

# NCMMIS Submitting a Dental Claim Participant User Guide

**PREPARED FOR:**

North Carolina Department of  
Health and Human Services

DHHS MES VMU

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NC DEPARTMENT OF  
**HEALTH AND  
HUMAN SERVICES**

May 15, 2023

**ATTENTION - THIS TRAINING IS INTENDED FOR COVERED ENTITIES  
AND BUSINESS ASSOCIATES WHO ARE CONSIDERED TO BE  
STAKEHOLDERS OF THE NCTRACKS APPLICATION.**

## Document Revision History

Version	Date	Description of Changes
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V2.0	January 03, 2017	Final version
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## 1.0 Welcome

## 1.1 COURSE OVERVIEW

Welcome to provider training on submitting Dental Claims. The NCTracks Provider portal uses the provider's North Carolina Identity Management System (NCID) username and password to allow access to a secure online environment for submitting claims. This course focuses on how to submit a dental claim.

## 1.2 COURSE BENEFITS

- ❖ Provides a secure-access, browser-based application for providers to enter claims transactions.
- ❖ Returns an immediate status notification of the claim onscreen.
- ❖ Improves the accuracy, timeliness, and availability of information through an easy-to-use point-and-click interface.

### 1.3 COURSE OBJECTIVES

After completing this course, authorized users will be able to do the following:

- ❖ Submit a dental claim
- ❖ Save a claim Draft
- ❖ Use Claims Draft Search
- ❖ View results of a claim submission

## 1.4 PREREQUISITES

- ## ❖ Life Cycle of a Claim

## NOTES:

[illegible]

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## 2.0 Create a Dental Claim

### 2.1 INTRODUCTION

The NCTracks interactive Claim Submission System supplies a secure-access, browser-based application for providers to enter claims transactions. This claims systems is an electronic version of the **Dental (ADA 2006/837D) Claim** form. Claims are submitted real-time, which means the user receives an immediate status notification of the claim (paid, denied, or pending).

### 2.2 OBJECTIVES

The training takes the user through the process of entering a dental claim. The NCTracks system adjudicates the claim based on the Payer, NPI/Taxonomy, and Benefit Plan.

This document demonstrates how to create a dental claim for a Treatment for Oral Pain. The user will then create dental claims for **Extraction – Sedation** and **Periodic Orthodontic Treatment – Contract**. The data sheets for the examples are located in [Addendum B](#).

Each section has a graphic illustration followed by numbered **steps**. The numbers on the image correspond with the numbers in the **steps**.

### 2.3 HELP SYSTEM

The major forms of help in the NCTracks system are as follows (refer to [Addendum A](#)):

- ❖ Navigational breadcrumbs
- ❖ System-Level Help – Indicated by the “NCTracks Help” link on each page
- ❖ Page-Level Help – Indicated by the “Help” link above the Legend
- ❖ Legend
- ❖ Data/Section Group Help – Indicated by a question mark (?)
- ❖ Hover-over or Tooltip Help on form elements

### NOTES:


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## 3.0 Create a Dental Claim Demonstration

### 3.1 CREATE A CLAIM FOR TREATMENT OF ORAL PAIN

The Claims tool is accessed through the NCTracks Provider portal. The **Create Dental Claim** option is found under the **Claims** menu. The menu also contains Claims Status, Claims Draft Search, Create Pharmacy Claim, Pharmacy Claims Reversal, Create Professional Claim, and Create Institutional Claim options.

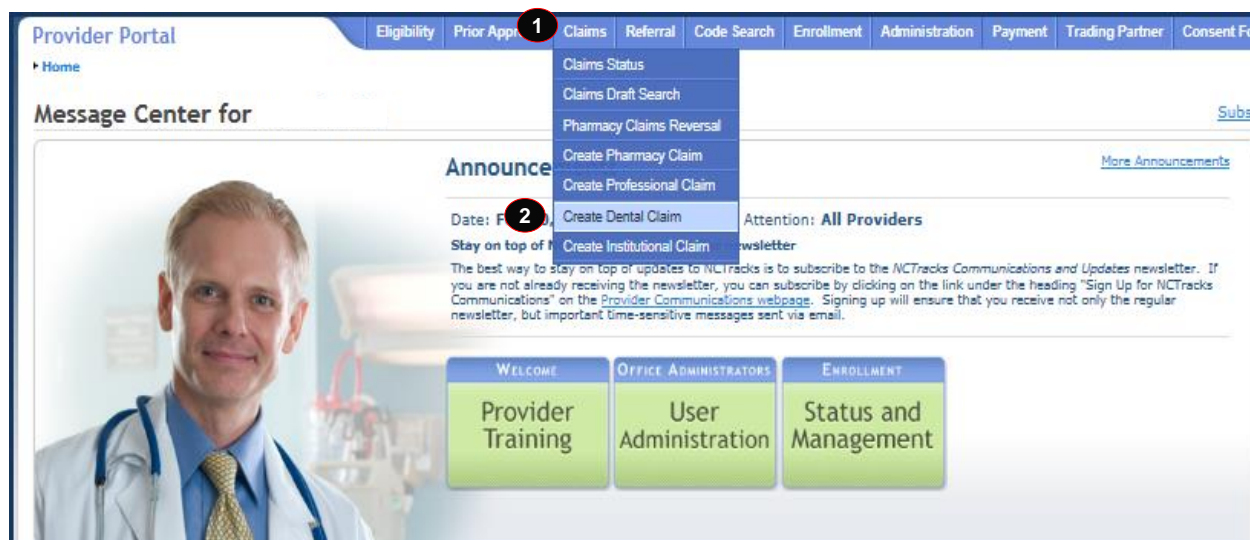


Exhibit 1. NCTracks Provider Portal

Step	Action
1	Hover over the <b>Claims</b> menu.
2	Select <b>Create Dental Claim</b> . The <b>Verify Patient</b> screen displays.

### 3.2 VERIFY PATIENT

The **Verify Patient** screen displays required information to verify eligibility under **Base Information**, select a Group, and select the provider's NPI. The system then verifies eligibility for the recipient. If the recipient is not eligible, the system returns a message similar to "Patient eligibility not found with entity". A red asterisk indicates a required field.

#### Base Information:

- ❖ Account Information: The Group or Individual Provider name from the provider enrollment process.
- ❖ Group: The user-defined group associated with the user's ID logged into NCTracks. Identifies the Security group to which the login ID belongs.
- ❖ NPI / Atypical ID: The National Provider Identifier or the unique identifier (for providers who perform atypical services only and do not have an NPI) associated with the login ID.
- ❖ Address: The physical address of the provider.
- ❖ Taxonomy Code: Taxonomy codes are national 10-digit alphanumeric codes that classify health care providers according to the primary services they render.

