

Elements of claims review

We assess dental claims against generally accepted standards of care, contractual requirements, utilization management clinical policy and Current Dental Terminology (CDT) procedure coding. Your office can ensure timely, accurate payment by providing complete and accurate information in your claims. Using correct CDT codes helps us understand what type of service has been delivered and how to pay a claim for that service.

To establish generally accepted standards of care, accuracy of CDT coding, and contract alignment, certain radiographs or photographs may be requested for clarification. Clinical chart notes, operative reports, exam forms, specialty referral forms, orthodontic indices, dental history, periodontal charting, narratives, pathology reports, and anesthesia records may be required.

Dental review means dental services that a dentist provides to a patient for the purpose of evaluating, diagnosing or treating a dental injury or disease or its symptoms. The dentist will use sensible clinical judgment when providing dental services. Dental services should be in accordance with the generally accepted standards of dental practice in terms of type, frequency, extent, and considered effective for the patient's dental injury or disease. The dental service is not primarily performed for the convenience of the patient or dentist, is not cosmetic and is not more costly than an alternative service.

For dental purposes, generally accepted standards of dental practice means:

- Standards that are based on credible scientific evidence published in peer-reviewed, dental literature generally recognized by the practicing dental community
- Specialty society recommendations or criteria
- The views of recognized dentists practicing in the relevant clinical area
- Any other relevant factors from credible sources

What's inside:

Updated CDT codes

Criteria required for a claim or pre-determination

How to submit a clean claim

Required attachments by CDT codes

CDT coding accuracy means that current CDT Procedure Code(s) submitted for procedure(s) performed by the practitioner correspond with CDT Nomenclature and Descriptors. In August 2000, the CDT was designated by the federal government as the national terminology for reporting dental services on claims submitted to third party payers, in accordance with authority granted by the Health Insurance Portability and Accountability Act of 1996 (HIPAA). Dental services reported must utilize CDT Procedure coding and correspond with CDT Nomenclature and Descriptors.

Note: If a service is covered by the plan, when any service is performed in conjunction with or in preparation for a non-covered or denied service, all related services are also either not covered or denied.

Criteria required for a claim or pre-determination

Radiographic images

Radiographic images must be pre-treatment, current within 12 months, include an acquisition date, properly mounted, labeled and properly oriented. The radiographic images must be of diagnostic quality - meaning sufficient contrast and density with no geometric distortion. All periapical radiographic images must show the entire tooth structures showing the crown and root including the apex. Radiographic images cannot be faxed due to loss of diagnostic quality.

Periodontal charting

- A. Your documentation should follow 6-point periodontal charting as described by the American Dental Association (ADA) and American Academy of Pediatrics (AAP).
- B. Periodontal charting for non-surgical periodontal therapy should be labeled and dated within 12 months prior to the submitted procedure.
- C. For surgical periodontal treatment, periodontal charting after completion of non-surgical periodontal therapy, CDT codes D4341, D4342 and/or periodontal maintenance, CDT code D4910 is required.

Submitted documentation All submitted documentation must be legible. Chart note entries, narratives, correspondence, and other handwritten documentation must be written neatly, only in ink, and contain patient identification (i.e., claim number). Failure to provide legible records may result in postponement of determination of benefits and/ or denial of payments. Clinical chart notes that are not legible must be transcribed, and both the original and transcription must be submitted.

Clinical chart notes

Clinical chart notes are acceptable when the documentation adequately represents the clinical findings, diagnosis, treatment plan, and treatment rendered.

How to submit a clean claim

Did you know missing or incomplete claim submissions may result in the claim being denied or cause delays in claims processing? We identified data required for a complete claim submission, including the below required claims information, and the attached required supporting documentation for review

Data required fields are highlighted in blue

- 1. Primary Subscriber's Social Security Number (SSN) or Identification Number
- 4. Patient's Date of Birth
- 6. Patient's Relationship to the Primary Subscriber
- 7. Primary Subscriber's Name
- 13. Patient/Guardian's Signature
- 17. Replacement of Prosthetics? (Only applies to major services)
- 17. Date Prior Placement (Only applies to major services)
- 19. Procedure Date(s)
- 19. Tooth Number(s) or Letter(s)
- 19. Tooth Surface, and Quadrant if applicable
- 19. Current ADA Procedure Code(s)
- 19. Fee for Treatment
- 20. Treating Dentist's Signature
- 23. Legible Billing Dentist or Business Name and Address
- 23. Dentist's personal National Provider Identifier (NPI) Number (On electronic submissions only)
- 23. State-issued Dentist License Number
- 23. Tax Identification Number (TIN)
- 23. Treating Dentist License Number if different from the Billing Dentist
- 23. Treatment location if different from the Billing Dentist

ADA American Dental Association® Dental Claim Form

Please send completed claim form to the dental claim address listed on your plan identification card.

