Medical Review 101

ADA Claim Form

- Familiarize yourself with the Claim form
- There are a few key areas in Medical Review that we pay attention to when reviewing claims or predets

	A American D		a As	socia	tion®	Dent	al Cla	im I	Form														
-	ADER INFORMATION																						
1. T	ype of Transaction (Mark a	all applic	cable bo	(es)	Request fo	or Predeter	rmination/F	Preautho	orization														
	Statement of Actual Se	rvices		EPSDT/	Title XIX																		
2. F	redetermination/Preauthor	rization	Number						-														
	DENTAL REVERIT DI AN INFORMATION										POLICYHOLDER/SUBSCRIBER INFORMATION (Assigned by Plan Named in #3)												
	DENTAL BENEFIT PLAN INFORMATION										12. Policyholder/Subscriber Name (Last, First, Middle Initial, Suffix), Address, City, State, Zip Code												
CompanyiPian Name, Address, City, State, Zip Code																							
3a.	Payer ID								1	3. Date of	f Birth	(MM/D	D/CCYY)	14. Gende		5.Policyholde	r/Subscriber ID	(Assigned by Plan)					
_	HER COVERAGE (Mai	dr annile	rable bo	r and con	nniata Itama	5-11 If n	ona lazua	blank)	-														
-	ental? Medica				omplete 5-1				 '	6. Plan/G	roup N	Number		17. Employ	er Name								
_	ame of Policyholder/Subs																						
	•								1	PATIENT INFORMATION 18. Relationship to Policyhoider/Subscriber in #12 Above 19. Reserved For Future													
6. 0	ate of Birth (MM/DD/CCY	Y)	7. Gend	er F U		older/Subs	criber ID (A	Assigned		Se				Dependen		Other	Use						
9. F	lan/Group Number		10. Pati		stionship to Spouse		med in #5	Othe		0. Name ((Last,	First, M	fiddle Initial,	Suffix), Ad	dress, City,	State, Zip Co	ode						
11	Other Insurance Company	/Dental																					
	outer meanance company	. Demail	Seriest	-an redii	numer coo	, ony, oddi	C, 20 000	_															
									2	1. Date of	f Birth	(MM/D	D/CCYY)	22. Gend	er :	23. Patient ID	(Account # (Ass	signed by Dentist)					
113	Other Payer ID								-				,	Пм П			,						
	CORD OF SERVICES	PPOV	/IDED											L	П								
RE		25. Area					T			T													
Ш	24. Procedure Date (MM/DD/CCYY)	of Oral Cavity		27	Tooth Numb or Letter(s)		28. Too Surfac		29. Procedure Code	29a. Di Point		29b. Qty.			30. Descrip	ption		31. Fee					
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2			_					-+		+	\rightarrow												
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7			_																				
8																							
9																							
10																							
33.	Missing Teeth Information	(Place a	an "X" or	each mi	ssing tooth.)		34. Di	agnosis Code	List Qual	lifler		(ICD-10	- AB)			31a. Other						
	1 2 3 4 5	5 7	8 9	10	11 12 1	3 14 1	5 16	34a. D	lagnosis Cod	de(s)		Α		c			Fee(s)						
3	2 31 30 29 28 2	7 26	25 2	4 23	22 21 2	0 19 1	18 17	(Prima	ary diagnosis	In "A")		В		D			32. Total Fee						
35.	Remarks																						
AU	THORIZATIONS								AN	CILLAR	Y CL	AIM/T	REATME	NT INFO	RMATIO	N (alli dates i	n MM/DD/CCY	Y format)					
36.	have been informed of the	e treatm	ent plan	and asso	clated fees.	I agree to	be respons	sible for	al 38.1	Place of T							ures (Y or N)						
	charges for dental services law, or the treating dentist of	and ma	aterials n	ot paid by	my dental i	benefit pla	n, unless p	rohibite	d by	(Use "PI	lace of	Dervice	Codes for Pr			39a. Date							
	or a portion of such charge of my protected health info	s. To the	e extent	permitted	by law, I co	nsent to yo	our use and	d disclos	ure 40.1	s Treatme	ent for	Orthod	iontics?					(MM/DD/CCYY)					
'	of my protected health info	rmatton	to carry	out paym	ent activities	in connec	tion with tr	nis claim	-	No	(Skip	41-42	Yes	(Complete	41-42)			(
X.									42 1	Months of						44. Date of	Prior Placemer	nt (MM/DD/CCYY)					
	Patient/Guardian Signature I hereby authorize and dire		ment of t	he dental	benefits of	Dat nerwise pa		ne, direc		12. Months of Treatment 43. Replacement of Prosthesis 44. Date of Prior Placement (MM/DD/C No Yes (Complete 44)													
	to the below named dentis	t or der	ntal entity						45.1	Treatment					Auto accide	ent	Other accide	nt					
X	Subscriber Signature					Dat	e		46. 0	Occupational Illness/Injury Auto accident Other accident 45. Date of Accident (MM/DD/CCYY) 47. Auto Accident State													
ВП	LING DENTIST OR I	DENT	AL ENT	ITY (Les	ave blank if	dentist or a	dental enti	ty is not								ON INFOR							
sub	mitting claim on behalf of t	he patie	ent or ins					, ,	53.1	l hereby o multiple vi	ertify t	that the	procedures been comp	as indicate leted.	ed by date a	are in progres	ss (for procedur	es that require					
48. Name, Address, City, State, Zip Code								X								Date							
[·										Signed (Treating Dentist) Date 53a. Locum Tenens Treating Dentist?													
									54. NPI 55. License Number														
									SE A	Address, (City s	tate 71	n Code		56a. P	rovider Spec	alty Code						
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49.	NPI	50.	License	Number		51. SSN	OFTIN																
52.	Phone Number ()	٠.			52a. Additio Provid	onal er ID			57.	Phone Number	()			58. Ad Pr	iditional ovider ID							
©2	024 American Denta 24 (Same as ADA Dental Cl	al Ass	ociati	on 24 J4322	4 .143424	43024T)											To reorder of	all 800.947.4746					

