

ADA Dental Claim Form Instructions

- Field 1** Type of Transaction – Select most applicable box for claim.
- Field 2** Predetermination/Preauthorization Number – Not required.
- Field 3** Name, Address, City State, Zip Code – Enter the primary insurance address. If the primary payer is KMAP, enter the KMAP mailing address.
- Field 4** Other Dental or Medical Coverage? – Select most applicable box for claim.
- Field 5** Other Insured's Name (Last, First, Middle Initial, Suffix) – Enter the primary insurance policy holder's name. If the policy holder is the beneficiary, enter the beneficiary's name.
- Field 6** Date of Birth (MM/DD/CCYY) – Enter the primary insurance policy holder's date of birth (DOB). If the policy holder is the beneficiary, enter the beneficiary's DOB.
- Field 7** Gender – Select the applicable box for the policy holder.
- Field 8** Subscriber Identifier (SSN or ID#) – Enter the primary insurance policy holder's identification (ID) number.
- Field 9** Plan/Group Number – Enter the primary insurance policy holder's plan or group number.
- Field 10** Patient's Relationship to Other Insured (Check applicable box) – Select the most applicable box.
- Field 11** Other Carrier Name, Address, City, State, Zip Code – If applicable, enter a secondary insurance address.
- Field 12** Name (Last, First, Middle Initial, Suffix), Address, City, State, Zip Code – Enter the beneficiary's name and address.
- Field 13** Date of Birth (MM/DD/CCYY) – Enter the beneficiary's DOB.
- Field 14** Gender – Select the applicable policyholder's gender.
- Field 15** Subscriber Identifier (SSN or ID#) – Enter the beneficiary's 11-digit KMAP ID number.
- Field 16** Plan/Group Number – Not required.
- Field 17** Employer Name – Not required.
- Field 18** Relationship to Primary Insured (Check applicable box) – Select self.
- Field 19** Student Status – Not required.
- Field 20** Name (Last, First, Middle Initial, Suffix), Address, City, State, Zip Code – Enter the beneficiary's name and address.
- Field 21** Date of Birth (MM/DD/CCYY) – Enter the beneficiary's DOB.
- Field 22** Gender – Select the patient's applicable gender.
- Field 23** Patient ID/Account# (Assigned by Dentist) – Not required.
- Field 24** Procedure Date (MM/DD/CCYY) – Enter the date of service.

Field 25 Area of Oral Cavity – Enter the area of the oral cavity: 00 (EOC), 01 (UA), 02 (LA), 10 (UR), 20 (UL), 30 (LL), 40 (LR).

Field 26 Tooth System – Not required.

Field 27 Tooth Number(s) or Letter(s) – Enter the tooth number or letter of detailed service.

Field 28 Tooth Surface – Enter the tooth surface of the detailed service.

Field 29 Procedure Code – Enter the five-digit dental procedure code. For services where multiple quantities of the same Current Dental Terminology (CDT) code are performed on the same date of service, bill for these services by using modifier 76 (repeat procedure, same provider, same date of service) at the end of the CDT code. For example, if the procedure code is D922176, indicate multiple services in Field 35, Remarks.

KMAP will reimburse for the total number of surfaces restored per tooth, per day, i.e. a separate occlusal and buccal restoration on tooth 30 will be reimbursed as 1 (OB) two surface restoration.

If you are unable to bill for multiple units using modifier 76 on the paper claim form, list each CDT code on a separate detail line and indicate multiple services in Field 35, Remarks. *Note:* This applies to paper claims only.

Field 30 Description – Enter the detailed service description.

Field 31 Fee – Enter the detailed service fee.

Field 32 Other Fee(s) (required for other insurance information, if applicable) – Enter the actual amount paid by commercial dental insurance.

Field 33 Total Fee – Enter the total of charges for all services. If it is a multipage claim, only list the total of all services on the last page of the claim.

Field 34 (Place an “X” on each missing tooth) – Not required.

Field 35 Remark – Enter any remarks. This field can be used to list an original internal control number (ICN) for timely filing purposes or to indicate multiple units for procedure codes on the claim.

Field 36 Patient/Guardian signature – Date – Obtain signature from the beneficiary or beneficiary’s guardian.

Field 37 Subscriber signature – Date – Obtain signature from the beneficiary or beneficiary’s guardian.

Field 38 Place of Treatment (Check applicable box) – Federally qualified health center (FQHC) providers should select “Other”.

Field 39 Number of Enclosures – Not required.

Field 40 Is Treatment for Orthodontics? – Not required.

Field 41 Date Appliance Placed (MM/DD/CCYY) – Not required.

Field 42 Months of Treatment Remaining – Not required.

Field 43 Replacement of Prosthesis? – Not required.

Field 44 Date Prior Placement (MM/DD/CCYY) – Not required.

Field 45 Treatment Resulting from (Check applicable box) – Not required.

- Field 46** Date of Accident (MM/DD/CCYY) – Enter the date of the accident.
- Field 47** Auto Accident State – Enter the state in which the accident occurred.
- Field 48** Name, Address, City, State, Zip Code – Enter the billing dentist’s physical address.
- Field 49** Enter the billing dentist’s NPI number.
- Field 50** License Number – Not required.
- Field 51** SSN or TIN – Not required.
- Field 52** Phone Number – Not required.
- Field 52A** Provider ID – Enter the billing dentist’s nine-digit number and alpha location code.
- Field 53** Signed (Treating Dentist) – Date – Obtain the dentist’s signature and date of signature.
- Field 54** Enter the performing dentist’s national provider identifier (NPI) number.
- Field 55** License Number – Not required.
- Field 56** Address, City, State, Zip Code – Enter the performing dentist’s physical address.
- Field 56A** Provider Specialty Code – Not required.
- Field 57** Phone Number – Not required.
- Field 58** Provider ID – Enter the performing dentist’s 10-digit KMAP ID number.

Note: Only list your NPI number in the appropriate field when using the most current American Dental Association (ADA) claim form. If you are using an ADA form other than the most current one, do not list your NPI number on the form.