Dental is Moving Faster Into Medical

Don't Let the Insurance Game Beat You

Navigation Tricks

CDT Code(s)	
D0120	periodic oral evaluation – established patient
D0140	limited oral evaluation – problem focused
D0150	comprehensive oral evaluation – new or established patient
D0210	intraoral – comprehensive series of radiographic images
D0220	intraoral – periapical first radiographic image
D0230	intraoral – periapical each additional radiographic image
D0251	extra-oral posterior dental radiographic image
D0270	bitewing – single radiographic image
D0272	bitewings – two radiographic images
D0274	bitewings – four radiographic images
D0330	panoramic radiographic image
D0372	intraoral tomosynthesis – comprehensive series of radiographic images
D0373	intraoral tomosynthesis – bitewing radiographic image
D0374	intraoral tomosynthesis – periapical radiographic image
D0387	intraoral tomosynthesis – comprehensive series of radiographic images – image capture only
D0388	intraoral tomosynthesis – bitewing radiographic image – image capture only
D0389	intraoral tomosynthesis – periapical radiographic image – image capture only
D0701	panoramic radiographic image – image capture only

D0707	intraoral – periapical radiographic image – image capture only
D0708	intraoral – bitewing radiographic image – image capture only
CDT Code(s)	
D0709	intraoral – comprehensive series of radiographic images – image capture only
D0999	unspecified diagnostic procedure, by report
Suggested ICD-10-CM Diagnosis Code(s)	
Z01.20	Encounter for dental examination and cleaning without abnormal findings
Z01.21	Encounter for dental examination and cleaning with abnormal findings
Z13.84	Encounter screening for dental disorders
Z86.16	Personal History of CoVid-19
U07.1	COVID-19
CDT Code(s)	
D1110	prophylaxis – adult
D1120	prophylaxis – child
Suggested ICD-10-CM Diagnosis Code(s)	
E11.9	Type 2 diabetes mellitus without complications
K03.6	Deposits [accretions] on teeth
K05.1	Chronic gingivitis
K05.10	Chronic gingivitis, plaque induced

Suggested ICD-10-CM Diagnosis Code(s)	
K05.11	Chronic gingivitis, non-plaque induced
K05.30	Chronic periodontitis
K05.311	Chronic periodontitis, localized, slight
K05.312	Chronic periodontitis, localized, moderate
K05.313	Chronic periodontitis, localized, severe
K05.319	Chronic periodontitis, localized, unspecified severity
Z33.1	Pregnant state, incidental
Z72.0	Tobacco Use
CDT Code(s)	
D1206	topical application of fluoride varnish
D1208	topical application of fluoride, excluding varnish
Suggested ICD-10-CM Diagnosis Code(s)	
K02.3	Arrested dental caries
K02.61	Dental caries on smooth surface limited to enamel
K02.62	Dental caries on smooth surface penetrating into dentin
K02.63	Dental caries on smooth surface penetrating into pulp
K02.7	Dental root caries
K03.1	Abrasion of teeth

Suggested ICD-10-CM Diagnosis Code(s)	
K03.2	Erosion of teeth
M35.00	Sjögren* syndrome, unspecified
M35.0C	Sjögren* syndrome with dental involvement
CDT Code(s)	
D1330	oral hygiene instructions
Suggested ICD-10-CM Diagnosis Code(s	
E11.9	Type 2 diabetes mellitus without complications
K02.3	Arrested dental caries
K02.52	Dental caries on pit and fissure surface penetrating into dentin
K02.61	Dental caries limited to enamel
K02.62	Dental caries on smooth surface penetrating into dentin
K02.63	Dental caries on smooth surface penetrating into pulp
K02.7	Dental root caries
K02.9	Dental caries, unspecified
K03.2	Erosion of teeth
K03.6	Deposits [accretions] on teeth
K05.00	Acute gingivitis, plaque induced
K05.01	Acute gingivitis, non-plaque induced

Suggested ICD-10-CM Diagnosis Code(s)	
K05.10	Chronic gingivitis, plaque induced
K05.30	Chronic periodontitis, unspecified
K05.311	Chronic periodontitis, localized, slight
K05.312	Chronic periodontitis, localized, moderate
K05.313	Chronic periodontitis, localized, severe
K05.319	Chronic periodontitis, localized, unspecified severity
K05.5	Other periodontal diseases
M35.00	Sjögren* syndrome, unspecified
M35.0C	Sjögren* syndrome with dental involvement
Z33.1	Pregnant state, incidental
K05.10	Chronic gingivitis, plaque induced
Z72.0	Tobacco use
CDT Code(s)	
D1351	sealant – per tooth
D1354	interim caries arresting medicament application – per tooth
D2990	resin infiltration of incipient smooth surface lesions
Suggested ICD-10-CM Diagnosis Code(s)	
K02.51	Dental caries on pit and fissure surface limited to enamel
K02.53	Dental caries on pit and fissure surface penetrating into pulp
K02.61	Dental caries on smooth surface limited to enamel
K02.62	Dental caries on smooth surface penetrating into dentin

CDT Code(s)	
D1701	Pfizer-BioNTech Covid-19 vaccine administration – first dose
D1702	Pfizer-BioNTech Covid-19 vaccine administration – second dose
D1703	Moderna Covid-19 vaccine administration – first dose
D1704	Moderna Covid-19 vaccine administration – second dose
D1705	AstraZeneca Covid-19 vaccine administration – first dose
D1706	AstraZeneca Covid-19 vaccine administration – second dose
D1707	Janssen Covid-19 vaccine administration
D1708	Pfizer-BioNTech Covid-19 vaccine administration – third dose
D1709	Pfizer-BioNTech Covid-19 vaccine administration – booster dose
D1710	Moderna Covid-19 vaccine administration – third dose
D1711	Moderna Covid-19 vaccine administration – booster dose
D1712	Janssen Covid-19 vaccine administration - booster dose
D1713	Pfizer-BioNTech Covid-19 vaccine administration tris-sucrose pediatric – first dose
D1714	Pfizer-BioNTech Covid-19 vaccine administration tris-sucrose pediatric – second dose
D1781	vaccine administration – human papillomavirus – Dose 1
D1782	vaccine administration – human papillomavirus – Dose 2
D1783	vaccine administration – human papillomavirus – Dose 3

Suggested ICD-10-CM Diagnosis Code(s)	
Z23	Immunization
CDT Code(s)	
D2140	amalgam – one surface, primary or permanent
D2150	amalgam – two surfaces, primary or permanent
D2160	amalgam – three surfaces, primary or permanent
D2161	amalgam – four or more surfaces, primary or permanent
Suggested ICD-10-CM Diagnosis Code(s)	
K02.51	Dental caries on pit and fissure surface limited to enamel
K02.52	Dental caries on pit and fissure surface penetrating into dentin
K02.53	Dental caries on pit and fissure surface penetrating into pulp
K02.61	Dental caries on smooth surface limited to enamel
K02.62	Dental caries on smooth surface penetrating into dentin
K02.63	Dental caries on smooth surface penetrating into pulp
K03.81	Cracked tooth
S02.5XXA	Fracture of tooth (traumatic), initial encounter for closed fracture
CDT Code(s)	
D2330	resin-based composite – one surface, anterior
D2331	resin-based composite – two surfaces, anterior
D2332	resin-based composite – three surfaces, anterior
D2335	resin-based composite – four or more surfaces or involving incisal angle (anterior)

Suggested ICD-10-CM Diagnosis Code(s)	
K00.2	Abnormalities of size and form of teeth
K02.51	Dental caries on pit and fissure surface limited to enamel
K02.52	Dental caries on pit and fissure surface penetrating into dentin
K02.53	Dental caries on pit and fissure surface penetrating into pulp
K02.61	Dental caries on smooth surface limited to enamel
K02.62	Dental caries on smooth surface penetrating into dentin
K02.63	Dental caries on smooth surface penetrating into pulp
K03.1	Abrasion of teeth
K03.2	Erosion of teeth
K03.81	Cracked tooth
S02.5XXA	Fracture of tooth (traumatic), initial encounter for closed fracture
CDT Code(s)	
D2391	resin-based composite – one surface, posterior
D2392	resin-based composite – two surfaces, posterior
D2393	resin-based composite – three surfaces, posterior
D2394	resin-based composite – four or more surfaces, posterior

Suggested ICD-10-CM Diagnosis Code(s)	
K02.51	Dental caries on pit and fissure surface limited to enamel
K02.52	Dental caries on pit and fissure surface penetrating into dentin
K02.53	Dental caries on pit and fissure surface penetrating into pulp
K02.61	Dental caries on smooth surface limited to enamel
K02.62	Dental caries on smooth surface penetrating into dentin
K02.63	Dental caries on smooth surface penetrating into pulp
K02.7	Dental root caries
K03.1	Abrasion of teeth
K03.2	Erosion of teeth
K03.81	Cracked tooth
S02.5XXA	Fracture of tooth (traumatic), initial encounter for closed fracture
CDT Code(s)	
D2740	crown – porcelain/ceramic
D2750	crown – porcelain fused to high noble metal
D2751	crown – porcelain fused to predominantly base metal
D2752	crown – porcelain fused to noble metal
D2753	crown – porcelain fused to titanium and titanium alloys
D2790	crown – full cast high noble metal
D2792	crown – full cast noble metal
D2794	crown – titanium and titanium alloys

Suggested ICD-10-CM Diagnosis Code(s)	
K00.2	Abnormalities of size and form of teeth
K02.52	Dental caries on pit and fissure surface penetrating into dentin
K02.53	Dental caries on pit and fissure surface penetrating into pulp
K02.62	Dental caries on smooth surface penetrating into dentin
K02.63	Dental caries on smooth surface penetrating into pulp
S02.5XXA	Fracture of tooth (traumatic), initial encounter for closed fracture
CDT Code(s)	
D2928	prefabricated porcelain/ceramic crown – permanent tooth
D2930	prefabricated stainless steel crown – primary tooth
Suggested ICD-10-CM Diagnosis Code(s)	
K00.2	Abnormalities of size and form of teeth
K02.52	Dental caries on pit and fissure surface penetrating into dentine
K02.53	Dental caries on pit and fissure surface penetrating into pulp
K02.62	Dental caries on smooth surface penetrating into dentine
K02.63	Dental caries on smooth surface penetrating into pulp
S02.5XXA	Fracture of tooth (traumatic), initial encounter for closed fracture
CDT Code(s)	
D2940	protective restoration

Suggested ICD-10-CM Diagnosis Code(s)	
K02.9	Dental caries, unspecified
S02.5XXA	Fracture of tooth (traumatic), initial encounter for closed fracture
CDT Code(s)	
D3110	pulp cap – direct (excluding final restoration)
D3120	pulp cap – indirect (excluding final restoration)
Suggested ICD-10-CM Diagnosis Code(s)	
K02.52	Dental caries on pit and fissure surface penetrating into dentin
K02.53	Dental caries on pit and fissure surface penetrating into pulp
K02.62	Dental caries on smooth surface penetrating into dentin
K02.63	Dental caries on smooth surface penetrating into pulp
K04.0	Pulpitis
S02.5XXA	Fracture of tooth (traumatic), initial encounter for closed fracture
CDT Code(s)	
D3220	therapeutic pulpotomy (excluding final restoration) – removal of pulp coronal to the dentinocemental junction and application of medicament
D3310	endodontic therapy, anterior tooth (excluding final restoration)
D3320	endodontic therapy, premolar tooth (excluding final restoration)
D3330	endodontic therapy, molar tooth (excluding final restoration)

Suggested ICD-10-CM Diagnosis Code(s)	
K02.53	Dental caries on pit and fissure surface penetrating into pulp
K02.63	Dental caries on smooth surface penetrating into pulp
K03.81	Cracked tooth
K03.89	Other specified diseases of hard tissues of teeth
K04.0	Pulpitis
K04.1	Necrosis of pulp
K04.5	Chronic apical periodontitis
K04.6	Periapical abscess with sinus
K04.7	Periapical abscess without sinus
K04.8	Radicular cyst
K04.90	Unspecified diseases of pulp and periapical tissues
K04.99	Other diseases of pulp and periapical tissues
K05.5	Other periodontal diseases
K08.8	Other specified disorders of teeth and supporting structures
K08.81	Primary occlusal trauma
K08.82	Secondary occlusal trauma
K08.89	Other specified disorders of teeth and supporting structures
S02.5XXA	Fracture of tooth (traumatic), initial encounter for closed fracture