1. Type of Transaction (Mark all applicable boxes) Request for Predetermination/Preauthorization Statement of Actual Services EPSDT / Title XIX 2. Predetermination/Preauthorization Number

- Box 1 and 2:
 - -Where you mark X for a predet or claim
- -Also including if there was a prior predet number for the same services/tooth number (s)

0	THER COVERA	GE (Mark app	licable box and complete items 5-11. If none, leave blank.)
4.	Dental?	Medical?	(If both, complete 5-11 for dental only.)

Box 4: Is this being billed under Dental or Medical Insurance

- -preventive services for certain age groups can be filed under medical
- -accident related under medical check this box and include accident info under Box 46

- Records of Services Provided:
- Box 33: Missing Teeth:
 - This is vital for submitting when billing any implant related services (cbcts, bone grafting, extractions, and implants/abutments)
- Box 34a: Diagnosis Codes
 - ICD10 codes that are related when filing for Medical Insurance Benefits (TMJ services, OSA services, Impacted teeth
 extractions, Accident Related)
- Box 35: Remarks
 - This will be where any rationale or narrative will be included
 - No there's not enough space here for a full description, but please include on a separate sheet when submitting for crowns, unlisted services, accident, and periodontal services.
 - When submitting electronically, if the font is too big, it will be cut off

