with your State assigned Medicaid Companion Guides and the associated 837-D Technical Report Type 3 (TR3). The instructions in the 837-D MMEDS Companion Guide are not intended for use as a stand-alone requirements document. This Companion Guide is intended for Medicaid Dental services only. Any Medicare Dental services are to be reported under the 837-P guidelines.

1.2 Overview

The MMEDS 837-D Companion Guide includes information required to initiate and maintain communication exchange with CMS. The information is organized in the sections listed below:

- Contact Information: Includes telephone numbers and email addresses for MMEDS contacts.
- Control Segments/Envelopes: Contains information required to create the ISA/IEA, GS/GE, and ST/SE control segments in order for transactions to be supported by the MMEDS.
- Acknowledgements and Reports: Contains information for all transaction acknowledgements and reports sent by the MMEDS.
- Transaction Specific Information: Describes the details of the HIPAA X12 TR3, using a tabular format. The tables contain a row for each segment with CMS and TR3 specific information. That information may contain:
    - Limits on the repeat of loops or segments
    - Limits on the length of a simple data element
    - Specifics on a sub-set of the TR3's internal code listings
    - Clarification of the use of loops, segments, and composite or simple data elements
    - Any other information tied directly to a loop, segment, and composite or simple data element pertinent to trading electronically with CMS.

In addition to the row for each segment, one (1) or more additional rows are used to describe the MMEDS' usage for composite or simple data elements and for any other information.

2 Contact Information

2.1 The Customer Service and Support Center (CSSC)

The Customer Service and Support Center (CSSC) personnel are available for questions from 8:00 AM – 7:00PM EST, Monday-Friday, with the exception of federal holidays. MMPs and

other entities are able to contact the CSSC by phone at 1-877-534- CSSC (2772) or by email at csscoperations@palmettogba.com.

2.2 Applicable Website/Email Resources

Contact CSSC Operations via Email at csscoperations@palmettogba.com for any MMP support related questions. You may also visit our website at www.csscoperations.com.

3 File Submission

3.1 File Naming Convention

The Gentran/TIBCO/MFT file naming convention for files from the plan to Palmetto should be constructed as follows:

Production	guid.racf.MMCD.freq.ccccc. <Sub Id>.P
Test	guid.racf.MMCD.freq.ccccc. <Sub Id>.T

3.2 File Size Limitations

Due to system limitations, ISA/IEA transaction sets should not exceed 5,000 encounters, as the MMEDS processes smaller files more efficiently than larger files.

In an effort to support and provide the most efficient processing system, and to allow for maximum performance, CMS recommends that FTP submitters' scripts upload no more than one (1) file per five (5) minute intervals. Zipped files should contain one (1) file per transmission. NDM users may submit a maximum of 255 files per day.

3.3 File Structure – NDM/Connect Direct Submitters Only

NDM/Connect Direct submitters must format all submitted files in an 80-byte fixed block format. This means MMPs and other entities must upload every line (record) in a file with a length of 80 bytes/characters.

Submitters should create files with segments stacked, using only 80 characters per line. At position 81 of each segment, MMPs and other entities must create a new line. On the new line starting in position 1, continue for 80 characters, and repeat creating a new line in position 81 until the file is complete. If the last line in the file does not fill to 80 characters, the submitter should space the line out to position 80 and then save the file.

Note: If MMPs and other entities are using a text editor to create the file, pressing the Enter key will create a new line. If MMPs and other entities are using an automated system to create the file, create a new line by using a CRLF (Carriage Return Line Feed) or a LF (Line Feed).

For example, the ISA record is 106 characters long:

The first line of the file will contain the first 80 characters of the ISA segment; the last 26 characters of the ISA segment continue on the second line. The next segment will start in the

27th position and continue until column 80.

ISA*00* *00* *ZZ* DST999*ZZ* 80893*120816*1144*^*00501*000000031*1*P*:~

Note to NDM/Connect:Direct Users: If a submitter has not established a sufficient number of Generated Data Groups (GDGs) to accommodate the number of files returned from the MMDFES, not all of the MMDFES Acknowledgement reports will be stored in the submitter's system. To prevent this situation, NDM/Connect:Direct submitters should establish a limit of 255 GDGs in their internal processing systems.