- ❖ Claim Type: The training is based on submitting a Dental claim.
- ❖ Verify Button: Validates the recipient information and eligibility.

## Patient Information:

- ❖ Recipient ID (RID): The user can enter the patient's 10-digit Recipient ID or Social Security Number (SSN) and Date of Birth (DOB).
- ❖ Dates of Service: The user can enter a date or select a date using the calendar icon.

The screenshot shows the 'Verify Patient' screen in the Provider Portal. The form includes sections for 'Base Information' and 'Patient Information'. The 'Base Information' section contains fields for Account Information (1), Group, NPI / Atypical ID (2), Locator Code (3), and Taxonomy Code (4). The 'Patient Information' section contains fields for Recipient ID (5), SSN, Date of Birth, and Date of Service (From (6) and To (7)). A 'Verify' button (8) is located at the bottom right.

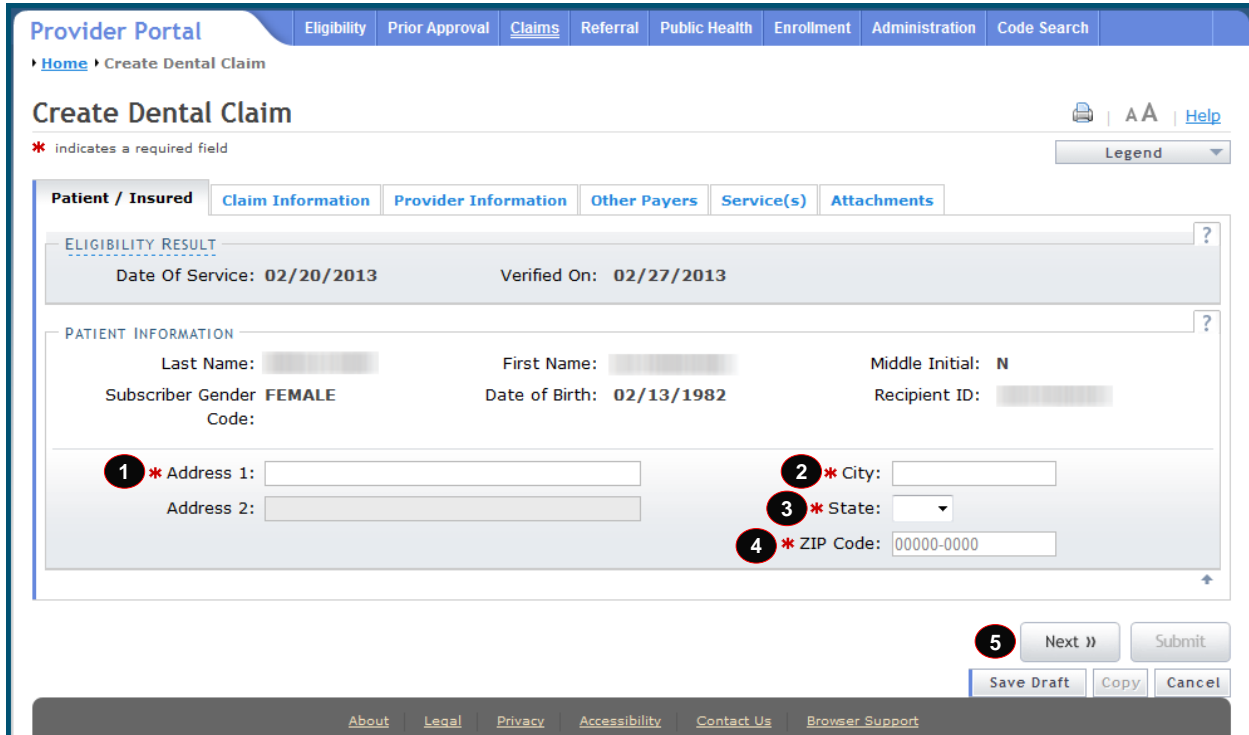
**Exhibit 2. Verify Patient Screen**

Step	Action (Refer to Addendum B for data sheet)
1	Account Information: Verify User ID information determined by the user's security access.
2	NPI / Atypical ID: Select the <b>NPI / Atypical ID</b> from the drop-down menu.
3	Location: Select the <b>Address</b> from the drop-down menu (corresponds to taxonomy codes).
4	Taxonomy Code: Select a <b>Taxonomy Code</b> from the drop-down menu.
5	Recipient ID #: Enter the <b>Recipient ID #</b> (10-digit) or SSN and Date of Birth (DOB).
6	Date of Service: Enter a <b>From</b> date or use the calendar icon to select a date.
7	Date of Service: Enter a <b>To</b> date or use the calendar icon to select a date.
8	Select the <b>Verify</b> button.

### 3.3 PATIENT / INSURED

The **Patient / Insured** screen displays the Date of Service, Verified On date, Last Name, First Name, Middle Initial, Gender, DOB, and Recipient ID.

In the **Patient Information** section, the user will need to enter the patient's current address.



**Exhibit 3. Patient / Insured Screen**

Step	Action
1	Address 1: Enter current <b>Street Address</b> . Address 2: (for Apt #)
2	City: Enter the <b>City</b> .
3	State: Select <b>NC</b> from the drop-down menu.
4	ZIP Code: Enter the 5- or 9-digit <b>ZIP code</b> .
5	Select the <b>Next</b> button to proceed to the <b>Claim Information</b> screen.

#### NOTES:


### 3.4 CLAIM INFORMATION

The **Claim Information** screen allows the user to enter general information about a dental claim. This web page contains a number of collapsible/expandable sections. Normal default

behavior displays the sections collapsed. Sections expand or collapse when the user selects Yes or No for entering information for those sections. Use the following steps to enter the required information.

The patient's Last Name, First Name, and Recipient ID are displayed on the top banner, below the tabs. The same information is displayed on the **Provider Information**, **Other Payers**, and **Service(s)** screens.

The screenshot shows the 'Create Dental Claim' screen in the Provider Portal. The top navigation bar includes tabs for Eligibility, Prior Approval, Claims, Referral, Public Health, Enrollment, Administration, and Code Search. The main header displays 'Create Dental Claim' with a legend and a 'Home' link. Below the header, there are tabs for Patient / Insured, Claim Information, Provider Information, Other Payers, Service(s), and Attachments. The 'Claim Information' tab is active, showing a form with various input fields. Numbered callouts 1 through 11 highlight specific fields and sections: 1. Patient Account #, 2. Claim Frequency Type Code, 3. Provider Signature on File, 4. Assignment of Benefits, 5. Provider Accept Assignment Code, 6. Release of Information, 7. Place of Service, 8. RELATED CAUSES, 9. Would you like to add Related Causes?, 10. ADDITIONAL CLAIM INFORMATION, 11. ADDITIONAL CLAIM DATES. The form also includes a 'Patient Amount Paid' field and a 'Next' button.