															,		
RE	ECORD OF SERVICES	PROV	IDED														
	24. Procedure Date (MM/DD/CCYY)	25. Area of Oral Cavity		:	27. Tooti or L	Num etter(:		0		28. To Surfax		29. Procedure Code	29a. Diag. Pointer	29b. Qty.	30. Description		31. Fee
1																	
2																	
3																	
4																	
5									Ι								
6																	
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10																	
33	Missing Teeth Information	(Place a	n "X" on	each r	missing	tooth	1.)				34.	Diagnosis Code	List Qualifier		(ICD-10 = AB)	31a. Other	
	1 2 3 4 5	5 7	8 9	9 10	11	12	13	14	15	16	348	a. Diagnosis Code	e(5)	Α	c	Fee(s)	
	32 31 30 29 28 2	7 26	25 2	4 23	22	21	20	19	18	17	(Pr	mary diagnosis t	n "A")	В	D	32. Total Fee	
35	. Remarks																

Box 38: Place of treatment

-11-in-office or 22 for outpatient hospital

Box 40: Is this treatment Orthodontic Related?

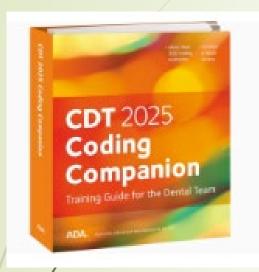
-this will let us know if Orthodontic Benefits need to be applied

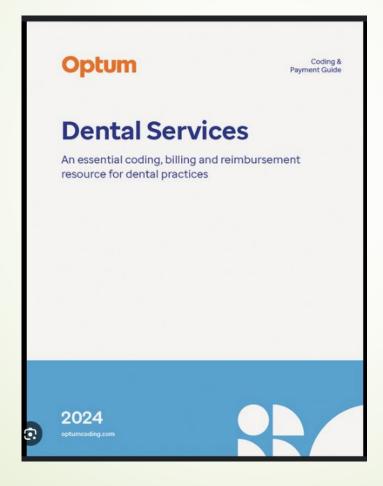
Box 45: Accident

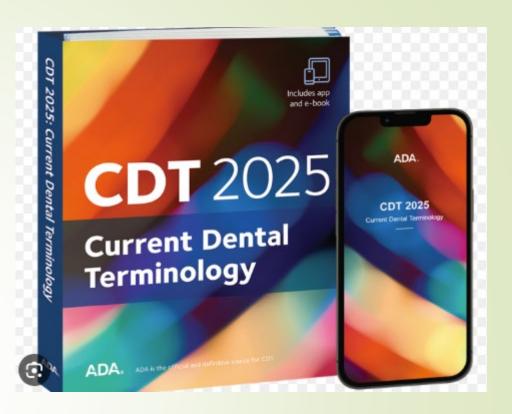
-We heavily rely on this box being checked w/Date of Accident included, this lets us know where to apply accident benefits

ANCILLARY CLAIM/TR	REATMENT INFORMATION	(alli dates in MM/DD/CCYY format)
38. Place of Treatment	(e.g. 11-office; 22-O/P Hospital)	39. Enclosures (Y or N)
(Use "Place of Dervice C	odes for Professional Claims*)	39a. Date Last SRP
40. Is Treatment for Orthodo	ntics?	41. Date Appliance Placed (MM/DD/CCYY)
No (Skip 41-42)	Yes (Complete 41-42)	
42. Months of Treatment	43. Replacement of Prosthesis	44. Date of Prior Placement (MM/DD/CCYY)
	No Yes (Complete 44)	
45. Treatment Resulting from	1	_
Occupational Iline	ss/injury Auto accider	nt Other accident
45. Date of Accident (MM/D0	D/CCYY)	47. Auto Accident State

Resources







BCBSKS Provider Manual

- Provider Relations works hard to keep this up to date with all the information and coding
- Accessed through Availity
- Includes Generalized Dental Contract Language
 - What services are considered preventive, diagnostic, and major
 - Exclusions
 - FEP Coverage
 - More broken down instructions of how to fill out the ADA Claim Form
 - Dental Procedure Codes
 - What information we need when billing certain codes (cbcts, crowns, crown lengthening, TMJ, Perio tissue grafting, etc.)
 - Sleep Apnea Appliances
 - No BCBSKS Dental Contracts cover this, HOWEVER, the medical side does

