Data Exchange Workgroup
Dental Subworkgroup

Dental Claims White Paper

Partnering for Electronic Delivery of Information in Healthcare

White Paper: Mapping of the ADA Dental Claim Form (© 2012 American Dental Association) to the ASC X12N 005010X224A2 Health Care Claim: Dental (837D)

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Intellectual Property Citations

The intellectual property in Appendix B (the mapping appendix) of this document belongs to X12. The link to X12's Intellectual Property (IP) use can be found at: http://store.x12.org/store/ip-use

The intellectual property in the Appendix A (the dental claim form) belongs to the American Dental Association (© 2012 American Dental Association). The form illustrated in full in this Appendix, and portions illustrated in other chapters, are used with permission. This form is cited as the "ADA Dental Claim Form" or "ADA Form" within this White Paper.

Mapping of the ADA Dental Claim Form (© 2012 American Dental Association) to the ASC X12N 005010X224A2 Health Care Claim: Dental (837D)

I. Purpose

The purpose of this white paper is to provide guidance on how to populate the ASC X12N 005010X224A2 Health Care Claim: Dental (837D) electronic transaction from the data reported on the ADA Dental Claim Form (© 2012 American Dental Association). The ASC X12N 005010X224A2 Health Care Claim: Dental (837D) is the current HIPAA adopted version of the electronic dental claim transaction.

II. Scope

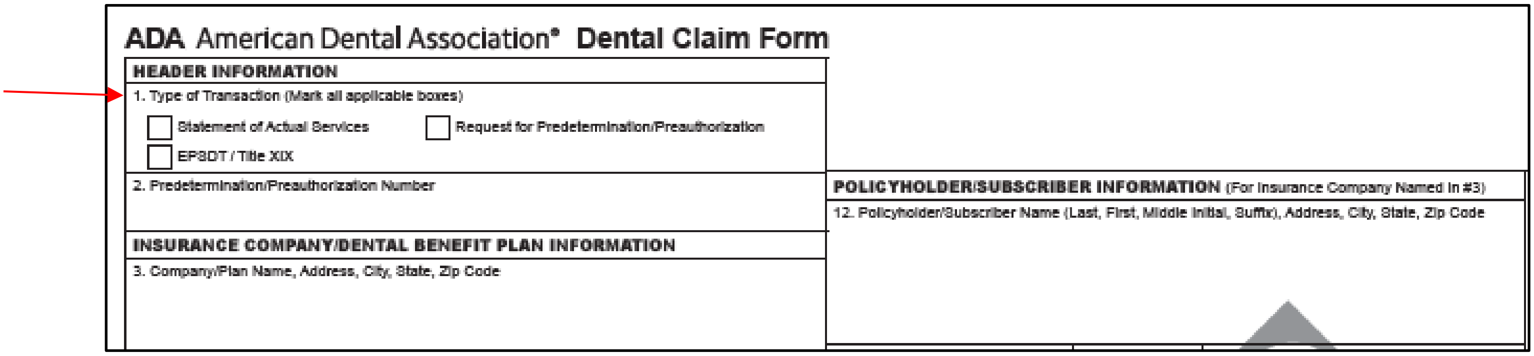
The scope of this paper is to identify the mapping of the ADA Dental Claim Form to the ASC X12N 005010X224A2 Health Care Claim: Dental (837D).

III. Description of Mapping

The ADA Dental Claim Form (Appendix A) was developed for dental providers and office staff to submit claims to be reimbursed by payers for services rendered. With today's focus on conducting claims and other administrative transactions electronically, it is important to have the ability to map the data from the ADA Dental Claim Form (© 2012 American Dental Association) to the ASC X12N 005010X224A2 Health Care Claim: Dental (837D) electronic transaction.

The Mapping of the ADA Dental Claim Form to the ASC X12N 005010X224A2 Health Care Claim: Dental (837D) (Appendix B) provides the information a user needs to populate the electronic transaction with the data from the ADA Dental Claim Form.

Instructional Guide: In order to use this white paper, use Appendix A as a starting reference point. For example, under the "Header Information" box in the top left corner of Appendix A there is the **Number 1**.