CDT Code(s)	
D3346	retreatment of previous root canal therapy – anterior
D3347	retreatment of previous root canal therapy – premolar
D3348	retreatment of previous root canal therapy – molar
Suggested ICD-10-CM Diagnosis Code(s)	
K08.59	Other unsatisfactory restoration of tooth
M27.5	Periradicular pathology associated with previous endodontic treatment
M27.51	Perforation of root canal space due to endodontic treatment
M27.52	Endodontic overfill
M27.53	Endodontic undersell
M27.59	Other periradicular pathology associated with previous endodontic treatment
CDT Code(s)	
D4210	gingivectomy or gingivoplasty – four or more contiguous teeth or tooth bounded spaces per quadrant
D4211	gingivectomy or gingivoplasty – one to three contiguous teeth or tooth bounded spaces per quadrant
Suggested ICD-10-CM Diagnosis Code(s)	
K05.30	Chronic periodontitis, unspecified
K05.31	Chronic periodontitis, localized
K05.311	Chronic periodontitis, localized, slight
K05.312	Chronic periodontitis, localized, moderate
K05.313	Chronic periodontitis, localized, severe
K05.319	Chronic periodontitis, localized, unspecified severity

K05.32	Chronic periodontitis, generalized
CDT Code(s)	
D4260	osseous surgery (including elevation of a full thickness flap and closure) – four or more contiguous teeth or tooth bounded spaces per quadrant
D4261	osseous surgery (including elevation of a full thickness flap and closure) – one to three contiguous teeth or tooth bounded spaces per quadrant
D4263	bone replacement graft – retained natural tooth – first site in quadrant
D4264	bone replacement graft – retained natural tooth – each additional site in quadrant
Suggested ICD-10-CM Diagnosis Code(s)	
K05.211	Aggressive periodontitis, localized, slight
K05.212	Aggressive periodontitis, localized, moderate
K05.213	Aggressive periodontitis, localized, severe
K05.219	Aggressive periodontitis, localized, unspecified severity
K05.221	Aggressive periodontitis, generalized, slight
K05.222	Aggressive periodontitis, generalized, moderate
K05.223	Aggressive periodontitis, generalized, severe
K05.229	Aggressive periodontitis, generalized, unspecified severity
K05.30	Chronic periodontitis
K05.311	Chronic periodontitis, localized, slight
K05.312	Chronic periodontitis, localized, moderate
K05.313	Chronic periodontitis, localized, severe
K05.319	Chronic periodontitis, localized, unspecified severity
K05.321	Chronic periodontitis, generalized, slight
K05.322	Chronic periodontitis, generalized, moderate

Suggested ICD-10-CM Diagnosis Code(s)	
K05.323	Chronic periodontitis, generalized, severe
K05.329	Chronic periodontitis, generalized, unspecified severity
K05.6	Periodontal disease, unspecified
K08.20	Unspecified atrophy of edentulous alveolar ridge
K08.21	Minimal atrophy of the mandible
K08.22	Moderate atrophy of the mandible
K08.23	Severe atrophy of the mandible
K08.24	Minimal atrophy of the maxilla
K08.25	Moderate atrophy of the maxilla
K08.26	Severe atrophy of the maxilla
CDT Code(s)	
D4270	pedicle soft tissue graft procedure
D4273	autogenous connective tissue graft procedure (including donor and recipient surgical sites) first tooth, implant or edentulous tooth position in graft
D4275	non-autogenous connective tissue graft (including recipient site and donor material) first tooth, implant, or edentulous tooth position in graft
D4276	combined connective tissue and pedicle graft, per tooth
D4277	free soft tissue graft procedure (including recipient and donor surgical sites) first tooth, implant or edentulous tooth position in graft
D4278	free soft tissue graft procedure (including recipient and donor surgical sites) each additional contiguous tooth, implant or edentulous tooth position in same graft site
D4283	autogenous connective tissue graft procedure (including donor and recipient surgical sites) – each additional contiguous tooth, implant or edentulous tooth position in same graft site

D4285	non- autogenous connective tissue graft procedure (including recipient surgical site and donor material) – each additional contiguous tooth, implant or edentulous tooth position in same graft site
Suggested ICD-10-CM Diagnosis Code(s)	
K06.010	Localized gingival recession, unspecified
K06.011	Localized gingival recession, minimal
K06.012	Localized gingival recession, moderate
K06.013	Localized gingival recession, severe
K06.020	Generalized gingival recession, unspecified
K06.021	Generalized gingival recession, minimal
K06.022	Generalized gingival recession, moderate
K06.023	Generalized gingival recession, severe
CDT Code(s)	
D4341	periodontal scaling and root planing – four or more teeth per quadrant
D4342	periodontal scaling and root planing – one to three teeth per quadrant
D4346	scaling in the presence of generalized moderate or severe gingival inflammation – full mouth, after oral evaluation
D4910	periodontal maintenance
D6081	scaling and debridement in the presence of inflammation or mucositis of a single implant, including cleaning of the implant surfaces, without flap entry and closure

Suggested ICD-10-CM Diagnosis Code(s)	
A69.1	Other Vincent’s infections
E11.9	Type 2 diabetes mellitus without complications
K03.6	Deposits [accretions] on teeth
K05.20	Aggressive periodontitis, unspecified
K05.211	Aggressive periodontitis, localized, slight
K05.212	Aggressive periodontitis, localized, moderate
K05.213	Aggressive Periodontitis, localized, severe
K05.219	Aggressive periodontitis, localized, unspecified severity
K05.221	Aggressive periodontitis, generalized, slight
K05.222	Aggressive periodontitis, generalized, moderate
K05.223	Aggressive periodontitis, generalized, severe
K05.229	Aggressive periodontitis, generalized, unspecified severity
K05.30	Chronic periodontitis
K05.311	Chronic periodontitis, localized, slight
K05.312	Chronic periodontitis, localized, moderate
K05.313	Chronic periodontitis, localized, severe
K05.319	Chronic periodontitis, localized, unspecified severity
K05.321	Chronic periodontitis, generalized, slight
K05.322	Chronic periodontitis, generalized, moderate
K05.323	Chronic periodontitis, generalized, severe

Suggested ICD-10-CM Diagnosis Code(s)	
K05.323	Chronic periodontitis, generalized, severe
K05.329	Chronic periodontitis, generalized, unspecified severity
K05.5	Other periodontal diseases
K05.6	Periodontal disease, unspecified
K06.1	Gingival enlargement
Z33.1	Pregnant state, incidental
Z72.0	Tobacco Use
Z87.891	Personal history of nicotine dependence
CDT Code(s)	
D4355	full mouth debridement to enable a comprehensive periodontal evaluation and diagnosis on a subsequent visit
Suggested ICD-10-CM Diagnosis Code(s)	
K03.6	Deposits [accretions] on teeth
Z72.0	Tobacco Use
Z87.891	Personal history of nicotine dependence
CDT Code(s)	
D5110	complete denture – maxillary
D5120	complete denture – mandibular

Suggested ICD-10-CM Diagnosis Code(s)	
K08.1	Complete loss of teeth
K08.10	Complete loss of teeth, unspecified cause
K08.11	Complete loss of teeth due to trauma
K08.12	Complete loss of teeth due to periodontal diseases
K08.13	Complete loss of teeth due to caries
K08.19	Complete loss of teeth due to other specified cause
CDT Code(s)	
D5211	maxillary partial denture – resin base (including any retentive/clasping materials, rests, and teeth)
D5212	mandibular partial denture – resin base (including retentive/clasping materials, rests, and teeth)
D5213	maxillary partial denture – cast metal framework with resin denture bases (including any retentive/clasping materials, rests and teeth)
D5214	mandibular partial denture – cast metal framework with resin denture bases (including any retentive/clasping materials, rests and teeth)
D6010	surgical placement of implant body: endosteal implant
D6056	prefabricated abutment – includes modification and placement
D6057	custom fabricated abutment – includes placement
D6059	abutment supported porcelain fused to metal crown (high noble metal)
D6240	pontic – porcelain fused to high noble metal
D6750	retainer crown – porcelain fused to high noble metal
D6752	retainer crown – porcelain fused to noble metal

.CDT Code(s)	
D5211	maxillary partial denture – resin base (including any retentive/clasping materials, rests, and teeth)
D5212	mandibular partial denture – resin base (including retentive/clasping materials, rests, and teeth)
D5213	maxillary partial denture – cast metal framework with resin denture bases (including any retentive/clasping materials, rests and teeth)
D5214	mandibular partial denture – cast metal framework with resin denture bases (including any retentive/clasping materials, rests and teeth)
D6010	surgical placement of implant body: endosteal implant
D6056	prefabricated abutment – includes modification and placement
D6057	custom fabricated abutment – includes placement
D6059	abutment supported porcelain fused to metal crown (high noble metal)
D6240	pontic – porcelain fused to high noble metal
D6750	retainer crown – porcelain fused to high noble metal
D6752	retainer crown – porcelain fused to noble metal
Suggested ICD-10-CM Diagnosis Code(s)	
K00.00	Anodontia
K08.409	Partial loss of teeth, unspecified cause, unspecified class
K08.419	Partial loss of teeth due to trauma, unspecified class
K08.429	Partial loss of teeth due to periodontal diseases, unspecified class
K08.439	Partial loss of teeth due to caries, unspecified class
K08.499	Partial loss of teeth due to other specified cause, unspecified class

CDT Code(s)	
D7111	extraction, coronal remnants – primary tooth
D7250	removal of residual tooth roots (cutting procedure)
Suggested ICD-10-CM Diagnosis Code(s) – ICD-10-CM	
K03.9	Disease of hard tissues of teeth, unspecified
CDT Code(s)	
D7140	extraction, erupted tooth or exposed root (elevation and/or forceps removal)
D7210	extraction, erupted tooth requiring removal of bone and/or sectioning of tooth, and including elevation of mucoperiosteal flap if indicated
Suggested ICD-10-CM Diagnosis Code(s)	
K02.53	Dental caries on pit and fissure surface penetrating into pulp
K02.63	Dental caries on smooth surface penetrating into pulp
K04.01	Reversible pulpitis
K04.02	Irreversible pulpitis
K04.1	Necrosis of the pulp
K04.5	Chronic apical periodontitis
K04.6	Periapical abscess with sinus
K04.7	Periapical abscess without sinus
K04.8	Radicular cyst
K05.211	Aggressive periodontitis, localized, slight
K05.212	Aggressive periodontitis, localized, moderate
K05.213	Aggressive periodontitis, localized, severe

Suggested ICD-10-CM Diagnosis Code(s)	
K05.219	Aggressive periodontitis, localized, unspecified severity
K05.3	Chronic periodontitis
K05.311	Chronic periodontitis, localized, slight
K05.312	Chronic periodontitis, localized, moderate
K05.313	Chronic periodontitis, localized, severe
K05.319	Chronic periodontitis, localized, unspecified severity
K08.439	Partial loss of teeth due to caries, unspecified class
K09.0	Developmental odontogenic cysts
L02.91	Cutaneous abscess, unspecified
L03.90	Cellulitis, unspecified
L03.91	Acute lymphangitis, unspecified
R44.8	Other symptoms and signs involving general sensations and perceptions
R44.9	Unspecified symptoms and signs involving general sensations and perceptions
R69	Illness, unspecified
S02.5XXA	Fracture of tooth (traumatic), initial encounter for closed fracture
S02.5XXB	Fracture of tooth (traumatic), initial encounter for open fracture
S03.2XXA	Dislocation of tooth, initial encounter
CDT Code(s)	
D7220	removal of impacted tooth – soft tissue
D7230	removal of impacted tooth – partially bony
D7240	removal of impacted tooth – completely bony

Suggested ICD-10-CM Diagnosis Code(s)	
K00.1	Supernumerary teeth
K00.6	Disturbances in tooth eruption
K01.0	Embedded teeth
K01.1	Impacted teeth
K09.0	Developmental odontogenic cysts
CDT Code(s)	
D7953	bone replacement graft for ridge preservation – per site
Suggested ICD-10-CM Diagnosis Code(s)	
K02.53	Dental caries on pit and fissure surface penetrating into pulp
K02.63	Dental caries on smooth surface penetrating into pulp
K04.01	Reversible pulpitis
K04.02	Irreversible pulpitis
K04.1	Necrosis of pulp
K04.5	Chronic apical periodontitis
K04.6	Periapical abscess with sinus
K04.7	Periapical abscess without sinus
K04.8	Radicular cyst
K05.211	Aggressive periodontitis, localized, slight
K05.212	Aggressive periodontitis, localized, moderate
K05.213	Aggressive periodontitis, localized, severe
K05.219	Aggressive periodontitis, localized, unspecified severity