Dental Coverage Summary Spreadsheet

- Updated yearly with new, revised, and deleted codes per ADA guidelines
- Working with contract coverage and a few other departments to make sure each code is accurately covered under the appropriate dental plan

								2025 D	ental Co	/erage S	umma	ry								
	"X" in Column indicates applies to that plan, waiting period, BGT or Dental Policy. Lists active codes and codes effective January 1, 2025. Dekted code highlighted with delete date in Coverage Hints. CBCT (Cone Bram Computed Tomography, PM (Identification of Periodontal Microorganisms), PSTG (Periodontal Soft Tissus Gratting), TMJ (Temporomandibular Joint Dynfuntion)														n Coverage Hints.					
															•			t Dysfi	ıntion)	
	1	ORANGE HI	GHLIGHT II	IDICATES INTER	NAL INFORM	ATION ONLY	. INFORMAT	ION IN ORAN	IGE HIGHLIGHT	ED FIELDS SE	HOULD NOT	BE SHAR	ED WITH P	ROVIDER	SORM	EMBER	S.			
Code	Description	Comp Dental (DCP-25)	Share Pay (Red "C" is 50% coins) (DSP-26)	Preventive DentalPlus PPO (DPO-79)	Building Block / PPO Basic (DBB- 24 & DPP-81)	Building Block Rider A/ PPO (DBB- 24 &DPP-81)	Building Block Rider B/ PPO (DBB- 24 &DPP-81)	Building Block Rider Ci PPO (DBB-24 &DPP-81)	Rider D/ PPO (DBB-24 &DPP- 81)	Dental Plus / Dental PPO (DBP-78 &DPO- 79)	Voluntary Dental (DVL- 27)	Medical	Accident	May Apply to Walting Period	BGT CAN	BGT MED	BGT ACC	BGT TMJ	Policy*	Coverage Hints
D0120	Periodic oral evaluation- established patient	х	X	x	x					х	x		X		153	153	153 290	153		
																	153			
D0140	Limited oral evaluation - problem focused	Х	X	Х	X					X	X		Х		153	153	04	SS	TMJ	
D0145	Oral evaluation for a patient under three years of age and counseling with primary caregiver	х	X	x	х					x	X		x		154	154	154 291	SS		
D0150	Comprehensive oral evaluation - new or established patient	x	x	x	x					x	x		x		154	154	154 291	SS	TMJ	
D0160	Detailed and extensive oral evaluation - problem focused, by report	x	х	x	x					x	x		х		03	03	03 04	ss	TMJ	
D0170	Re-evaluation - limited, problem focused (established patient; not post-operative visit)	x	х	x	x					x	х		x		153	153	153 04	ss	TMJ	
D0171	Re-evaluation - post-operative office visit	**	**		**	**	**	**	**	**	**				03	03	04	SS		"Always denies content of service.
D0180	Comprehensive periodontal evaluation - new or established patient	х	Х	x				x		х	X		x		154	88 154	291	88 154		Subject to all oral exam limitations noted in contract, 2 exams limited
D0190	Screening of a patient	***	***		***	***	***	***	***	***	***				80	80	80	80		*** Not covered. No midlevel practitioners reimbursed by BCBSKS

- Orthognathic Surgeries
 - **2**1120-21127, 21141-21151, 21193-21199, 21203-21209
 - There is no official BCBSKS Medical Policy developed-currently working on if one needs to be
 - normally seen these as predeterminations
 - We send these cases out to 3rd party oral surgeon consultants
 - Information/Records we need when initially sending in predets:
 - Intra/extra oral, full facial photos, pano, lateral cephalometric image w/verifiable clinical measurements
 - Documentation to support that the patient's condition cannot be achieved with orthodontics alone
 - Detailed documentation stating the types of functional impairments, including masticatory and speech
 - Specific characteristics impacting quality of life: malnourishment, pain while eating, inability to eat certain foods, difficulty saying certain words or sounds, etc.
 - Clinical notes of exam and description of specific anatomical deformities: overjet, overbite, malocclusion class, anteroposterior discrepancies
 - Movement of the maxilla in millimeters as well as in which directions
 - Records from the physician to support the patient has completed growing