Exhibit 4. Claim Information Screen

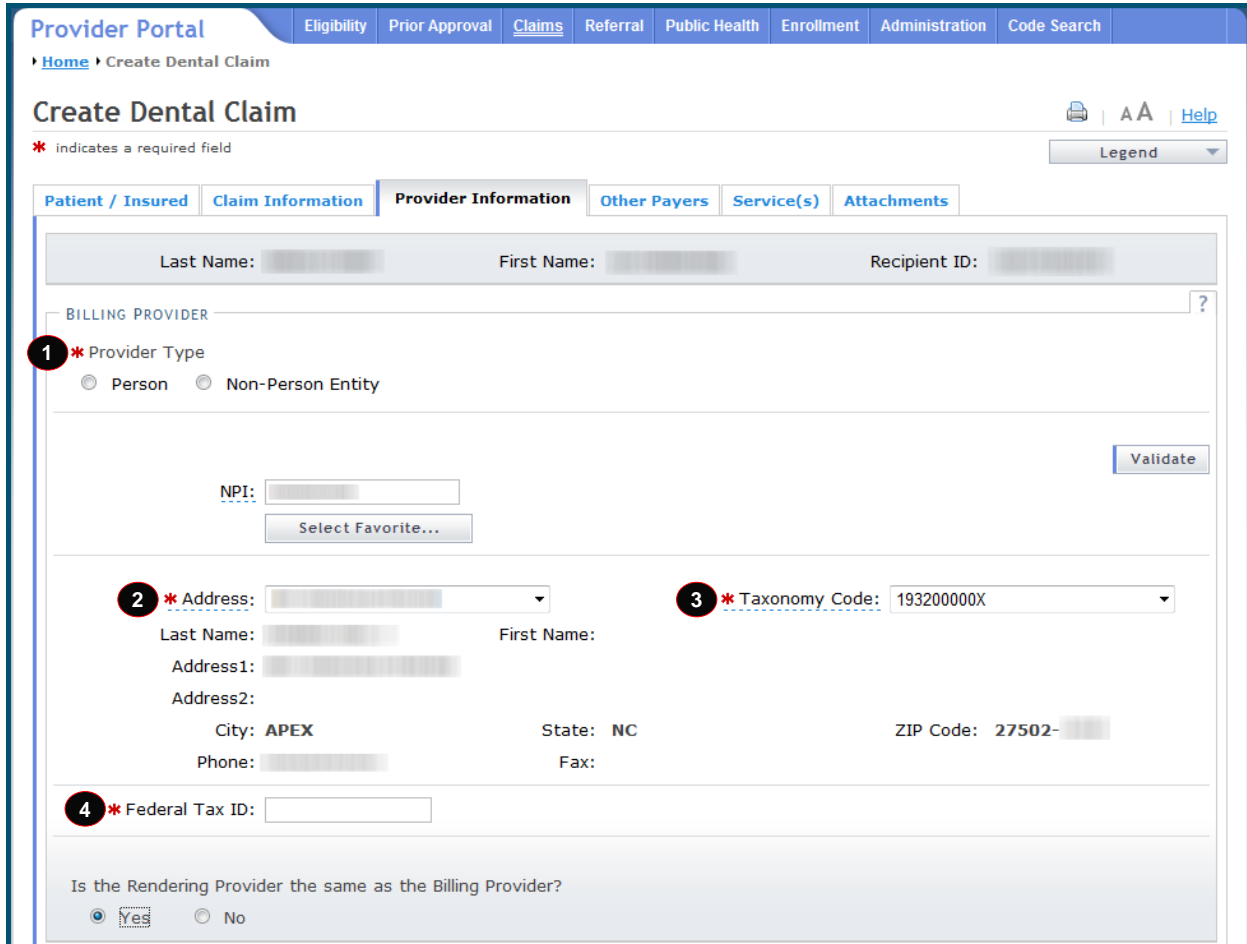
Step	Action
1	Patient Account #: Number used to identify the claim within the user's system.
2	Claim Frequency Type Code: Select <b>1-ADMIT-DISC</b> . Indicates the reason for submission.
3	Provider Signature on File: Yes or No – Default <b>Yes</b> .
4	Assignment of Benefits: Select <b>Y-Yes</b> from the drop-down menu (authorizes benefits to be assigned to the provider).

Step	Action
5	Provider Accept Assignment Code: Select <b>A-ASSIGNED</b> – indicates the provider chooses to accept Medicare assignment (assigned, not assigned, lab only).
6	Release of Information: Select <b>Y-Signed Sta</b> – Provider has a signed statement permitting Release of Medical Billing Data to a Claim ( <b>I- Informed C: Informed Consent to Release</b> ).
7	Place of Service: Select <b>11-OFFICE</b> .
8	<p>The bottom portion of the screen displays additional information fields that are optional for processing the claim:</p> <ul style="list-style-type: none"> <li>• <b>Related Causes:</b> Allows the user to enter related causes information: auto accident, work accident, other accident, another party responsible, and accident date.</li> <li>• <b>Tooth Status:</b> Allows the user to enter current tooth status for a dental claim.</li> </ul>
9	<ul style="list-style-type: none"> <li>• <b>Additional Claim Information:</b> Allows the user to add claim information such as special programs, service authorization exceptions, delay reason codes, mammogram certification number that spans multiple days, and investigational device exception.</li> </ul> <p>When indicating that the claim is being filed after the timely filing limit, one of the following delay reason codes should be used. This will eliminate the need for the paper Medicaid Resolution Inquiry form to request an override of the time limit.</p> <ul style="list-style-type: none"> <li>– (Third Party processing delay) – When using this code, an Explanation of Benefits (EOB) must be attached to the claim.</li> <li>– (Original claims rejected or denied due to a reason unrelated to the billing limitation rules) – When using this code, an EOB must be attached to the claim.</li> </ul>
10	<b>Additional Claim Dates:</b> Allows the user to enter other dates for Related Causes (Accident Date).
11	Select the <b>Next</b> button to proceed to the <b>Provider Information</b> screen.

