



Dental (ADA 2006) Billing Instructions



Division of Medical Assistance Programs
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About this handbook

The *Dental Web Billing Instructions Handbook* is a guide to assist dental providers who bill Oregon Medicaid for services to submit a dental claim through the secure Provider Web Portal at <https://www.or-medicaid.gov>.

Refer to the Oregon Administrative Rules (OARs) for your program and any related supplemental information for billing. If you need assistance with claims, contact Provider Services at dmap.providerservices@state.or.us or 800-336-6016.

Before you submit a Web claim

The list below will help you to better understand what needs to be done prior to submitting a Web claim.

1. The dental claim is also known as the American Dental Association (ADA) claim. Throughout this billing guide you will see the claim type being referred to as a dental claim.
2. Before starting a claim, verify that the recipient is eligible on the date of service for the services rendered. Clients enrolled with an OHP managed care organization (MCO) must be billed to the appropriate MCO identified.
3. Medicaid is always the payer of last resort. If the recipient has Medicare or third-party insurance, bill them first before billing Medicaid.
4. Verify that you are signed on and are acting on behalf of the correct provider. It is crucial to make sure you are logged on under the correct provider number because this is the provider DHS will pay.
5. You must complete and submit the claim in its entirety in order to save the data entered. Partially completed claims data cannot be saved.
6. The session will end after 20 minutes of inactivity. Any work or changes that have not been submitted will be lost.
7. The dental claim has six screens. When entering and submitting a Web claim, make sure you have reviewed all screens and have entered all required and/or applicable data in each screen.

How to submit a dental Web claim

Click “Claims,” then “Dental.” The following screen will appear:

Inter Change
Government Health Portfolio

Wednesday, October 31, 2007

Home Contact Us Directory Search Clients Account **Claims** Eligibility Trade Files Prior Authorization Providers POC Portal Admin Security

Admin Host

home search **dental** institutional pharmacy professional roster billing

Dental Claim

Billing Information

ICN
Provider ID
Client ID* [Search]
Last Name
First Name, MI
Date of Birth
Patient Account #
Insurance Denied [v]
Rendering Physician [Search]
Adjustment Reason Code [Search]

Service Information

Emergency [v]
Accident [v]
POS* [Search]

Total Charges

Total Charges \$0.00
TPL Amount \$0.00
Total Paid Amount \$0.00

TPL

*** No rows found ***

Select row above to update.

Last Name [] Policy Number []
First Name, MI [] Plan Name []
Date of Birth []
Relationship [v]

[delete] [add]

Detail

Item	DOS	Procedure	Units	Tooth Number	Quadrant	Charges	Status	Allowed Amount
A	1		0			\$0.00		\$0.00

Type data below for new record.

Item 1
DOS* []
Procedure* [Search] Units* [0]
Tooth Number [] Charges* \$0.00
Quadrant [Search] Allowed Amount \$0.00
Status Adjustment Reason Code [Search]

[delete] [add]

Surfaces (Detail Item 1)

*** No rows found ***

Select row above to update -or- click Add button below.

Surface [v]

[delete] [add]

Hard-Copy Attachments

*** No rows found ***

Select row above to update -or- click Add button below.

Control Number []
Transmission [v]
Report Type [v]
Description []

[delete] [add]

Claim Status Information

Claim Status Not Submitted yet

[Coversheet for supporting documentation]

[submit] [cancel]

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Step 1: Enter header information

From this screen you can enter all of the required information to submit a dental claim.

Dental claim field descriptions

Shaded boxes are always mandatory. Non-shaded boxes are mandatory if applicable.

Field	Description
ICN	Internal control number of the claim.
Provider ID	National Provider Identifier (NPI) or Billing Provider number.
Client ID*Required	Recipient identification number.
Last Name	Last name of the recipient.
First Name, MI	First name of the recipient.
Date of Birth	Recipient's date of birth.
Patient Account #	Identification for a recipient assigned by a provider. If a patient account number is provided in this field it will print on the RA.
Insurance Denied	Indicates if other insurance was paid or denied.
Rendering Physician	National Provider Identifier (NPI) or Medicaid Provider ID of the rendering provider.

