Dental Billing Instructions

Fee-for-service billing instructions for MMIS Provider Portal and ADA dental claim formats for Oregon Medicaid providers

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Introduction

The *Dental Claim Instructions* handbook is designed to help those who bill the Oregon Health Authority (OHA) for Medicaid services submit their claims correctly the first time. This will give you step-by-step instructions so that OHA can pay you, the provider, more quickly. Use this handbook with the General Rules and your provider guidelines (administrative rules and supplemental information), which contain information on policy and covered services specific to your provider type.

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.

This handbook lists the requirements for completion prior to sending your claim to OHA for fee-for-service payment processing, as well as helpful hints on how to avoid common billing errors.

The *Dental Claim Instructions* are designed to assist dentist and denturist offices. If in doubt of which claim format to use, contact Provider Services at 800-336-6016 for assistance, or refer to your provider guidelines.

Claims Processing

The federal government requires OHA to process Medicaid claims through an automated claim processing system known as MMIS - the Medicaid Management Information System. This system is a combination of people and computers working together to process claims.

Paper claims

Paper claims submitted by mail go first to the ODHS|OHA Office of Imaging and Record Management Services.

- The document is scanned through an Optical Character Recognition (OCR) machine and the claim is given an Internal Control Number (ICN).
- The scanned documents are then identified and sorted by form type and indexed by identifiers such as client name, prime identification number, the date of service, and provider number.
- Finally, the data is entered in the MMIS and images of the documents are stored on an Electronic Document Management System (EDMS).

Electronic claims

Data from web claims directly enter the MMIS if all information is entered correctly. Electronic data interchange (EDI, or electronic batch submission) claims are reviewed for compliance and translated from the HIPAA standard formats for MMIS processing.

Electronic claims also get an ICN.

About the ICN

The ICN is an intelligent unique identifier.

- The first two digits indicate the type of format of the claim (e.g., ‘22’Web claim, ‘10’ paper claim, ‘20’ electronic).
- The next two are the year; ‘14’ (2014).
- The next three are the Julian date; “031” (January 31).

MMIS activity

Once the data enters the MMIS, staff can immediately access submitted claim information by checking certain MMIS screens.

The system performs daily edits for presence and validity of data as each claim is processed. Once a week, the system audits all claims to ensure that they conform to medical policy. Every weekend, a payment cycle runs, and the system produces checks for claims that successfully pass all edits and audits.

If MMIS cannot make a payment decision based on the information submitted or if policy determines manual review is needed, the claim is routed to OHA staff for specific manual, medical or administrative review. This type of claim is a *suspended claim*.

OHA does not return denied claims to providers in this process. Instead, OHA sends a listing of all claims paid and/or denied to the provider (with payment if appropriate). The listing is called a Remittance Advice (RA).

The RA comes in paper and electronic formats. The paper format will list suspended claims while the electronic does not.

If you aren't already receiving the electronic RA, contact EDI Support at DHS.EDISupport@dhsoha.state.or.us for more information.

Before you bill OHA:

- Verify that the client is eligible on the date of service for the services rendered.
- Verify managed care enrollment. If the client is enrolled with an OHP dental care organization (DCO) or coordinated care organization (CCO), **do not bill OHA.** Instead, bill the appropriate DCO/CCO. Contact the DCO/CCO for billing and authorization instructions.
- Medicaid is always the payer of last resort. If the client has Medicare or third-party insurance, bill them first before billing Medicaid.

Web Claim Instructions

When to submit a web claim

In order to use the Provider Web Portal to submit claims, you must have received your Personal Identification Number (PIN) from OHA. If you do not know your PIN, contact Provider Services at 800-336-6016 for assistance.

Do not submit a web claim when:

- You need to submit hard copy attachments (*e.g.,* radiographs). If you submit a web claim for a procedure that requires attached documentation, the claim will suspend, then deny for missing documentation. Always bill on paper for claims that require attachments.
- You need to bill for services more than a year after the date of service. Claims past timely filing limits must be sent on paper to Provider Services.

Before you submit a web claim

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

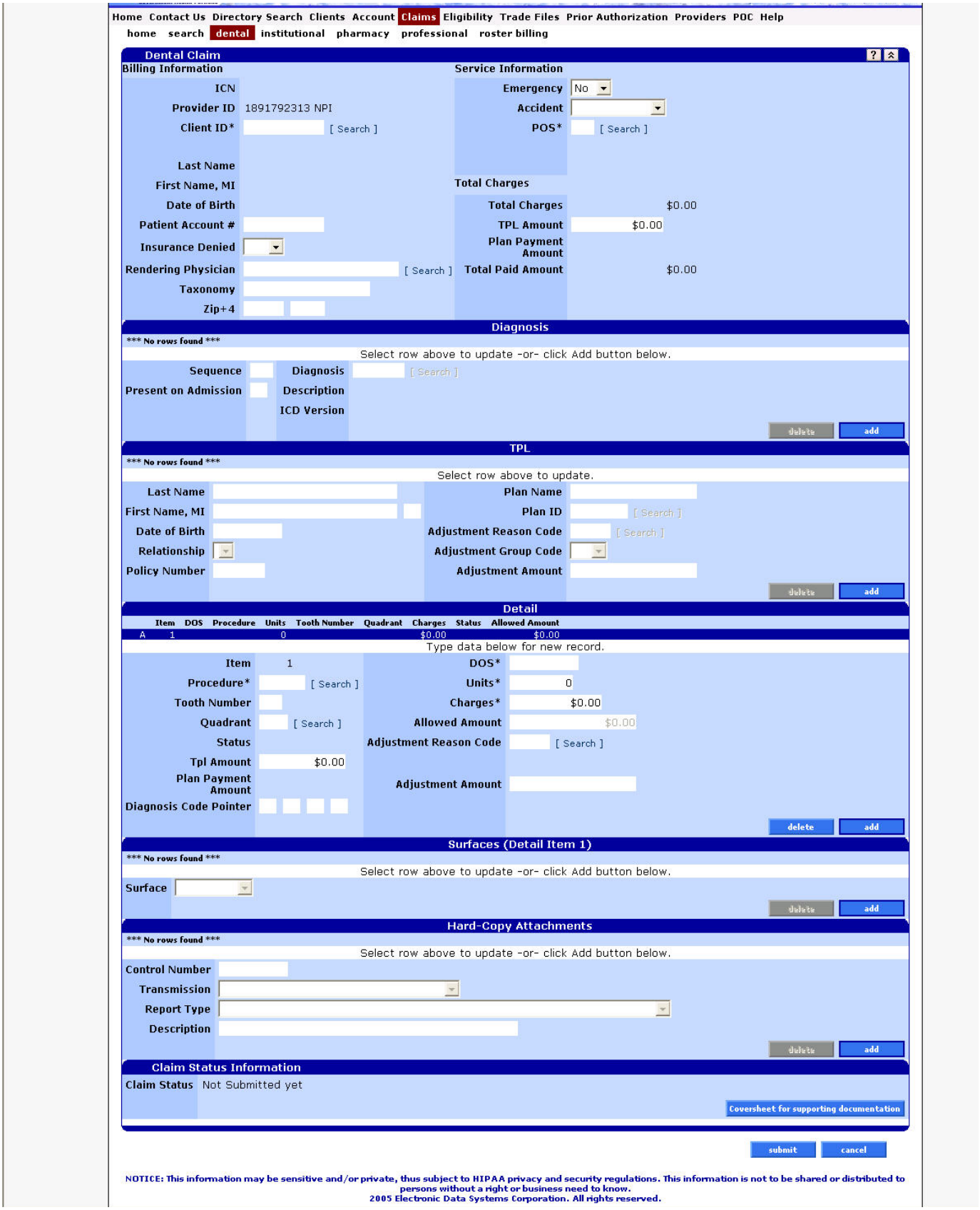
- Verify that you are signed on and are acting on behalf of the correct provider. It is crucial to make sure you are logged on under the correct provider number because this is the provider OHA will pay.
- You must complete and submit the claim in its entirety in order to save the data entered. Partially completed claims data cannot be saved.
- The session will end after 20 minutes of inactivity. Any work or changes that have not been submitted will be lost.
- The dental claim has seven screens:
    1. Dental Claim Header
    2. Diagnosis
    3. Third-Party Liability (TPL)
    4. Detail