ADA American Dental Association® Dental Claim Form

HEADER INFORMATION

1. Type of Transaction (Mark all applicable boxes)

☐ Statement of Actual Services ☐ Request for Predetermination/Preauthorization

☐ EPSDT / Title XIX

2. Predetermination/Preauthorization Number

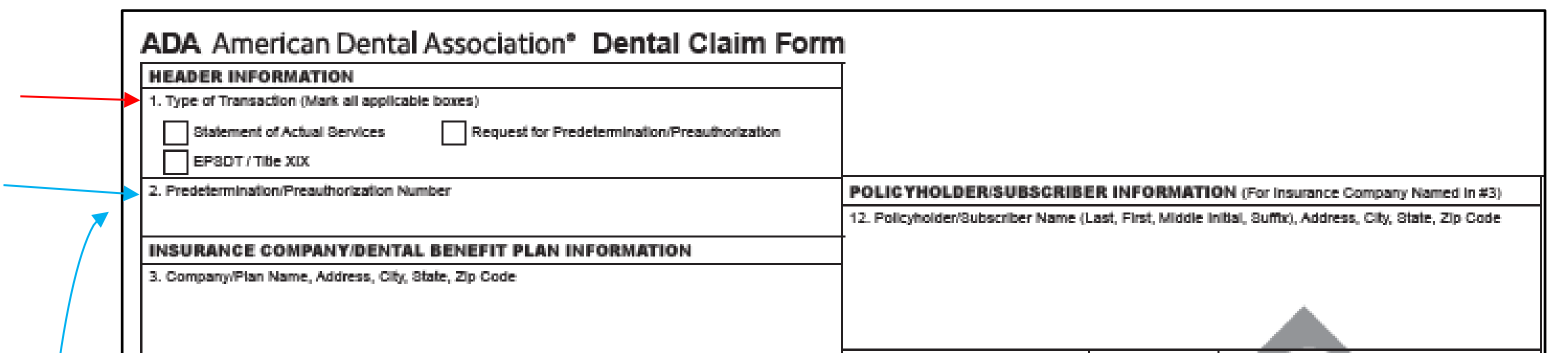
INSURANCE COMPANY/DENTAL BENEFIT PLAN INFORMATION

3. Company/Plan Name, Address, City, State, Zip Code

POLICYHOLDER/SUBSCRIBER INFORMATION (For Insurance Company Named in #3)

12. Policyholder/Subscriber Name (Last, First, Middle Initial, Suffix), Address, City, State, Zip Code

Number 2 for "Predetermination/Preauthorization Number" is immediately under **Number 1**.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12. Policyholder/Subscriber Name (Last, First, Middle Initial, Suffix), Address, City, State, Zip Code

The chart in Appendix B maps the data elements on the ADA Dental Claim Form to the corresponding loops and segments in the ASC X12N 005010X224A2 Health Care Claim: Dental (837D) electronic transaction.

Location on ADA Dental Claim Form	ADA Claim Form Header	005010 837D Electronic Transaction Loop, Segment, and Element Information
1	Statement of actual services	2300 | CLM19 | 1383 / (empty)
	Request for Predetermination/Preauthorization	2300 | CLM19 | 1383 / PB
	EPSDT / Title XIX	2300 | CLM12
2	Predetermination/Preauthorization Number	2300 | REF02 | 127 (REF01 = 'G1') – Prior Authorization ID 2300 | REF02 | 127 (REF01 = 'G3') – Predetermination ID

For more information, refer to:

- The ADA Dental Claim Form (© 2012 American Dental Association) (https://www.ada.org/en/publications/cdt/ada-dental-claim-form)

- (The ASC X12N 005010X224A2 Health Care Claim: Dental (837D) Technical Report Type 3 (http://store.x12.org/store/)

IV. Acknowledgements

The co-chairs would like to extend our special thanks to all members of the WEDI Dental Workgroup with particular note to the following individuals.

- Tom Drinkard, Delta Dental of Virginia
- Frank Pokorny, American Dental Association
- Eric Kirnbauer, Tesia Clearinghouse, LLC.

Appendix A: ADA Dental Claim Form (© 2012 American Dental Association).

In order to preserve the user-friendliness of the document, a title "Appendix A" does not appear in any of the margins. Consider this page as a cover page.

The ADA Dental Claim Form is reprinted with the permission of the American Dental Association. See the American Dental Association's requested form name and copyright citations at the top and bottom right-hand side of the form image.