Suggested ICD-10-CM Diagnosis Code(s)	
K05.30	Chronic periodontitis, unspecified
K05.311	Chronic periodontitis, localized, slight
K05.312	Chronic periodontitis, localized, moderate
K05.313	Chronic periodontitis, localized, severe
K05.319	Chronic periodontitis, localized, unspecified severity
K05.321	Chronic periodontitis, generalized, slight
K05.322	Chronic periodontitis, generalized, moderate
K05.323	Chronic periodontitis, generalized, severe
K05.329	Chronic periodontitis, generalized, unspecified severity
K09.0	Developmental odontogenic cysts
S02.5XXA	Fracture of tooth (traumatic), initial encounter for closed fracture
S02.5XXB	Fracture of tooth (traumatic), initial encounter for open fracture
S03.2XXA	Dislocation of tooth, initial encounter
CDT Code(s)	
D8080	comprehensive orthodontic treatment of the adolescent dentition
Suggested ICD-10-CM Diagnosis Code(s)	
K00.0	Anodontia
K00.6	Disturbances in tooth eruption
K08.8	Other specified disorders of teeth and supporting structures
M26.212	Malocclusion, Angle’s class II
M26.213	Malocclusion, Angle’s class III

Suggested ICD-10-CM Diagnosis Code(s)	
M26.24	Reverse articulation
M26.29	Other anomalies of dental arch relationship
M26.30	Unspecified anomaly of tooth position of fully erupted tooth or teeth
M26.31	Crowding of fully erupted teeth
M26.35	Rotation of fully erupted tooth or teeth
M26.39	Other anomalies of tooth position of fully erupted tooth or teeth
M26.4	Malocclusion, unspecified
M26.81	Anterior soft tissue impingement
M26.82	Posterior soft tissue impingement
M26.89	Other dentofacial anomalies
Q67.4	Other congenital deformities of skull, face, and jaw
CDT Code(s)	
D9110	palliative treatment of dental pain – per visit
Suggested ICD-10-CM Diagnosis Code(s)	
K02.53	Dental caries on pit and fissure surface penetrating into pulp
K02.63	Dental caries on smooth surface penetrating into pulp
K04.01	Reversible pulpitis
K04.02	Irreversible pulpitis
K04.6	Periapical abscess with sinus
K04.7	Periapical abscess without sinus

Suggested ICD-10-CM Diagnosis Code(s)	
M26.601	Right temporomandibular joint disorder, unspecified
M26.602	Left temporomandibular joint disorder, unspecified
M26.603	Bilateral temporomandibular joint disorder, unspecified
M26.609	Unspecified temporomandibular joint disorder, unspecified side
M26.69	Other specified disorders of temporomandibular joint
CDT Code(s)	
D9230	inhalation of nitrous oxide/anxiolysis, analgesia
Suggested ICD-10-CM Diagnosis Code(s)	
F41.9	Anxiety disorder, unspecified
CDT Code(s)	
D9910	application of desensitizing medicament
Suggested ICD-10-CM Diagnosis Code(s)	
K03.0	Excessive attrition of teeth
K03.1	Abrasion of teeth
K03.2	Erosion of teeth
CDT Code(s)	
D9944	occlusal guard – hard appliance, full arch
D9945	occlusal guard – soft appliance, full arch
D9946	occlusal guard – hard appliance, partial arch

Suggested ICD-10-CM Diagnosis Code(s)	
F59	Unspecified behavioral syndromes associated with physiological disturbances and physical factors
K03.0	Excessive attrition of teeth
M26.601	Right temporomandibular joint disorder, unspecified
M26.602	Left temporomandibular joint disorder, unspecified
M26.603	Bilateral temporomandibular joint disorder, unspecified
M26.609	Unspecified temporomandibular joint disorder, unspecified side
M26.69	Other specified disorders of temporomandibular joint
M26.89	Other dentofacial anomalies
CDT Code(s)	
D9951	occlusal adjustment – limited
Suggested ICD-10-CM Diagnosis Code(s)	
K03.0	Excessive attrition of teeth
K03.81	Cracked Tooth
K04.0	Pulpitis
K06.010	Localized gingival recession, unspecified
K06.011	Localized gingival recession, minimal
K06.012	Localized gingival recession, moderate
K06.013	Localized gingival recession, severe
K06.020	Generalized gingival recession, unspecified
K06.021	Generalized gingival recession, minimal

Suggested ICD-10-CM Diagnosis Code(s	
K06.022	Generalized gingival recession, moderate
K06.023	Generalized gingival recession, severe
M26.601	Right, temporomandibular joint disorder, unspecified
M26.602	Left temporomandibular joint disorder, unspecified
M26.603	Bilateral temporomandibular joint disorder, unspecified
M26.609	Unspecified temporomandibular joint disorder, unspecified side

Introduction

The ADA's Council on Dental Benefit Programs has responsibility for electronic and paper dental claim content and completion instructions. Staff from the Center for Dental Benefits, Coding and Quality within the ADA's Practice Institute maintain the paper ADA Dental Claim Form and its completion instructions. According to ADA policy the paper form's data content must be in harmony with the HIPAA standard electronic dental claim transaction.

The ADA Dental Claim Form was last structurally revised in 2012 to incorporate key data content changes that enables diagnosis code reporting that was also incorporated into the now current version of the HIPAA standard (837D v5010) electronic dental claim. This version of the ADA form incorporates editorial changes to further its consistency with the 837D.

Summary of Form Version 2019 Editorial and Completion Instruction Changes

Change Description	Affected Form	
	#	Field Name
Consistent completion instruction captions for these fields.	8 15	Policyholder/Subscriber Identifier
Changed from two check boxes, one for Male (M) and another for Female (F), to three with the third being a box for Unknown (U).	7 14 22	Gender
Addition of NOTE that points to other online guidance on when this information is reported.	25	Area of Oral Cavity
Consistent instructions for reporting procedures involving multiple teeth	27	Tooth Numbers or Letters
Addition of NOTE to clarify that tooth numbers are based on morphology, not anatomic location.	27 33 35	Tooth Numbers or Letters Missing Teeth Remarks
Removal of coding option "B" as it applies to an ICD-10-CM version that is no longer valid for use.	34	Diagnosis Code List Qualifier
Addition of clarifying NOTE that: a) addresses when this information would be reported; and b) refers to other online guidance for completion when this information is reported.	34 34a	Diagnosis Code List Qualifier Diagnosis Code(s)
Additional information concerning completion when teledentistry procedure code is reported.	38 56	Place of Service Code Treatment Location Address

The current version of the paper form (2019 © American Dental Association), front and reverse sides, is illustrated on the next two pages. The illustrations are then followed by comprehensive form completion instructions.

ADA American Dental Association® Dental Claim Form

HEADER INFORMATION

1. Type of Transaction (Mark all applicable boxes)
   - ☐ Statement of Actual Services
   - ☐ Request for Predetermination/Preauthorization
   - ☐ EPSDT / Title XIX
2. Predetermination/Preauthorization Number

DENTAL BENEFIT PLAN INFORMATION

3. Company/Plan Name, Address, City, State, Zip Code

OTHER COVERAGE (Mark applicable box and complete items 5-11. If none, leave blank.)

4. Dental? ☐ Medical? ☐ (If both, complete 5-11 for dental only.)
5. Name of Policyholder/Subscriber in #4 (Last, First, Middle Initial, Suffix)
6. Date of Birth (MM/DD/CCYY)
7. Gender ☐M ☐F ☐U
8. Policyholder/Subscriber ID (Assigned by Plan)
9. Plan/Group Number
10. Patient's Relationship to Person named in #5 ☐ Self ☐ Spouse ☐ Dependent ☐ Other
11. Other Insurance Company/Dental Benefit Plan Name, Address, City, State, Zip Code

POLICYHOLDER/SUBSCRIBER INFORMATION (Assigned by Plan Named in #3)

12. Policyholder/Subscriber Name (Last, First, Middle Initial, Suffix), Address, City, State, Zip Code
13. Date of Birth (MM/DD/CCYY)
14. Gender ☐M ☐F ☐U
15. Policyholder/Subscriber ID (Assigned by Plan)
16. Plan/Group Number
17. Employer Name

PATIENT INFORMATION

18. Relationship to Policyholder/Subscriber in #12 Above ☐ Self ☐ Spouse ☐ Dependent Child ☐ Other
19. Reserved For Future Use
20. Name (Last, First, Middle Initial, Suffix), Address, City, State, Zip Code
21. Date of Birth (MM/DD/CCYY)
22. Gender ☐M ☐F ☐U
23. Patient ID/Account # (Assigned by Dentist)

RECORD OF SERVICES PROVIDED

	24. Procedure Date (MM/DD/CCYY)	25. Area of Oral Cavity	26. Tooth System	27. Tooth Number(s) or Letter(s)	28. Tooth Surface	29. Procedure Code	29a. Diag. Pointer	29b. Qty.	30. Description	31. Fee
1										
2										
3										
4										
5										
6										
7										
8										
9										
10										

33. Missing Teeth Information (Place an "X" on each missing tooth.)

1 2 3 4 5 6 7 8 9 10 11 12 13 14 15 16

32 31 30 29 28 27 26 25 24 23 22 21 20 19 18 17

34. Diagnosis Code List Qualifier ☐☐ (ICD-10 = AB)

34a. Diagnosis Code(s) (Primary diagnosis in "A") A _____ B _____ C _____ D _____

31a. Other Fee(s)

32. Total Fee

35. Remarks

AUTHORIZATIONS

36. I have been informed of the treatment plan and associated fees. I agree to be responsible for all charges for dental services and materials not paid by my dental benefit 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

37. I hereby authorize and direct payment of the dental benefits otherwise payable to me, directly to the below named dentist or dental entity.

X _____
Subscriber Signature Date

BILLING DENTIST OR DENTAL ENTITY (Leave blank if dentist or dental entity is not submitting claim on behalf of the patient or insured/subscriber.)

48. Name, Address, City, State, Zip Code
49. NPI
50. License Number
51. SSN or TIN
52. Phone Number ( ) -
52a. Additional Provider ID

ANCILLARY CLAIM/TREATMENT INFORMATION

38. Place of Treatment ____ (e.g. 11=office; 22=O/P Hospital) (Use "Place of Service Codes for Professional Claims")
39. Enclosures (Y or N) ☐
40. Is Treatment for Orthodontics? ☐ No (Skip 41-42) ☐ Yes (Complete 41-42)
41. Date Appliance Placed (MM/DD/CCYY)
42. Months of Treatment
43. Replacement of Prosthesis ☐ No ☐ Yes (Complete 44)
44. Date of Prior Placement (MM/DD/CCYY)
45. Treatment Resulting from ☐ Occupational Illness/Injury ☐ Auto accident ☐ Other accident
46. Date of Accident (MM/DD/CCYY)
47. Auto Accident State

TREATING DENTIST AND TREATMENT LOCATION INFORMATION

53. I hereby certify that the procedures as indicated by date are in progress (for procedures that require multiple visits) or have been completed.

X _____
Signed (Treating Dentist) Date

54. NPI
55. License Number
56. Address, City, State, Zip Code
56a. Provider Specialty Code
57. Phone Number ( ) -
58. Additional Provider ID

J430 (Same as ADA Dental Claim Form – J431, J432, J433, J434, J430D)

To reorder call 800.947.4746 or go online at ADAcatalog.org

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 'tick-marks' printed in the margin.

B. Complete all items unless noted otherwise on the form or in the instructions posted on the ADA's web site (ADA.org).

C. Enter the full name of an individual or a full business name, address and zip code when a name and address field is required.

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, list the remaining procedures on 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 attach the primary payer's Explanation of Benefits (EOB) showing the amount paid by the primary payer. You may also note the primary carrier paid amount in the "Remarks" field (Item 35).

