



General Instructions:

- The form is designed so that the Primary Payer's name and address (Item 3) is visible in a standard #10 window envelope. Please fold the form using the 'tick-marks' printed in the left and right margins. The upper-right blank space is provided for insertion of the third-party payer's claim or control number.
- a) All data elements are required unless noted to the contrary on the face of the form, or in the Data Element Specific Instructions that follow.
  - b) When a name and address field is required, the full entity or individual name, address and zip code must be entered (i.e., Items 3, 11, 12, 20 and 48).
  - c) All dates must include the four-digit year (i.e., Items 6, 13, 21, 24, 36, 37, 41, 44, and 53).
  - d) If the number of procedures being reported exceeds the number of lines available on one claim form the remaining procedures must be listed on a separate, fully completed claim form. Both claim forms are submitted to the third-party payer.

Data Element Specific Instructions

- 1.  **EPSDT / Title XIX** -- Mark box if patient is covered by state Medicaid's Early and Periodic Screening, Diagnosis and Treatment program for  persons under age 21.
  - 2.  Enter number provided by the payer when submitting a claim for services that have been predetermined or preauthorized.
  - 4-11.  Leave blank if no other coverage.
  - 8.  The subscriber's Social Security Number (SSN) or other identifier (ID#) assigned by the payer.
  - 15.  The subscriber's Social Security Number (SSN) or other identifier (ID#) assigned by the payer.
  - 16.  Subscriber's or employer group's Plan or Policy Number. May also be known as the Certificate Number. [Not the subscriber's identification number.]
  - 19-23.  Complete only if the patient is **not** the Primary Subscriber. (i.e., "Self" not checked in Item 18)
  - 19.  Check "FTS" if patient is a dependent and full-time student; "PTS" if a part-time student. Otherwise, leave blank.
  - 23.  Enter if dentist's office assigns a unique number to identify the patient that is **not** the same as the Subscriber Identifier number assigned by the  payer (e.g., Chart #).
  - 25.  Designate tooth number or letter when procedure code directly involves a tooth. Use area of the oral cavity code set from ANSI/ADA/ISO   Specification No. 3950 'Designation System for Teeth and Areas of the Oral Cavity'.
  - 26.  Enter applicable ANSI ASC X12 code list qualifier: Use "**JP**" when designating teeth using the ADA's Universal/National Tooth Designation   System. Use "**JO**" when using the ANSI/ADA/ISO Specification No. 3950.
  - 27.  Designate tooth number when procedure code reported directly involves a tooth. If a range of teeth is being reported use a hyphen ('-') to separate   the first and last tooth in the range. Commas are used to separate individual tooth numbers or ranges applicable to the procedure code reported.
  - 28.  Designate tooth surface(s) when procedure code reported directly involves one or more tooth surfaces. Enter up to five of the following codes,  without spaces: **B** = Buccal; **D** = Distal; **F** = Facial; **L** = Lingual; **M** = Mesial; and **O** = Occlusal.
  - 29.  Use appropriate dental procedure code from current version of *Code on Dental Procedures and Nomenclature*.
  - 31.  Dentist's full fee for the dental procedure reported.
  - 32.  Used when other fees applicable to dental services provided must be recorded. Such fees include state taxes, where applicable, and other fees   imposed by regulatory bodies.
  - 33.  Total of all fees listed on the claim form.
  - 34.  Report missing teeth on each claim submission.
  - 35.  Use "Remarks" space for additional information such as 'reports' for '999' codes or multiple supernumerary teeth.
  - 36.  **Patient Signature:** 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, this term includes the patient's parent, caretaker,   guardian, or other individual as appropriate under state law and the circumstances of the case.
  - 37.  **Subscriber Signature:** Necessary when the patient/insured and dentist wish to have benefits paid directly to the provider. This is an authorization   of payment. It does not create a contractual relationship between the dentist and the payer.
  - 38.  ECF is the acronym for **Extended Care Facility** (e.g., nursing home).
  - 48-52.  Leave blank if dentist or dental entity is **not** submitting claim on behalf of the patient or insured/subscriber.
  - 48.  The individual dentist's name or the name of the group practice/corporation responsible for billing and other pertinent information. This may   differ from the actual treating dentist's name. This is the information that should appear on any payments or correspondence that will be   remitted to the billing dentist.
  - 49.  Identifier assigned to Billing Dentist of Dental Entity other than the SSN or TIN. Necessary when assigned by carrier receiving the claim
  - 50.  Refers to the license number of the billing dentist. This may differ from that of the treating (rendering) dentist that appears in the treating   dentist's signature block.
  - 52.  The Internal Revenue Service requires that either the Social Security Number (SSN) or Tax Identification Number (TIN) of the billing dentist or   dental entity be supplied **only** if the provider accepts payment directly from the third-party payer.
  - When the payment is being accepted directly report the: 1) SSN if the billing dentist is unincorporated; 2) Corporation TIN if the billing dentist   is incorporated; or 3) Entity TIN when the billing entity is a group practice or clinic.
  - 53.  The treating, or rendering, dentist's signature and date the claim form was signed. Dentists should be aware that they have ethical and legal   obligations to refund fees for services that are paid in advance but not completed.
  - 56.  Full address, including city, state and zip code, where treatment performed by treating (rendering) dentist.
  - 58.  Enter the code that indicates the type of dental professional rendering the service from the 'Dental Service Providers' section of the *Healthcare Providers Taxonomy* code list. The current list is posted at: <http://www.wpc-edi.com/codes/codes.asp>. The available taxonomy codes, as of the   first printing of this claim form, follow printed in **boldface**.
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| <input type="checkbox"/> 122300000X Dentist -- A dentist is a person qualified by a <input type="checkbox"/> <input type="checkbox"/> Other dentists practice in one of nine specialty areas recognized by the American |
| <input type="checkbox"/> doctorate in dental surgery (D.D.S.) or dental medicine (D.M.D.) <input type="checkbox"/> Dental Association: <input type="checkbox"/>   |
| <input type="checkbox"/> licensed by the state to practice dentistry, and practicing within <input type="checkbox"/> <b>1223D0001X</b> Dental Public Health <b>1223P0221X</b> Pediatric Dentistry                       |
| <input type="checkbox"/> the scope of that license. <input type="checkbox"/> <b>1223E0200X</b> Endodontics <input type="checkbox"/> (Pedodontics)   |
| <input type="checkbox"/>  |
| <input type="checkbox"/> Many dentists are general practitioners who handle a wide <input type="checkbox"/> <b>1223P0106X</b> Oral & Maxillofacial Pathology <b>1223P0300X</b> Periodontics <input type="checkbox"/>    |
| <input type="checkbox"/> variety of dental needs. <input type="checkbox"/> <b>1223D0008X</b> Oral and Maxillofacial Radiology <b>1223P0700X</b> Prosthodontics  |
| <input type="checkbox"/> <b>1223G0001X</b> General Practice <input type="checkbox"/> <b>1223S0112X</b> Oral & Maxillofacial Surgery   |
| <input type="checkbox"/> <b>1223X0400X</b> Orthodontics   |
| <input type="checkbox"/>  |