Field	Description
Adjustment Reason Code	<p>HIPAA Adjustment Reason Codes (ARC) are used on Web claims to describe why the third-party payer or other insurance did not make payment.</p> <ul style="list-style-type: none"> • ARC codes are used in place of the unique 2-digit TPR code on paper claims. • A complete list of ARC codes can be found at: www.wpc-edi.com. • When selecting an ARC for multiple payers, select the code that is most appropriate.
Emergency	Indicates whether the service was performed as a result of an emergency situation.
Accident	Indicates whether the service was performed as result of an accident.
POS*	2-digit Place of service code (POS) is used for the location where service was rendered.
Total Charges	Total dollar amount charged for the claim. Sum of all charges from the Detail screen.
TPL Amount	Dollar amount paid by third-party liability for the entire claim.
Total Paid Amount	This is the total amount paid.

Step 2: Enter third-party resource information

This screen allows you to add third party liability (TPL, or third party resource) information. TPL information does not auto populate. If applicable, TPL must be entered on the claim each time. Add a TPL line for each payer.

Note: Do not enter recipient liability (e.g., copayments) on the claim.

Field descriptions

Field	Description
Last Name	The TPL insured's last name.
First Name	The TPL insured's first name.
MI	The TPL insured's middle initial
Date of Birth	The TPL insured's date of birth.
Relationship	The TPL insured's relationship.
Policy Number	The TPL insured's policy number.
Plan Name	The TPL insured's plan name.

To add a TPL

Step	Action	Response
1	Click the Add button.	TPL fields are activated for data entry.
2	Enter the last name, first name, MI, DOB, Relationship, Policy number, and plan name.	The TPL data displays as a line item.

To delete a TPL

Step	Action	Response
1	Choose the TPL line item to be deleted.	Data populates fields in the TPL screen.

Step	Action	Response
2	Click the Delete button. Note: The delete button deletes selected data on the current screen. It does not delete the claim.	Dialog displays to confirm deletion.
3	Click OK.	

To update a TPL

Step	Action	Response
1	Choose the TPL line item to be updated.	Data populates fields in the TPL screen.
2	Type updated data in the TPL fields.	TPL information displays.

Step 3: Enter claim detail lines

This screen allows you to enter up to fifty (50) detail lines. Enter the first detail line on the detail screen. If you need to enter more detail lines, click the “Add” button for each additional line.

Field descriptions

Shaded boxes are always mandatory. Non-shaded boxes are mandatory if applicable.

Field	Description
Item	The number of the detail line.
Procedure*	ADA procedure code which identifies each individual service that was provided. ADA procedure codes start with a “D.” Click on the “Search” link next to this field to search for ADA codes by code or description.

Field	Description
Tooth Number	Tooth number or letter that identifies the tooth for which services were performed. See Appendix for charts.
Quadrant	The quadrant of the mouth that the procedure was performed on and the claim is related to. <ul style="list-style-type: none"> • Quadrant is not required if tooth number is entered. • Use the “Search” link next to this field to search for quadrant code by code or description.
Status	Status of the detail line.
DOS*	Date services were rendered.
Units*	Number of units billed for the service.
Charges*	Total dollar amount charged for the services.
Allowed Amount	Amount approved to pay for services provided to a recipient. Read-only
Adjustment Reason Code	Enter ARC to describe why the third-party payer or other insurance did not make payment for the service. <ul style="list-style-type: none"> • ARC codes are used in place of the unique 2-digit TPR code on paper claims. • A complete list of ARC codes can be found at: www.wpc-edi.com. <p>When selecting an ARC code for one or more multiple payers, select the code that is the most appropriate.</p>

To add a detail line item

Step	Action	Response
1	Click the Add button.	Detail screen activates fields for data entry.
2	Enter data in the required fields (Procedure, DOS, Units, and Charges).	
3	Enter data in the remaining fields that are applicable or select the most appropriate data from the drop-down lists (Tooth Number, Quadrant, and Adjustment Reason Code).	