- E0486 Obstructive Sleep Apnea
 - This is considered a Global Service:
 - Low level E & M initial eval (99202-99203 or 99212-99213)
 - Any Xrays, Impressions, or AM Aligners are bundled and shouldn't be billed separately
 - Follow up visits within the first 42 days of receiving the appliance will be considered content of service
 - After the 42 days have passed, the follow up E & M visit maybe billed as medically necessary

Tied to a Medical Policy: Diagnosis and Medical Management of OSA Syndrome, section 4 a-e

Diagnosis and Medical Management of OSA Syndrome

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- 4. Intraoral appliances (tongue-retaining devices or mandibular advancing / positioning devices) may be considered **medically necessary** in adults with clinically significant OSA under the following conditions:
 - a. OSA, defined by an AHI or REI of at least 15 events per hour or an AHI, RDI, or REI of at least 5 events per hour in a individual with one or more signs or symptoms associated with OSA (eg, excessive daytime sleepiness, hypertension, cardiovascular heart disease, or stroke)

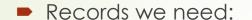
AND

- A trial with CPAP has failed or is contraindicated
- . The device is prescribed by a treating physician
- The device is custom-fitted by a dentist or by qualified dental personnel under the supervision of a dentist

AND

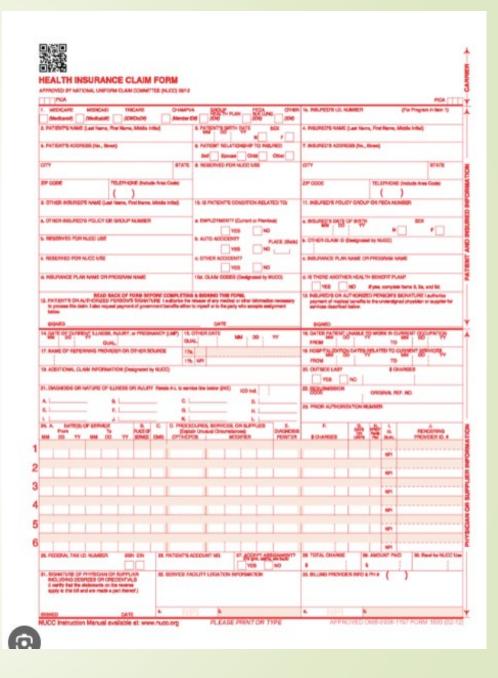
e. The individual has been evaluated and cleared by a dentist for the device.

Note: CPAP has been shown to have greater effectiveness than oral appliances in general. This difference in efficacy is more pronounced for individuals with severe OSA, because oral appliances have been shown to be less efficacious in individuals with severe OSA than in individuals with mild-to-moderate OSA. Therefore, it is particularly important that individuals with severe OSA have an initial trial of CPAP and that all reasonable attempts are made to continue treatment with CPAP, prior to the decision to switch to an oral appliance.



- Documentation to support OSA including signs and symptoms
- Most recent sleep study results including AHI scale
- Epworth Sleepiness Scale
- Complete medical history, diagnosis, and patient's bmi
- Trial with CPAP has failed or is contraindicated and/or CPAP intolerance waiver
- Confirmation the patient has been evaluated and cleared by a dentist for the oral appliance
- Confirmation that the device has been approved and is prescribed by a treating physician

- D7880 TMJ Dysfunction
- Tied to Dental Policy, available through Availity
- Many Dental plans do not have TMJ benefits and should be filed under the patient's medical insurance
- Please do NOT bill E1399, E0486, or 21085 in place of D7880, please bill 21089
- Records we need:
 - Office notes stating signs and symptoms that are impacting Quality of life
 - Any testing or conservative treatments the patient has tried