4 Control Segments/Envelopes

4.1 ISA/IEA

The term interchange denotes the transmitted ISA/IEA envelope. Interchange control is achieved through several "control" components, as defined in Table 4A. The interchange control number is contained in data element ISA13 of the ISA segment. The identical control number must also occur in data element IEA02 of the IEA segment. MMPs and other entities must populate all elements in the ISA/IEA interchange. There are several elements within the ISA/IEA interchange that must be populated specifically for encounter data purposes. Table 4A below provides MMEDS Interchange Control (ISA/IEA) specific elements.

Note: Table 4A presents only those elements that provide specific details relevant to MMP data. When developing the Medicare-Medicaid data system, users should base their logic on the highest level of specificity.

First, consult the WPC/TR3. Second, consult the MMEDS 837-D Companion Guide. If there are options expressed in the WPC/TR3 that are broader than the options identified in the MMEDS 837-D Companion Guide, MMPs and other entities must use the rules identified in the Companion Guide.

LEGEND
SHADED rows represent segments in the X12N TR3
NON-SHADED rows represent data elements in the X12N TR3

TABLE 4A – ISA/IEA INTERCHANGE ELEMENTS

LOOP ID	REFERENCE	NAME	CODES	NOTES/COMMENTS
ISA		Interchange Control Header		
	ISA01	Authorization Information Qualifier	00	No authorization information present
	ISA02	Authorization Information		Use 10 blank spaces
	ISA03	Security Information Qualifier	00	No security information present
	ISA04	Security Information		Use 10 blank spaces
	ISA05	Interchange ID Qualifier	ZZ	CMS expects to see a value of "ZZ" to designate that the code is mutually defined

LOOP ID	REFERENCE	NAME	CODES	NOTES/COMMENTS
	ISA06	Interchange Sender ID		Submitter ID assigned by Palmetto GBA
	ISA07	Interchange ID Qualifier	ZZ	CMS expects to see a value of "ZZ" to designate that the code is mutually defined
	ISA08	Interchange Receiver ID	80893	Medicaid– 80893
	ISA11	Repetition Separator	^	
	ISA13	Interchange Control Number		Must be fixed length with nine (9) characters and match IEA02 Used to identify file level duplicate collectively with GS06, ST02, and BHT03
	ISA14	Acknowledgement Requested	1	A TA1 will be sent if the file is syntactically incorrect, otherwise only a '999' will be sent
	ISA15	Usage Indicator	T P	Test Production
IEA		Interchange Control Trailer		
	IEA02	Interchange Control Number		Must match the value in ISA13

4.2 GS/GE

The functional group is outlined by the functional group header (GS segment) and the functional group trailer (GE segment). The functional group header starts and identifies one or more related transaction sets and provides a control number and application identification information. The functional group trailer defines the end of the functional group of related transaction sets and provides a count of contained transaction sets.

MMPs and other entities must populate all elements in the GS/GE functional group. There are several elements within the GS/GE that must be populated specifically for encounter data collection. Table 4B provides MMEDS functional group (GS/GE) specific elements.

Note: Table 4B presents only those elements that require explanation.

TABLE 4B - GS/GE FUNCTIONAL GROUP ELEMENTS

LOOP ID	REFERENCE	NAME	CODES	NOTES/COMMENTS
GS		Functional Group Header		
	GS02	Application Sender's Code		Submitter ID assigned by Palmetto GBA This value must match the value in ISA06
	GS03	Application Receiver's Code	80893	This value must match the value in ISA08
	GS06	Group Control Number		This value must match the value in GE02 Used to identify file level duplicates collectively with ISA13, ST02, and BHT03

LOOP ID	REFERENCE	NAME	CODES	NOTES/COMMENTS
	GS08	Version/Release/Industry Identifier Code	005010X224A2	
GE		Functional Group Trailer		
	GE02	Group Control Number		This value must match the value in GS06

4.3 ST/SE

The transaction set (ST/SE) contains required, situational loops, unused loops, segments, and data elements. The transaction set is outlined by the transaction set header (ST segment) and the transaction set trailer (SE segment). The transaction set header identifies the start and identifies the transaction set. The transaction set trailer identifies the end of the transaction set and provides a count of the data segments, which includes the ST and SE segments. Several elements must be populated specifically for encounter data purposes. Table 4C provides MMEDS transaction set (ST/SE) specific elements.

Note: Table 4C presents only those elements that require explanation.