To delete a detail line item

Step	Action	Response
-------------	---------------	-----------------

Step	Action	Response
1	Choose the line item to be deleted.	Data populates fields in the Detail screen.
2	Click the Delete button. Note: The delete button deletes selected data on the current screen. It does not delete the claim.	Dialog displays to confirm deletion.
3	Click OK.	

To update a detail line item

Step	Action	Response
1	Choose the line item to be updated.	Data populates detail fields in the Detail screen.
2	Enter updated data in the Procedure, DOS, Units, and Charges fields.	
3	Enter updated data in the remaining fields that are applicable or select the most appropriate data from the drop-down lists (Tooth Number, Quadrant, and Adjustment Reason Code).	

Step 4: Enter tooth surface information

This screen displays tooth surfaces for the specified detail line item. You can use the drop-down list to pick the most appropriate surface if the procedure involved a specific tooth surface.

Tooth surfaces field descriptions

Field	Description
Surface	Code that identifies the tooth surface of a particular tooth on which a service was performed (<i>i.e.</i> , Buccal, Distal, Facial, Incisal, Lingual, Mesial, Occlusal).

To add a tooth surface

Step	Action	Response
1	Click the Add button.	Surface field is activated for data entry.
2	From the drop-down list, select the most appropriate surface description.	Surface description displays.

To delete a tooth surface

Step	Action	Response
1	Choose the line item to be deleted.	Data populates fields in the surface screen.
2	Click the Delete button. Note: The delete button deletes selected data on the current screen. It does not delete the claim.	Dialog displays to confirm deletion.
3	Click OK.	

To update a tooth surface

Step	Action	Response
1	Choose the line item to be updated.	Data populates detail fields in the surface screen.
2	Enter updated surface data.	Surface description will display.

Step 5: Enter hard copy attachment information (optional)

This screen allows you to enter information about multiple hard copy attachments that you may need to submit to DHS. This information lets DHS know that additional documentation is coming (e.g., radiographs). Add an attachment line for each attachment to plan to submit.

Field descriptions

Field	Description
Control Number	Attachment/Paperwork Identifier selected by the user to identify a document that they intend to send in. This identifier is not used by the system. Attachments are associated to a claim through the EDMS coversheet by the claim ICN.
Transmission	Code defining timing, transmission method or format of attachment/paperwork.
Report Type	Code describing the type of attachment /paperwork.
Description	Additional notes about the attachment /paperwork.

To add a hard copy attachment

Step	Action	Response
1	Click the Add button.	Hard Copy Attachment activates screen fields for data entry.
2	Enter data in the Control Number and Description fields.	
3	Click the Transmission and Report Type drop-down arrows and select an item from the list.	

To delete a hard copy attachment

Step	Action	Response
1	Choose the line item to be deleted.	Data populates fields in the Hard-Copy Attachments screen.

Step	Action	Response
2	Click the Delete button. Note: The delete button deletes selected data on the current screen. It does not delete the claim.	Dialog displays to confirm deletion.
3	Click OK.	

To update a hard copy attachment

Step	Action	Response
1	Choose the line item to be updated.	Data populates detail fields in the Hard-Copy Attachments screen.
2	Enter updated data in the Description field.	
3	Click the Transmission and Report Type drop-down arrows, and select an item from the list.	

Step 6: Submit claim and review claim status information

Click the “Submit” button to submit the claim.

