

Comprehensive completion instructions for the ADA Dental Claim Form are found in Section 6 of the ADA Publication titled CDT-2005. Key extracts from that section of CDT-2005 follow:

GENERAL INSTRUCTIONS

- A. The form is designed so that the Primary Payer’s (primary insurance company) name and address (Item 3) are visible in a standard #10 window envelope. Please fold the form using the ‘tick-marks’ printed in the margin.
- B. In the upper-right of the form, a blank space is provided for the convenience of the payer or insurance company, to allow the assignment of a claim or control number.
- C. All Items in the form must be completed unless it is noted on the form or in the comprehensive instructions that completion is not required.
- D. When a name and address field is required the full name of an individual or a business, address and zip code must be entered.
- E. All dates must include the four-digit year.
- F. If the number of procedures reported exceeds the number of lines available on one claim form, the remaining procedures must be listed on a separate, fully completed claim form.

COORDINATION OF BENEFITS (COB)

When a claim is being submitted to a secondary payer, complete the form in its entirety and attach the primary payers Explanation of Benefits (EOB) showing the amount paid by the primary payer. You may indicate the amount the primary carrier paid in the “Remarks” field (Item # 35).

ITEMS OF NOTE

39. Number of Enclosures (00 to 99): This item is completed whether or not radiographs, oral images, or study models are submitted with the claim. If no enclosures are submitted, enter 00 in each of the boxes to verify that nothing has been sent and therefore no possible attachments are missing.

When supplementary material is sent with the claim, the number of each type is entered in the appropriate box, using two digits. If less than 10, use 0 in the first position. ‘Oral Images’ include digital radiographic images and photographs and are reported by the number of images.

43. Replacement of Prosthesis?: This Item applies to Crowns and all Fixed or Removable Prosthesis (e.g. bridges and dentures). Please review the following three situations in order to determine how to complete this Item.

- a) If the claim does not involve a prosthetic restoration check “NO” and proceed to Item 45.
- b) If the claim is for the initial placement of a crown, or a fixed or removable prosthesis, check “NO” and proceed to Item 45.
- c) If the patient has previously had these teeth replaced by a crown, or a fixed or removable prosthesis, or the claim is to replace an existing crown, check the “YES” field and complete section 44.

53. Certification: Signature of the treating or rendering dentist and the date the form is signed. This is the dentist who performed, or is in the process of performing, procedures indicated by date for the patient. If the claim form is being used to obtain a pre-estimate or pre-authorization, it is not necessary for the dentist to sign the form. Dentists should be aware that they have an ethical and legal obligation to refund fees for services that are paid in advance but are not completed.

PROVIDER TAXONOMY CODES

58. Treating Provider Specialty: Enter the code that indicates the type of dental professional who delivered the treatment. Available codes describing treating dentists are listed below. The general code listed as ‘Dentist’ may be used instead of any other dental practitioner code.

Category / Description Code	Code
Dentist / A dentist is a person qualified by a doctorate in dental surgery (D.D.S) or dental medicine (D.M.D.) licensed by the state to practice dentistry, and practicing within the scope of that license.	122300000X
General Practice / Many dentists are general practitioners who handle a wide variety of dental needs.	1223G0001X
Dental Specialty / Other dentists practice in one of the nine specialty areas recognized by the American Dental Association.	Various (see following list)
Dental Public Health	1223D0001X
Endodontics	1223E0200X
Orthodontics	1223X0400X
Pediatric Dentistry	1223P0221X
Periodontics	1223P0300X
Prosthodontics	1223P0700X
Oral & Maxillofacial Pathology	1223P0106X
Oral & Maxillofacial Radiology	1223D0008X
Oral & Maxillofacial Surgery	1223S0112X

Dental provider taxonomy codes listed above are a subset of the full code set that is posted at:

<http://www.wpc-edi.com/codes/codes.asp>

Any updates to ADA Dental Claim Form completion instructions will be posted on the ADA’s web site at:
www.ada.org/goto/dentalcode