

Veterans Health Administration Office of Community Care

VHA Office of Community Care ADA Dental Claim Form Instructions

The following information highlights certain VA specific form completion instructions. Comprehensive ADA Dental Claim Form completion instructions can be found on the ADA's web site (<u>https://www.ADA.org/en/</u> <u>publications/cdt/ada-dental-claim-form</u>).

General Instructions

- All yellow highlighted fields are required to be completed accurately and fully. Incomplete or erroneous information will result in claim rejection. Yellow highlighted fields include the following sections:
 - a. Header Information; fields 1 and 2.
 - b. Policy Holders/Subscriber Information; fields 12 through 15.
 - c. Patient Information; field 18.
 - d. Record of Service Provided; fields 24 through 29, fields 29b through 31, and 32.
 - e. Ancillary Claim/Treatment Information; field 38.
 - f. Billing Dentist or Dental Entity; fields 48, 49, and 51.
 - g. Treating Dentist and Treatment Location Information; fields 53 through 56a.
- 2. All green highlighted fields may be required or may become required as the result of input on another field. Green highlighted fields include the following sections:
 - a. Other Coverage; fields 4, 5, and 8 through 11.
 - b. Record of Service Provided; fields 29a, 34 and 34a.
- 3. Enter the full name of an individual or a full business name, address and zip code when a name and address field is required.
- 4. All dates must include the four-digit year.
- 5. 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.
- 6. GENDER Codes (Required Item 14) must be M = Male or F = Female. Unknown gender is not permissible.

VA Specific Form Completion Instruction

Field 1. Type of Transaction—Must be 'Statement of Actual Services'.

Field 2. Predetermination/Preauthorization Number— Must contain the authorization/referral number provided on the required authorization form that is supplied by VA's authorizing department.

• Two formats are acceptable: 'VAXXXXXXXXXX' or 'XXX-XXXXXXX'.

Field 14. Gender—Must be 'Male' or 'Female'.

Field 15. Policyholder/Subscriber ID (Assigned by Plan)—Must be Veteran's full 9-digit Social Security Number, no dashes, no spaces.

Field 18. Relationship to Policyholder/Subscriber in #12 Above—Must be 'Self'.

Diagnosis Coding

The form supports reporting up to four diagnosis codes per dental procedure. This information is situationally 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:

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

Field 34. Diagnosis Code List Qualifier (B for ICD-9-CM; AB for ICD-10-CM)

Field 34a. Diagnosis Codes(s) / A, B, C, D (up to four, with the primary adjacent to the letter "A")

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

ADA American Dental Association® Dental Claim Form

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