5. Surfaces
6. Hard Copy Attachments
7. Claims Status Information

- In some screens you simply move from field to field while in others you must indicate you wish to “Add” information by clicking the “Add” button. Make sure you review all screens and enter all required and/or applicable data in each screen.

How to submit a web claim

Go to “Claims,” then click “Dental.” The following screen will appear:


Home Contact Us Directory Search Clients Account Claims Eligibility Trade Files Prior Authorization Providers POC Help
home search dental institutional pharmacy professional roster billing
Dental Claim
Billing Information
ICN
Provider ID 1891792313 NPI
Client ID* [Search]
Last Name
First Name, MI
Date of Birth
Patient Account #
Insurance Denied
Rendering Physician [Search]
Taxonomy
Zip+4
Service Information
Emergency No
Accident
POS* [Search]
Total Charges
Total Charges $0.00
TPL Amount $0.00
Plan Payment Amount
Total Paid Amount $0.00
Diagnosis
*** No rows found ***
Select row above to update -or- click Add button below.
Sequence
Present on Admission
Diagnosis [Search]
Description
ICD Version
delete add
TPL
*** No rows found ***
Select row above to update.
Last Name
First Name, MI
Date of Birth
Relationship
Policy Number
Plan Name
Plan ID [Search]
Adjustment Reason Code [Search]
Adjustment Group Code
Adjustment Amount
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
Procedure* [Search]
Tooth Number
Quadrant [Search]
Status
Tpl Amount $0.00
Plan Payment Amount
Diagnosis Code Pointer
DOS*
Units* 0
Charges* $0.00
Allowed Amount $0.00
Adjustment Reason Code [Search]
Adjustment Amount
delete add
Surfaces (Detail Item 1)
*** No rows found ***
Select row above to update -or- click Add button below.
Surface
delete add
Hard-Copy Attachments
*** No rows found ***
Select row above to update -or- click Add button below.
Control Number
Transmission
Report Type
Description
delete add
Claim Status Information
Claim Status Not Submitted yet
Coversheet for supporting documentation
submit cancel
NOTICE: This information may be sensitive and/or private, thus subject to HIPAA privacy and security regulations. This information is not to be shared or distributed to persons without a right or business need to know.
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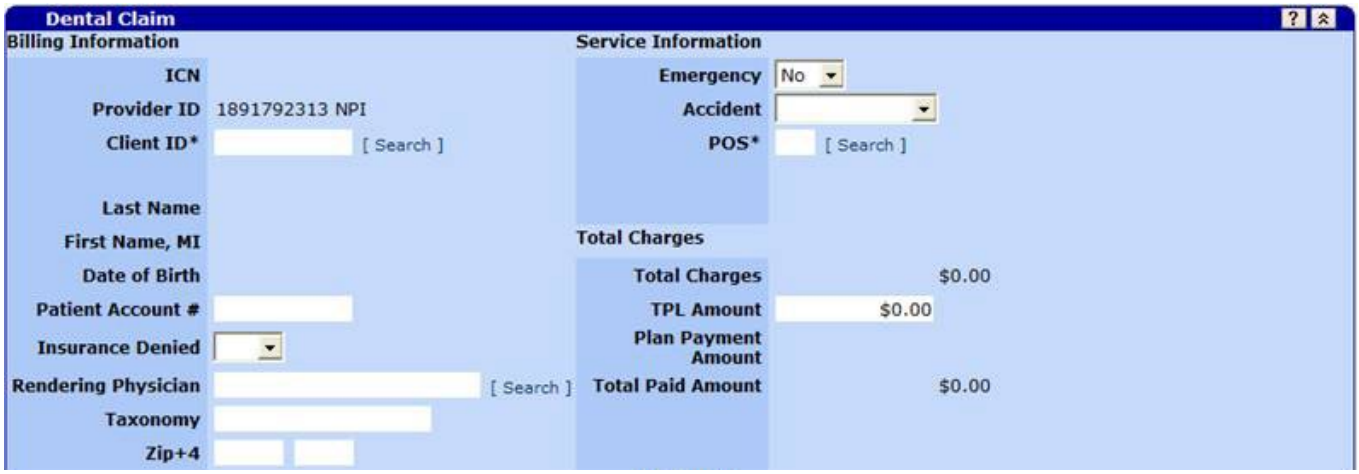
Step 1: Enter header information

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



Dental claim field descriptions

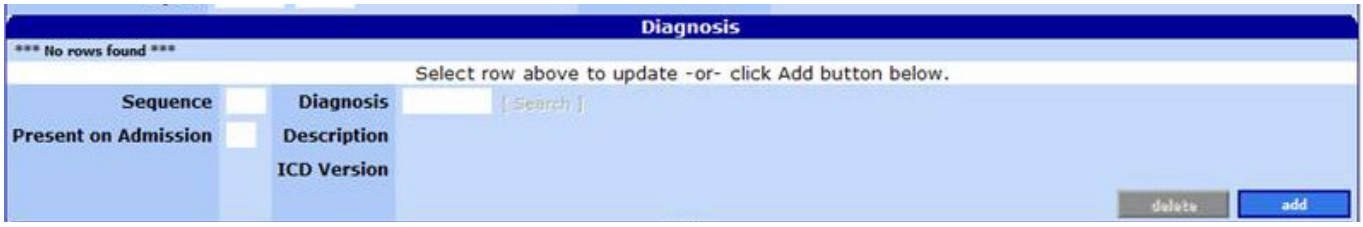
Shaded boxes are always mandatory. Non-shaded boxes are mandatory if applicable.