ADA American Dental Association® Dental Claim Form

HEADER INFORMATION

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

2. Predetermination/Preauthorization Number

INSURANCE COMPANY/DENTAL BENEFIT PLAN INFORMATION

3. Company/Plan Name, Address, City, State, Zip Code

OTHER COVERAGE (Mark applicable box and complete items 5-11. If none, leave blank.)

4. Dental? ☐ Medical? ☐ (If both, complete 5-11 for dental only.)

5. Name of Policyholder/Subscriber in #4 (Last, First, Middle Initial, Suffix)

6. Date of Birth (MM/DD/CCYY)
7. Gender ☐ M ☐ F
8. Policyholder/Subscriber ID (SSN or ID#)

9. Plan/Group Number
10. Patient's Relationship to Person named in #5 ☐ Self ☐ Spouse ☐ Dependent ☐ Other

11. Other Insurance Company/Dental Benefit Plan Name, Address, City, State, Zip Code

POLICYHOLDER/SUBSCRIBER INFORMATION (For Insurance Company Named in #3)

12. Policyholder/Subscriber Name (Last, First, Middle Initial, Suffix), Address, City, State, Zip Code

13. Date of Birth (MM/DD/CCYY)
14. Gender ☐ M ☐ F
15. Policyholder/Subscriber ID (SSN or ID#)

16. Plan/Group Number
17. Employer Name

PATIENT INFORMATION

18. Relationship to Policyholder/Subscriber in #12 Above ☐ Self ☐ Spouse ☐ Dependent Child ☐ Other
19. Reserved For Future Use

20. Name (Last, First, Middle Initial, Suffix), Address, City, State, Zip Code

21. Date of Birth (MM/DD/CCYY)
22. Gender ☐ M ☐ F
23. Patient ID/Account # (Assigned by Dentist)

RECORD OF SERVICES PROVIDED

	24. Procedure Date (MM/DD/CCYY)	25. Area of Oral Cavity	26. Tooth System	27. Tooth Number(s) or Letter(s)	28. Tooth Surface	29. Procedure Code	29a. Diag. Pointer	29b. Qty.	30. Description	31. Fee
1										
2										
3										
4										
5										
6										
7										
8										
9										
10										

33. Missing Teeth Information (Place an "X" on each missing tooth.)

1	2	3	4	5	6	7	8	9	10	11	12	13	14	15	16
32	31	30	29	28	27	26	25	24	23	22	21	20	19	18	17

34. Diagnosis Code List Qualifier ☐☐ (ICD-9 = B; ICD-10 = AB)
34a. Diagnosis Code(s) (Primary diagnosis in "A") A ______ B ______ C ______ D ______

31a. Other Fee(s)
32. Total Fee

35. Remarks

AUTHORIZATIONS

36. I have been informed of the treatment plan and associated fees. I agree to be responsible for all charges for dental services and materials not paid by my dental benefit plan, unless prohibited by law, or the treating dentist or dental practice has a contractual agreement with my plan prohibiting all or a portion of such charges. To the extent permitted by law, I consent to your use and disclosure of my protected health information to carry out payment activities in connection with this claim.

X ______________________
Patient/Guardian Signature Date

37. I hereby authorize and direct payment of the dental benefits otherwise payable to me, directly to the below named dentist or dental entity.

X ______________________
Subscriber Signature Date

BILLING DENTIST OR DENTAL ENTITY (Leave blank if dentist or dental entity is not submitting claim on behalf of the patient or insured/subscriber.)

48. Name, Address, City, State, Zip Code

49. NPI
50. License Number
51. SSN or TIN

52. Phone Number ( ) -
52a. Additional Provider ID

ANCILLARY CLAIM/TREATMENT INFORMATION

38. Place of Treatment ☐ (e.g. 11=office; 22=O/P Hospital) (Use "Place of Service Codes for Professional Claims")
39. Enclosures (Y or N) ☐

40. Is Treatment for Orthodontics? ☐ No (Skip 41-42) ☐ Yes (Complete 41-42)
41. Date Appliance Placed (MM/DD/CCYY)

42. Months of Treatment
43. Replacement of Prosthesis ☐ No ☐ Yes (Complete 44)
44. Date of Prior Placement (MM/DD/CCYY)

45. Treatment Resulting from ☐ Occupational illness/injury ☐ Auto accident ☐ Other accident

46. Date of Accident (MM/DD/CCYY)
47. Auto Accident State

TREATING DENTIST AND TREATMENT LOCATION INFORMATION

53. I hereby certify that the procedures as indicated by date are in progress (for procedures that require multiple visits) or have been completed.