TABLE 4C - ST/SE TRANSACTION SET HEADER AND TRAILER ELEMENTS

LOOP ID	REFERENCE	NAME	CODES	NOTES/COMMENTS
ST		Transaction Set Header		
	ST01	Transaction Set Identifier Code	837	
	ST02	Transaction Set Control Number		This value must match the value in SE02 Used to identify file level duplicates collectively with ISA13, GS06, and BHT03
	ST03	Implementation Convention Reference	005010X224A2	
SE		Transaction Set Trailer		
	SE01	Number of Included Segments		Must contain the actual number of segments within the ST/SE
	SE02	Transaction Set Control Number		This value must be match the value in ST02

5 837 Dental: Data Elements

Within the ST/SE transaction set, there are multiple loops, segments, and data elements that provide billing provider, subscriber, and patient level information. MMPs and other entities should reference www.wpc-edi.com to obtain the most current TR3. MMPs and other entities must submit MMEDS transactions using the most current transaction version.

The 837 Dental Data Element table identifies only those elements within the X12N TR3 that require comment within the context of the MMEDS' submission. Tables 5A and 5B identify the 837 Dental TR3 by loop name, segment name, segment identifier, data element name, and data element

identifier for cross reference. Not all data elements listed in the tables below are required, but if they are used, the table reflects the values CMS expects to see.

TABLE 5A – BEGININNING OF HIERARCHIAL TRANSACTION

LOOP ID	REFERENCE	NAME	CODES	NOTES/COMMENTS
	BHT	Beginning of Hierarchical Transaction		
	BHT03	Originator Application Transaction Identifier		Must be a unique identifier across all files Used to identify file level duplicates collectively with ISA13, GS06, and ST02.
	BHT06	Claim Identifier	CH	Chargeable

TABLE 5B - 837 DENTAL DATA ELEMENTS

LOOP ID	REFERENCE	NAME	CODES	NOTES/COMMENTS
1000A	NM1	Submitter Name		
	NM109	Submitter Identifier		Submitter ID assigned by Palmetto GBA
1000B	NM1	Receiver Name		
	NM103	Receiver Name		MMEDSCMS
	NM109	Receiver ID	80893	Medicaid
2000B	SBR	Subscriber Information		
	SBR01	Payer Responsibility Number Code	S	MMEDSCMS is considered the destination (secondary) payer
	SBR09	Claim Filing Indicator Code	MC	Medicaid
2010BA	NM1	Subscriber Name		
	NM108	Subscriber ID Qualifier	MI	Must be populated with a value of MI – Member Identification Number
	NM109	Subscriber Primary Identifier		This is the subscriber's Health Insurance Claim (HIC) number. Must match the value in Loop 2330A, NM109)
2010BB	NM1	Payer Name		
	NM103	Payer Name		MMEDSCMS
	NM109	Payer Identification	80893	Medicaid
2010BB	REF	Other Payer Secondary Identifier		
	REF01	Contract ID Identifier	2U	
	REF02	Contract ID Number		MMP or other entities Contract ID Number
2010BB	REF	Billing Provider Secondary Identification		
	REF01	Medicaid Subscriber ID Identifier	G2	
	REF02	Medicaid Subscriber ID Number		Medicaid State Assigned Identification Number
2300	REF	Payer Claim Control Number		
	REF01	Original Reference Number	F8	
	REF02	Payer Claim Control Number		Identifies ICN from original encounter when submitting adjustments
2320	AMT	Payer Paid Amount		

	AMT01	Amount Qualifier	D	Must be populated with a value of D – Payer Amount Paid
	AMT02	Payer Paid Amount		Medicare-Medicaid Plan paid amount

6 Acknowledgements and/or Reports

6.1 TA1 – Interchange Acknowledgement

The TA1 report enables the receiver to notify the sender when there are problems with the interchange control structure. As the interchange envelope enters the MMDFES, the EDI translator performs TA1 validation of the control segments/envelope. The sender will only receive a TA1 if there are syntax errors in the file. Errors found in this stage will cause the entire X12 interchange to be rejected with no further processing.

MMPs and other entities will receive a TA1 interchange report acknowledging the syntactical inaccuracy of an X12 interchange header ISA and trailer IEA and the envelope's structure. Encompassed in the TA1 is the interchange control number, interchange date and time, interchange acknowledgement code, and interchange note code. The interchange control number, date, and time are identical to those populated on the original 837-D ISA line, which allows for MMPs and other entities to associate the TA1 with a specific file previously submitted.