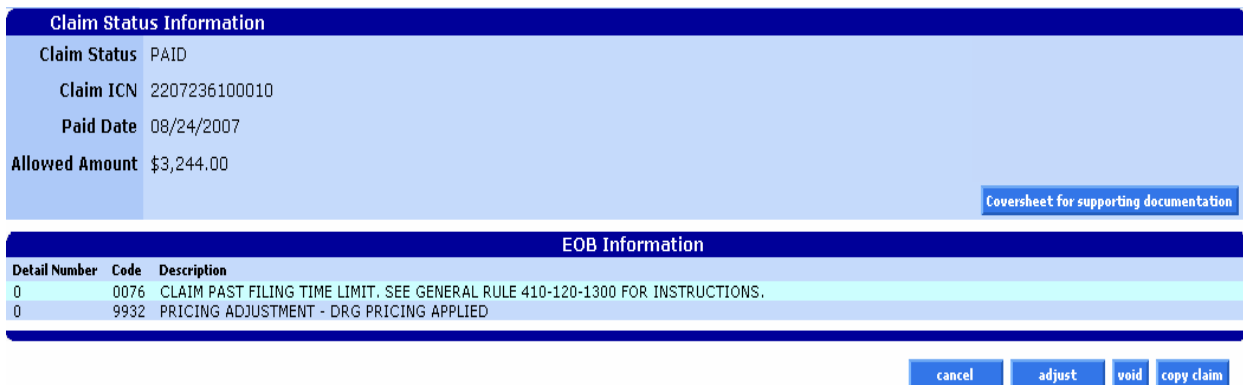
Before you click “Submit,” the Claim Status Information screen displays as follows:



The screenshot shows a blue header bar with the text "Claim Status Information". Below the header, the text "Claim Status Not Submitted yet" is displayed in a light blue box.

After you click “Submit,” claim adjudication is real time so you can immediately view the status of the claim.

- The Claim Status Information screen displays information regarding the claim status after the claim has been adjudicated. For example, the claim status may show that the claim has been 1) paid, 2) denied, or 3) suspended. This screen also displays explanation of benefits (EOB) information, if applicable.
- The “Cover Sheet for Supporting Documentation” allows you to print off a cover sheet, attach it to the top of your supporting documentation and mail or fax it in.



The screenshot shows two stacked screens. The top screen is titled "Claim Status Information" and displays the following details: Claim Status PAID, Claim ICN 2207236100010, Paid Date 08/24/2007, and Allowed Amount \$3,244.00. A button labeled "Coversheet for supporting documentation" is visible in the bottom right corner. The bottom screen is titled "EOB Information" and displays a table with two rows of data:

Detail Number	Code	Description
0	0076	CLAIM PAST FILING TIME LIMIT. SEE GENERAL RULE 410-120-1300 FOR INSTRUCTIONS.
0	9932	PRICING ADJUSTMENT - DRG PRICING APPLIED

At the bottom of the EOB screen, there are four buttons: "cancel", "adjust", "void", and "copy claim".

Field descriptions

Field	Description
Claim Status	The detailed description of the status of the claim.
Claim ICN	Internal control number that uniquely identifies a claim.
Paid Date	The date that the claim was paid.
Allowed Amount	The dollar amount allowed for the claim.
Coversheet for	Link to the coversheet used when submitting claim

Field	Description
supporting documentation	attachments
Detail Number	The claim detail on which the EOB posted.
Code	The Explanation of Benefit code.
Description	The description of the EOB code.

Paid claim

Paid claims will have a claim status of “PAID.” The Claim ICN, paid date, allowed amount, and EOB information is displayed on all paid claims.

On paid claims, the “adjust,” “void,” and “copy claim” buttons at the bottom of the claim will activate. See the *Web Claim Adjustment Handbook* for more information about the adjust and void features.

Claim Status Information	
Claim Status	PAID
Claim ICN	2007251522113
Paid Date	03/02/2007
Allowed Amount	\$500.00

[Coversheet for supporting documentation](#)

Denied claim

A denied claim will have a claim status of “DENIED.” The resubmit button at the bottom of the claim will activate. It allows you to update or correct the denied claim and resubmit it as an original, new claim, without having to complete the entire claim over again.

Claim Status Information	
Claim Status	DENIED
Claim ICN	2307205600001
Denied Date	07/24/2007
Allowed Amount	\$0.00

EOB Information		
Detail Number	Code	Description
0	468	NAME ON CLAIM MUST MATCH DHS IDENTIFICATION
0	9111	INTERNAL PROCESSING ERROR - CONTACT SE MANAGER
0	8001	PROVIDER REQUESTED ADDITIONAL PAYMENT DUE TO CHANGE IN OTHER.

