

Secretary of State  
**NOTICE OF PROPOSED RULEMAKING**  
A Statement of Need and Fiscal Impact accompanies this form.

Oregon Health Authority (Authority), Division of Medical Assistance Programs (Division)	410	
Agency and Division	Administrative Rules Chapter Number	
Sandy Cafourek	500 Summer St. NE, Salem, OR 97301	503-945-6430
Rules Coordinator	Address	Telephone

**RULE CAPTION**

Update Reference to Current ADA Dental Claim Form

**Not more than 15 words that reasonably identifies the subject matter of the agency's intended action.**

**RULEMAKING ACTION**

Secure approval of new rule numbers (Adopted or Renumbered rules) with the Administrative Rules Unit prior to filing

**ADOPT:**

**AMEND:** OAR 410-123-1240

**REPEAL:** OAR 410-123-1240 (T)

**RENUMBER:**

**AMEND & RENUMBER:**

Stat. Auth.: ORS 413.042 and 414.065

Other Auth.:

Stats. Implemented: ORS 414.065

**RULE SUMMARY**

The Authority is amending this to identify the current version of the dental claim form that is appropriate for billing. The form is already in common use, and this amendment allows this to continue.

The agency requests public comment on whether other options should be considered for achieving the rule's substantive goals while reducing the negative economic impact of the rule on business.

November 17, 2015 by 5 p.m.

Send comments to: [dmap.rules@state.or.us](mailto:dmap.rules@state.or.us)

**Last Day for Public Comment** (Last day to submit written comments to the Rules Coordinator)



Signature

DAVID SUMMITT

Printed name

8/17/2015

Date

**Note:** Notices must be submitted by the 15th day of the month to be published in the next month's *Oregon Bulletin*. A Rulemaking Hearing may be requested in writing by 10 or more people, or by an association with 10 or more members, within 21 days following notice publication or 28 days from the date notice was sent to people on the agency's interested party mailing list, whichever is later. In such cases a Hearing Notice must be published in the *Oregon Bulletin* at least 14 days before the hearing.

**STATEMENT OF NEED AND FISCAL IMPACT**

A Notice of Proposed Rulemaking Hearing or a Notice of Proposed Rulemaking accompanies this form.

Oregon Health Authority (Authority), Division of Medical Assistance Programs (Division) 410  


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Agency and Division Administrative Rules Chapter Number

Update Reference to Current ADA Dental Claim Form  


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Rule Caption (Not more than 15 words that reasonably identifies the subject matter of the agency's intended action.)

In the Matter of: The amendment of OAR 410-123-1240 and the repeal of OAR 410-123-1240 (T)

Statutory Authority: ORS 413.042 and 414.065

Other Authority:

Stats. Implemented: ORS 414.065

Need for the Rule(s): The amendment of OAR 410-123-1240 is needed to require providers billing dental services on paper to use the 2012 version of the American Dental Association's claim form. The 2012 version is the most current version.

Documents Relied Upon, and where they are available: American Dental Association © 2012, available from the American Dental Association.

Fiscal and Economic Impact: None

Statement of Cost of Compliance:

1. Impact on state agencies, units of local government and the public (ORS 183.335(2)(b)(E)):  
None

2. Cost of compliance effect on small business (ORS 183.336):

a. Estimate the number of small businesses and types of business and industries with small businesses subject to the rule:  
N/A

b. Projected reporting, recordkeeping and other administrative activities required for compliance, including costs of professional services:  
None

c. Equipment, supplies, labor and increased administration required for compliance:  
None

How were small businesses involved in the development of this rule? N/A

Administrative Rule Advisory Committee consulted?: No. If not, why?: This change was initiated by the American Dental Association and is outside of the Authority's control. There is no room for interpretation or discretion.

    


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Signature Printed name Date

## 410-123-1240

### The Dental Claim Invoice

(1) Providers: Refer to the Dental Services Provider Guide for information regarding claims submissions and billing information.

(2) Providers billing dental services on paper must use the ~~2006-2012~~ 2012 version of the American Dental Association (ADA) claim form.

(3) Submission of electronic claims directly or through an agent must comply with the Electronic Data Interchange (EDI) rules. OAR 943-120-0100 et seq.

(4) Specific information regarding Health Insurance Portability and Accountability Act (HIPAA) requirements can be found on the Division Web site.

(5) Providers will not include any client co-payments on the claim when billing for dental services.

Stat. Auth.: ORS 413.042 & 414.065

Stats. Implemented: ORS 414.065