X ______________________
Signed (Treating Dentist) Date

54. NPI
55. License Number

56. Address, City, State, Zip Code
56a. Provider Specialty Code

57. Phone Number ( ) -
58. Additional Provider ID

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Appendix B: Mapping of the ADA Dental Claim Form (© 2012 American Dental Association) to the ASC X12N 005010X224 Health Care Claim: Dental (837D)

The following is the mapping of the ADA Dental Claim Form to the ASC X12N 005010X224A2 Health Care Claim: Dental (837D).

Location on ADA Dental Claim Form	ADA Dental Claim Form Header	005010 837D Electronic Transaction Loop, Segment, and Element Information
1	Statement of actual services	2300 | CLM19 | 1383 / (empty)
	Request for Predetermination/Preauthorization	2300 | CLM19 | 1383 / PB
	EPSDT / Title XIX	2300 | CLM12
2	Predetermination/Preauthorization Number	2300 | REF02 | 127 (REF01 = 'G1') – Prior Authorization ID 2300 | REF02 | 127 (REF01 = 'G3') – Predetermination ID
3	Insurance Company/Dental Benefit Plan Information Company/Plan Name, Address, City, State, Zip Code	2010BB | NM103 | 1035 2010BB | N301 | 166 2010BB | N302 | 166 2010BB | N401 | 19 2010BB | N402 | 156 2010BB | N403 | 116
4	Other Coverage Dental?	2320 | SBR (is present)
	Other Coverage Medical?	2320 | SBR (is present)

Location on ADA Dental Claim Form	ADA Dental Claim Form Header	005010 837D Electronic Transaction Loop, Segment, and Element Information
5	Other Coverage Name of Policyholder/Subscriber in #4 (Last, First, Middle Initial, Suffix)	2330A | NM103 | 1035 2330A | NM104 | 1036 2330A | NM105 | 1037 2330A | NM107 | 1039
6	Other Coverage Date of Birth	N/A
7	Other Coverage Gender	N/A
8	Other Coverage Policyholder/Subscriber ID (SSN or ID#)	2330A | NM109 | 67
9	Other Coverage Plan / Group Number	2320 | SBR03 | 127
10	Other Coverage Patient's Relationship to Person named in #5	2320 | SBR02 | 1069
11	Other Coverage Other Insurance Company/Dental Benefit Plan Name, Address, City, State, Zip Code	2330B | NM103 | 1035 2330B | N301 | 166 2330B | N302 | 166 2330B | N401 | 19 2330B | N402 | 156 2330B | N403 | 116
12	Policyholder/Subscriber Information (For Insurance Company Named in #3) Policyholder/Subscriber Name (Last, First, Middle Initial, Suffix), Address, City, State, Zip Code	2010BA | NM103 | 1035 2010BA | NM104 | 1036 2010BA | NM105 | 1037 2010BA | NM107 | 1039 2010BA | N301 | 166 2010BA | N302 | 166 2010BA | N401 | 19 2010BA | N402 | 156 2010BA | N403 | 116
13	Policyholder/Subscriber Information (For Insurance Company Named in #3)	Date of Birth 2010BA | DMG02 | 1254
14	Policyholder/Subscriber Information (For Insurance Company Named in #3) Gender	2010BA | DMG03 | 1068