Field	Description
ICN	Internal control number of the claim (populates after submission).
Provider ID	National Provider Identifier (NPI) or Medicaid Provider ID associated with this Provider Web Portal login *(read-only).*
Client ID*	Recipient identification number. Review the name fields under this field to make sure you have entered the correct ID number.
Last Name	Last name of the recipient. (This field will auto populate with the name associated with the client ID you entered.)
First Name, MI	First name and middle initial of the recipient. (This field will auto populate with the name associated with the client ID you entered.)
Date of Birth	The recipient's date of birth. (This field will auto populate with the DOB associated with the client ID you entered.)
Patient Account #	Identification for a client assigned by a provider. If a patient account number is provided in this field it will print on the RA.

Field	Description
Insurance Denied	Indicates if other insurance was paid or denied.
Rendering Physician	National Provider Identifier (NPI) of the rendering provider.
Taxonomy	Taxonomy Code linked to the rendering provider's NPI. *Optional*: Enter the taxonomy associated with the rendering provider's NPI.
Zip+4	The ZIP+4 code linked to the rendering provider's NPI. *Optional*: Enter the zip code associated with the rendering provider's NPI.
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. **For teledentistry:** Use Place of Service 02 regardless of whether the connection is by video with audio or regular telephone.
Total Charges	Total dollar amount charged for the claim. Sum of all charges from the Detail screen (populates after submission).
TPL Amount	Dollar amount paid by third-party liability for the entire claim.
Plan Payment Amount	Dollar amount paid by recipient's OHP DCO/CCO. Displays for DCO/CCO submissions only.
Total Paid Amount	This is the total amount paid (populates after submission).

Step 2: Enter diagnosis information (OPTIONAL)

This section is not required to complete a dental claim. Click "add" to add a diagnosis. You may enter up to eight (8) diagnosis codes. Do not use decimals when entering diagnosis codes.

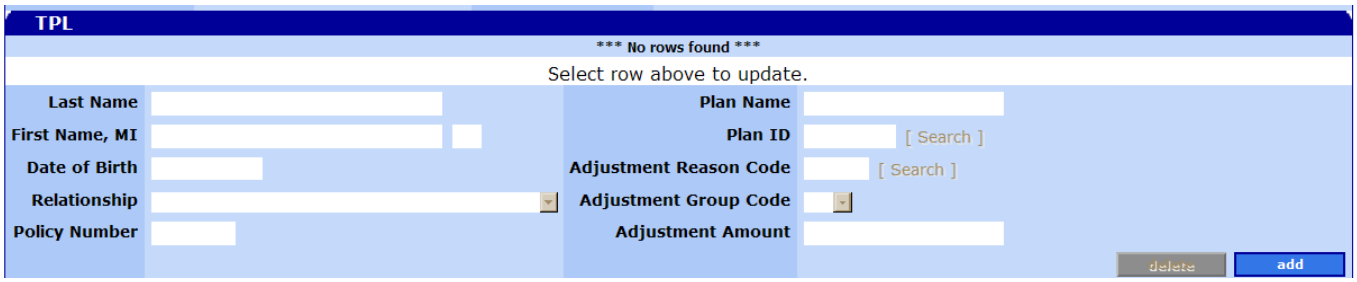


Field descriptions

Field	Description
Sequence	The sequence of the diagnosis (1 for primary, 2 for secondary, etc.). Used for the Diagnosis Code Pointer on the Claim-Detail screen.
Diagnosis	Code indicates the diagnosis. Use the “search” hyperlink next to this field to look up the diagnosis.
Present on Admission	**This field does not apply to dental claims.**
Description	Description of the diagnosis entered *(populates after a diagnosis is entered).*
ICD Version	For ICD-9 diagnosis codes, this field will show a “9.” For ICD-10 diagnosis codes, this field will show a “10.” *Read-only*

Step 3: Enter third-party resource information

If applicable, TPL must be entered on the claim each time. Click “Add” to enter a TPL line for each payer. Do not enter client 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

Field	Description
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.
Plan ID*	The TPL insured's plan ID. Use the "Search" link to find the company's plan ID.
Adjustment Reason Code*	HIPAA Adjustment Reason Code (ARC) identifying how TPL processed the claim. Use the "Search" link to find the most appropriate ARC.
Adjustment Group Code	This code identifies the general category of a payment adjustment.
Adjustment Amount	Monetary amount of the adjustment.

To add a TPL

Step	Action	Response
1	Click the Add button.	TPL fields are activated for data entry.
2	Enter the Adjustment Reason Code.	The TPL data displays as a line item.
3	Enter the Plan ID.	

To delete a TPL

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

Step	Action	Response
1	Click on 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.

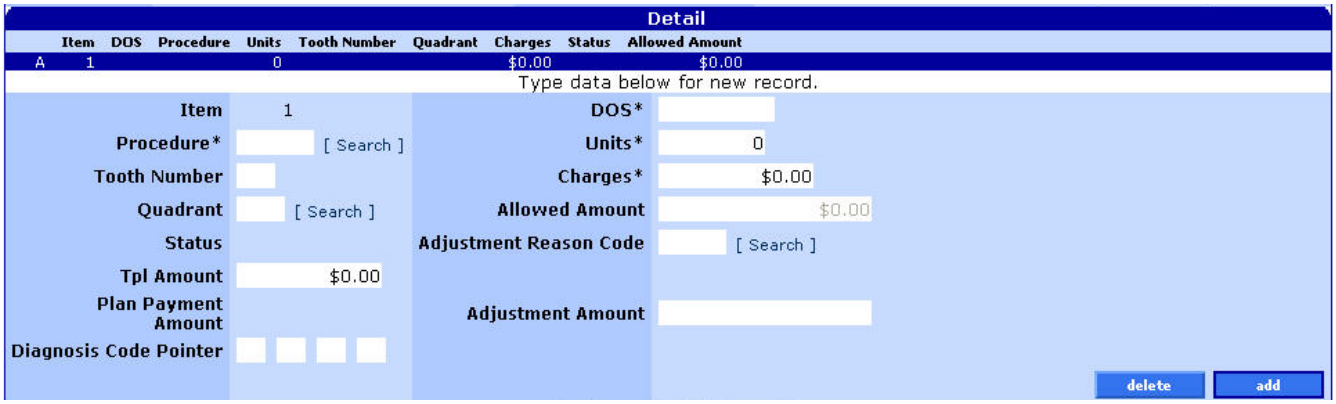
Step 4: Enter claim detail lines

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.

For teledentistry:

Each service delivered via teledentistry will list the following line items:

- D9995 teledentistry – synchronous; real-time encounter, reported in addition to other procedures (e.g. diagnostic) delivered to the patient on the date of service.
- The code for the procedure delivered via teledentistry. List the fee on this line.



Field descriptions

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

Field	Description
Item	The number of the detail line.

Field	Description
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.
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. • 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 (populates after submission). *Read-only*
TPL Amount	Amount paid by all TPL for the detail line.
Plan Payment Amount	Dollar amount paid by recipient’s OHP DCO/CCO for the detail line. Displays for DCO/CCO submissions only.
Diagnosis Code Pointer	If you entered diagnosis codes on the Diagnosis screen, enter up to four (4) Diagnosis sequences that apply to this detail line in priority order.
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 client (populates after submission). *Read-only*

Field	Description
Adjustment Reason Code	Enter ARC to describe why the TPL did not make payment for the service. 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 code for one or more multiple payers, select the code that is the most appropriate.
Adjustment Amount	Monetary amount of the adjustment.