Suspended claim

Suspended claims can ONLY be viewed. No actions may be performed on suspended claims until the claim has been adjudicated (paid or denied) by a DHS Adjustment Analyst.

Claim Status Information		
Claim Status	SUSPENDED	
Claim ICN	2006234600322	
Allowed Amount	\$0.00	

EOB Information		
Detail Number	Code	Description
1	4014	NO PRICING SEGMENT IS ON FILE.

How to resubmit a denied claim

After a claim has denied, two (2) buttons will be displayed at the bottom of the screen: 1) Re-submit and 2) Cancel.

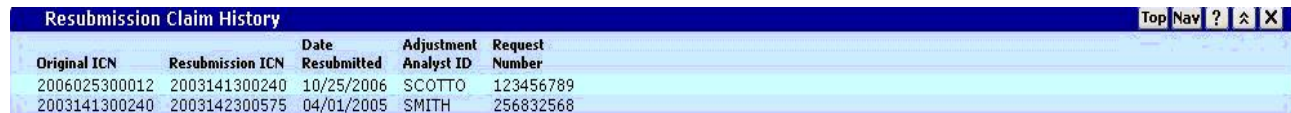


To resubmit a denied claim

Step	Action	Response
1	Enter data in all required and/or applicable fields. <ul style="list-style-type: none">• Dental Claim Header• Third-Party Liability (TPL)• Detail• Surfaces• Hard Copy Attachments	
2	Click the resubmit button.	New claim status information displays with new ICN, status, and EOB Information.

Resubmission claim history screen

Once you resubmit the claim, the complete claim resubmission will display on the Resubmission Claim History screen. This screen shows the information for the original denied claim that is related to the resubmitted claim. The screen is read only.

A screenshot of a web application window titled 'Resubmission Claim History'. The window has a blue header bar with the title and navigation icons (Top, Nav, ?, ^, X). Below the header is a table with the following data:

Original ICN	Resubmission ICN	Date Resubmitted	Adjustment Analyst ID	Request Number
2006025300012	2003141300240	10/25/2006	SCOTTO	123456789
2003141300240	2003142300575	04/01/2005	SMITH	256832568

Field descriptions

Field	Description
Original ICN	ICN of the related claim. The denied original claim.
Current or Resubmitted ICN	ICN of the related claim. The new resubmitted claim.
Date Resubmitted	The date the denied original was resubmitted.
Adjustment Analyst ID	ID of the person initiating the resubmission. This will be a DHS staff user ID when the resubmission is initiated within the MMIS.
Request Number	The Adjustment Request Number for the request that initiated the resubmission. This will be a valid number only for resubmissions initiated within the MMIS via a mass adjustment request.

How to copy a paid claim

The copy button at the bottom of paid claims allows you to copy or make an exact duplicate of an existing claim to a new screen. Once copied, you can update the claims data and submit the copied claim as a new claim.

This feature saves time because you do not have to enter all new data but you must make sure to update all relevant data. Once the claim is submitted, a new ICN will be generated.

Step	Action	Response
1	Select the copy button.	A new window will open with an exact copy of the claim. Data fields are activated.
2	Update all required and/or applicable fields. <ul style="list-style-type: none"> • Dental Claim Header • TPL • Detail • Surfaces • Hard Copy Attachments 	
3	Click the submit button.	The claim ICN, status, and/or error code is returned.

Appendix

Quick reference: How to submit a dental claim

Step	Action	Response
1	Click the Claims menu.	The Claims menu options display.
2	Click Dental.	The Dental claim displays.
3	Enter data in all required and/or applicable fields. Dental Claim Header TPL Detail Surfaces Hard Copy Attachments	
4	Click the submit button.	The claim ICN, status, and/or error code is returned.

