

May 11, 2015

### Dental Claim Submissions — Area of Oral Cavity

DVHA has conducted a review of the use of Item #25 (Area of Oral Cavity). **As of July 1, 2015 claims for services that do not include Area of Oral Cavity information, when required, will be denied.** When submitting claims on the 2012 ADA Dental Claim Form, please note the following directions to ensure the correct reporting of Item #25 (Area of Oral Cavity) per ADA instructions:

#### Use of Item # 25 (Area of Oral Cavity) is conditional.

The following conditional use requirements apply:

- Always report the area of the oral cavity when the procedure reported in Item #29 (Procedure Code) refers to a quadrant or arch and the area of the oral cavity is not uniquely defined by the procedure's nomenclature.

*Example: Report the applicable area of the oral cavity when the procedure code nomenclature includes a general reference to an arch or quadrant, such as D4263 bone replacement graft – first site in quadrant.*

- Do not report the applicable area of the oral cavity when the procedure either:
  - Incorporates a specific area of the oral cavity in its nomenclature, such as D5110 complete denture – maxillary; or
  - Does not relate to any portion of the oral cavity, such as D9220 deep sedation/general anesthesia – first 30 minutes.

Area of oral cavity is designated by one of the following two-digit codes:

00-entire oral cavity, 01-maxillary arch, 02-mandibular arch, 10-upper right quadrant, 20-upper left quadrant, 30-lower left quadrant, 40-lower right quadrant.

In order to facilitate correct claims completion by providers, DVHA has identified the procedure codes that require the reporting of this field. The list of codes can be found at:

<http://dvha.vermont.gov/for-providers/dental-1>