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 click the most appropriate data from the drop-down lists (Tooth Number, Quadrant, TPL Amount, Diagnosis Code Pointer, Adjustment Reason Code and Adjustment Amount).	

To delete a detail line item

Step	Action	Response
1	Click on the line item to be deleted.	Data populates fields in the Detail screen.

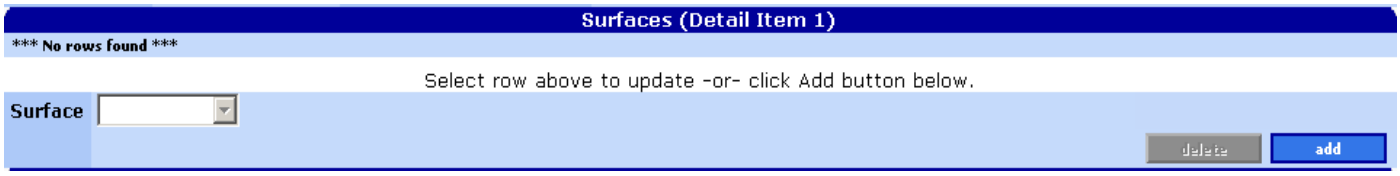
Step	Action	Response
2	Click the Delete button. Note: The delete button deletes selected data on the current screen. It does not delete the claim.	Dialog displays to confirm deletion.
3	Click OK.	

To update a detail line item

Step	Action	Response
1	Click on 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 click the most appropriate data from the drop-down lists (Tooth Number, Quadrant, TPL Amount, Diagnosis Code Pointer, Adjustment Reason Code and Adjustment Amount).	

Step 5: 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.e.,* 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, click the most appropriate surface description.	Surface description displays.

To delete a tooth surface

Step	Action	Response
1	Click on 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.	

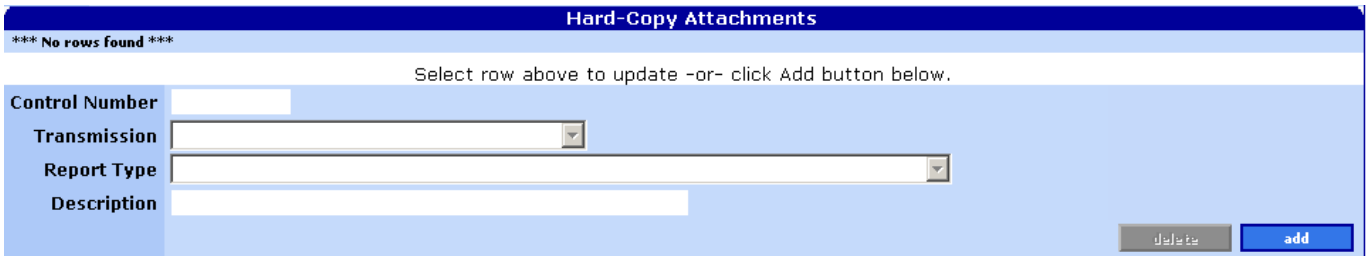
To update a tooth surface

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

Step 6: Enter hard copy attachment information (not used for web claims)

If you need to send hard copy attachments (*e.g.,* radiographs) for a claim**, submit the claim on paper with the attached documentation.** See Appendix for paper claim instructions.

- This screen is optional and allows you to enter information about hard copy attachments that you may need to submit to OHA.
- However, if you submit a Web claim and send in hard copy attachments after it, your claim may suspend for review, then deny due to missing documentation. This is because the web claim processes faster than the time it takes for OHA to receive and process a hard copy attachment sent by mail or fax.



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.

Step 7: Submit claim and review claim status information

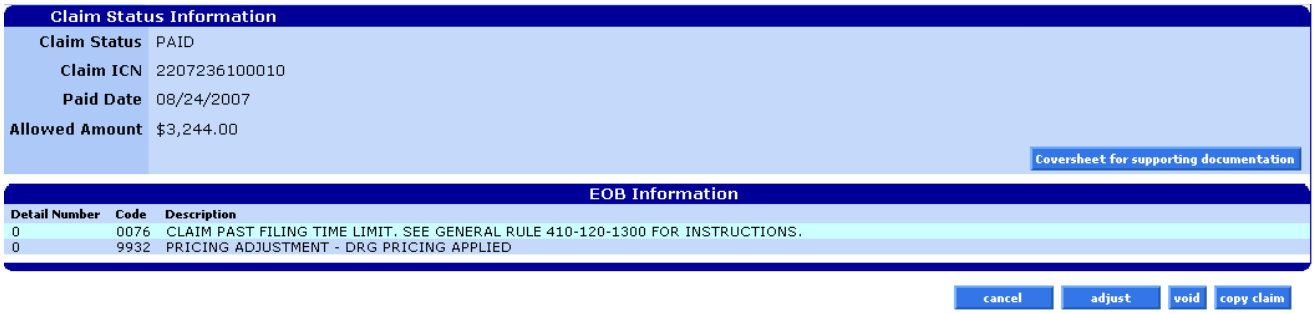
Click the “Submit” button to submit the claim.

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

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 fill out and print the EDMS Coversheet, attach it to the top of your supporting documentation and mail or fax it in.



Field descriptions

Field	Description
Claim Status	The 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. Until claims process during the weekend cycle, this field will read “0.”
Allowed Amount	The dollar amount allowed for the claim. **Note:** this is not always the paid amount. See Total Paid Amount field in Dental Claim (header) section.
Coversheet for supporting documentation	Link to EDMS Coversheet (required when submitting claim attachments).
Detail Number	The claim detail on which the EOB posted.
Code	The Explanation of Benefit code.
Description	The description of the EOB code.

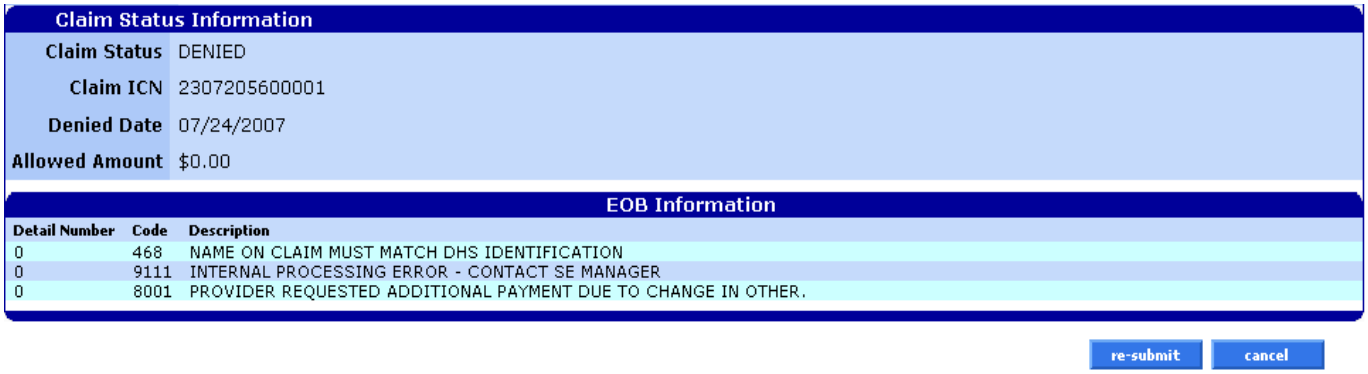
Paid claim

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.