### 3.5 PROVIDER INFORMATION

The **Provider Information** screen allows the user to confirm or select a different Billing Provider and update the Rendering Physician, Assistant Surgeon, Service Facility, and Supervising Provider. These providers are also available for assigning on the **Service(s)** screen per **Service Lines** section. For the initial assignment, the providers should be specified here on the **Provider Information** screen. This page contains a number of collapsible/expandable sections, when the user selects Yes or No.

The user will verify that the NPI, Address, and Taxonomy are correct. In this next example, the Billing Provider will not change but the user will assign a Rendering Provider.



**Provider Portal** | Eligibility | Prior Approval | Claims | Referral | Public Health | Enrollment | Administration | Code Search

Home > Create Dental Claim

## Create Dental Claim

\* indicates a required field

Legend

Patient / Insured | Claim Information | **Provider Information** | Other Payers | Service(s) | Attachments

Last Name: [REDACTED] First Name: [REDACTED] Recipient ID: [REDACTED]

**BILLING PROVIDER**

1 \* Provider Type

☐ Person ☐ Non-Person Entity

NPI: [REDACTED] [Validate](#)

Select Favorite...

2 \* Address: [REDACTED]

Last Name: [REDACTED] First Name: [REDACTED]

Address1: [REDACTED]

Address2: [REDACTED]

City: **APEX** State: **NC** ZIP Code: **27502-** [REDACTED]

Phone: [REDACTED] Fax: [REDACTED]

3 \* Taxonomy Code: 193200000X

4 \* Federal Tax ID: [REDACTED]

Is the Rendering Provider the same as the Billing Provider?

☒ Yes ☐ No

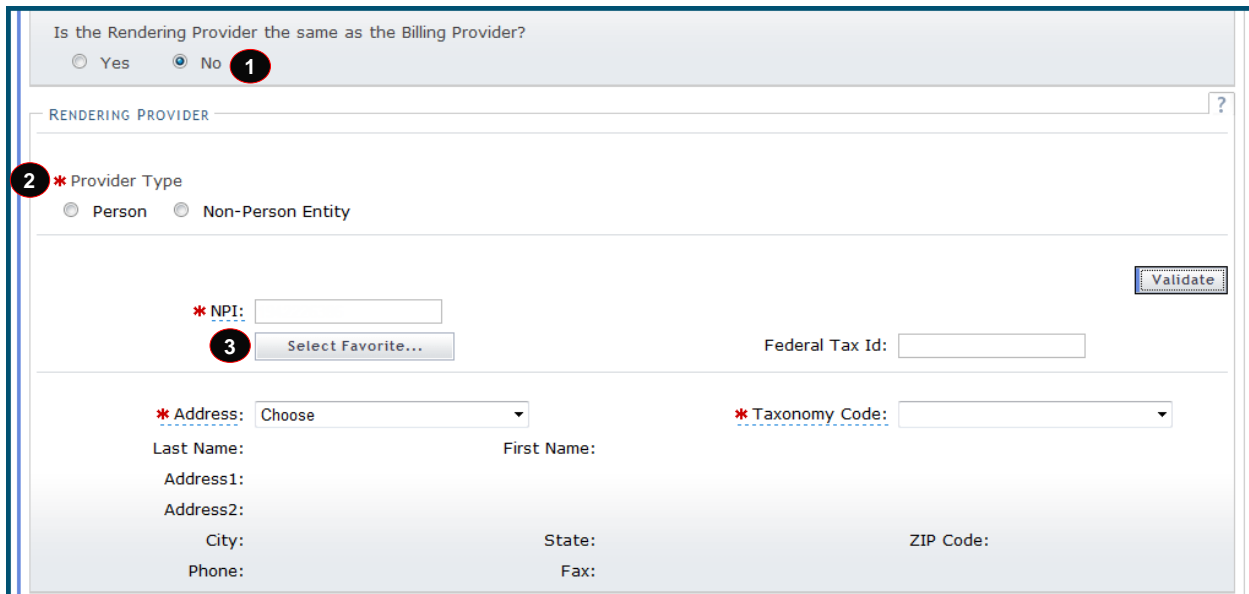
**Exhibit 5. Provider Information Screen**

Step	Action
1	Provider Type: Select <b>Person</b> (billing provider is the same as filing provider).
2	Address: Select the <b>Address</b> (if not the billing address).
3	Taxonomy Code: Select the <b>Taxonomy Code</b> (if not the correct Taxonomy Code).
4	Federal Tax ID: Enter the provider's <b>Federal Tax ID</b> .

### 3.5.1 Rendering Provider

The **Rendering Provider** screen allows the user to enter information about the dentist who provides the medical services, if other than the Billing Provider. When the user selects No to the 'Is the Rendering Provider the same as the Billing Provider?' question, the **Rendering Provider** section expands.

When selecting a provider, the user can either enter the provider's NPI number or use the **Select Favorite** feature. When the user enters an NPI number, the user must validate that provider by selecting the **Validate** button. In this example, the user will use the **Select Favorite** feature to select the Rendering Provider. This same selection method can be used to select an Assistant Surgeon, Service Facility Location, and Supervising Provider.



The screenshot shows the 'Rendering Provider' form. At the top, a question 'Is the Rendering Provider the same as the Billing Provider?' has radio buttons for 'Yes' and 'No'. A red circle with the number '1' is next to the 'No' button. Below this, the 'RENDERING PROVIDER' section is expanded. A red circle with the number '2' is next to the 'Provider Type' section, which has radio buttons for 'Person' and 'Non-Person Entity'. Below that, a red circle with the number '3' is next to the 'Select Favorite...' button. Other fields include 'NPI' with a 'Validate' button, 'Federal Tax Id', 'Address' (a dropdown menu), 'Taxonomy Code' (a dropdown menu), and fields for 'Last Name', 'First Name', 'Address1', 'Address2', 'City', 'State', 'ZIP Code', 'Phone', and 'Fax'.

**Exhibit 6. Rendering Provider Screen**

Step	Action
1	Is the Rendering Provider the same as the Billing Provider?: Select <b>No</b> . The <b>Rendering Provider</b> section expands.
2	Provider Type: Select <b>Person</b> .
3	Select the <b>Select Favorite</b> button.

#### NOTES:




### 3.5.2 Add/Select Favorite

The **NCTracks: Provider Favorites** feature allows the user to search for a provider and add the provider to the **NCTracks: Provider Favorites** list or select a provider from the favorites list. This next action searches for a provider and adds the provider to the **NCTracks: Provider Favorites** list. The user then selects that provider by selecting the provider's NPI / Atypical ID hyperlink.

