

Labor Fund Dental Network Program - Fee Schedule File

Element Number	Data Element	Start Position	Length	Format	Description/Valid Values
101	Provider Fee Schedule	1	6	X(6)	Name of fee schedule assigned to provider.
102	ADA Code	7	6	X(6)	CDT procedure code.
103	Effective Date	13	8	X(8)	Procedure code effective date for fee schedule. Date format is CCYYMMDD.
104	Termination Date	21	8	X(8)	Procedure code termination date for fee schedule. Date format is CCYYMMDD.
105	Rate	29	9	9(9,3)	Negotiated provider fee for procedure code.