Location on ADA Dental Claim Form	ADA Dental Claim Form Header	005010 837D Electronic Transaction Loop, Segment, and Element Information
15	Policyholder/Subscriber Information (For Insurance Company Named in #3) Policyholder/Subscriber ID (SSN or ID#)	2010BA | NM109
16	Policyholder/Subscriber Information (For Insurance Company Named in #3) Plan / Group Number	2010BA | SBR03 | 127
17	Policyholder/Subscriber Information (For Insurance Company Named in #3) Employer Name	N/A
18	Patient Information Relationship to Primary Policyholder/Subscriber in #12 Above	2010CA | PAT01 | 1069 2010BA | SBR02 | 1069
19	Reserved for Future Use	N/A
20	Patient Information Name (Last, First, Middle Initial, Suffix), Address, City, State, Zip Code	2010CA | NM103 | 1035 2010CA | NM104 | 1036 2010CA | NM105 | 1037 2010CA | NM107 | 1039 2010CA | N301 | 166 2010CA | N302 | 166 2010CA | N401 | 19 2010CA | N402 | 156 2010CA | N403 | 116
21	Patient Information Date of Birth	2010CA | DMG02 | 1254
22	Patient Information Gender	2010CA | DMG03 | 1068
23	Patient Information Patient ID/Account # (Assigned by Dentist)	2300 | CLM01
24	Record of Services Provided Procedure Date	2300 | DTP03 | 1251 (DTP01 = 472) 2400 | DTP03 | 1251 (DTP01 = 472)
25	Record of Services Provided Area of Oral Cavity	2400 | SV304-1 | 1361

Location on ADA Dental Claim Form	ADA Dental Claim Form Header	005010 837D Electronic Transaction Loop, Segment, and Element Information
26	Record of Services Provided Tooth System	2400 | TOO01 | 1270
27	Record of Services Provided Tooth Number(s) or Letter(s)	2400 | TOO02 | 1271
28	Record of Services Provided Tooth Surface	2400 | TOO03-1 | 1369 2400 | TOO03-2 | 1369 2400 | TOO03-3 | 1369 2400 | TOO03-4 | 1369 2400 | TOO03-5 | 1369
29	Record of Services Provided Procedure Code Sales Tax Note when using CDT Code D9985: CDT Code D9985 is recorded on any unused line (1 through 10) in the 'Record of Services Provided' section of the form. NOTE: Billing entities may record sales tax in different	2400 | SV301-2 | 234 Sales Tax Note when using CDT Code D9985: CDT Code D9985 is recorded on any unused line (1 through 10) in the 'Record of Services Provided' section of the form. NOTE: Billing entities may record sales tax in different
29a	Record of Services Provided Diag Pointer	2400 | SV311-1 | 1328 2400 | SV311-2 | 1328 2400 | SV311-3 | 1328 2400 | SV311-4 | 1328
29b	Record of Services Provided Qty	2400 | SV306 | 380
30	Record of Services Provided Description Sales Tax Note when using CDT Code D9985: Enter "Sales Tax."	2400 | SV301-7 | 352
31	Record of Services Provided Fee	2400 | SV302 | 782

Location on ADA Dental Claim Form	ADA Dental Claim Form Header	005010 837D Electronic Transaction Loop, Segment, and Element Information
31a	Record of Services Provided Other Fees NOTE: Do not include sales tax in 31a when reported on a separate service line with CDT Code D9985.	
32	Record of Services Provided Total Fee	2300 | CLM02 | 782
33	Missing Teeth Information	2300 | DN201 | 127 (DN202 = M)
34	Diagnosis Code List Qualifier	2300 | HI01-1 | 1270 2300 | HI01-2 | 1270 2300 | HI01-3 | 1270 2300 | HI01-4 | 1270
34a (A)	Diagnosis Code (Primary Diagnosis)	2300 | HI01-2 | 1271
34a (B,C, or D)	Diagnosis Code	2300 | HI02-2 | 1271 2300 | HI03-2 | 1271 2300 | HI04-2 | 1271
35	Remarks	2300 | NTE02 | 352
36	Authorizations - Release of Information Patient/Guardian Signature	2300 | CLM09 | 1363
	Authorizations - Release of Information Date	N/A
37	Authorizations - Assignment of Benefits Subscriber Signature	2300 | CLM08 | 1073
	Authorizations - Assignment of Benefits Date	N/A
38	Ancillary Claim/Treatment Information Place of Treatment	2300 | CLM05-1 | 1331
39	Ancillary Claim/Treatment Information Enclosures (Y or N)	2300 | PWK01 | 755