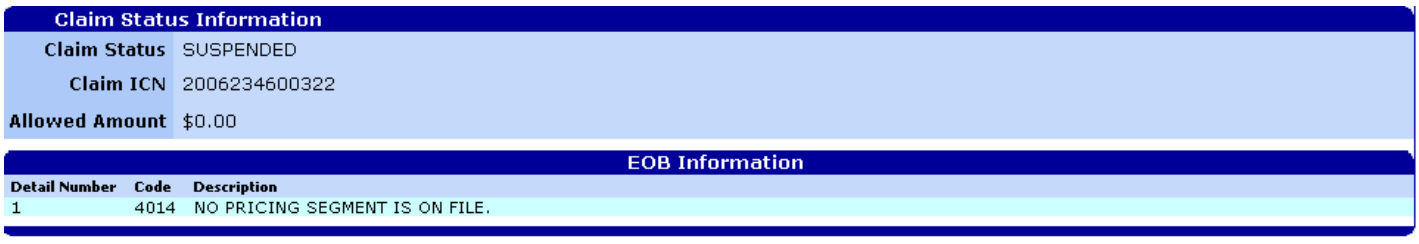
Denied claim

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.



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 an OHA Adjustment Analyst.



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/edit data in all required and/or applicable fields. • Dental Claim Header • Diagnosis (OPTIONAL) • 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.

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	Click the copy button.	Claim status changes to Not Submitted Yet, but all claim fields are copied as a new claim. Data fields are activated.

Step	Action	Response
2	Update all required and/or applicable fields. • Dental Claim Header • Diagnosis (OPTIONAL) • TPL • Detail • Surfaces • Hard Copy Attachments	
3	Click the submit button.	The claim ICN, status, and/or error code is returned.

Appendix

MMIS Provider Portal resources

Go to the MMIS Provider Portal page at www.oregon.gov/OHA/HSD/OHP/pages/webportal.aspx.

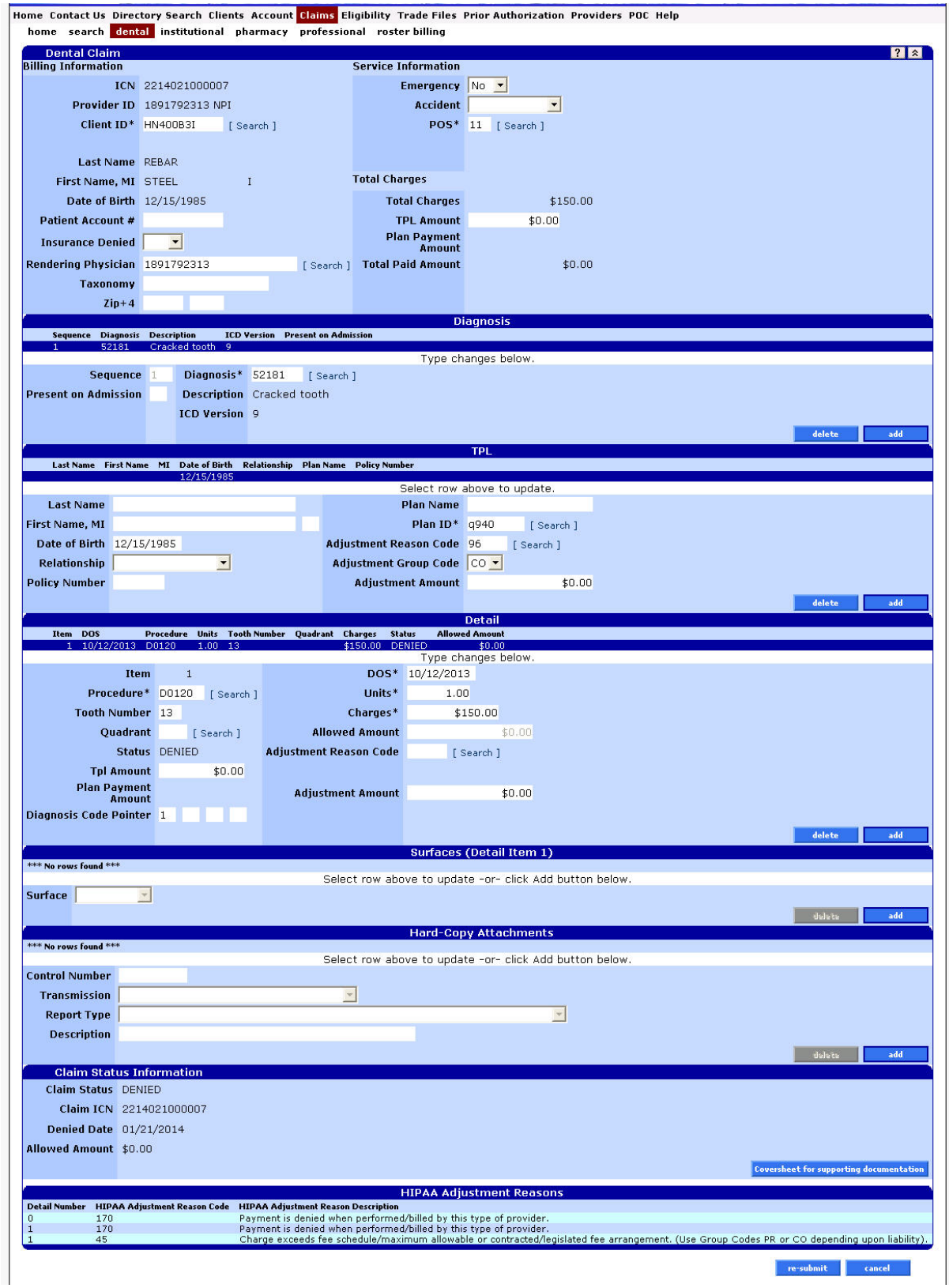
Quick reference: How to submit a dental claim

Step	Action	Response
1	Go to 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 • Diagnosis (OPTIONAL) • TPL • Detail	

Step	Action	Response
	• 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.


