

Capitol Dental 5010 Submitter Profile Check List

The following field values are required to submit CAPITOL DENTAL X12 837 Dental claims to Ayin Health Solutions. Effective Jan 01, 2012.

1. ISA01 “00” (always)
2. ISA02 [blank]
3. ISA03 “00” (always)
4. ISA04 [blank]
5. ISA05 “ZZ” (always)
6. ISA06 [Business Tax ID]
7. ISA07 “ZZ” (always)
8. ISA08 “931211733” (AYIN Tax ID)
9. GS02 [Business Tax ID]
10. GS03 “CIM5”
11. 1000A – NM109 [Business Tax ID]
12. 1000B – NM103 “AYIN”
13. 1000B – NM108 “46”
14. 1000B – NM109 “931211733” (AYIN Tax ID)
15. 2010BB – NM103 “CAPITOL DENTAL” Clearinghouse pass through value provider submits.
16. 2010BB – NM108 “PI”
17. 2010BB – NM109 “122627” Clearinghouse use agreed upon payer id.

For secondary claims, include the other payer amount paid and patient responsibility information in the 2430 Loop – “Line Adjudication Information.”

1. 2430 – SVD02 \$[amount paid by other insurer]
2. 2430 – CAS01 “PR”
3. 2430 – CAS03, 06, 09 \$[patient responsibility amount]