Exhibit 7. NCTracks: Provider Favorites

Step	Action
1	NPI / Atypical ID: Enter the <b>NPI #</b> .
2	Select the <b>Search</b> button.
3	Select the <b>Add To Favorites</b> button.
4	Locate the provider on the favorites list.
5	Select the provider's <b>NPI/Atypical ID</b> hyperlink.

### NOTES:


### 3.5.3 Validating Rendering Provider

After using the **NCTracks: Provider Favorites** tool to select the provider, the user must select the provider's Address. Depending on the address, the user may also need to select the Taxonomy Code.

**Exhibit 8. Validating Rendering Provider**

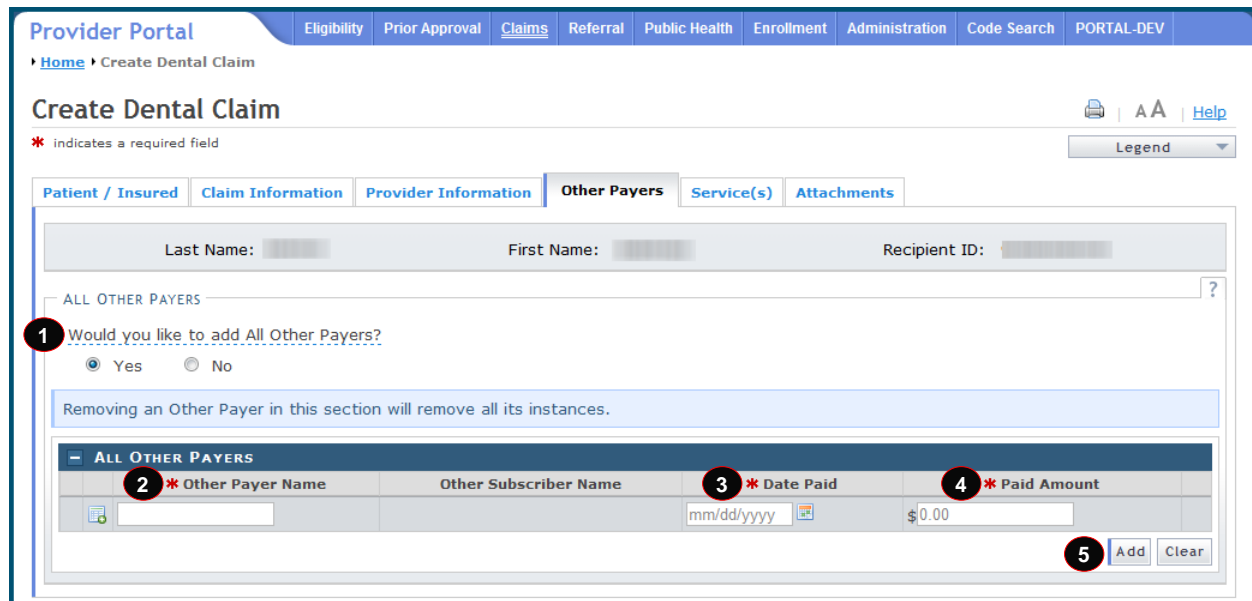
Step	Action
1	Provider Type: Select <b>Person</b> .
2	Address: If a provider has more than one location, more than one address will be displayed in the drop-down menu. Select the <b>Address</b> where the service was rendered.
3	Taxonomy: If a provider has more than one taxonomy associated with a service location, more than one taxonomy code will be displayed in the drop-down menu. Select the <b>Taxonomy Code</b> .

Step	Action
4.	Validate button: Use this button to verify the information in the section.
5	Assistant Surgeon section: Allows the user to enter assistant surgeon information for a dental claim. Service Facility Location section: Allows the user to enter service facility location information for a dental claim. Supervising Provider section: Allows the user to enter supervising provider information for a dental claim.
6	Select <b>Next</b> to proceed to the <b>Other Payers</b> screen.

### 3.6 OTHER PAYERS

The **Other Payers** screen allows the user to enter information for third-party payers on a dental claim. When Yes is selected, the **All Other Payers** section expands. If third-party insurance policies are in effect, payments made by those policies will need to be reflected here. The **All Other Payers** section has three required fields: Other Payer Name, Date Paid, and Paid Amount.

If applicable, the user can add more than one payer by selecting the **Add** button. The **Clear** button clears the current entry information. To delete a payer, select the **Remove Service Line** button in the last column of the line item. In this exercise, there are no other payers assigned. Selecting No collapses the All Other Payers section. Selecting the **Next** button advances to the **Service(s)** screen.



**Exhibit 9. Other Payers Screen**

Step	Action
1	Would you like to add All Other Payers? Select <b>Yes</b> . The <b>All Other Payers</b> section expands.
2	Other Payer Name: <b>Medicare</b>

Step	Action
3	Date Paid: Select a <b>Date</b> .
4	Paid Amount: <b>15.00</b>
5	Select <b>Add</b> . The <b>Editing Row #1</b> section expands.

In the **Editing Row #1** section, the required fields are Other Payer Primary ID, Date Paid, Paid Amount, Last Name, Other Insured Identifier, Payer Sequence, Relationship, Claim Filing Ind, Assignment of Benefits, and Release of Information.

ALL OTHER PAYERS

Would you like to add All Other Payers?

☒ Yes ☐ No **6**

Removing an Other Payer in this section will remove all its instances.

* Other Payer Name	Other Subscriber Name	* Date Paid	* Paid Amount
1. Medicare		03/22/2013	15.00

**Editing Row #1**

Other Payer Information

\* Other Payer Primary ID:  Payer Claim Id Number:

Other Payer Name: Medicare Other Payer Secondary ID:  \* Date Paid: 03/22/2013

\* Paid Amount: \$ 15.00

Other Subscriber

\* Last Name:  First Name:  Middle Initial:

\* Other Insured Identifier:  Other Insured Additional Identifier:  Insurance Type Code:

\* Payer Sequence:

Address 1:  City:

Address 2:  State:  Zip: 00000-0000

\* Relationship:  \* Claim Filing Ind:

Group Name:  Group #:

Other Insurance Coverage Information

\* Assignment of Benefits:  \* Release of Information:

Other Amounts

Remaining Patient Liability: \$ 0.00 COB Total Non-Covered Charge Amount: \$ 0.00

Claim Level Adjustments

Would you like to add Claim Level Adjustments?

☐ Yes ☒ No

Save Other Payer Cancel Changes Clear

**Exhibit 10. All Other Payers Editing Row #1**

Step	Action
6	<p>Would you like to add All Other Payers?: Select <b>No</b>. The <b>All Other Payers</b> section collapses.</p> <p><b>Note:</b> If the user selects <b>Yes</b> again, the system retains the previously entered data.</p>

### 3.7 SERVICE(S)

The **Service(s)** screen allows the user to enter Diagnosis Information and Service Lines detail information. To expand or collapse these sections, select anywhere along the section's title bar.

