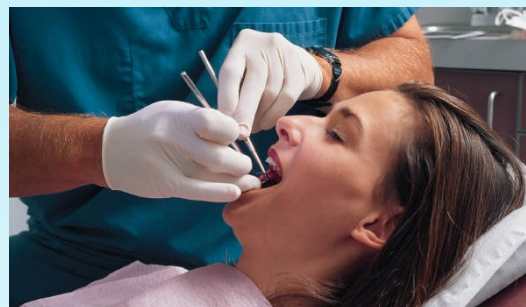


IHCP *bulletin*

INDIANA HEALTH COVERAGE PROGRAMS BT201850 SEPTEMBER 25, 2018

IHCP to begin using the ADA 2012 Dental Claim Form

Effective October 28, 2018, the Indiana Health Coverage Programs (IHCP) will transition from the American Dental Association (ADA) 2006 Dental Claim Form to the ADA 2012 Dental Claim Form for all fee-for-service (FFS) dental services. The IHCP Provider Healthcare Portal (Portal) and 837D electronic transactions will be updated with the ADA 2012 claim format as of October 28, 2018, at which point providers must adhere to the ADA 2012 billing guidelines for claim submissions. To assist with the transition from ADA 2006 claims to ADA 2012 claims, the IHCP will accept **claims submitted via paper** on either claim form – ADA 2006 or ADA 2012 – through December 31, 2018. After December 31, 2018, claims submitted on the ADA 2006 paper claim form will not be accepted and will be returned to the provider.



The ADA 2012 claim form has additional required fields that will need to be completed prior to claim submission. Training sessions about these changes, announced in *IHCP Banner Page BR201818*, were held in May 2018. Providers that did not attend the training can view the presentation [Dental Billing: Using the ADA 2012 Claim Form](#) at indianamedicaid.com. Changes to the Portal, 837D transactions, and paper claim form are also summarized in this bulletin. In the guidance that follows, data captured in certain fields is optional unless the description specifically indicates it is a required field. Please note, however, that even data entered in optional fields will be validated to ensure that the data entered is appropriate.

Dental claims via the Portal – Changes will be made to the following fields for dental claims submitted on the Portal:

- **Oral Cavity Area** – Will now be captured
- **Diagnosis Pointers** – Will now be captured
- **Other Fees** – Will now be captured
- **Missing Teeth Information** – Will now be captured; a grid will display to indicate, as appropriate
- **Diagnosis Code List Qualifier** – Will now be captured
- **Diagnosis Code** – Will now accept up to 4 codes

Dental claims via paper – Changes will be made to the following fields for dental claims submitted via paper:

- **25 Area of Oral Cavity** – Must be empty (null) or entered as L, R, 00, 01, 02, 09, 10, 20, 30, or 40
- **29a Diagnosis Pointer** – Will now be captured
- **31a Other Fee(s)** – Will now be captured
- **33 Missing Teeth Information** – Will now be captured
- **34 Diagnosis Code List Qualifier** – Will now be captured and **required** if 29a is completed
- **34a Diagnosis Code(s)** – Will now be captured and **required** if 29a is completed
- **38 Place of Treatment** – Will now be captured and verified
- **47 Auto Accident State** – Will now be captured

Dental claims via 837D electronic transaction – Changes will be made to the following fields for dental claims submitted via 837D transactions:

- **SV304 Area of Oral Cavity** – Must be empty (null) or entered as L, R, 00, 01, 02, 09, 10, 20, 30, or 40
- **SV311 Diagnosis Pointer** – Will now be captured
- **AMT02 Other Fee(s)** – Will now be captured
- **DN201 Missing Teeth Information** – Will now be captured; valid entries are numeric values between 1 and 32
- **TOO01 Diagnosis Code List Qualifier** – Will now be captured; valid entries are B or AB
- **TOO03 Tooth Surface** – Will now be captured
- **HI01-2 – HI04-2 Diagnosis Code(s)** – Will now be captured
- **CLM11-4 Auto Accident State** – Will now be captured and **required** if CLM11-1 is equal to Auto Accident and Auto Accident Country is null; valid entries are 2 alpha characters
- **CLM11-5 Auto Accident Country** – Will now be captured and **required** if CLM11-1 is equal to Auto Accident and Auto Accident State is null; valid entries are 2-3 alpha characters

With the adoption of the ADA 2012 claim form, for all claims (both ADA 2006 and ADA 2012 paper claims) submitted on or after November 1, 2018, the **Area of the Oral Cavity (AOTOC)** field will be evaluated for duplication when billing for services based on dental quadrants. For example, when billing multiple units of D4341 or D4342, the provider should indicate the appropriate dental quadrant that applies using the AOTOC code for each line item.

QUESTIONS?

If you have questions about this publication, please contact Customer Assistance at 1-800-457-4584.

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