SV301-1 235 PRODUCT/SERVICE ID QUALIFIER M ID 2/2

Code identifying the type/source of the descriptive number used in Product/Service

ID (234).

Required	**AD = American Dental Association Codes**
	HC = Health Care Financing Administration Common Procedural Coding System (HCPCS) Codes
	<mark>**ER = Jurisdiction Specific Procedure and Supply Code**</mark>

SV301-2 234 PRODUCT/SERVICE ID M AN 1/48

Identifying number for a product or service.

Required	**If SV301-1 = AD, DN0719 ADA Procedure Billed Code**
	If SV301-1 = HC, use DN0714 HCPCS Line Procedure Billed Code
	<mark>**If SV301-1 = ER, use DN0715 Jurisdiction Procedure Billed Code**</mark>

SV301-3 1339 PROCEDURE MODIFIER O AN 2/2

Identifies special circumstances related to the performance of the service, as defined by trading partners.

Note: Use for the first procedure code modifier.

Situational	Required when the jurisdiction allows dental service modifiers to be billed and a modifier is included on the medical bill received by the insurer or claims administrator.
	If SV301-1 = HC, use DN0717 HCPCS Modifier Billed code
	If SV301-1 = AD, Do Not Use
	<mark>**If SV301-1 = ER, use DN0718 Jurisdiction Modifier Billed Code**</mark>

SV301-4 1339 PROCEDURE MODIFIER O AN 2/2

Identifies special circumstances related to the performance of the service, as defined by trading partners.

Note: Use for the second procedure code modifier.

Situational	Required when the jurisdiction allows dental service modifiers to be billed and a second modifier is included on the medical bill received by the insurer or claims administrator.
	If SV301-1 = HC, use DN0717 HCPCS Modifier Billed Code
	If SV301-1 = AD, Do Not Use
	<mark>**If SV301-1 = ER, use DN0718 Jurisdiction Modifier Billed Code**</mark>

SV301-5 1339 PROCEDURE MODIFIER O AN 2/2

Identifies special circumstances related to the performance of the service, as

defined by trading partners.
Note: Use for the third procedure code modifier.

Situational   Required when the jurisdiction allows dental service
modifiers to be billed and a third modifier is included on the
medical bill received by the insurer or claims administrator.
**If SV301-1 = HC, use DN0717 HCPCS Modifier Billed
Code**
If SV301-1 = AD, Do Not Use
<mark>**If SV301-1 = ER, use DN0718 Jurisdiction Modifier
Billed Code**</mark>

SV301-6 1339 PROCEDURE MODIFIER O AN 2/2

Identifies special circumstance related to the performance of the service, as
defined by trading partners.
Note: Use for the fourth procedure code modifier.

Situational   Required when the jurisdiction allows dental service
modifiers to be billed and a fourth modifier is included on
the medical bill received by the insurer or claims
administrator.
**If SV301-1 = HC, use DN0717 HCPCS Modifier Billed
Code**
If SV301-1 = AD, Do Not Use
<mark>**If SV301-1 = ER, use DN0718 Jurisdiction Modifier
Billed Code**</mark>