HEADER INFORMATION 1. Type of Transaction (Mark all applicable boxes) <input type="checkbox"/> Submission of Actual Services <input type="checkbox"/> Request for Preauthorization/Preauthorization <input type="checkbox"/> CP-DOT, The RIK		POLICYHOLDER/SUBSCRIBER INFORMATION (Assigned by Plan Number in #2) 12. Policyholder/Subscriber Name (Last, First, Middle Initial, Suffix), Address, City, State, Zip Code							
DENTAL BENEFIT PLAN INFORMATION 3. Company Plan Name, Address, City, State, Zip Code		13. Date of Birth (MM/DD/YYYY) 14. Gender <input type="checkbox"/> M <input type="checkbox"/> F <input type="checkbox"/> U 16. Plan/Group Number 17. Employer Name							
OTHER COVERAGE (Mark applicable box and complete details in #11. If none, leave blank.) 4. DENTAL <input type="checkbox"/> UNDEBIT <input type="checkbox"/> (If none, complete #11 for dental only) 5. Name of Policyholder/Subscriber in #4 (Last, First, Middle Initial, Suffix)		PATIENT INFORMATION 18. RELATIONSHIP TO POLICYHOLDER/SUBSCRIBER IN #12 ABOVE <input type="checkbox"/> SELF <input type="checkbox"/> SPOUSE <input type="checkbox"/> DEPENDENT/CHILD <input type="checkbox"/> OTHER 15. Reasoned For Future Use 20. NAME (LAST, FIRST, MIDDLE OR MA, SUFFIX), ADDRESS, CITY, STATE, ZIP CODE							
6. DATE OF BIRTH (MM/DD/YYYY) 7. SEX <input type="checkbox"/> M <input type="checkbox"/> F <input type="checkbox"/> U 8. Policyholder/Subscriber ID (Assigned by Plan)		19. Date of Birth (MM/DD/YYYY) 22. SEX <input type="checkbox"/> M <input type="checkbox"/> F <input type="checkbox"/> U 23. Patient ID/Account ID (Assigned by DENT)							
9. PLAN/GROUP NUMBER 10. PLAN NUMBER(S) TO PREVIOUS SERVICE IS # <input type="checkbox"/> YES <input type="checkbox"/> NO <input type="checkbox"/> SPOUSE <input type="checkbox"/> DEPENDENT <input type="checkbox"/> OTHER		11. Other Insurance Coverage/Other Benefit Plan Name, Address, City, State, Zip Code							
RECORD OF SERVICES PROVIDED									
1	28 Procedure Code (MM/DD/YYYY)	29 Area of Oral Care	30 Tooth (Number or Letter)	31 Tooth Surface	32 Procedure Code	33a. Cmg. Factor	33b. Qty	34. Description	35. Fee
2									
3									
4									
5									
6									
7									
8									
9									
10									
33. Missing Tooth Information (Place an "X" on each missing tooth.) 1 2 3 4 5 6 7 8 9 10 11 12 13 14 15 16				34. Diagnosis Code, List Qualifier <input type="checkbox"/> (ICD-10 + N0)		35a. Other (Pct/%)		35b. Fee	
32 31 30 29 28 27 26 25 24 23 22 21 20 19 18 17				34a. Diagnosis Code(s)		35a. Other (Pct/%)		35b. Fee	
32 31 30 29 28 27 26 25 24 23 22 21 20 19 18 17				34b. Diagnosis Code(s)		35a. Other (Pct/%)		35b. Fee	
34. Remarks									
AUTHORIZATIONS 36. Have been notified of the treatment plan and associated fees. I agree to be responsible for all charges for dental services and materials not covered by dental benefits plan, unless prohibited by law or the treating dentist or dental practice has a contractual agreement with my plan prohibiting all or a portion of such charges. To the extent permitted by law, I consent to your use and disclosure of my protected health information to carry out payment activities in connection with this claim. X Patient/Guardian Signature Date					ANCILLARY CLAIM/TREATMENT INFORMATION 38. Place of Treatment <input type="checkbox"/> In-office (D-U-P) office <input type="checkbox"/> Off-site (See "Place of Service Code" for Professional Claims) 39. Procedure ID (NPI)				
37. I hereby authorize and direct payment of the dental benefits otherwise payable to me, directly to the above named dentist or dental office.					40. Is Treatment for Orthodontics? <input type="checkbox"/> NO (3300 01-02) <input type="checkbox"/> YES (330000 01-02) 41. Date Application Placed (MM/DD/YYYY)				
X Subscriber Signature Date					42. Months of Treatment: <input type="checkbox"/> No <input type="checkbox"/> Yes (Complete #4) 43. Date of Prior Placement (MM/DD/YYYY)				
BILLING DENTIST OR DENTAL ENTITY (Leave blank if dentist or dental entity is not submitting claim on behalf of the patient or insured/subscriber) 38. Name, Address, City, State, Zip Code					44. Treatment Resulting from: <input type="checkbox"/> Occupational/Recreation <input type="checkbox"/> Auto accident <input type="checkbox"/> Other accident 45. Date of Accident (MM/DD/YYYY) 46. Auto Accident Date				
39. NPI 40. License Number 41. TIN or TIN					TREATING DENTIST AND TREATMENT LOCATION INFORMATION 47. I hereby certify that the procedures so indicated by date are in progress for procedures that require multiple visits or have been completed. X Signed/Treating Dentist Date				
42. NPI 43. Address, City, State, Zip Code					48. License Number 49. Provider Identification Code				
44. Phone Number 45. Address, Provider ID					50. Phone Number 51. Address, Provider ID				