DIAGNOSIS CODING

The form supports reporting up to four diagnosis codes per dental procedure. This information is required when the diagnosis may affect claim adjudication when specific dental procedures may minimize the risks associated with the connection between the patient's oral and systemic health conditions. Diagnosis codes are linked to procedures using the following fields:

Item 29a – Diagnosis Code Pointer ("A" through "D" as applicable from Item 34a)

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 adjacent to the letter "A")

PLACE OF TREATMENT

Enter the 2-digit Place of Service Code for Professional Claims, a HIPAA standard maintained by the Centers for Medicare and Medicaid Services. Frequently used codes are:

11 = Office; 12 = Home; 21 = Inpatient Hospital; 22 = Outpatient Hospital; 31 = Skilled Nursing Facility; 32 = Nursing Facility

The full list is available online at:
https://www.cms.gov/Medicare/Medicare-Fee-for-Service-Payment/PhysicianFeeSched/Downloads/Website-POS-database.pdf

PROVIDER SPECIALTY

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

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	1223G0001X
Dental Specialty (see following list)	Various
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

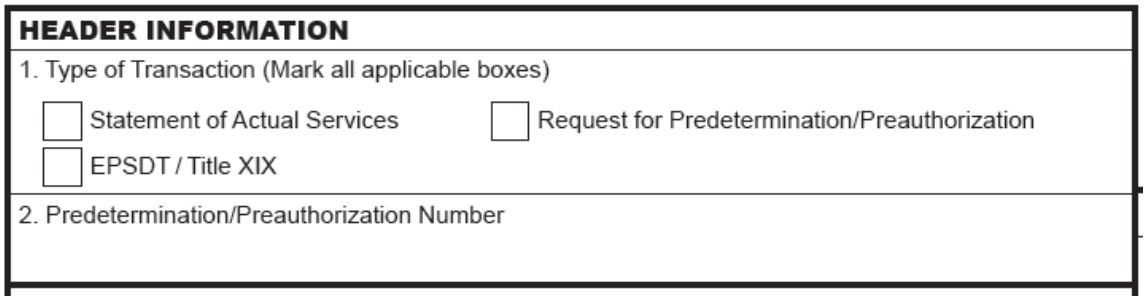
Provider taxonomy codes listed above are a subset of the full code set that is posted at:
http://www.wpc-edi.com/reference/codelists/healthcare/health-care-provider-taxonomy-code-set/

DATA ELEMENT SPECIFIC INSTRUCTIONS

Form completion instructions are provided for each data item, which is indicated by a number. Please note that data items are in groups of related information. These instructions explain the reasons for such groupings, and the relationships (if any) between groups.

Header Information

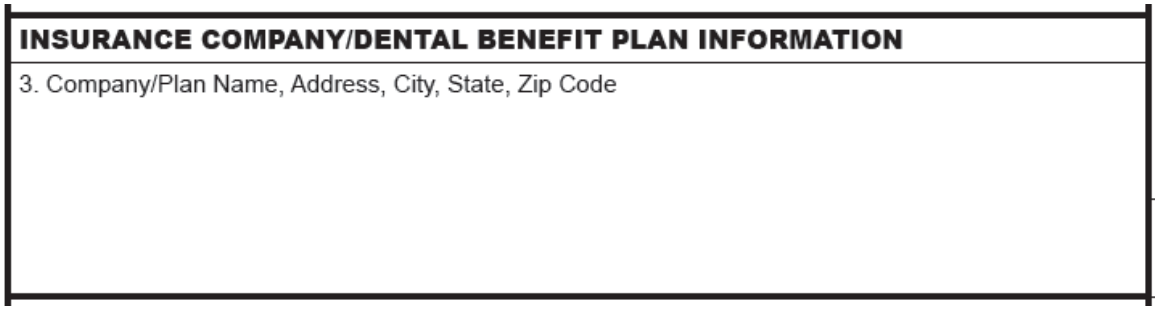
The 'header' provides information about the type of submission being made. This information applies to the entire transaction.



1. Type of Transaction: There are three boxes that may apply to this submission. If services have been performed, mark the "Statement of Actual Services" box. If there are no dates of service, mark the box marked "Request for Predetermination / Preauthorization". If the claim is through the **E**arly and **P**eriodic **S**creening, **D**iagnosis and **T**reatment **P**rogram, mark the box marked 'EPSDT/Title XIX'.

2. Predetermination/Preauthorization Number: If you are submitting a claim for a procedure that has been pre-authorized by a third party payer, enter the preauthorization or predetermination number provided by the insurance company.

Insurance Company/Dental Benefit Plan Information



3. Company/Plan Name, Address, City, State, Zip Code: **This Item is always completed**. Enter the information for the insurance company or dental benefit plan that is the third party payer receiving the claim.
    - If the patient is covered by more than one plan, enter the primary insurance company information here for the initial claim submission.
    - When submitting a separate claim to the secondary carrier, place the secondary carrier's company/plan name and address information here.

Other Coverage

This area of the claim form provides information on the existence of additional dental or medical insurance policies. This is necessary to determine if multiple coverages are in effect, and the possibility of coordination of benefits.

- When the claim form is being prepared for submission to the primary carrier the information in "Other Coverage" applies to the secondary carrier.
- When the claim form is being prepared for submission to the secondary carrier the information in "Other Coverage" applies to the primary carrier.

OTHER COVERAGE (Mark applicable box and complete items 5-11. If none, leave blank.)		
4. Dental? ☐ Medical? ☐ (If both, complete 5-11 for dental only.)		
5. Name of Policyholder/Subscriber in #4 (Last, First, Middle Initial, Suffix)		
6. Date of Birth (MM/DD/CCYY)	7. Gender ☐M ☐F ☐U	8. Policyholder/Subscriber ID (Assigned by Plan)
9. Plan/Group Number	10. Patient's Relationship to Person named in #5 ☐ Self ☐ Spouse ☐ Dependent ☐ Other	
11. Other Insurance Company/Dental Benefit Plan Name, Address, City, State, Zip Code		

4. Other Dental or Medical Coverage?: Mark the box after "Dental?" or "Medical?" whenever a patient has coverage under any other dental or medical plan, without regard to whether the dentist or the patient will be submitting a claim to collect benefits under the other coverage.
    - Leave blank when the dentist is not aware of any other coverage(s).
    - When either box is marked, complete Items 5 through 11 in the "Other Coverage" section for the applicable benefit plan.
    - If both Dental and Medical are marked, enter information about the dental benefit plan in Items 5 through 11.

5. Name of Policyholder/Subscriber with Other Coverage Indicated in #4 (Last, First, Middle Initial, Suffix): If the patient has other coverage through a spouse, domestic partner or, if a child, through both parents, the name of the person who has the other coverage is reported here.

6. Date of Birth (MM/DD/CCYY): Enter the date of birth of the person listed in Item #5. The date must be entered with two digits each for the month and day, and four digits for the year of birth.

7. Gender: Mark the gender of the person who is listed in Item #5. Mark "M" for Male, "F" for Female, or "U" for Unknown as applicable.

8. Policyholder/Subscriber Identifier (Assigned by Plan): Enter the unique identifying number assigned by the third-party payer (e.g., insurance company) to the person named in Item #5, which is on their identification card.

9. Plan/Group Number: Enter the group plan or policy number of the person identified in Item #5.

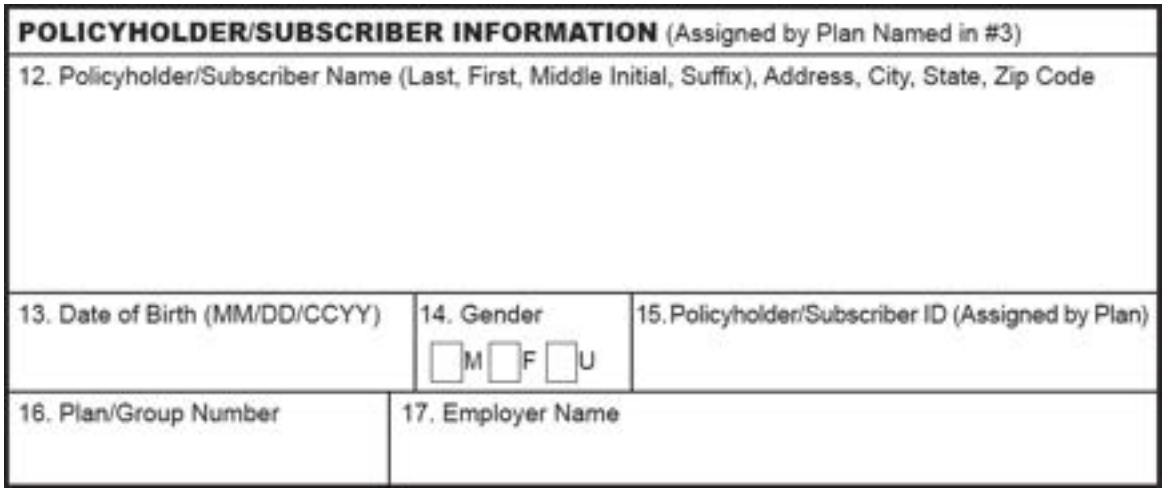
10. Patient's Relationship to Person Named in Item #5: Mark the patient's relationship to the other insured named in Item #5.

11. Other Insurance Company/Dental Benefit Plan Name, Address, City, State, Zip Code: Enter the complete information of the additional payer, benefit plan or entity for the insured named in Item #5.

Policyholder/Subscriber Information (For Insurance Company Named in Item #3)

This section documents information about the insured person who may or may not be the patient.

- When the claim form is being prepared for submission to the primary carrier the information supplied applies to the person insured by the primary carrier.
- When the claim form is being prepared for submission to the secondary carrier the information entered applies to the person insured by secondary carrier.



POLICYHOLDER/SUBSCRIBER INFORMATION (Assigned by Plan Named in #3)		
12. Policyholder/Subscriber Name (Last, First, Middle Initial, Suffix), Address, City, State, Zip Code		
13. Date of Birth (MM/DD/CCYY)	14. Gender ☐M ☐F ☐U	15. Policyholder/Subscriber ID (Assigned by Plan)
16. Plan/Group Number	17. Employer Name	

12. Policyholder/Subscriber Name (Last, First, Middle Initial, Suffix), Address, City, State, Zip Code: Enter the complete name, address and zip code of the policyholder/subscriber with coverage from the company/plan named in #3.

13. Date of Birth (MM/DD/CCYY): A total of eight digits are required in this field; two for the month, two for the day of the month, and four for the year.

14. Gender: This applies to the primary insured, who may or may not be the patient. Mark "M" for Male, "F" for Female, or "U" for Unknown as applicable.

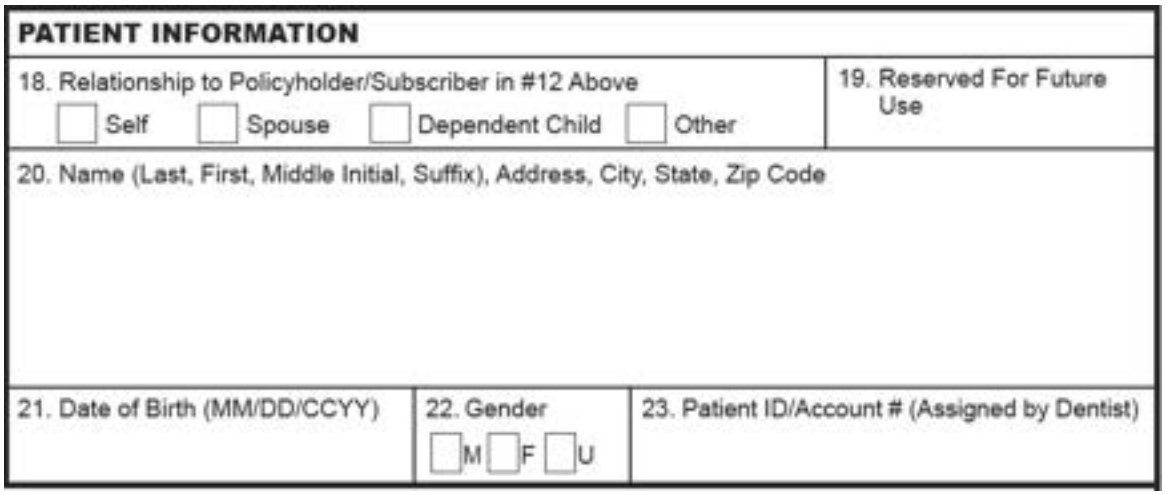
15. Policyholder/Subscriber Identifier (Assigned by Plan): Enter the unique identifying number assigned by the third-party payer (e.g., insurance company) to the person named in Item #12, which is on their identification card.

16. Plan/Group Number: Enter the policyholder/subscriber's group plan/policy number.

17. Employer Name: If applicable, enter the name of the policyholder/subscriber's employer.

Patient Information

The information in this section of the claim form pertains to the patient.



PATIENT INFORMATION		
18. Relationship to Policyholder/Subscriber in #12 Above ☐ Self ☐ Spouse ☐ Dependent Child ☐ Other		19. Reserved For Future Use
20. Name (Last, First, Middle Initial, Suffix), Address, City, State, Zip Code		
21. Date of Birth (MM/DD/CCYY)	22. Gender ☐ M ☐ F ☐ U	23. Patient ID/Account # (Assigned by Dentist)

18. Relationship to Policyholder/Subscriber in #12 Above: Mark the relationship of the patient to the person identified in Item #12 who has the primary insurance coverage. The relationship between the insured and the patient may affect the patient's eligibility or benefits available. **If the patient is also the primary insured, mark the box titled 'Self' and skip to item #23.**

19. Reserved For Future Use: Leave blank and skip to Item #20. (#19 was previously used to report "Student Status.")

20. Name (Last, First, Middle Initial, Suffix), Address, City, State, Zip Code: Enter the complete name, address and zip code of the patient.