Home Contact Us Directory Search Clients Account Claims Eligibility Trade Files Prior Authorization Providers POC Help
home search dental institutional pharmacy professional roster billing
Dental Claim
Billing Information
ICN 2214021000007
Provider ID 1891792313 NPI
Client ID* HN400B3I [Search]
Last Name REBAR
First Name, MI STEEL I
Date of Birth 12/15/1985
Patient Account #
Insurance Denied
Rendering Physician 1891792313 [Search]
Taxonomy
Zip+4
Service Information
Emergency No
Accident
POS* 11 [Search]
Total Charges
Total Charges $150.00
TPL Amount $0.00
Plan Payment Amount
Total Paid Amount $0.00
Diagnosis
Sequence Diagnosis Description ICD Version Present on Admission
1 52181 Cracked tooth 9
Type changes below.
Sequence 1
Diagnosis* 52181 [Search]
Present on Admission
Description Cracked tooth
ICD Version 9
delete add
TPL
Last Name First Name MI Date of Birth Relationship Plan Name Policy Number
12/15/1985
Select row above to update.
Last Name
First Name, MI
Date of Birth 12/15/1985
Relationship
Policy Number
Plan Name
Plan ID* q940 [Search]
Adjustment Reason Code 96 [Search]
Adjustment Group Code CO
Adjustment Amount $0.00
delete add
Detail
Item DOS Procedure Units Tooth Number Quadrant Charges Status Allowed Amount
1 10/12/2013 D0120 1.00 13 $150.00 DENIED $0.00
Type changes below.
Item 1
Procedure* D0120 [Search]
Tooth Number 13
Quadrant [Search]
Status DENIED
Tpl Amount $0.00
Plan Payment Amount
Diagnosis Code Pointer 1
DOS* 10/12/2013
Units* 1.00
Charges* $150.00
Allowed Amount $0.00
Adjustment Reason Code [Search]
Adjustment Amount $0.00
delete add
Surfaces (Detail Item 1)
*** No rows found ***
Select row above to update -or- click Add button below.
Surface
delete add
Hard-Copy Attachments
*** No rows found ***
Select row above to update -or- click Add button below.
Control Number
Transmission
Report Type
Description
delete add
Claim Status Information
Claim Status DENIED
Claim ICN 2214021000007
Denied Date 01/21/2014
Allowed Amount $0.00
Coversheet for supporting documentation
HIPAA Adjustment Reasons
Detail Number HIPAA Adjustment Reason Code HIPAA Adjustment Reason Description
0 170 Payment is denied when performed/billed by this type of provider.
1 170 Payment is denied when performed/billed by this type of provider.
1 45 Charge exceeds fee schedule/maximum allowable or contracted/legislated fee arrangement. (Use Group Codes PR or CO depending upon liability).
re-submit cancel

Paper billing instructions

You only need to bill on paper when you need to submit hardcopy attachments, bill claims that are over a year old, or as instructed by OHA for special handling.

Valid claim formats

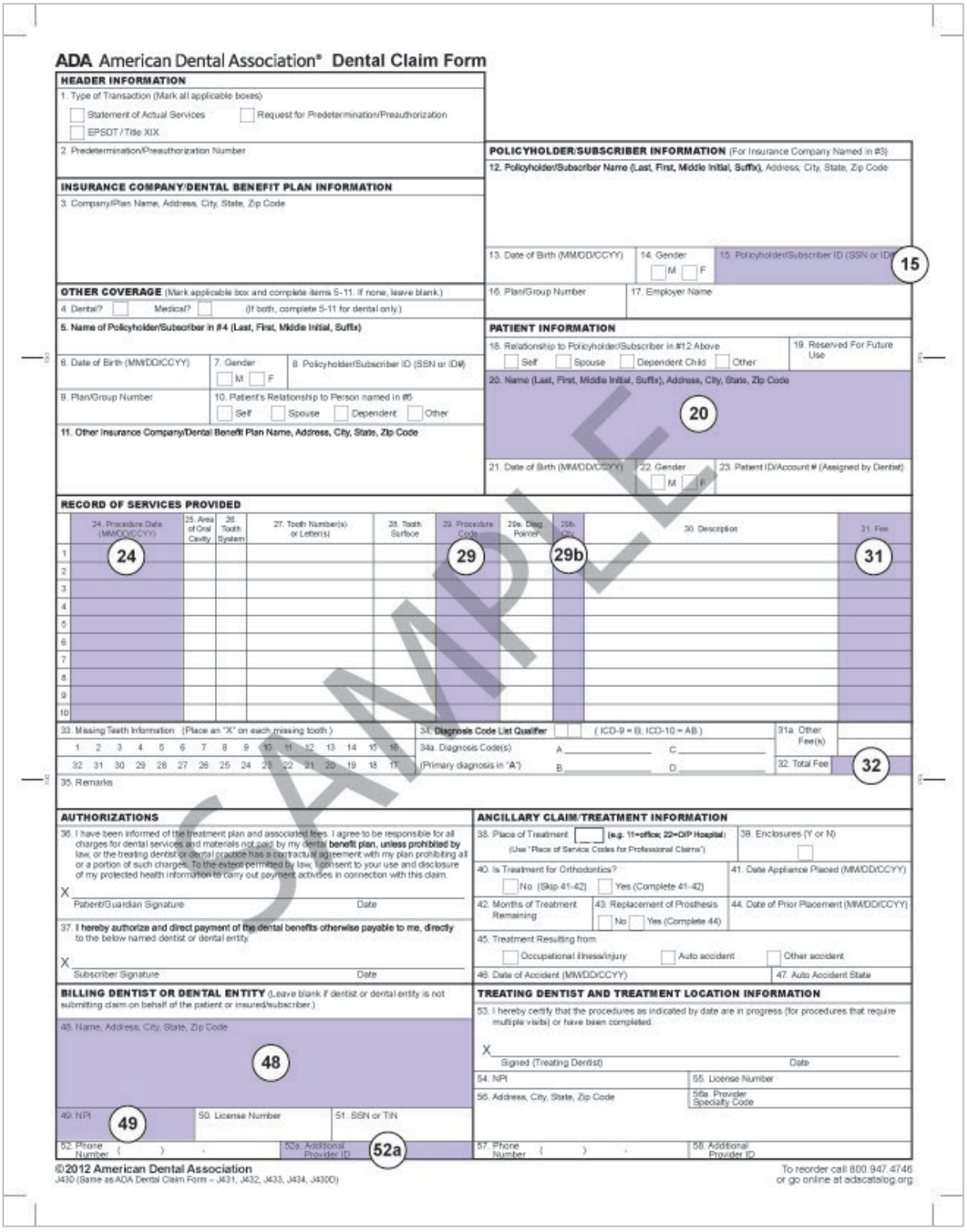
OHA only accepts the ADA 2012 and 2019 claim forms. If you submit claims on older forms, we will return the claims to you so that you can resubmit them on the accepted claim form.

OHA does not supply ADA claim forms. To order ADA forms, you can contact any major business forms supplier (look up “Business Forms” in the Yellow Pages). You can also order the forms from the American Dental Association at www.adacatalog.org or by calling 800-947-4746.

OHA processes hardcopy claims using Optical Character Recognition (OCR) scanning. Make sure your claim forms meet OCR specifications. If your forms are not to scale, or if the fields on your form are not correctly aligned, OHA will have problems processing your forms. OHA will have to manually enter your claim, which may delay processing of the claim.