- 00170 Anesthesia for Intra Oral Procedures
 - Tied to Kansas State Mandate KSA 40-2, 165:
 - A child seven (7) years of age and under
 - Autism with non-verbal communication
 - Spina bifida with hydrocephalus
 - Down's syndrome
 - Mental retardation
 - Medication list has more than 2 psych medications listed
 - Records needed:
 - Documentation confirming that the requested level of anesthesia in an outpatient facility is medically necessary
 - Documentation to confirm the relevant patient factors that would make it impossible to tolerate the primary procedure without anesthesia in an outpatient facility
 - Medical history and records to support the patient meets the above mentioned KSA Mandate-these records will most likely come from the physician as compared to the dentist
- G0330 Facility Services for Dental Rehabilitation
 - Only the facility should be billing this code and should NOT be included on the predetermination from the provider

- 41899 Unlisted Procedure, Dentoalveolar
 - Billed for wisdom teeth extractions
 - Seen billed for outpatient facility in conjunction with 00170
 - When patients are needing dental treatment completed in an outpatient facility vs inoffice setting
 - Other miscellaneous surgical codes when the pure CPT code can't be found
- Records needed:
 - Office notes/records stating what exactly was completed using 41899
 - Any periapical xrays or panoramic xrays that are related should also be submitted
 - Any comparable CDT codes/pure codes (reference 2025 CDT Current Dental Terminology book)

- Impacted Wisdom Teeth Extractions
- If they are coded as impacted (D7220-D7241), they are covered under medical but can also be billed under dental
- If billing under medical on a 1500 claim form and using 41899, please include the comparable CDT code and tooth number
- Records needed:
 - Office notes/records including CDT codes
 - Any periapical or panoramic xrays

- Accident Related
- Covered under medical and dental when meeting contract language
 - "sound natural tooth"
 - Injury occurred after date of continuous coverage
- Accident contract language states an "Injury caused by an external force or element (blow or fall) that requires immediate attention. Injuries while eating are NOT considered accident related."
- Sound Natural Tooth: whole or properly restored (with amalgams only), without impairment, periodontal or other conditions, not in need of the treatment provided for any reason other than accidental injury. A tooth previously restored with crown, inlay, onlay, porcelain restoration, treated by endodontics, is NOT a sound natural tooth.
- Records needed when sending in Accident Related claims:
 - Pre and Post Accident xrays
 - Office notes/records to support the nature of the accident, including the date of Accident and the exact damage done to each tooth as a direct result of the accident, as well as any existing treatment provided to the teeth involved.

Records needed for most frequently used codes

- Rereview Pano Xray D0330
 - Pano xray and rationale
- Cone Beam Imaging D0364-D0384
 - Image and rationale
- Crowns D2710-D2794
 - Periapical xray(s) and rationale
- Crown Lengthening D4249
 - Bitewing/periapical xray and rationale
- Implants / Implant Related D6010/D6055-D6192
 - Pano xray and complete list of missing teeth

- Periodontal / Tissue Grafting D4240-D4285
 - Perio chart, xrays/intraoral photos, and rationale
- TMJ D7880
 - Office notes(signs/symptoms) and conservative treatments
- OSA E0486
 - Office notes, sleep study, medical hx, CPAP intolerance waiver, referral from treating physician, clearance from treating dentist
- Unlisted Codes D1999, D2980, D2999, D3999, D4999, D5899, D6199, D6999, D7999, D8999, D9999
 - Office notes, detailed descriptions and chair time

Dental and Medical Policies

- Periodontal Soft Tissue Grafting
- Cone Beam Computed Tomography (CBCT)
- Temporomandibular Joint (TMJ) Disorder
- Diagnosis and Medical Management of OSA Syndrome
 - This is a medical policy