#### 3.7.1 Diagnosis Information

The **Diagnosis Information** section is used to assign the ICD-9-CM or ICD-10-CM codes describing the principal diagnosis. The ICD Version field defaults to ICD-10; the user can change the value to ICD-9. This field is sent through a Web service in dental claim submission. It is also used in diagnosis code lookup functionality to limit results to diagnosis codes of ICD-9 or ICD-10 only according to user selection. The length of the diagnosis codes is extended to 10 characters.

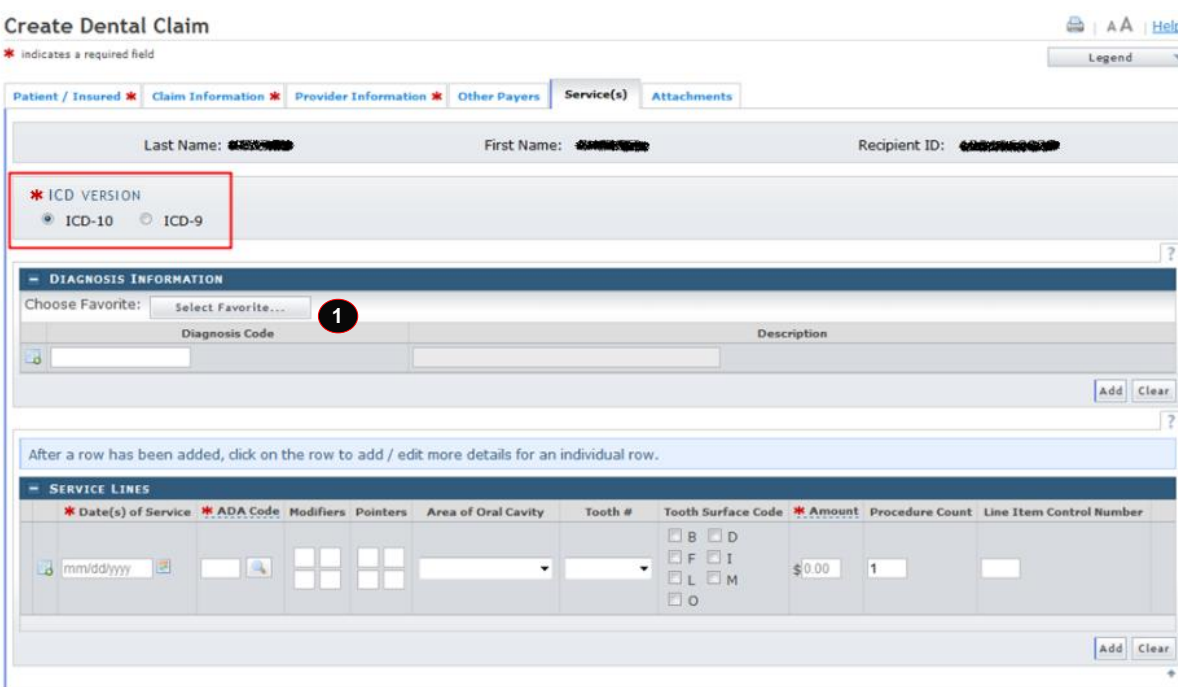


Exhibit 11. Service(s) Screen

Step	Action
1	Select the <b>Select Favorite</b> button. The <b>NCTracks: Code Favorites</b> window displays.

**NCTracks: Code Favorites**

17.		ADJUST COMPLETE DENTURE UPPER	<a href="#">Delete</a>
18.		ADJUST COMPLETE DENTURE LOWER	<a href="#">Delete</a>
19.		REPAIR BROKEN COMPLETE DENTURE BASE	<a href="#">Delete</a>
20.		PALLIATIVE TREATMENT OF DENTAL PAIN	<a href="#">Delete</a>
21.		HOME SUPPORTS-LEVEL 1	<a href="#">Delete</a>
22.		ENCOUNTER FOR E/M CONTRACEPTIVE COUNSEL	<a href="#">Delete</a>
23.		CARE INVOLVING SPEECH-LANGUAGE THERAPY	<a href="#">Delete</a>
24.	<b>2</b>	DENTAL EXAMINATION	<a href="#">Delete</a>

**SEARCH CRITERIA**

Enter a Code below, then press **Search** to begin a lookup.

Code

**Search**

Code	Description
------	-------------

**Close**

**Exhibit 12. Select Favorite**

Step	Action
2	Select the <b>Z0120</b> hyperlink (Dental Examination). The <b>NCTracks: Code Favorites</b> window automatically closes.

**Create Dental Claim**

\* Indicates a required field

Legend

Patient / Insured \* Claim Information \* Provider Information \* Other Payers Service(s) Attachments

Last Name: [REDACTED] First Name: [REDACTED] Recipient ID: [REDACTED]

\* ICD VERSION  
☒ ICD-10 ☐ ICD-9

**DIAGNOSIS INFORMATION**

Choose Favorite: Select Favorite...

Diagnosis Code	Description
<input type="text"/>	<input type="text"/>

3 Add Clear

After a row has been added, click on the row to add / edit more details for an individual row.

**SERVICE LINES**

* Date(s) of Service	* ADA Code	Modifiers	Pointers	Area of Oral Cavity	Tooth #	Tooth Surface Code	* Amount	Procedure Count	Line Item Control Number
<input type="text" value="mm/dd/yyyy"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="checkbox"/> B <input type="checkbox"/> D <input type="checkbox"/> F <input type="checkbox"/> I <input type="checkbox"/> L <input type="checkbox"/> M <input type="checkbox"/> O	\$0.00	1	<input type="text"/>

Add Clear

Exhibit 13. Diagnosis Code – Add

Step	Action
3	Select the <b>Add</b> button to add the line item.

### 3.7.2 Service Lines

The **Service Lines** section allows the user to enter service line item details for a dental claim. The user can add Date(s) of Service, ADA (American Dental Association) procedure codes, the Area of Oral Cavity, Tooth Numbers, Tooth Surface Codes, and the billed Amount.

The user can either enter the ADA code into the field or use the **ADA Code Search** button to populate the code. The user can add a code to their Code Favorites list by entering a code in the **Search Criteria** section and selecting the corresponding Add To Favorites hyperlink for the code.

After a row has been added, click on the row to add / edit more details for an individual row.