ADA 2012 claim form

Shaded boxes are fields OHA uses to process your claim; your claim may suspend or deny if information in this box is missing or incomplete.



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

INSURANCE COMPANY/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 | 8. Policyholder/Subscriber ID (SSN or ID#)

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 (For Insurance Company 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 | 15. Policyholder/Subscriber ID (SSN or ID#) — 15

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 — 20

21. Date of Birth (MM/DD/CCYY) | 22. Gender ☐ M ☐ F | 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	24					29		29b		31
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 ____ B ____ C ____ D ____

31a. Other Fee(s)
32. Total Fee — 32

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.)

45. Name, Address, City, State, Zip Code — 48

49. NPI — 49 | 50. License Number | 51. SSN or TIN

52. Phone Number ( ) - | 52a. Additional Provider ID — 52a

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

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

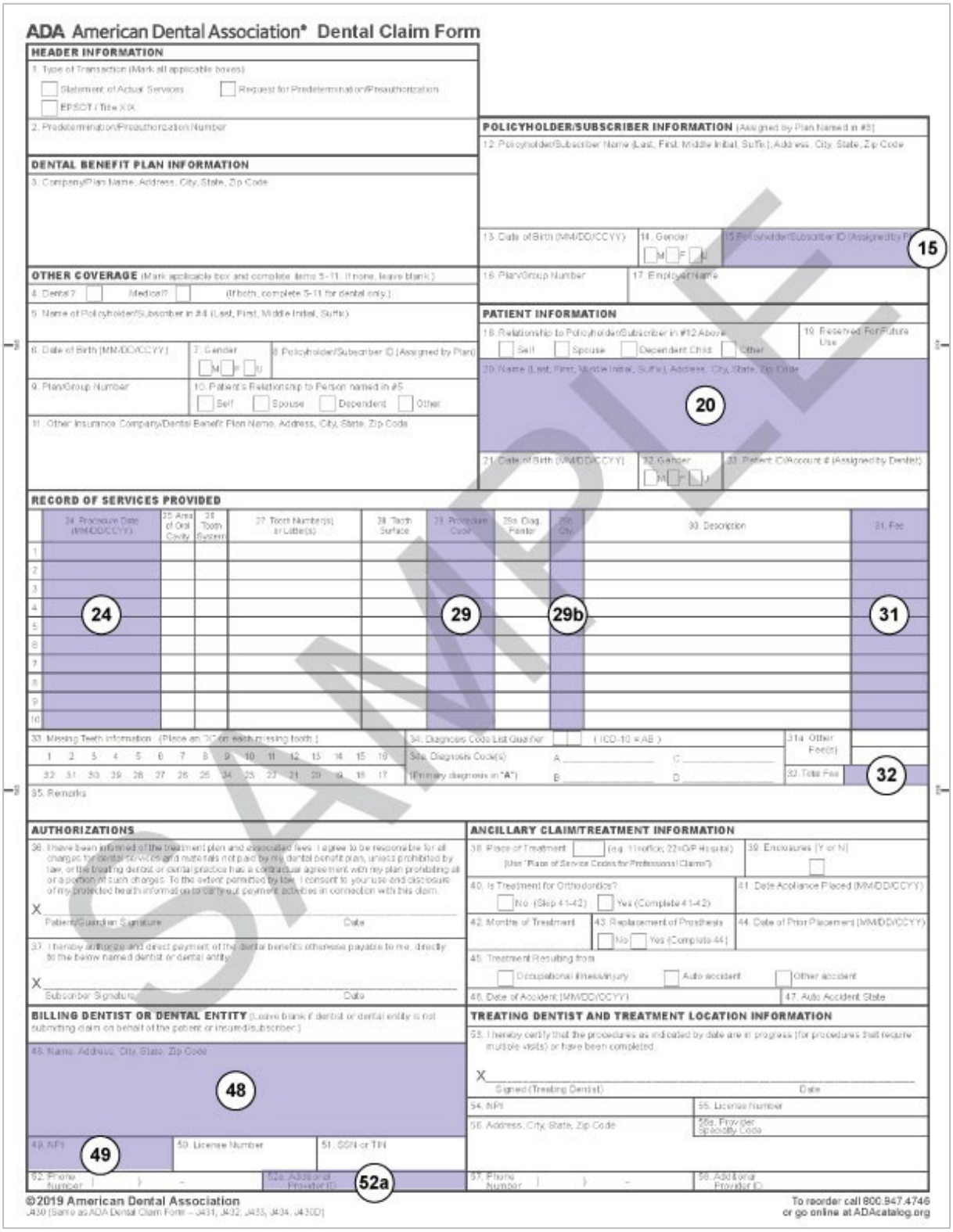
57. Phone Number ( ) - | 58. Additional Provider ID

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 2019 claim form

Shaded boxes are fields OHA uses to process your claim; your claim may suspend or deny if information in this box is missing or incomplete.



Required boxes

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

For teledentistry:

Each service delivered via teledentistry will list the following line items:

- D9995 teledentistry – synchronous; real-time encounter, reported in addition to other procedures (e.g. diagnostic) delivered to the patient on the date of service.
- The code for the procedure delivered via teledentistry. List the fee on this line.

Box	Field	Description
1	Type of Transaction	Indicate whether the claim is for pre-treatment or actual services.
2	Predetermination/ Preauthorization Number	**If the service was prior authorized, enter the ten (10)-digit Prior Authorization number that OHA issued for the service.**
12	Policyholder/ Subscriber Name	**OHA does not use this field to process dental claims.** • **Please enter the patient's Client ID number in field 15**, not field 12. • **Please enter the patient's name in field 20**, not field 12.
15	Patient ID #	**Use the eight (8)-digit Client ID Number.** The number is printed on the Oregon Health ID (formerly Medical Care ID). It can also be obtained through the Automated Voice Response (AVR) at 866-692-3864, or the Provider Web Portal at https://www.or-medicaid.gov.
20	Patient Name	**Enter the client's last name and first name exactly as it is printed on the Oregon Health ID.** DO NOT use "nicknames".
24	Procedure Date	Enter a numeric date of service for each line item (MM/DD/YYYY format).