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 2015 DENTAL CLAIM FORM - 2015, 2012, 2010, 2008, 2006

TOLL FREE: 801.402.3474 FAX: 801.402.3474
 OR GO ONLINE AT ADAORG/CLM.FRM

Required attachments by CDT codes

The following codes for treatments and procedures applicable to this document are included below for informational purposes. Inclusion or exclusion of a procedure, diagnosis, or device code(s) does not constitute or imply member coverage or provider reimbursement policy. Please refer to the member's contract benefits in effect at the time of service to determine coverage or non-coverage of these services as it applies to an individual member.

Restorative procedures (D2390-D2983)		
Procedure code	Description	Send with claim/pre-determination
D2390	Resin crown	Prior placement date, dated pre-operative periapical radiographic images including bitewings. Periodontal charting upon request.
D2510 – D2664	Inlays/onlays	Prior placement date, dated pre-operative periapical radiographic images including bitewings. Periodontal charting upon request.
D2710 – D2799, D2971	Crowns	Prior placement date, dated pre-operative periapical radiographic images including bitewings. Periodontal charting upon request.
D2710 – D2799	Crowns specific to third molars	Prior placement date, dated pre-operative periapical radiographic images must include bitewings and opposing arch. Current, dated periodontal charting upon request.
D2928 – D2929	Prefabricated ceramic crowns	Dated pre-operative periapical radiographic images.
D2930 – D2934	Crowns (stainless steel)	Dated pre-operative periapical radiographic images.
D2940	Protective restoration	Dated pre-operative periapical radiographic images and chart notes.
D2950, 2951	Build-ups, pins	Dated pre-operative periapical radiographic images, and rationale for dental necessity and/or chart notes.
D2952 – D2957	Posts and core	Dated pre-operative radiographic images for pre-determination and post-op RCT radiographs for claims, rationale for dental necessity and/or chart notes upon request.
D2960 – D2962	Veneers	Prior placement date, dated pre-operative periapical radiographic images including bitewings. Periodontal charting upon request.
D2980 – D2983	Crown repair	Dated pre-operative periapical radiographic images and chart notes/narrative.

Endodontic procedures (D3220-D3920)		
Procedure code	Description	Send with claim/pre-determination
D3220 – D3240	Endodontic therapy	Dated pre-operative periapical radiographic images.
D3310 – D3348	Endodontic therapy	Dated pre and post-operative (for claims) periapical radiographic images.
D3351 – D3353	Apexification/recalcification	Dated pre-operative periapical radiographic images.
D3355 – D3357	Pulpal regeneration	Dated pre-operative periapical radiographic images and chart notes.
D3410 – D3450	Apicoectomy/periradicular surgery	Dated pre-operative periapical radiographic images.
D3470	Reimplantation	Dated pre-operative periapical radiographic Images.
D3471 – D3473	Surgical repair of root resorption	Dated pre-operative periapical radiographic images.