Dental claim example (completed)

Below is an example of a completed dental claim that was submitted and paid.

ormmis\MOPROV13
Wednesday, November 07, 2007

Home Contact Us Directory Search Clients Account **Claims** Eligibility Trade Files Prior Authorization Providers POC Portal Admin Security Admin

home search **dental** institutional pharmacy professional roster billing

Dental Claim

Billing Information

ICN 2207242301002
 Provider ID 1000000825 NPI
 Client ID* 00038049 [Search]
 Last Name MIZZELL
 First Name, MI BRAD
 Date of Birth 05/17/1957
 Patient Account # TC33813
 Insurance Denied [Select]
 Rendering Physician 1000000825 NPI [Search]
 Adjustment Reason Code [Search]

Service Information

Emergency [Select]
 Accident [Select]
 POS* 11 [Search]

Total Charges

Total Charges \$150.00
 TPL Amount \$150.00
 Total Paid Amount \$0.00

Adjustment History

*** No rows found ***

Resubmission Claim History

*** No rows found ***

TPL

*** No rows found ***

Select row above to update.

Last Name [Input]
 First Name, MI [Input]
 Date of Birth [Input]
 Relationship [Select]

Policy Number [Input]
 Plan Name [Input]

[delete] [add]

Detail

Item	DOS	Procedure	Units	Tooth Number	Quadrant	Charges	Status	Allowed Amount
1	08/08/2006	D0150	1.00			\$150.00	PAID	\$52.74

Type changes below.

Item 1
 Procedure* D0150 [Search]
 Tooth Number [Input]
 Quadrant [Search]
 Status PAID

DOS* 08/08/2006
 Units* 1.00
 Charges* \$150.00
 Allowed Amount \$52.74
 Adjustment Reason Code [Search]

[delete] [add]

Surfaces (Detail Item 1)

*** No rows found ***

Select row above to update -or- click Add button below.

Surface [Select]

[delete] [add]

Hard-Copy Attachments

Select row above to update -or- click Add button below.

Control Number [Input]
 Transmission [Select]
 Report Type [Select]
 Description [Input]

[delete] [add]

Claim Status Information

Claim Status PAID
 Claim ICN 2207242301002
 Paid Date 08/30/2007
 Allowed Amount \$52.74

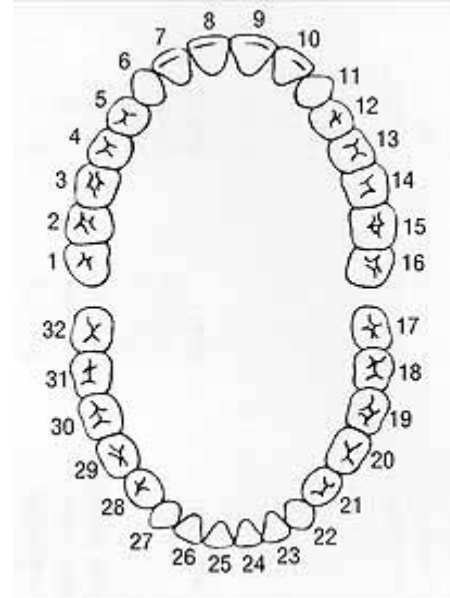
[Coversheet for supporting documentation](#)

[cancel] [adjust] [void] [copy claim]

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Permanent Teeth Numbering and Mounting Chart (1-32)

When you look at the tooth chart, you are looking into a person's mouth with the jaws open. You're facing the person, so their upper right jaw will be on the left of this image.