Location on ADA Dental Claim Form	ADA Dental Claim Form Header	005010 837D Electronic Transaction Loop, Segment, and Element Information
40	Ancillary Claim/Treatment Information Is Treatment for Orthodontics? (No)	2300 | DN1 (is absent)
	Ancillary Claim/Treatment Information Is Treatment for Orthodontics? (Yes)	2300 | DN1 (is present)
41	Ancillary Claim/Treatment Information Date Appliance Placed	2300 | DTP03 | 1251 (DTP01 = 452)
42	Ancillary Claim/Treatment Information Orthodontic Treatment Months Count	2300 | DN101 | 380
43	Ancillary Claim/Treatment Information Replacement of Prosthesis? (Yes)	2400 | SV305 | 1358 (SV305 = 'R')
	Ancillary Claim/Treatment Information Replacement of Prosthesis? (No)	2400 | SV305 | 1358 (SV305 = 'I')
44	Ancillary Claim/Treatment Information Date of Prior Placement	2400 | DTP03 | 1251 (DTP01 = 441)
45	Ancillary Claim/Treatment Information Treatment Resulting From Occupational illness/injury	2300 | CLM11-1 | 1362 (CLM11-1 = 'EM') 2300 | CLM11-2 | 1362 (CLM11-2 = 'EM')
	Ancillary Claim/Treatment Information Treatment Resulting From Auto Accident	2300 | CLM11-1 | 1362 (CLM11-1 = 'AA') 2300 | CLM11-2 | 1362 (CLM11-2 = 'AA')
	Ancillary Claim/Treatment Information Treatment Resulting From Other Accident	2300 | CLM11-1 | 1362 (CLM11-1 = 'OA') 2300 | CLM11-2 | 1362 (CLM11-2 = 'OA')
46	Ancillary Claim/Treatment Information Date of Accident	2300 | DTP03 | 1251 (DTP01 = '439')
47	Ancillary Claim/Treatment Information Auto Accident State	2300 | CLM11-4 | 156

Location on ADA Dental Claim Form	ADA Dental Claim Form Header	005010 837D Electronic Transaction Loop, Segment, and Element Information
48	Billing Dentist or Dental Entity Name, Address, City, State, Zip Code	2010AA | NM103 | 1035 2010AA | NM104 | 1036 2010AA | NM105 | 1037 2010AA | NM107 | 1039 2010AA | N301 | 166 2010AA | N302 | 166 2010AA | N401 | 19 2010AA | N402 | 156 2010AA | N403 | 116
49	Billing Dentist or Dental Entity NPI	2010AA | NM109 | 67
50	Billing Dentist or Dental Entity License Number	2010AA | REF02 | 127 (REF01 = '0B')
51	Billing Dentist or Dental Entity SSN or TIN	2010AA | REF02 | 127 (REF01 = 'EI') 2010AA | REF02 | 127 (REF01 = 'SY')
52	Billing Dentist or Dental Entity Phone Number	2010AA | PER04 | 364 (PER03 = 'TE') 2010AA | PER06 | 364 (PER05 = 'TE') 2010AA | PER08 | 364 (PER07 = 'TE')
52a	Billing Dentist or Dental Entity Additional Provider ID	2010AA | REF02 | 127 (REF01 = '1G') 2010BB | REF02 | 127 (REF01 = 'G2') 2010BB | REF02 | 127 (REF01 = 'LU')
53	Treating Dentist and Treatment Location Information Signed (Treating Dentist)	2300 | CLM06 | 1073 (CLM06 = 'Y')
	Treating Dentist and Treatment Location Information Date	N/A
54	Treating Dentist and Treatment Location Information NPI	2310B | NM109 | 67

Location on ADA Dental Claim Form	ADA Dental Claim Form Header	005010 837D Electronic Transaction Loop, Segment, and Element Information
55	Treating Dentist and Treatment Location Information License Number	2310B | REF02 | 127 (REF01 = '0B')
56	Treating Dentist and Treatment Location Information Address, City, State, Zip Code	2310C | NM103 | 1035 2310C | NM104 | 1036 2310C | NM105 | 1037 2310C | NM107 | 1039 2310C | N301 | 166 2310C | N302 | 166 2310C | N401 | 19 2310C | N402 | 156 2310C | N403 | 116
56a	Treating Dentist and Treatment Location Information Provider Specialty Code	2000A | PRV03 | 127 2310B | PRV03 | 127
57	Treating Dentist and Treatment Location Information Phone Number	2010AA | PER04 | 364 (PER03 = 'TE') 2010AA | PER06 | 364 (PER05 = 'TE') 2010AA | PER08 | 364 (PER07 = 'TE')
58	Treating Dentist and Treatment Location Information Additional Provider ID	2310B | PRV03 | 127 2000A | PRV03 | 127