# ADA American Dental Association<sup>®</sup> Dental Claim Form [HEADER INFORMATION

1.													
	Type of Transaction (Mark all	_		for Predetermination/Prea	authorization								
	Statement of Actual Servi		EPSDT / Title XIX										
2.	Predetermination/Preauthoriza	ation Numbe	۶r			POLICYH		SUBSCR			ssigned b	v Plan Namer	1 in #3)
DI	DENTAL BENEFIT PLAN INFORMATION						POLICYHOLDER/SUBSCRIBER INFORMATION (Assigned by Plan Named in #3) 12. Policyholder/Subscriber Name (Last, First, Middle Initial, Suffix), Address, City, State, Zip Code						
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© 2024 American Dental Association J43024 (Same as ADA Dental Claim Form – J43124, J43224, J43424, J43024T)

# ADA American Dental Association®

America's leading advocate for oral health

The following information highlights certain form completion instructions. Comprehensive ADA Dental Claim Form completion instructions are posted on the ADA's web site (https://www.ADA.org/en/publications/cdt/ada-dental-claim-form).

#### **GENERAL INSTRUCTIONS**

A. The form is designed so that the name and address (Item 3) of the third-party payer receiving the claim (insurance company/dental benefit plan) is visible in a standard #9 window envelope (window to the left). Please fold the form using the ick-marks' printed in the margin.

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ired.

- B. Complete all items unless noted otherwise on the form or in the instructions posted on the ADA's web s
- C. Enter the full name of an individual or a full business name, address and zip code when a name an
- D. All dates must include the four-digit year.
- E. If the number of procedures reported exceeds the number of lines available on one claim form, li a separate, fully completed claim form.
- F. GENDER Codes (Items 7, 14 and 22) M = Male; F = Female; U = Unknown

### **COORDINATION OF BENEFITS (COB)**

When a claim is being submitted to the secondary payer, complete the entire form and at a primary payer's Exclanatic of Benefits (EOB) showing the amount paid by the primary payer. You may also note the primary can be used on point in the "Received" field (Item 35).

### **DIAGNOSIS CODING**

The form supports reporting up to four diagnosis codes per dental procedure and a vation is the diagnosis may affect claim adjudication when specific dental procedures may minimize the risk and systemic health conditions. Diagnosis codes are linked to procedure as the analysis and systemic health conditions.

m 34

= Skilled Nursing Facility; 32 = Nursing Facility

Item 29a – Diagnosis Code Pointer ("A" through "D" as applicat

Item 34 – Diagnosis Code List Qualifier (AB for ICD-10-CM)

Item 34a - Diagnosis Code(s) / A, B, C, D (up to four, with the primary the letter "A")

#### PLACE OF TREATMENT

Enter the 2-digit Place of Service Code for Professional constant and standard set by the Centers for Medicare and Medicaid Services. Frequently used codes are:

11 = Office; 12 = Home; 21 = Inpatient Hos

The full list is available online at:

https://www.cms.gov/Medicare/Medicare-Fs https://www.cms.gov/Medicare-Fs https://www.cms.gov/Medicare-Fs https://www.cms.gov/Medicare-Fs https://www.cms.gov/Medicare-Fs

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## **PROVIDER SPECIALTY**

This code is entered in Item 56a and indicates the type of the provide sional who delivered the treatment. The general code listed as "Dentist" may be used instead of the other code.

Description Code	Code
Dentist       A dentis       rso       A doctorate in dental surgery (D.D.S.)         or dental       AD.) licensed by the state to practice dentistry,         and practic       A scope of that license.	122300000X
General Practice	1223G0001X
Dept v (se ving list)	Various
Dental Public Health	1223D0001X
Endodontics	1223E0200X
Orthodontics	1223X0400X
Pediatric Dentistry	1223P0221X
Periodontics	1223P0300X
Prosthodontics	1223P0700X
Oral & Maxillofacial Pathology	1223P0106X
Oral & Maxillofacial Radiology	1223X0008X
Oral & Maxillofacial Surgery	1223S0112X

Provider taxonomy codes listed above are a subset of the full code set that is posted at: https://www.nucc.org/index.php/code-sets-mainmenu-41/provider-taxonomy-mainmenu-40