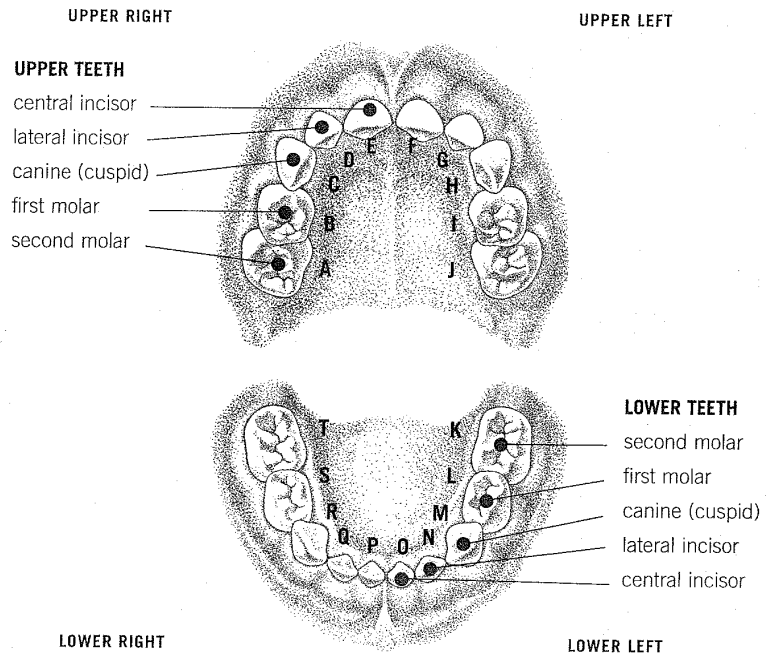


- | | |
|---------------------------------|---------------------------------|
| 1. 3rd Molar (wisdom tooth) | |
| 2. 2nd Molar (12-year molar) | |
| 3. 1st Molar (6-year molar) | |
| 4. 2nd Bicuspid (2nd premolar) | |
| 5. 1st Bicuspid (1st premolar) | |
| 6. Cuspid (canine/eye tooth) | |
| 7. Lateral incisor | |
| 8. Central incisor | |
| 9. Central incisor | 21. 1st Bicuspid (1st premolar) |
| 10. Lateral incisor | 22. Cuspid (canine/eye tooth) |
| 11. Cuspid (canine/eye tooth) | 23. Lateral incisor |
| 12. 1st Bicuspid (1st premolar) | 24. Central incisor |
| 13. 2nd Bicuspid (2nd premolar) | 25. Central incisor |
| 14. 1st Molar (6-year molar) | 26. Lateral incisor |
| 15. 2nd Molar (12-year molar) | 27. Cuspid (canine/eye tooth) |
| 16. 3rd Molar (wisdom tooth) | 28. 1st Bicuspid (1st premolar) |
| 17. 3rd Molar (wisdom tooth) | 29. 2nd Bicuspid (2nd premolar) |
| 18. 2nd Molar (12-year molar) | 30. 1st Molar (6-year molar) |
| 19. 1st Molar (6-year molar) | 31. 2nd Molar (12-year molar) |
| 20. 2nd Bicuspid (2nd premolar) | 32. 3rd Molar (wisdom tooth) |

Primary or Deciduous Teeth Chart (A-T)

When you look at the tooth chart, you are looking into a person's mouth with the jaws open. You're facing the person, so their upper right jaw will be on the left of this image.

- (A) Upper right second primary molar
- (B) Upper right first primary molar
- (C) Upper right primary canine - Cuspid
- (D) Upper right lateral incisor
- (E) Upper right central incisor
- (F) Upper left central incisor
- (G) Upper left lateral incisor
- (H) Upper left primary canine - Cuspid
- (I) Upper left first primary molar
- (J) Upper left second primary molar
- (K) Lower left second primary molar
- (L) Lower left first primary molar
- (M) Lower left primary canine - Cuspid
- (N) Lower left lateral incisor
- (O) Lower left central incisor
- (P) Lower right central incisor



- (Q) Lower right lateral incisor
- (R) Lower right primary canine - Cuspid
- (S) Lower right first primary molar
- (T) Lower right second primary molar

Supernumerary Teeth, Primary Dentition

Supernumerary teeth in the primary dentition are identified by the placement of the letter “S” following the letter identifying the adjacent primary tooth.

Enumeration of primary dentition is illustrated on the following chart.

Upper Arch

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

Supernumerary Teeth, Permanent Dentition

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.

Enumeration of permanent dentition is illustrated on 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

Quadrant - Area of Oral Cavity Chart

If appropriate, use one of the following codes for each line item.

00	Entire Oral Cavity
01	Maxillary Area
02	Mandibular Area
10	Upper Right Quadrant
20	Upper Left Quadrant
30	Lower Left Quadrant
40	Lower Right Quadrant