Within the TA1 segment, MMPs and other entities will be able to determine if the interchange rejected by examining the interchange acknowledgement code (TA104) and the interchange note code (TA105). The interchange acknowledgement code stipulates whether the interchange (ISA/IEA) rejected due to syntactical errors. An "R" will be the value in the TA104 data element if the interchange rejected due to errors. The interchange note code is a numeric code that notifies MMPs and other entities of the specific error. If a fatal error occurs, the MMDFES generates and returns the TA1 interchange acknowledgement report within 24 hours of the interchange submission. If a TA1 interchange control structure error is identified, MMPs and other entities must correct the error and resubmit the interchange file.

6.2 999 – Functional Group Acknowledgement

After the interchange passes the TA1 edits, the next stage of editing is to apply TR3 edits and verify the syntactical correctness of the functional group(s) (GS/GE). Functional groups allow for organization of like data within an interchange; therefore, more than one (1) functional group with multiple claims within the functional group can be populated in a file. The 999 acknowledgement report provides information on the validation of the GS/GE functional group(s) and the consistency of the data. The 999 report provides MMPs and other entities information on whether the functional groups were accepted or rejected.

If a file has multiple GS/GE segments and errors occurred at any point within one of the syntactical and TR3 level edit validations, the GS/GE segment will reject, and processing will continue to the next GS/GE segment. For instance, if a file is submitted with three (3) functional

groups and there are errors in the second functional, the first functional group will accept, the second functional group will reject, and processing will continue to the third functional group.

The 999 transaction set is designed to report on adherence to TR3 level edits and CMS standard syntax errors as depicted in the CMS edit spreadsheet. Three (3) possible acknowledgement values are:

- "A" – Accepted
- "R" – Rejected
- "P" – Partially Accepted, At Least One Transaction Set Was Rejected

When viewing the 999 report, MMPs and other entities should navigate to the IK5 and AK9 segments. If an "A" is displayed in the IK5 and AK9 segments, the claim file is accepted and will continue processing. If an "R" is displayed in the IK5 and AK9 segments, an IK3 and an IK4 segment will be displayed. These segments indicate what loops and segments contain the error that needs correcting so the interchange can be resubmitted. The third element in the IK3 segment identifies the loop that contains the error. The first element in the IK3 and IK4 indicates the segment and element that contain the error. The third element in the IK4 segment indicates the reason code for the error.

6.3 Validation Report

After the file is accepted at the interchange and functional group levels, the third type of report you will receive is a Validation report. If an encounter is accepted, the Validation report will provide the ICN assigned to that encounter.

6.4 Reports File Naming Conventions

In order for MMPs and other entities to receive and identify the MMDFES acknowledge reports (TA1, 999 and Validation report) specific report file naming conventions have been used. The file name ensures that the specific reports are appropriately distributed to each secure, unique mailbox. The MMDFES has established unique file naming conventions for reports distributed during testing and production.

Table 6A below provides a description of the file name components, which will assist MAOs and other entities in identifying the report type.

TABLE 6A – TESTING MMDFES REPORTS FILE NAMING CONVENTIONS

REPORT TYPE	FTP MAILBOX
RSPnnnnn	The type of data 'RSP' and a sequential number assigned by the server 'nnnnn'
X12nnnnn	The type of data 'X12' and a sequential number assigned by the server 'nnnnn'
TMMDDCCYYHHMMS	The Date and Time stamp the file was processed
999nnnnn	The type of data '999' and a sequential number assigned by the server 'nnnnn'
RPTnnnnn	The type of data 'RPT' and a sequential number assigned by the server 'nnnnn'

6.4.1 Testing Reports File Naming Convention

Table 6B below provides the MMDFES report file naming conventions according to connectivity method. MMPs and other entities should note that Connect:Direct (NDM) users' report file naming conventions are user defined.