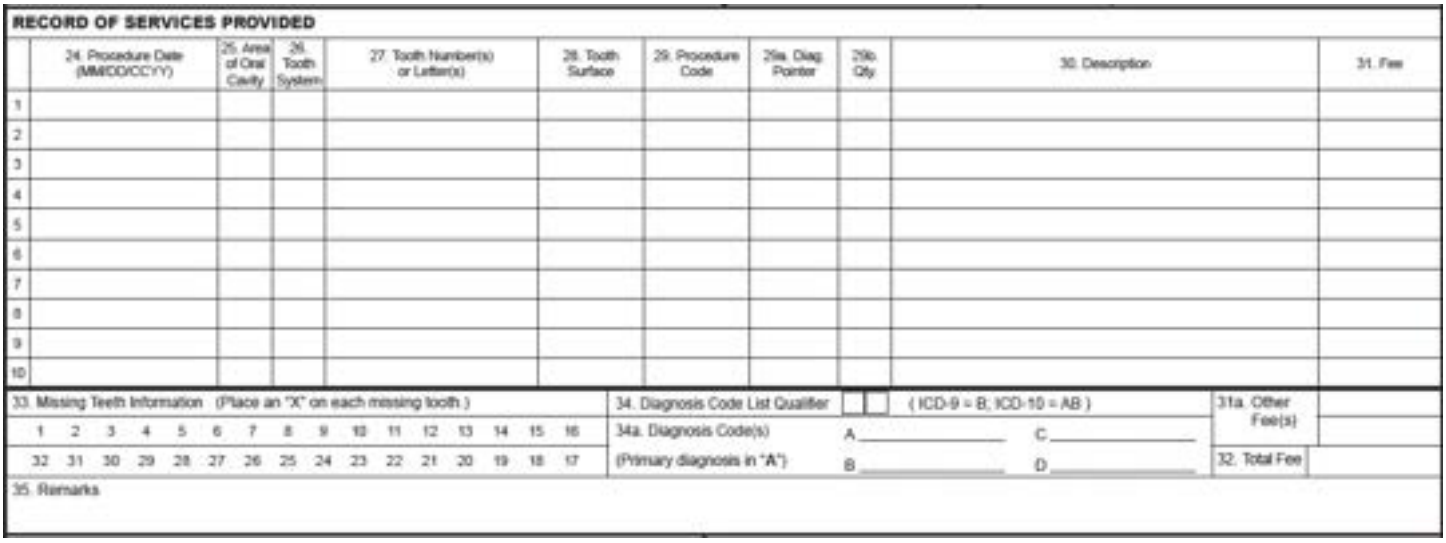
21. Date of Birth (MM/DD/CCYY): A total of eight digits are required in this field; two for the month, two for the day of the month, and four for the year of birth of the patient.

22. Gender: This applies to the patient. Mark "M" for Male, "F" for Female, or "U" for Unknown as applicable.

23. Patient ID/Account # (Assigned by Dentist): Enter if the dentist's office has assigned a number to identify the patient. This is not required to process claim.

Record Of Services Provided

This section contains information regarding the proposed treatment (predetermination/preauthorization), or treatment performed (actual services).



RECORD OF SERVICES PROVIDED

	24. Procedure Date (MM/DD/CCYY)	25. Area of Oral Cavity	26. Tooth System	27. Tooth Number(s) or Letter(s)	28. Tooth Surface	29. Procedure Code	29a. Diag. Pointer	29b. Qty.	30. Description	31. Fee
1										
2										
3										
4										
5										
6										
7										
8										
9										
10										

33. Missing Teeth Information (Place an "X" on each missing tooth.)

1 2 3 4 5 6 7 8 9 10 11 12 13 14 15 16

32 31 30 29 28 27 26 25 24 23 22 21 20 19 18 17

34. Diagnosis Code List Qualifier (ICD-9 = B; ICD-10 = AB)

34a. Diagnosis Code(s)

(Primary diagnosis in "A")

A _____ C _____

B _____ D _____

31a. Other Fee(s)

32. Total Fee

35. Remarks

NOTE: Items 24 through 31, following, apply to each of the 10 available lines on the claim form for reporting dental procedures provided to the patient. **The remaining Items in this section of the form (33-35) do not repeat**.

24. Procedure Date (MM/DD/CCYY): Enter procedure date for actual services performed or leave blank if the claim is for preauthorization/predetermination. The date, if included, must have two digits for the month, two for the day, and four for the year.

    The presence or absence of a Procedure Date should be consistent with the type of transaction(s) marked in Item #1 (e.g., actual services; predetermination / preauthorization).

25. Area of Oral Cavity: **Use of this field is conditional**. Always report the area of the oral cavity when the procedure reported in Item #29 (Procedure Code) refers to a quadrant or arch and the area of the oral cavity is not uniquely defined by the procedure's nomenclature. For example:

    a. Report the applicable area of the oral cavity when the procedure code nomenclature includes a general reference to an arch or quadrant, such as **D4263 bone replacement graft – first site in quadrant**

    b. Do not report the applicable area of the oral cavity when the procedure either: 1) incorporates a specific area of the oral cavity in its nomenclature, such as **D5110 complete denture – maxillary**; or 2) does not relate to any portion of the oral cavity, such as **D9222 deep sedation/general anesthesia – first 15 minutes**.

    NOTE: Detailed guidance on reporting Area of the Oral Cavity, Tooth Numbers and Tooth Surfaces by CDT code is posted on the ADA Dental Claim Form web page –

    ADA Dental Claim Form

Area of the oral cavity is designated by a two-digit code, selected from the following code list:

Code	Area
00	entire oral cavity
01	maxillary arch
02	mandibular arch
10	upper right quadrant
20	upper left quadrant
30	lower left quadrant
40	lower right quadrant

26. Tooth System: Enter "JP" when designating teeth using the ADA's Universal/National Tooth Designation System (1-32 for permanent dentition and A-T for primary dentition). Enter "JO" when using the International Standards Organization (ISO) System.

27. Tooth Number(s) or Letter(s): **Enter the appropriate tooth number or letter when the procedure directly involves a tooth or range of teeth. Otherwise, leave blank.**

    NOTE: Numbers or letters reported are based on tooth morphology, not anatomic position. This is the traditional and important concept to understand for accurate documentation and reporting. For instance, a tooth may migrate into an edentulous space, but that movement does not change its morphology. Similarly, placement of an implant body need not be in an anatomic tooth position, but the prosthesis placed is the morphological equivalent of a missing tooth or range of teeth.

    If the same procedure is performed on more than a single tooth on the same date of service there are two options for reporting –

    - Report each procedure, the tooth involved, and the fee on separate service lines
    - Report the procedure on a single service line with the teeth involved in #27, the number of times the procedure was delivered in the #29b (Quantity), and the total fee for all in #31 (Fee)

    When a procedure involves a range of teeth, the range is reported in this field. This is done either with a hyphen "-" to separate the first and last tooth in the range (e.g., 1-4; 7-10; 22-27), or by the use of commas to separate individual tooth numbers or ranges (e.g., 1, 2, 4, 7-10; 3-5, 22-27).

    Supernumerary teeth in the **permanent** dentition are identified in the ADA's Universal/National Tooth Designation System ("JP") by the numbers 51 through 82, beginning with the area of the upper right third molar, following around the upper arch and continuing on the lower arch to the area of the lower right third molar (for example, supernumerary number 51 is adjacent to the upper right molar number 1; supernumerary number 82 is adjacent to the lower right third molar number 32). This enumeration is illustrated in the following chart:

    Upper Arch (commencing in the upper right quadrant and rotating counterclockwise)

Tooth #	1	2	3	4	5	6	7	8	9	10	11	12	13	14	15	16
'Super' #	51	52	53	54	55	56	57	58	59	60	61	62	63	64	65	66

Lower Arch

Tooth #	32	31	30	29	28	27	26	25	24	23	22	21	20	19	18	17
'Super' #	82	81	80	79	78	77	76	75	74	73	72	71	70	69	68	67

Supernumerary teeth in the **primary** dentition are identified by the placement of the letter "S" following the letter identifying the adjacent primary tooth (for example, supernumerary "AS" is adjacent to "A"; supernumerary "TS" is adjacent to "T"). This enumeration is illustrated in the following chart:

Upper Arch (commencing in the upper right quadrant and rotating counterclockwise)

Tooth #	A	B	C	D	E	F	G	H	I	J
'Super'#	AS	BS	CS	DS	ES	FS	GS	HS	IS	JS

Lower Arch

Tooth "#"	T	S	R	Q	P	O	N	M	L	K
Super "#"	TS	SS	RS	QS	PS	OS	NS	MS	LS	KS

28. Tooth Surface: This Item is necessary when the procedure performed by tooth involves one or more tooth surfaces. Otherwise leave blank. The following single letter codes are used to identify surfaces:

Surface	Code
Buccal	B
Distal	D
Facial (or labial)	F
Incisal	I
Lingual	L
Mesial	M
Occlusal	O

Do not leave any spaces between surface designations in multiple surface restorations (e.g., MOD).

29. Procedure Code: Enter the appropriate procedure code found in the version of the *Code on Dental Procedures and Nomenclature* in effect on the "Procedure Date" (Item #24).

NOTE: Additional guidance concerning reporting select CDT codes (e.g., Teledentistry; Sales Tax) are in Coding Education and the ADA Claim Form content linked to the CDT Code Portal web page –

www.ada.org/cdt

29a Diagnosis Code Pointer: Enter the letter(s) from Item 34 that identify the diagnosis code(s)

applicable to the dental procedure. List the primary diagnosis pointer first.

29b Quantity: Enter the number of times (01-99) the procedure identified in Item 29 is delivered to the patient on the date of service shown in Item 24. The default value is "01."

30. Description: Provide a brief description of the service provided (e.g., abbreviation of the procedure code's nomenclature).

31. Fee: Report the dentist's full fee for the procedure. Resolution 44-2009 Statement on Reporting Fees on Dental Claims adopted by the ADA House of Delegates, as follows, provides guidance on the appropriate entry for this item.

Statement on Reporting Fees on Dental Claims

1) A full fee is the fee for a service that is set by the dentist, which reflects the costs of providing the procedure and the value of the dentist's professional judgment.
2) A contractual relationship does not change the dentist's full fee.
3) It is always appropriate to report the full fee for each service reported to a third-party payer.

(Note: Item 31 above is the last of the repeating 'service line' items.)

31a Other Fee(s): When other charges applicable to dental services provided must be reported, enter the amount here. Charges may include state tax and other charges imposed by regulatory bodies.

32. Total Fee: The sum of all fees from lines in Item #31, plus any fee(s) entered in Item #31a

33. Missing Teeth Information: Mark an "X" on the number of the missing tooth – for identifying missing permanent dentition only. Report missing teeth when pertinent to Periodontal, Prosthodontic (fixed and removable), or Implant Services procedures on a particular claim

NOTE: Numbers marked are based on tooth morphology, not anatomic position.

34. Diagnosis Code List Qualifier: Enter the appropriate code to identify the diagnosis code source:

AB = ICD-10-CM

34a Diagnosis Code(s): Enter up to four applicable diagnosis codes after each letter (A. – D.). The primary diagnosis code is entered adjacent to the letter "A."

NOTE: #34 and #34a are required when a) the diagnosis may have an impact on the adjudication of the claim in cases where specific dental procedures may minimize the risks associated with the connection between the patient's oral and systemic health conditions; or b) when required by state regulation (e.g., Medicaid) or third-party payer contract provisions.

Detailed guidance on reporting ICD-10-CM diagnosis codes is posted on the ADA Dental Claim Form web page –

ICD Reporting on ADA Dental Claim Form

35. Remarks: This space may be used to convey additional information for a procedure code that requires a report, or for multiple supernumerary teeth. It can also be used to convey additional information you believe is necessary for the payer to process the claim (e.g., for a secondary claim, the amount the primary carrier paid).