**SERVICE LINES**

* Date(s) of Service	* ADA Code	Modifiers	Pointers	Area of Oral Cavity	Tooth #	Tooth Surface Code	* Amount	Procedure Count	Line Item Control Number
02/20/2013	D9110	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="checkbox"/> B <input type="checkbox"/> D <input type="checkbox"/> F <input type="checkbox"/> I <input type="checkbox"/> L <input type="checkbox"/> M <input type="checkbox"/> O	\$	<input type="text"/>	<input type="text"/>

1 2 Add Clear

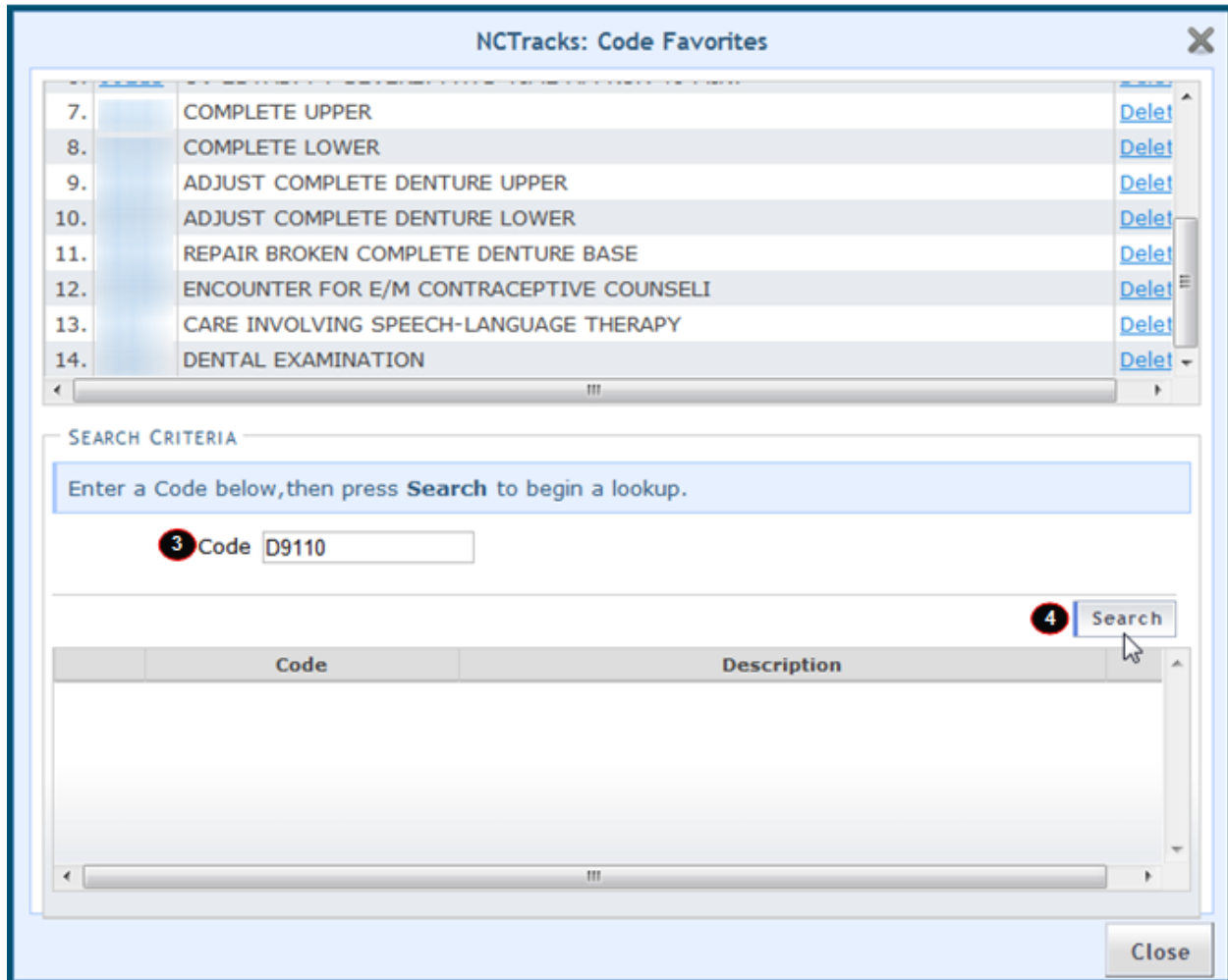
« Previous Next » Submit

Save Draft Copy Cancel

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Exhibit 14. Service Lines Section

Step	Action
1	Date(s) of Service: Select the <b>Date</b> .
2	Select the <b>ADA Code Search</b> button. The <b>NCTracks: Code Favorites</b> window displays.



**NCTracks: Code Favorites**

7.	COMPLETE UPPER	Delete
8.	COMPLETE LOWER	Delete
9.	ADJUST COMPLETE DENTURE UPPER	Delete
10.	ADJUST COMPLETE DENTURE LOWER	Delete
11.	REPAIR BROKEN COMPLETE DENTURE BASE	Delete
12.	ENCOUNTER FOR E/M CONTRACEPTIVE COUNSEL	Delete
13.	CARE INVOLVING SPEECH-LANGUAGE THERAPY	Delete
14.	DENTAL EXAMINATION	Delete

**SEARCH CRITERIA**

Enter a Code below, then press **Search** to begin a lookup.

3 Code

4 **Search**

Code	Description
------	-------------

**Close**

Exhibit 15. NCTracks Code Favorites

Step	Action
3	Code: Enter <b>D9110</b> – Palliative Treatment of Dental Pain.
4	Select the <b>Search</b> button. The search results populate the results section.



NCTracks: Code Favorites

7.	COMPLETE UPPER	<a href="#">Delete</a>
8.	COMPLETE LOWER	<a href="#">Delete</a>
9.	ADJUST COMPLETE DENTURE UPPER	<a href="#">Delete</a>
10.	ADJUST COMPLETE DENTURE LOWER	<a href="#">Delete</a>
11.	REPAIR BROKEN COMPLETE DENTURE BASE	<a href="#">Delete</a>
12.	ENCOUNTER FOR E/M CONTRACEPTIVE COUNSEL	<a href="#">Delete</a>
13.	CARE INVOLVING SPEECH-LANGUAGE THERAPY	<a href="#">Delete</a>
14.	DENTAL EXAMINATION	<a href="#">Delete</a>

SEARCH CRITERIA

Enter a Code below, then press **Search** to begin a lookup.

Code

[Search](#)

Code	Description	
1. D9110	PALLIATIVE TREATMENT OF DENTAL PAIN	<a href="#">Add To Favorites</a>

5

[Close](#)

Exhibit 16. Add To Favorites

Step	Action
5	Select the <b>Add To Favorites</b> hyperlink.