Box	Field	Description
25	Area of Oral Cavity	**Area of Oral Cavity** – Use the following codes, if applicable, for each line item: • 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
27	Tooth Number(s) or Letter(s)	**If the procedure directly involves a tooth or range of teeth, enter the tooth number or letter for each line item.** Refer to Tooth Chart in the Appendix for more information. • A-T: Deciduous/primary teeth • 1-32: Permanent teeth • 51-82: Supernumerary permanent teeth • AS-TS: Supernumerary primary teeth
28	Tooth Surface	**If appropriate, list the 1-character tooth surface code for each service.**

Box	Field	Description
		• B: Buccal • M: Mesial • D: Distal • O: Occlusal • L: Lingual • I: Incisal • F: Facial
29	Procedure Code	**List the five (5)-digit ADA procedure code for each service provided.** ADA procedure codes always begin with "D."
29b	Quantity	**Enter the number of units billed for the service.**
31	Fee	**Enter the total usual and customary charge for each line item.**
32	Total Fee	**Enter the total amount for all charges listed in the "Fee" column.** All lines listed should add up to the total amount billed.
35	Remarks	**If the client has other medical coverage, enter the amount paid by the Third Party Liability (TPL).** If other insurance denied payment, attach the TPL's Explanation of Benefit (EOB) as proof.
38	Place of Treatment	**For teledentistry claims,** enter "02."
48	Billing Provider Name	**Enter the name of the billing provider.** Enter last name and first name.
49	Billing Provider NPI	**Enter your ten (10)-digit National Provider Identifier (NPI).**

Box	Field	Description
52a	Billing Provider ID	**Enter your six (6)- or nine (9)-digit Oregon Medicaid billing or performing provider number.** Do not enter your license number or Tax ID number (TIN). OHA will pay this provider. If you have both a treating provider number and a billing provider number, enter the treating provider number in Box 58.
54	Treating Provider NPI	List the ten (10)-digit NPI of the treating provider.
58	Treating Provider ID	List the six (6)- or nine (9)-digit Oregon Medicaid "performing" provider number. When clinics or group practices bill OHA using their specific billing provider number in Box 52A, they must complete this field to indicate who performed the service being billed.

Helpful tips

Additional information is available on the OHP website at **OHP.Oregon.gov/Providers**. Click "Submit claims."

Read your provider guidelines. Pay special attention to the billing instructions. Be sure you have the rules and supplemental information that are in effect for the date of service you are billing for. Provider guidelines are available on the OHP website.

Verify client eligibility and enrollment on the date the service is being provided. Verify with one of the services listed at www.oregon.gov/OHA/HSD/OHP/Pages/Eligibility-Verification.aspx.

- Automated Voice Response (AVR): Call 866-692-3864;
- MMIS Provider Portal: Go to https://www.or-medicaid.gov;
- 270/271 EDI transaction: Available to approved Electronic Data Interchange (EDI) providers. Go to http://www.oregon.gov/OHA/HSD/OHP/Pages/edi.aspx for more EDI information.

The client name and number on the dental claim needs to match the Oregon Health ID. The Client ID number on the Oregon Health ID card is always eight characters.

Before billing OHA…

- If the client is a CCO member, do not bill OHA. Instead, bill the CCO.
- Make sure that you billed prior resources first; OHA is the payer of last resort.
- Use only one prior authorization number per claim.

Always enter the Oregon Medicaid 6- or 9-digit provider number you want OHA to send payment to in the "Billing Provider ID" field. It is crucial that you list this information. An invalid or missing provider number could delay your payment, make payment to a wrong provider or deny your payment.

- If the performing provider is different from the billing provider, enter the performing provider number in Box 58 (the "Rendering Physician" field of the Web claim header).
- A "performing" provider is the individual who provided the service; a "billing" provider bills on behalf of the performing provider.

Check your paper claim form for legibility so that we can clearly read it. Avoid tiny print, print that overlaps onto a line, entering more than 10 lines per claim, and poorly handwritten claim forms. Complete only the required boxes.

Each ADA claim form is a complete billing document. If there is not enough space available on the form to bill all procedures provided on the same date of service, use the Provider Web Portal to submit your claim. Do not carry over totals from one claim to the other.

Read the explanation of benefit (EOB) codes on your Remittance Advice. They will tell you what the error is, and if you should re-bill or adjust the claim. Learn more about the RA and common EOB codes on the OHP website.

Contact Provider Services at 800-336-6016 for additional assistance in completing a dental claim.

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.

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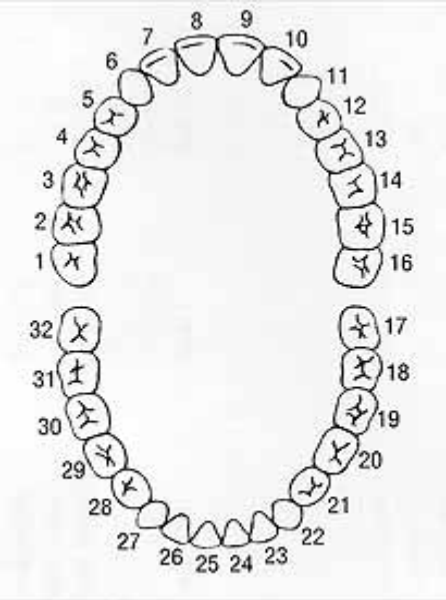


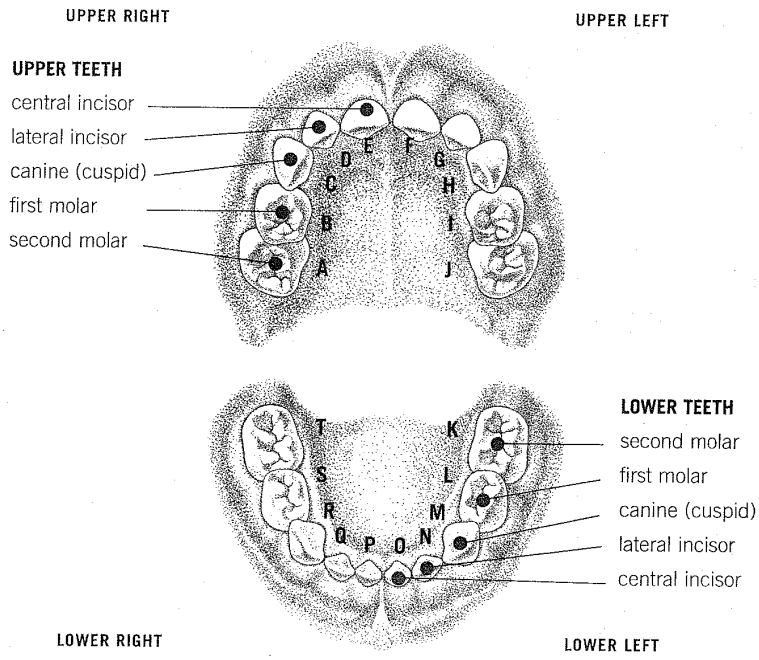
1. 3rd molar (wisdom tooth)
2. 2nd molar (12-year molar)
3. 1st molar (6-year molar)
4. 2nd bicuspid (2nd premolar)
5. 1st bicuspid (1st premolar)
6. Cuspid (canine/eye tooth)
7. Lateral incisor
8. Central incisor
9. Central incisor
10. Lateral incisor
11. Cuspid (canine/eye tooth)
12. 1st bicuspid (1st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

31. 2nd molar (12-year molar)

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

You can get this document in other languages, large print, braille or a format you prefer free of charge. Contact dmap.providerservices@oha.oregon.gov or call 800-336-6016. We accept all relay calls.

Oregon Health Plan
Provider Services
500 Summer St NE, E44
Salem, OR 97301
800-336-6016
OHP.Oregon.gov/Providers