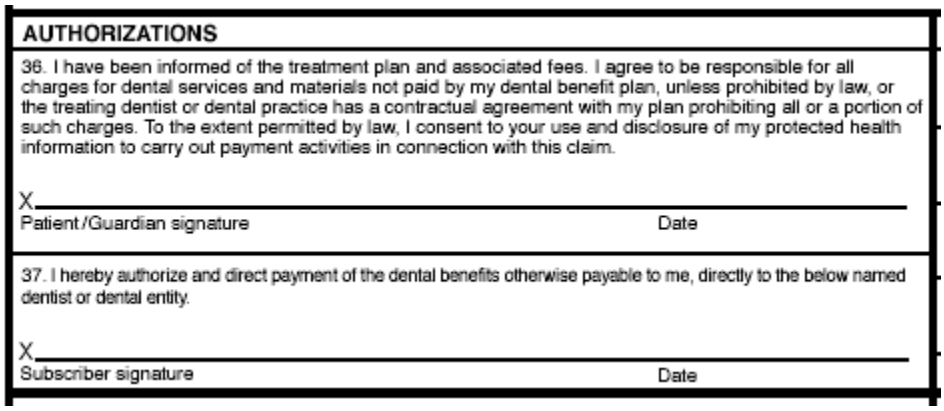
Remarks should be concise and pertinent to the claim submission. Claimants should note that an entry in "Remarks" may prompt review by a person as part of claim adjudication, which may affect

overall time required to process the claim.

NOTE: When the claim is for a multi-unit implant supported prosthesis the supporting implant body locations may not correlate to the anatomic location of a natural tooth. An appropriate notation in "Remarks" may avoid a misunderstanding when the claim is submitted to a third-party payer.

Authorizations

This section provides consent for treatment as well as permission for the payer to send any patient benefit available for procedures performed directly to the dentist or the dental business entity.



AUTHORIZATIONS

36. I have been informed of the treatment plan and associated fees. I agree to be responsible for all charges for dental services and materials not paid by my dental benefit 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

37. I hereby authorize and direct payment of the dental benefits otherwise payable to me, directly to the below named dentist or dental entity.

X_____
Subscriber signature Date

36. Patient Consent: The patient is defined as an individual who has established a professional relationship with the dentist for the delivery of dental health care. For matters relating to communication of information and consent, the term includes the patient's parent, caretaker, guardian, or other individual as appropriate under state law and the circumstances of the case.

    By signing (or "Signature on File" notice) in this location of the claim form, the patient or patient's representative has agreed that he/she has been informed of the treatment plan, the costs of treatment and the release of any information necessary to carry out payment activities related to the claim.

    Claim forms prepared by the dentist's practice management software may insert "Signature on File" when applicable in this Item.

37. Authorize Direct Payment: The signature and date (or "Signature on File" notice) are required when the Policyholder/Subscriber named in Item #12 wishes to have benefits paid directly to the dentist/provider. This is an authorization of payment. It does not create a contractual relationship between the dentist or dental entity and the insurance company.

    Claim forms prepared by the dentist's practice management software may insert "Signature on File" when applicable in this Item.

Ancillary Claim/Treatment Information

This section of the claim form provides additional information to the third party payer regarding the claim.

ANCILLARY CLAIM/TREATMENT INFORMATION		
38. Place of Treatment [ ] (e.g. 11=office; 22=O/P Hospital) (Use "Place of Service Codes for Professional Claims")		39. Enclosures (Y or N) [ ]
40. Is Treatment for Orthodontics? [ ] No (Skip 41-42) [ ] Yes (Complete 41-42)		41. Date Appliance Placed (MM/DD/CCYY)
42. Months of Treatment Remaining	43. Replacement of Prosthesis [ ] No [ ] Yes (Complete 44)	44. Date of Prior Placement (MM/DD/CCYY)
45. Treatment Resulting from [ ] Occupational illness/injury [ ] Auto accident [ ] Other accident		
46. Date of Accident (MM/DD/CCYY)		47. Auto Accident State

38. Place of Treatment: Enter the 2-digit Place of Service Code for Professional Claims, a HIPAA standard. Frequently used codes are:

    11 = Office; **12** = Home; **21** = Inpatient Hospital; **22** = Outpatient Hospital; **31** = Skilled Nursing Facility; **32** = Nursing Facility; **02** = Telehealth (aka Teledentistry)

    All current codes are available online from the Centers for Medicare and Medicaid Services in PDF format for download –

    CMS Place of Service Code Set

39. Number of Enclosures (00 to 99): Enter a "**Y**" or "**N**" to indicate whether or not there are enclosures of any type included with the claim submission (e.g., radiographs, oral images, models).

40. Is Treatment for Orthodontics?: **If no, skip to Item #43**. If yes, answer Items 41 & 42.

41. Date Appliance Placed (MM/DD/CCYY): Indicate the date an orthodontic appliance was placed. This information should also be reported in this section for subsequent orthodontic visits.

42. Months of Treatment: Enter the total number of months required to complete the orthodontic treatment, from the beginning to the end of the treatment plan.

43. Replacement of Prosthesis?: This Item applies to Crowns and all Fixed or Removable Prostheses (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 mark "NO" and proceed to Item 45.

    b) If the claim is for the initial placement of a crown, or a fixed or removable prosthesis, mark "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, mark the "YES" field and complete section 44.

44. Date of Prior Placement (MM/DD/CCYY): Complete if the answer to Item #43 was "YES."

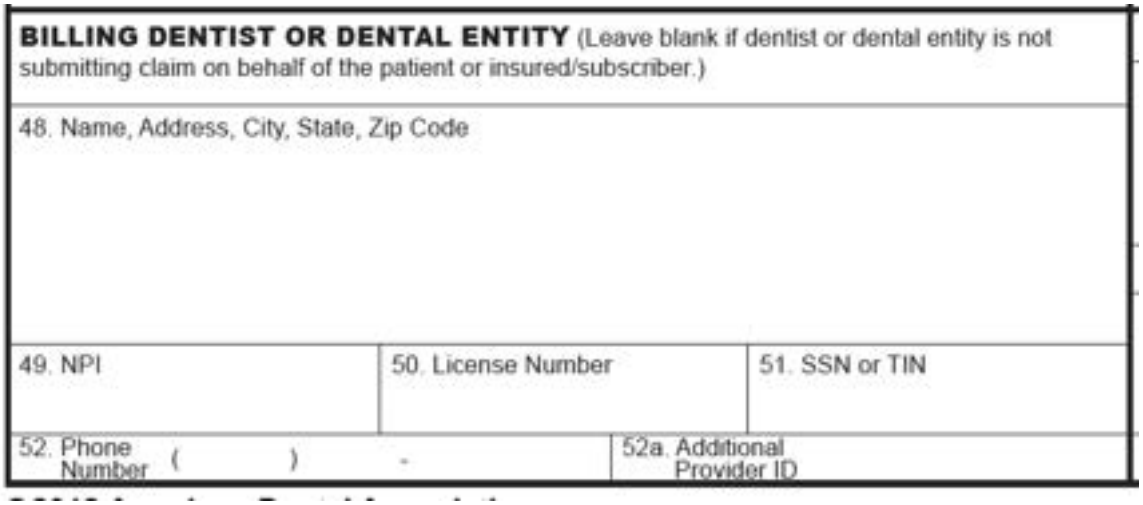
45. Treatment Resulting From: If the dental treatment listed on the claim was provided as a result of an accident or injury, mark the appropriate box in this item, and proceed to Items #46 and #47. **If the services you are providing are not the result of an accident, this Item does not apply; skip to Item #48**.

46. Date of Accident (MM/DD/CCYY): Enter the date on which the accident noted in Item #45 occurred. Otherwise, leave blank.

47. Auto Accident State: Enter the state in which the auto accident noted in Item #45 occurred. Otherwise, leave blank.

Billing Dentist Or Dental Entity

The 'Billing Dentist' or 'Dental Entity' section provides information on the individual dentist's name, the name of the practitioner providing care within the scope of their state licensure, or the name of the group practice/corporation that is responsible for billing and other pertinent information. Depending on the business relationship of the practice and the treating dentist, the information provided in this section may not be the treating dentist. **If the patient is submitting the claim directly, do not complete Items 48-52a**.



48. Name, Address, City, State, Zip Code: Enter the name and complete address of a dentist or the dental entity (corporation, group, etc.).

49. NPI (National Provider Identifier): Enter the appropriate NPI type for the billing entity. A Type 2 NPI is entered when the claim is being submitted by an incorporated individual, group practice or similar legally recognized entity. Unincorporated practices may enter the individual practitioners Type 1 NPI.

    NOTE: The NPI is an identifier assigned by the Federal government to all providers considered to be HIPAA covered entities. Dentists who are not covered entities may elect to obtain an NPI at their discretion, or may be enumerated if required by a participating provider agreement with a third-party payer, or applicable state law/regulation.

    An NPI is unique to an individual dentist or dental entity, and has no intrinsic meaning. There are two types of NPI available to dentists and dental practices:

    - Type 1 Individual Provider - All individual dentists are eligible to apply for Type 1

NPIs, regardless of whether they are covered by HIPAA.

- Type 2 Organization Provider - A health care provider that is an organization, such as a group practice or corporation. Individual dentists who are incorporated may enumerate as Type 2 providers, in addition to being enumerated as a Type 1. All incorporated dental practices and group practices are eligible for enumeration as Type 2 providers.

On paper, there is no way to distinguish a type 1 from a type 2 in the absence of any associated data; they are identical in format. Additional information on NPI and enumeration can be obtained from the ADA's Internet Web Site –

National Provider Identifier

50. License Number: If the billing dentist is an individual, enter the dentist's license number. If a billing entity (e.g., corporation) is submitting the claim, leave blank.

51. SSN or TIN: Report the: 1) SSN or TIN if the billing dentist is unincorporated; 2) corporation TIN of the billing dentist or dental entity if the practice is incorporated; or 3) entity TIN when the billing entity is a group practice or clinic.

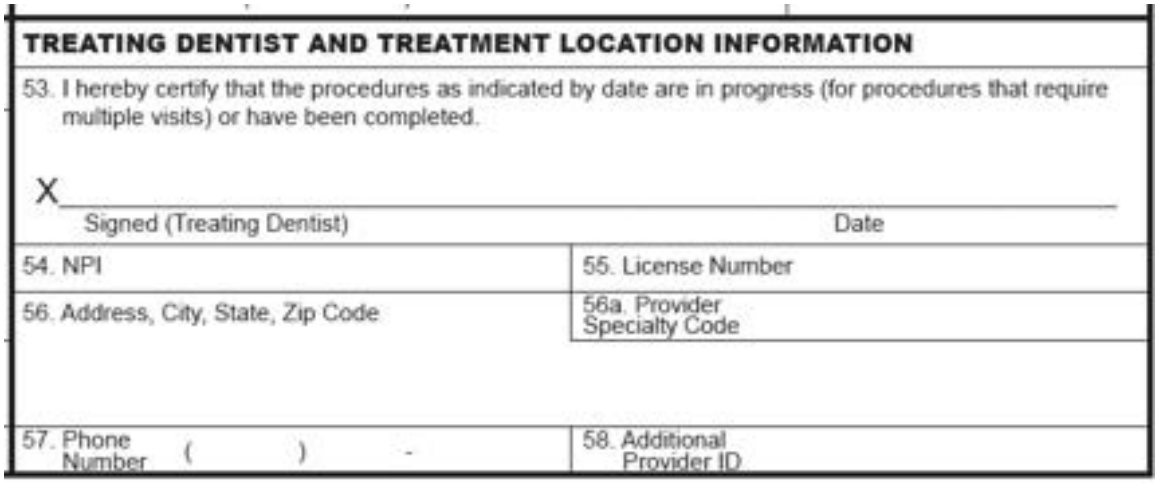
52. Phone Number: Enter the business phone number of the billing dentist or dental entity.

52a. Additional Provider ID: This is an identifier assigned to the billing dentist or dental entity other than a Social Security Number (SSN) or Tax Identification Number (TIN). It is not the provider's NPI.

The additional identifier is sometimes referred to as a Legacy Identifier (LID). LIDs may not be unique as they are assigned by different entities (e.g., third-party payer; federal government). Some Legacy IDs have an intrinsic meaning.

Treating Dentist And Treatment Location Information

This section must be completed for all claims. Information that is specific to the dentist or practitioner acting within the scope of their state licensure who has provided treatment is entered in this section.



TREATING DENTIST AND TREATMENT LOCATION INFORMATION	
53. I hereby certify that the procedures as indicated by date are in progress (for procedures that require multiple visits) or have been completed. X _____ Signed (Treating Dentist) Date	
54. NPI	55. License Number
56. Address, City, State, Zip Code	56a. Provider Specialty Code
57. Phone Number ( ) -	58. Additional Provider ID

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.

Claim forms prepared by the dentist's practice management software may insert the treating dentist's printed name in this Item.

54. NPI (National Provider Identifier): Enter the treating dentist's Type 1 – Individual Provider NPI in Item # 54. (See Item #49 for more NPI information.)