TABLE 6B – TESTING MMDFES REPORTS FILE NAMING CONVENTIONS

REPORT TYPE	GENTRAN/TIBCO/MFT MAILBOX	FTP MAILBOX
MMDFES Notifications	T.nnnnn.MCD_RESPONSE.pn	RSPnnnnn.RSP.REJECTED_ID
TA1	T.nnnnn.MCD_REJT_IC_ISAIEA.pn	X12nnnnn.X12.TMMDDCCYYHHMMS
999	T.nnnnn.MCD_REJT_FUNCT_TRANS.pn	999nnnnn.999.999
999	T.nnnnn.MCD_ACCPT_FUNCT_TRANS.pn	999nnnnn.999.999
Validation Report	T.nnnnn.MDC_RESP_CLAIM_NUM.pn	RPTnnnnn.RPT.VALIDATION

6.4.2 Production Reports File Naming Convention

Different production report file naming conventions are used so that MMPs and other entities may easily identify reports generated and distributed during production. Table 6C below provides the report file naming conventions per connectivity method for production reports.

TABLE 6C – PRODUCTION EDFES REPORTS FILE NAMING CONVENTIONS

REPORT TYPE	GENTRAN/TIBCO/MFT MAILBOX	FTP MAILBOX
MMDFES Notifications	P.nnnnn.MCD_RESPONSE.pn	RSPnnnnn.RSP.REJECTED_ID
TA1	P.nnnnn.MCD_REJT_IC_ISAIEA.pn	X12nnnnn.X12.TMMDDCCYYHHMMS
999	P.nnnnn.MCD_REJT_FUNCT_TRANS.pn	999nnnnn.999.999
999	P.nnnnn.MCD_ACCPT_FUNCT_TRANS.pn	999nnnnn.999.999
Validation Report	P.nnnnn.MDC_RESP_CLAIM_NUM.pn	RPTnnnnn.RPT.VALIDATION

6.5 Medicaid Edits

High level file integrity checks are performed on MMP Medicaid encounters. The encounters are interrogated by a commercial off the shelf (COTS) EDI translator. CMS provides a list of edits used to process encounters submitted to the MMEDS found in the CMS 5010 Edits Spreadsheets. For a list of current edits, MMPs should refer to the spreadsheet version identifier in cell A1. The version identifier is comprised of ten characters, broken down as follows:

- Positions 1-2 indicate the line of business
  - EA – Part A
  - EB – Part B
- Positions 3-6 indicate the year (i.e., 2014)
- Position 7 indicates the release quarter month
  - 1 – January release
  - 2 – April release
  - 3 – July release

  - 4 – October release
- Positions 8-10 indicate the spreadsheet version iteration number (i.e., V01-first iteration, V03-third iteration)

The CMS 5010 Edits Spreadsheets provide documentation regarding edit rules that explain how to identify an edit and the associated logic. The CMS 5010 Edits Spreadsheets are accessible on the CMS website. In addition, a link to this page can be found on the CSSC Operations website under Edits. Only 999R, 999E and 277T edits are applicable and are identified in the columns labeled "TA1/999/Validation" and "Accept/Reject".

7 Testing and Certification

MMPs will be required to submit test files to ensure the submitter's systems are properly configured for data submission. Before exchanging production transactions, each plan must complete testing to become certified. This process allows MMPs to confirm that the CMS operational guidance has been properly programmed in their systems. A test file will need to be submitted containing 25 encounters and must pass 100% of the front end edits. In the event more than 25 encounters are submitted, the file must receive an accepted or partially accepted 999, and Validation report with a minimum of an 80% acceptance rate. (**Note:** MMPs must first enroll to submit MMP data before any testing occurs.)

8 Medicaid Data Element Requirements

Refer to your state's Medicaid Dental Companion Guide for data element specifications.

MMEDS Acronyms

The MMEDS Acronym Table below outlines a list of acronyms that are currently used in MMEDS documentation, materials, and reports distributed to MMPs and other entities. This list is not all-inclusive and should be considered a living document; as acronyms will be added, as required.