Endodontic procedures continued (D3220-D3920)		
Procedure code	Description	Send with claim/pre-determination
D3501 – D3503	Surgical exposure of root surface without apicoectomy or repair of root resorption	Dated pre-operative periapical radiographic images and chart notes/narrative.
D3920 - D3921	Hemisection	Dated pre and post-operative periapical radiographic images.

Periodontic procedures (D4210-D4910)		
Procedure code	Description	Send with claim/pre-determination
D4210 – D4211	Gingivectomy	Current, dated periodontal charting (pre and post-operative root planing), pre- operative radiographic images, progress or clinical chart notes upon request, intra- oral photographs may be requested for clarification upon request.
D4212	Gingivectomy/gingivoplasty	Dated pre-operative periapical radiographic images and clinical chart notes, dated current periodontal charting and intra-oral photographs may be requested for clarification upon request.
D4230 – D4231	Anatomical crown exposure	Pre-operative periapical radiographic images, clinical chart notes, upon request, Narrative including dates of pre-operative root planing, Intra-oral photographs mat be requested for clarification upon request Periodontal charting is not required.
D4240 – D4245	Flap procedures	Current, dated periodontal charting (pre and post root planing), pre-operative periapical radiographic images, clinical chart notes upon request, narrative upon request.
D4249, D4268	Crown lengthening	Current, dated periodontal charting, dated pre-operative periapical and bitewing radiographic images, clinical chart notes upon request.
D4260 – D4261	Osseous surgery	Current, dated periodontal charting (pre and post root planing), pre-operative periapical radiographic images, progress or clinical chart notes upon request, narrative including dates of pre-operative root planing, intra-oral photographs may be requested for clarification upon request.
D4263 - D4264	Bone grafts	Current, dated periodontal charting, dated pre-operative periapical radiographic images, clinical chart notes upon request.

D4265 – D4267	Tissue regeneration	Current, dated periodontal charting, dated pre-operative periapical radiographic images, clinical chart notes upon request.
D4274	Distal wedge procedure	Current, dated periodontal charting, Dated pre-operative periapical radiographic images, clinical chart notes upon request.
D4270 – D4285	Tissue grafts	Current, dated periodontal charting showing attachment levels, recession (in millimeters), and amount of attached keratinized gingiva (in millimeters), and intra-oral photographs may be requested for clarification. Dated pre-operative periapical radiographic image.
D4341 – D4342	Scaling and root planing	Current, dated periodontal charting, dated pre-operative full mouth radiographic images, clinical chart notes upon request; Documentation of the duration of treatment times for periodontal scaling and root planing may be required for individual case review.

Periodontic procedures continued (D4210-D4910)

Procedure code	Description	Send with claim/pre-determination
D4346	Scaling in presence of generalized moderate or severe inflammation	Current, dated periodontal charting, dated pre-operative full mouth radiographic images, progress or clinical chart notes, and intra-oral photographs may be requested for clarification.
D4355	Full mouth debridement	Dated pre-operative full mouth radiographic images, clinical chart notes, and intra-oral photographs may be requested for clarification.
D4381	Local delivery antimicrobial agent	Current, dated periodontal charting, history of periodontal therapy, pre-operative periapical radiographic images.
D4910	Periodontal maintenance	Current, dated periodontal charting clinical chart notes/ narrative regarding history of periodontal therapy.

Removable prosthodontics (D5110-D5982)

Procedure code	Description	Send with claim/pre-determination
D5110 – D5140, D5211 – D5228, D5282, D5283	Complete and partial denture placement	Prior placement date, dated pre-operative full mouth radiographic images. Clinical chart notes and current, dated periodontal charting upon request.
D5410 – D5761	Additional denture codes	Narrative for necessity.
D5982	Surgical stent	Clinical chart notes, narrative for necessity.

Implant procedures (D6010-D6190)

Procedure code	Description	Send with claim/pre-determination
D6010 – D6199, D3460	Implant procedures	Dated pre-operative full mouth radiographic images, current, dated periodontal charting upon request.
D6190	Radiographic/surgical implant index	Narrative for necessity, clinical chart notes upon request.

Fixed prosthodontics (D6205-D6999)

Procedure code	Description	Send with claim/pre-determination
D6205 – D6794	Bridge procedures	Prior placement date, dated pre-operative periapical radiographic images including bitewings. Periodontal charting upon request.
D6920 – D6999	Bridge repairs and misc. procedures	Dated pre-operative periapical radiographic images and clinical chart notes.