55. License Number: Enter the license number of the treating dentist. This may vary from the billing dentist.

56. Address, City, State, Zip Code: Enter the physical location where the treatment was rendered. Must be a street address, not a Post Office Box.

    NOTE: For teledentistry encounters the treatment location is the dentist's practice location, not the patient's location.

56a. Provider Specialty Code: Enter the code that indicates the type of dental professional who delivered the treatment. Available codes describing treating dentists follow. The general code listed as "Dentist" may be used instead of any other dental practitioner codes.

Category / Description	Code
Dentist / 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 / a dentist who provides a variety of dental services to address patient needs.	1223G0001X
Dental Specialty / a practitioner in one of the nine specialty areas recognized by the ADA.	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

These codes are from the "Dental Service Providers" section of the Healthcare Providers Taxonomy code list, a HIPAA standard, and are a subset of the full list that includes codes for other types of practitioners including dental assistants, dental hygienists, denturists, and dental lab technicians. The current full list is posted online –

Health Care Provider Taxonomy Code Set

57. Phone Number: Enter the business telephone number of the treating dentist.

58. Additional Provider ID: This is an identifier assigned to the treating dentist other than a Social Security Number (SSN) or Tax Identification Number (TIN). It is not the provider's NPI.

    The additional identifier is sometimes referred to as a Legacy Identifier (LID). LIDs may not be unique as they are assigned by different entities (e.g., third-party payer; Federal government). Some Legacy IDs have an intrinsic meaning.

Don't Let the Insurance Game Beat You (claims – 62% unpaid description)

All dental and medical billing is really a game. I love winning, what about you? Never let a game be lost because you did not think they could be wrong when they say, "Not Covered." Or I will do it later!

1. Learn the many tips that you can use when getting an unpaid claim.
2. The insurance company is not always correct, in fact they are not as smart as you!
3. Understanding the updated billing tips will provide you with the winning moves so join the winning side.
4. UPDATE CONTRACT EVERY YEAR, MAKE SURE YOU READ THEM TO FIND CHANGES.
5. WHO IS ENTERING PAYMENTS? ARE YOU CHECKING THEM?
6. Each team member must sign a provider by production report every day before they leave.
7. Never leave a claim unpaid fight all of them.
8. Aging is also about accounts with credit, to whom does that money belong?

Learning objectives:

- Discover the difference between pre-authorizations and down-coding.
- Learn the most prevalent codes that are often down coded by the insurance companies.
- Bring your aging report and EOB samples to this course and see how to improve it all.

Medical/Dental Integration – Including in the Description Medical Billing Tricks of the Trade

1. There are laws that protect your office so you can bill medical.
2. Learn why you need to learn all the changes and how that can increase your production.
3. Running behind in hygiene, hiring an assistant to do many of the forms, x-rays, blood pressure and more can allow a hygienist to provide treatment only they can provide in that one hour.
4. Collaborate with a calculator you can't bill reduced fees in your ledger, times have changed, and they change all the time. Sometimes we lose or overcharge since they are not updated every time there is a change. Remember time is money.

Laws Change!

Knowing all the laws regarding the updates in all things will provide you with the ability to have time to make changes, without losing income.

1. Become involved with an organization that can provide you as the manager with what you need to know.
2. Understand we are in the highest movement in our industry than ever before.
3. Using tools such as AI is going to happen, so saying not me is not cutting it. Your job role will be changing, and more training will be needed. Start to talk to the owner regarding making changes so you can offer training time to be blocked out a little at a time.
4. Example: If your hygiene department is not using the updating Grading and Staging you are already losing lots of income.
5. If you are not looking at ways to cut supplies (I have a Great Group) then that could go to the training.
6. Collaborate with the doctor on the overhead so you can provide all what is needed and also make sure every person is doing their job role and covering their pay, adding money to the overhead and is a team player.
7. Knowing how to figure this out is what we will learn to use in order to have what is needed for the profit in office, training money, and bonuses.
8. Never let a patient leave without payment, stop it, a Medical Doctor Collects before they are sent into the examination room.
9. Always know if they have an issue before they come into the office so you can pre-verify, pre-authorize, and not lose a new patient.
10. We will learn how to have a person who answers, (consider a Virtual assistant) who can do all this work before they step into your office.
11. Make sure you are using all updated forms such as a medical history, and have patients sign and fill out online so you have all information in advance.
12. If you think they may need x-rays or CBCT, Oral Saliva gets it pre-authorized by the symptoms they are telling you. This way you can collect what you need.

Sample Financial Policy

Statement Payment for services, including deductibles and copayments, are due at the time of the service unless other arrangements have been made prior to treatment.

Payments may be made using cash, check, or credit cards. Any arrangements for third-party financing must be made before starting treatment.

(IF your practice accepts dental benefit plans):

(Practice name) If it is with a PPO, the patient still has deductibles and copayments. The policy is to collect the fees due prior to treatment not on the day of treatment.

If you are not in network collect your full fee and explain. (We are happy to submit the claims necessary to see that you receive your benefits. The insurance contract is an agreement between you and the insurance company. You are responsible for all charges. We cannot guarantee that any coverage estimated by your plan will be paid once a claim is filed.)

Please note that dental insurance is intended to cover some but not all dental care costs, and not all services are covered by your plan. You are responsible for payment of all services regardless of the payable benefit. Checks that are returned to our office from your financial institution are subject to a $____returned check fee*.

This fee covers the processing fees that are charged to our office. We would be happy to discuss our charges and how they relate to your situation. Please indicate your understanding and acceptance of these financial policies by signing below. Patient's name _____Date_____ Patient, guardian or guarantor signature_____ Date_____ Witness_____Date_____

The Truth in Lending Act (TILA) protects you against inaccurate and unfair credit billing and credit card practices. It requires lenders to provide you with loan cost information so that you can comparison shop for certain types of loans.

For loans covered under TILA, you have a right of rescission, which allows you three days to reconsider your decision and back out of the loan process without losing any money. This right helps protect you against high-pressure sales tactics used by unscrupulous lenders.

Federal law authorizes the OCC to order supervised institutions to make monetary and other adjustments to the accounts of consumers where an annual percentage rate (APR) or finance charge was inaccurately disclosed under certain circumstances. An interagency policy statement (PDF) on administrative enforcement and related questions and answers (PDF) provide additional information for consumers and institutions.

As a condition of your treatment by this dental office, **financial arrangements must be made in advance**. Before any treatment is rendered, the **financial responsibility** on the part of each patient must be determined. Here are some key points from the **Federal Truth-in-Lending Statement**:

1. **Emergency Dental Services**: If you require emergency dental services or any dental procedures without prior financial arrangements, payment must be made in **cash at the time of service**.
2. **Dental Insurance**: Patients with dental insurance should understand that all dental services are charged directly to them. The patient is personally responsible for payment of all dental services. While the dental office can assist in preparing insurance forms and collecting from insurance companies, services cannot be rendered assuming insurance coverage.
3. **Service Charge**: An **18% annual service charge (1.5% per month)** will be assessed on all accounts exceeding **60 days** from the date of service, unless prior written financial arrangements have been satisfied.
4. **Fee Estimate**: The fee estimate provided for dental care is valid for **three months** from the date of the patient examination.
5. **Missed Appointments**: Appointments not kept or canceled without **24 hours notice** will be charged to the patient's account.
6. **Authorization and Communication**: Patients authorize the release of financially identifiable information concerning their account to collection agencies or attorneys if necessary. The dental office may contact patients by phone or leave messages regarding appointments or results.
7. Remember that this agreement supersedes any prior agreements, including mediation or mediation/arbitration agreements related to financial arrangements or quality of care[12].

Patient Name: Lisa Taylor

Responsible Party Name: Same

Estimate of total treatment charges	$ 2400
Less anticipated insurance payment	$ 800
Anticipated patient payment	$ 1600
Less initial investment	$ 400
Actual amount financed	$ 1200
Finance charge	$ 4.06
Finance charge expressed as Annual % Rate (APR)	18 %
TOTAL PAYMENT DUE	**$ 1204.06**

VISIT CARE CREDIT BOOTH SO THEY CAN HELP YOU SET UP

Full Submitted Fee on Claim	$2,190.00	A	
Lowest Contracted Allowable Fee (plus noncovered services)	$1,623.00	B	(When Dr is contracted with one or more of the patient's plans)
			(*When Dr is contracted with both plans, some secondary plans coordinate up to the primary plan's negotiated fee while others coordinate up to the highest allowable fee.)
Dental Insurance #1	$105.00		
Dental Insurance #2	$218.00		
Medical Insurance #1	$800.00		
Medical Insurance #2	$208.00		
Total Amount Paid by All Plans	$1,331.00	C	
D=(B minus C)= Amount Owed by Patient	**$292.00**	D	Note: If B is less than C, then D=Zero
A minus (C+D)= Dr's Write-Off Amount	**$567.00**		When two or more plans are involved, write-offs should not be taken until all plans have paid. Use this calculator to determine write-off. Do not rely solely on EOB write-off info when multiple plans are involved. Some secondary plans coordinate up to the highest allowable fee. Payment made in excess of the lowest contracted fee goes to the provider as long as it does not exceed the provider's full fee. Patients should not receive a credit on their account if multiple plan payments total more than the lowest contracted fee.

* When a dentist is *contracted* with two or more dental plans, the secondary may coordinate up to either the primary's contracted fee or the highest allowable fee, depending on the secondary's COB clause. In either case, the contracted dentist must honor the lowest contracted fee when calculating pt responsibility.

Note: Technically, write-offs should be calculated for each individual service when multiple plans are involved

derstanding Embedded insurance. Standalone Vs. Embedded-In-Medical Dental Benefits

Health Plans Required to Offer Pediatric Dental Care

Because pediatric dental care is so critical to a person's overall health, the Affordable Care Act made it one of the 10 essential health benefits (EHBs) that health plans must offer to small employers.

As a result, many employers will face a common dilemma: Should they keep their standalone dental plan or switch to coverage that's embedded with a medical plan?

Strengths of Standalone Dental Care

Although embedding pediatric benefits with a medical plan may seem like a convenient option, a standalone plan from The Standard may be more attractive to employees. Here are some reasons why.

	Deductible	Out-Of-Pocket Maximum	Choice Of Dental Care Provider	Expertise
Medical With Embedded Pediatric Dental	Medical deductible may have to be satisfied before dental benefits are paid	May be higher due to combined medical and dental max	Employees may need to switch dentists to continue receiving in-network value	With a medical provider, pediatric dental may be treated as an add-on
The Standard's EHB-Compliant Plan	Deductible is for dental only	Typically lower out-of pocket maximum	Employees can take advantage of one of the largest dental PPO networks in the nation	We've been providing dental benefits for 30 years – you can rely on our expertise

In addition, standalone dental benefits can offer:

- Higher benefit levels
- Preventative treatments that do not count toward the deductible
- Cosmetic orthodontia

Not All Dental Plans Are Equal

When you choose The Standard, you get a dental plan that comes with the convenience of online administration and member access, as well one of the nation's largest dental provider networks.

The Strength of the Ameritas Network

Our Dental insurance relies on one of the largest dental networks in the nation, with more than 300,000 access points across the country. Of course, our plan also gives members the freedom to choose any dentist they like.

Online Convenience for Plan Administrators

- Enroll employees, change or terminate employee coverage, order a bill and pay online
- View employee effective dates, coverage levels and more
- Easily view or print the policy and certificates

Online Access for Members

- Benefit summary
- Claims forms, status and details
- Electronic certificates and Explanation Of Benefits
- Network provider directory, also available as a mobile app
- Frequently asked questions, glossary and more

Dental Metrics to Track Daily

- How many patients have scheduled their next appointments?
- How many patients are overdue?

- Of the patients that were contacted today, how many scheduled their next appointment?
- How many patients paid outstanding balances?

Dental KPIs to Track Weekly, Monthly, Quarterly, and Annually

Production by Provider

Measuring the production of each provider in your office will help you identify how much revenue each provider generates for the practice. We consider this to be the single most important metric to measure because production is directly tied to revenue and business growth.

Collections

The standard recommendation is to collect 98% or more payments. “the average dental practice is losing 9% of their production to uncollected revenues.”

To find your collection percentage, divide your production amount by the amount collected, but be mindful of insurance reimbursement delays when calculating.

Overhead, Revenue, and Profit

It’s an industry standard that your staff labor expenses should be around 25% of your revenue.

Hygiene Re-Appointment (Re-care) Rate

Hygiene re-appointment (sometimes referred to as re-care rate) is a particularly important dental KPI to measure if you seek to understand and increase your patient retention rate. This is especially true for dental practices that offer additional services such as cosmetic dentistry.