MMEDS ACRONYMS

ACRONYM	DEFINITION
A	
ASC	Ambulatory Surgery Center
C	
CAH	Critical Access Hospital
CARC	Claim Adjustment Reason Code
CAS	Claim Adjustment Segments
CC	Condition Code
CCI	Correct Coding Initiative
CCN	Claim Control Number
CEM	Common Edits and Enhancement Module
CMG	Case Mix Group
CMS	Centers for Medicare & Medicaid Services
CORF	Comprehensive Outpatient Rehabilitation Facility
CPO	Care Plan Oversight
CPT	Current Procedural Terminology
CRNA	Certified Registered Nurse Anesthetist
CSC	Claim Status Code
CSCC	Claim Status Category Code
CSSC	Customer Service and Support Center
D	
DME	Durable Medical Equipment
DMEPOS	Durable Medical Equipment, Prosthetics, Orthotics, and Supplies
DMERC	Durable Medical Equipment Carrier
DOB	Date of Birth
DOD	Date of Death
DOS	Date(s) of Service
E	
E & M or E/M	Evaluation and Management
EDDPPS	Encounter Data DME Processing and Pricing Sub-System
MMEDSCMS	Encounter Data Front-End System
EDI	Electronic Data Interchange
EDIPPS	Encounter Data Dental Processing and Pricing Sub-System
EDPPPS	Encounter Data Professional Processing and Pricing Sub-System
EDPS	Encounter Data Processing System
MMEDS	Encounter Data System
EIC	Entity Identifier Code

ACRONYM	DEFINITION
EODS	Encounter Operational Data Store
ESRD	End Stage Renal Disease
F	
FFS	Fee-for-Service
FQHC	Federally Qualified Health Center
FTP	File Transfer Protocol
FY	Fiscal Year
H	
HCPCS	Healthcare Common Procedure Coding System
HHA	Home Health Agency
HICN	Health Information Claim Number
HIPAA	Health Insurance Portability and Accountability Act
HIPPS	Health Insurance Prospective Payment System
I	
ICD-9CM/ICD-10CM	International Classification of Diseases, Clinical Modification (versions 9 and 10
ICN	Interchange Control Number
IRF	Inpatient Rehabilitation Facility
M	
MAC	Medicare Administrative Contractor
MAO	Medicare Advantage Organization
MMP	Medicare-Medicaid Plan
MTP	Multiple Technical Procedure
MUE	Medically Unlikely Edits
N	
NCD	National Coverage Determination
NDC	National Drug Codes
NPI	National Provider Identifier
NCCI	National Correct Coding Initiative
NOC	Not Otherwise Classified
NPPES	National Plan and Provider Enumeration System
O	
OCE	Outpatient Code Editor
OIG	Officer of Inspector General
OPPS	Outpatient Prospective Payment System
P	
PACE	Program for All-Inclusive Care for the Elderly
PHI	Protected Health Information
PIP	Periodic Interim Payment
POA	Present on Admission
POS	Place of Service
PPS	Prospective Payment System
R	
RAP	Request for Anticipated Payment

ACRONYM	DEFINITION
RHC	Rural Health Clinic
RPCH	Regional Primary Care Hospital
S	
SNF	Skilled Nursing Facility
T	
TCN	Transaction Control Number
TOB	Type of Bill
TOS	Type of Service
TPS	Third Party Submitter
V	
VC	Value Code
Z	
ZIP Code	Zone Improvement Plan Code

REVISION HISTORY

VERSION	DATE	DESCRIPTION OF REVISION
1.0	12/11/2013	Baseline Version
2.0	09/08/2014	Updated table in Section 5.0 – Changed segment from NM103 to NM108 in the 2010BA loop
2.0	09/08/2014	Updated Testing Requirements, Section 7.0 to include requirements when a file contains more than 25 files.
2.0	09/08/2014	Added the 2010BB REF segment to the 837 Dental Data Elements table; Section 5.0
2.0	09/08/2014	Replaced all references of Validation Report with 277CA
3.0	11/26/2014	Replaced all references of 277CA with Validation Report
3.0	11/26/2014	Added Table 6A and renamed the two tables that follow to 6B and 6C
3.0	11/26/2014	Corrected naming convention variables from x's to n's (Tables 6B and 6C)
4.0	12/09/2014	Added section 6.5 (Medicaid Edits)
5.0	03/31/2015	Added 2300 Payer Claim Control Number information to Table 5B
5.0	03/31/2015	Added 2320 AMT information to Table 5B
6.0	05/06/2015	Updated the fourth sentence of section 4.0 by removing "for Institutional data" from the sentence.
7.0	07/10/2015	Sections 3 and 6 were updated to include Gentran/TIBCO/MFT file naming conventions.
8.0	08/19/2015	Updated Gentran naming conventions in Section 3.1.
9.0	09/04/2015	Updated the hyperlink in Section 6.5.