Oral and maxillofacial surgery procedures (D7210-D7963)		
Procedure code	Description	Send with claim/pre-determination
D7210 – D7251	Removal of teeth	Dated pre-operative periapical radiographic images, clinical chart notes detailing rationale of care, and operative report. Medical estimate of benefits (EOB) upon request.
D7260 – D7283, D7287 – D7291	Other oral surgery procedures	Dated pre-operative periapical radiographic images and clinical chart notes and operative report.
D7270 – D7272	Reimplantation/transplantation	Dated pre-operative periapical radiographic images and clinical chart notes and operative report.
D7285 – D7286	Biopsies	Pathology report, clinical chart notes and operative report. Radiographs upon request.

Oral and maxillofacial surgery procedures continued (D7210-D7963)		
Procedure code	Description	Send with claim/pre-determination
D7296, D7297	Corticotomy	Dated pre-operative periapical radiographic images, clinical chart notes and operative clinical chart notes and operative report. Intra-oral photographs upon request.
D7310 – D7321	Alveoplasty	Dated pre-operative periapical radiographic images, clinical chart notes and operative report.
D7284, D7410 – D7461	Surgical excision (soft tissue)	Clinical chart notes and operative report. Intra-oral photographic Images upon request.
D7471 – D7490	Surgical excision (hard tissue)	Dated pre-operative periapical radiographic images, clinical chart notes, and operative report.
D7510 - D7560	Surgical incision/Incision and drainage	Dated pre-operative periapical radiographic images, clinical chart notes, and operative report.
D7810 – D7877	TMJ surgery	Appropriate radiographic images, clinical chart notes and operative report. Medical EOB upon request.
D7880 – D7881	Occlusal device	Clinical chart notes, and operative report. Medical EOB upon request.
D7899	Unspecified TMD therapy by report	Appropriate radiographic images, clinical chart notes and operative report.
D7920 – D7951, D7970 – D7996	Other surgical repairs	Dated pre-operative periapical radiographic images, narrative, clinical chart notes and operative report.
D7953	Bone graft	Dated pre-operative periapical radiographic images, narrative, clinical chart notes and operative report.
D7960 – D7963	Frenulectomy/frenuloplasty	Clinical chart notes, intra-oral photographic images, current dated periodontal charting.

Orthodontics (medically necessary orthodontic care (D8030-D8090))		
Procedure code	Description	Send with claim/pre-determination
D8030 - D8090	Medically necessary orthodontic treatment	Completed HLD Index Form. Electronic equivalent of orthodontically trimmed study model or ortho cadcam including all views. Orthodontic treatment plan. Surgical treatment plan and letter of medical necessity when appropriate. Intra-oral and extra-oral photographic images. Cephalometric analysis, full mouth or panoramic radiographic images.
Adjunctive services (D9120-D9946)		
Procedure code	Description	Send with claim/pre-determination
D9120	Fixed partial denture sectioning	Dated pre-operative periapical radiographic images, clinical chart notes and operative report.
D9222, D9223	Deep sedation/general anesthesia	Complete anesthesia record including, but not limited to, start and stop times of anesthesia. For ease of claim processing, dental procedures performed on the same date of service that the sedation/general anesthesia was completed should be included on the claim form. If the procedures were provided by another practitioner these procedures should be in the "Remarks" (Section 35) of the claim form.

Adjunctive services continued (D9120-D9946)		
Procedure code	Description	Send with claim/pre-determination
D9239, D9243	IV conscious sedation	Complete anesthesia record including, but not limited to, start and stop times of anesthesia. For ease of claim processing, dental procedures performed on the same date of service that the IV conscious sedation was completed should be included on the claim form. If the procedures were provided by another practitioner these procedures should be in the "Remarks" (Section 35) of the claim form.
D9610, D9630	Other drugs/medications	Clinical chart notes including drug/medication name.
D9920 – D9930	Behavior management	Clinical chart notes.
D9944, D9945, D9946	Occlusal guards	Clinical chart notes.
D9951 – D9952	Occlusal adjustments	Clinical chart notes.

Sources:

- ADA Practical Guide to Frequently Asked Legal Questions, 2nd Edition; Practical Guide Series; American Dental Association Division of Legal Affairs
- The Risk Management Reference Guide; The Dentists Insurance Company Keith Horner, John Ru, and Vivian E Rushton,
- Interpreting Dental Radiographs, Quintessence Publishing Co. Ltd., 2002.

For more information, please visit the Provider Portal at bcbsfedental.com