Treatment Case Acceptance

This KPI for dental practices is a key insight into predicting profit and revenue growth. If you are dissatisfied with your current treatment case acceptance rate, consider new avenues of educating patients about their prescribed treatment plans and diagnoses.

Increasing your treatment case acceptance rate should be a goal for any dental practice seeking to grow revenue.

Appointment No-Show/Cancellation Rate

Keep a close eye on appointment cancellations and no-shows. These add up and can be damaging to any dental practice.

Number of New Patients and Lost Business

Is your dental practice gaining more patients than it's losing? This KPI is essential to get an accurate picture of your patient retention rate.

Cash on Hand

Your practice should maintain at least three- or four-months' worth of cash on reserve for emergencies or other unforeseen events.

Example Goals and Benchmarks to Increase Dental Practice Profit

Based on industry standards, here are some dental office goals examples to aim for in your practice.

Daily Production Goals

- **Dentist:** $6000.00
- **Per Hygienist:** should be 4times their hourly pay per day.

Annual Production Goals

- **Dentist:** $960,000-1 million
- **Per Hygienist:** $150,000 to $192,000

These benchmarks assume the dental practice staff has a 4-day work week with four weeks of vacation.

Total Production Goals

- **Daily:** $6,000 to $7,000
- **Annually:** $1,152,000 to $1,344,000

These benchmarks assume the dental practice employs one full-time dentist and two full-time hygienists.

The Importance of Dental Practice KPI Reporting

As you measure and analyze your chosen dental metrics, it's also important to create detailed reports and keep track of them for future reference.

Managing Production Based on Dental Practice KPIs

After measuring KPIs, creating reports, and analyzing your findings, it's time to create a plan for managing production. Production comes in many forms for dental offices — cleanings, treatments, and complex procedures all contribute to the overall production and success of your practice.

Managing Production Starts with Patient Scheduling

Inefficient patient scheduling is one of the biggest reasons patients transfer to another dental practice. Avoid making your patients wait long past their scheduled appointment time to help ensure they're satisfied with their visit. Failure to do so may damage your practice's reputation.

Additionally, make sure your administrative staff schedules appointments with the goal of ensuring hygienists and dentists have enough time with the patient. Nobody likes to rush; optimizing your practice's scheduling habits will eliminate any unnecessary stress on both your patients and your staff.

Other patient scheduling mishaps to avoid include:

- Starting late at the beginning of the day or after lunch
- Not having needed lab work ready for the appointment.
- Not having each operatory setup when the patient enters
- Unexpected and unplanned procedures or changing procedures.
- Not having a "late patient" protocol or not consistently applying the "late patient" protocol you do have in place.
- Non-patient interruptions such as phone calls and vendors
- Not having morning huddles to check for glitches in the day's schedule
- Dentists do not move from room to room efficiently and are too focused on one patient.

- Always measure the value of a visit when making them with the patient. Follow the goals set up.

Other Ways Tracking Metrics Can Help Manage Production

If just one production goal isn't aligned with your KPIs, you may need to adjust a process or policy. For example:

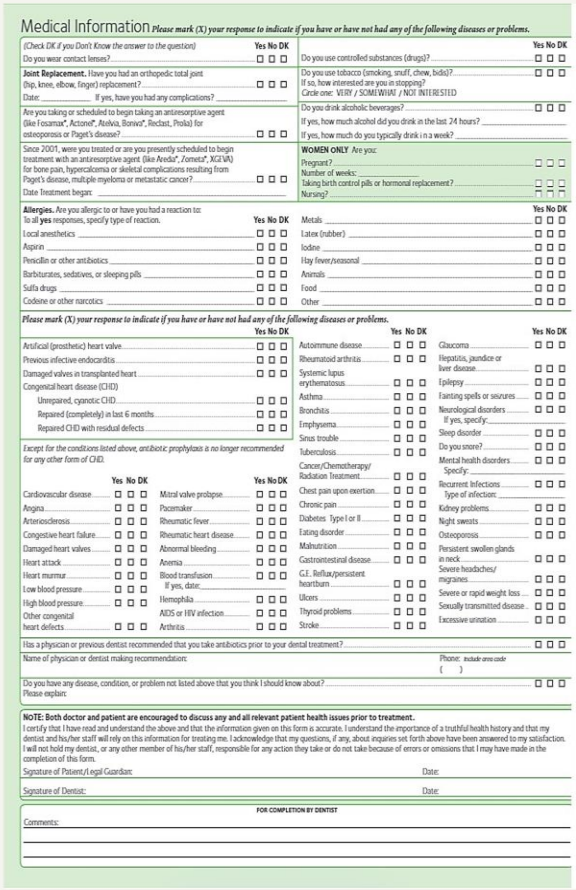
- If your collection percentage is down, you can try adjusting the collection process or policy to alleviate the drop.
- Hygienists may complete a high number of cleanings per day; however, cleanings are not a big income generator. Therefore, dentists must set goals as to how many complex procedures are completed per day or week to meet revenue goals.
- Are treatment acceptance rates low? Analyze how these cases are presented to the patients. Is enough education being provided to influence decisions?
- Underestimated time of procedure? This could upset patients on a strict schedule, which could lead to patients transferring to a different dental practice. This is easily avoidable by scheduling patient procedures for an adequate amount of time, especially if the procedure is predicted to be complex.
- Patients aren't paying on the day of the procedure. Establish and consistently enforce a past-due policy.

Extend the Longevity and Success of Your Practice by Measuring Dental KPIs

If you want to know how to make your dental practice more profitable, you need to measure, report on, and analyze key dental metrics on a daily, weekly, monthly, quarterly, and annual basis.

The dental industry is constantly growing and changing, which is why you need to position yourself as a competitive practice in your area with top-notch client care — and we can help.

We offer strategic dental economic management and accounting solutions tailored to your specific needs and goals. Whether you're looking to improve your individual practice or want to expand into multiple locations, we'll help give your business a competitive edge.



Medical Information *Please mark (X) your response to indicate if you have or have not had any of the following diseases or problems.*

(Check DK if you Don't Know the answer to the question)	Yes	No	DK
Do you wear contact lenses?	☐	☐	☐
Joint Replacement. Have you had an orthopedic total joint (hip, knee, elbow, finger) replacement?	☐	☐	☐
Date: ____ If yes, have you had any complications? ____			
Are you taking or scheduled to begin taking an antiresorptive agent (like Fosamax®, Actonel®, Atelvia, Boniva®, Reclast, Prolia) for osteoporosis or Paget's disease?	☐	☐	☐
Since 2001, were you treated or are you presently scheduled to begin treatment with an antiresorptive agent (like Aredia®, Zometa®, XGEVA) for bone pain, hypercalcemia or skeletal complications resulting from Paget's disease, multiple myeloma or metastatic cancer?	☐	☐	☐
Date Treatment began: ____			

	Yes	No	DK
Do you use controlled substances (drugs)?	☐	☐	☐
Do you use tobacco (smoking, snuff, chew, bids)?	☐	☐	☐
If so, how interested are you in stopping? Circle one: VERY / SOMEWHAT / NOT INTERESTED			
Do you drink alcoholic beverages?	☐	☐	☐
If yes, how much alcohol did you drink in the last 24 hours? ____			
If yes, how much do you typically drink in a week? ____			
WOMEN ONLY Are you:			
Pregnant?	☐	☐	☐
Number of weeks: ____			
Taking birth control pills or hormonal replacement?	☐	☐	☐
Nursing?	☐	☐	☐

Allergies. Are you allergic to or have you had a reaction to: To all **yes** responses, specify type of reaction.

	Yes	No	DK
Local anesthetics	☐	☐	☐
Aspirin	☐	☐	☐
Penicillin or other antibiotics	☐	☐	☐
Barbiturates, sedatives, or sleeping pills	☐	☐	☐
Sulfa drugs	☐	☐	☐
Codeine or other narcotics	☐	☐	☐
Metals	☐	☐	☐
Latex (rubber)	☐	☐	☐
Iodine	☐	☐	☐
Hay fever/seasonal	☐	☐	☐
Animals	☐	☐	☐
Food	☐	☐	☐
Other	☐	☐	☐

Please mark (X) your response to indicate if you have or have not had any of the following diseases or problems.

	Yes	No	DK
Artificial (prosthetic) heart valve	☐	☐	☐
Previous infective endocarditis	☐	☐	☐
Damaged valves in transplanted heart	☐	☐	☐
Congenital heart disease (CHD)			
Unrepaired, cyanotic CHD	☐	☐	☐
Repaired (completely) in last 6 months	☐	☐	☐
Repaired CHD with residual defects	☐	☐	☐

Except for the conditions listed above, antibiotic prophylaxis is no longer recommended for any other form of CHD.

	Yes	No	DK
Cardiovascular disease	☐	☐	☐
Angina	☐	☐	☐
Arteriosclerosis	☐	☐	☐
Congestive heart failure	☐	☐	☐
Damaged heart valves	☐	☐	☐
Heart attack	☐	☐	☐
Heart murmur	☐	☐	☐
Low blood pressure	☐	☐	☐
High blood pressure	☐	☐	☐
Other congenital heart defects	☐	☐	☐
Mitral valve prolapse	☐	☐	☐
Pacemaker	☐	☐	☐
Rheumatic fever	☐	☐	☐
Rheumatic heart disease	☐	☐	☐
Abnormal bleeding	☐	☐	☐
Anemia	☐	☐	☐
Blood transfusion If yes, date:	☐	☐	☐
Hemophilia	☐	☐	☐
AIDS or HIV infection	☐	☐	☐
Arthritis	☐	☐	☐

	Yes	No	DK
Autoimmune disease	☐	☐	☐
Rheumatoid arthritis	☐	☐	☐
Systemic lupus erythematosus	☐	☐	☐
Asthma	☐	☐	☐
Bronchitis	☐	☐	☐
Emphysema	☐	☐	☐
Sinus trouble	☐	☐	☐
Tuberculosis	☐	☐	☐
Cancer/Chemotherapy/ Radiation Treatment	☐	☐	☐
Chest pain upon exertion	☐	☐	☐
Chronic pain	☐	☐	☐
Diabetes Type I or II	☐	☐	☐
Eating disorder	☐	☐	☐
Malnutrition	☐	☐	☐
Gastrointestinal disease	☐	☐	☐
G.E. Reflux/persistent heartburn	☐	☐	☐
Ulcers	☐	☐	☐
Thyroid problems	☐	☐	☐
Stroke	☐	☐	☐

	Yes	No	DK
Glaucoma	☐	☐	☐
Hepatitis, jaundice or liver disease	☐	☐	☐
Epilepsy	☐	☐	☐
Fainting spells or seizures	☐	☐	☐
Neurological disorders If yes, specify:	☐	☐	☐
Sleep disorder	☐	☐	☐
Do you snore?	☐	☐	☐
Mental health disorders Specify:	☐	☐	☐
Recurrent Infections Type of infection:	☐	☐	☐
Kidney problems	☐	☐	☐
Night sweats	☐	☐	☐
Osteoporosis	☐	☐	☐
Persistent swollen glands in neck	☐	☐	☐
Severe headaches/ migraines	☐	☐	☐
Severe or rapid weight loss	☐	☐	☐
Sexually transmitted disease	☐	☐	☐
Excessive urination	☐	☐	☐

	Yes	No	DK
Has a physician or previous dentist recommended that you take antibiotics prior to your dental treatment?	☐	☐	☐

Name of physician or dentist making recommendation: ____ Phone: *Include area code* ( )

	Yes	No	DK
Do you have any disease, condition, or problem not listed above that you think I should know about? Please explain:	☐	☐	☐

NOTE: Both doctor and patient are encouraged to discuss any and all relevant patient health issues prior to treatment.

I certify that I have read and understand the above and that the information given on this form is accurate. I understand the importance of a truthful health history and that my dentist and his/her staff will rely on this information for treating me. I acknowledge that my questions, if any, about inquiries set forth above have been answered to my satisfaction. I will not hold my dentist, or any other member of his/her staff, responsible for any action they take or do not take because of errors or omissions that I may have made in the completion of this form.

Signature of Patient/Legal Guardian: ____ Date: ____

Signature of Dentist: ____ Date: ____

FOR COMPLETION BY DENTIST

Comments: ____

https://pdf.ac/X2r0g

https://adit.com/

Dentists can now access key performance indicators for practice success in one place

SaaS company, Adit, recently launched an advanced Practice Analytics software module in its dental practice management cloud-based platform. Adit's all-in-one dental practice management system makes it quick and painless for dentists to simplify their dental practice operations and integrate Calls, Texts, Emails, Patient Forms, Online Scheduling, Analytics, Reviews, Payments and more, all in one place.