NOTES:


6 **NCTracks: Code Favorites**
✕

8.	COMPLETE LOWER		<a href="#">Delete</a>
9.	ADJUST COMPLETE DENTURE UPPER		<a href="#">Delete</a>
10.	ADJUST COMPLETE DENTURE LOWER		<a href="#">Delete</a>
11.	REPAIR BROKEN COMPLETE DENTURE BASE		<a href="#">Delete</a>
12.	ENCOUNTER FOR E/M CONTRACEPTIVE COUNSEL		<a href="#">Delete</a>
13.	CARE INVOLVING SPEECH-LANGUAGE THERAPY		<a href="#">Delete</a>
14.	DENTAL EXAMINATION		<a href="#">Delete</a>
<span style="background-color: black; color: white; border-radius: 50%; padding: 2px 5px;">7</span> 15.	<a href="#">D9110</a> PALLIATIVE TREATMENT OF DENTAL PAIN		<a href="#">Delete</a>

SEARCH CRITERIA

Enter a Code below, then press **Search** to begin a lookup.

Code

Code	Description	
1. D9110	PALLIATIVE TREATMENT OF DENTAL PAIN	<a href="#">Add To Favorites</a>

**Exhibit 17. Select Diagnosis Code Hyperlink**

Step	Action
6	Locate the <b>D9110</b> code in the <b>NCTracks: Code Favorites</b> list.
7	Select the <b>D9110</b> hyperlink. The <b>NCTracks: Code Favorites</b> window closes.

**NOTES:**


After a row has been added, click on the row to add / edit more details for an individual row.

SERVICE LINES									
* Date(s) of Service	* ADA Code	Modifiers	8 Pointers	Area of Oral Cavity	Tooth #	Tooth Surface Code	9 * Amount	Procedure Count	Line Item Control Number
02/20/2013	D9110					<input type="checkbox"/> B <input type="checkbox"/> D <input type="checkbox"/> F <input type="checkbox"/> I <input type="checkbox"/> L <input type="checkbox"/> M <input type="checkbox"/> O	\$		

10 Add Clear

« Previous Next » Submit Save Draft Copy Cancel

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Exhibit 18. Service Line

Step	Action
8	Pointers: 1 – allows the user to associate the line item with the Diagnosis Code entered.
9	Enter Amount: <b>110.00</b>
10	Select the <b>Add</b> button. Line Item #1 is added and the <b>Editing Row #</b> section expands.

### 3.7.3 Edit Row

The user can edit information such as ADA Code, Area of Oral Cavity, Tooth #, Tooth Surface Code, and Amount. In the **General Information** section, the user can add the Place of Service (which is required), Referral #, and Prior Auth #.

11

Would you like to add Additional Line Item Information?

☐ Yes ☒ No

Save Service Line Cancel Changes Clear

« Previous Next » Submit Save Draft Copy Cancel

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Exhibit 19. Add Additional Line Items

Step	Action
11	Would you like to add Additional Line Item information?: Select <b>Yes</b> . The <b>Additional Line Item Information</b> section expands.

**12** Additional Line Item Information ?

Would you like to add Additional Line Item Information?

☒ Yes ☐ No

---

Additional Oral Cavity Areas ?

Would you like to add Additional Oral Cavity Areas?

☐ Yes ☒ No

Prosthesis, Crown or Inlay ?

Would you like to add Prosthesis, Crown or Inlay?

☐ Yes ☒ No

---

Additional Tooth Information ?

Would you like to add Additional Tooth Information?

☐ Yes ☒ No

---

Assistant Surgeon ?

Would you like to add Assistant Surgeon?

☐ Yes ☒ No

---

Rendering Provider ?

Would you like to add Rendering Provider?

☐ Yes ☒ No

---

Supervising Provider ?

Would you like to add Supervising Provider?

☐ Yes ☒ No

---

Service Facility Location ?

Would you like to add Service Facility Location?

☐ Yes ☒ No

---

Line Item Adjudication Information ?

Would you like to add Line Item Adjudication Information?

☐ Yes ☒ No

---

**13** Save Service Line Cancel Changes Clear

**Exhibit 20. Additional Line Item Information**

Step	Action
12	<p>Additional Line Item Information:</p> <ul style="list-style-type: none"> <li>Additional Oral Cavity Areas: Allows the user to enter oral cavity information.</li> <li>Prosthesis, Crown or Inlay: Allows the user to enter appliance placement information.</li> <li>Additional Tooth Information: Allows the user to enter additional tooth information.</li> <li>All Other Payers: Allows the user to enter details regarding third-party reimbursement.</li> </ul>

Step	Action
	<ul style="list-style-type: none"> <li>Assistant Surgeon: Allows the user to enter assistant surgeon information.</li> <li>Rendering Provider: Allows the user to enter rendering provider information.</li> <li>Supervising Provider: Allows the user to enter supervising provider information.</li> <li>Service Facility Location: Allows the user to enter service location information.</li> <li>Line Item Adjudication Information: Allows the user to determine if there are any other payers.</li> </ul>
13	Select the <b>Save Service Line</b> button. The <b>Editing Row #</b> section closes.

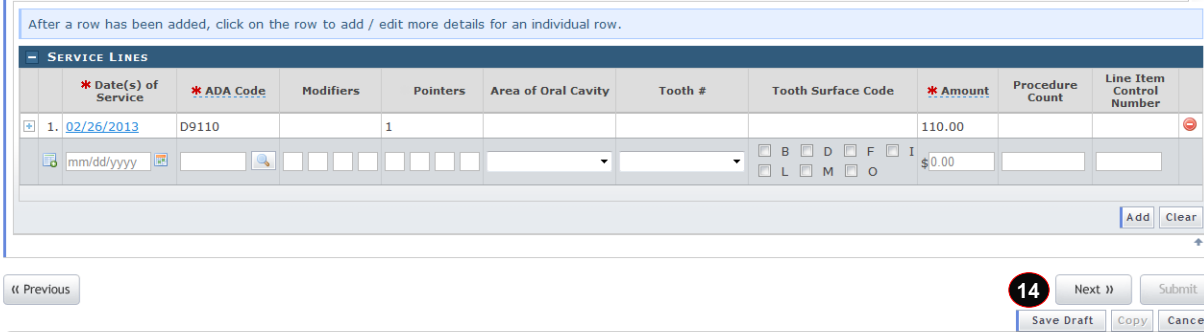


Exhibit 21. Service Line Item 1

Step	Action
14	Select the <b>Next</b> button to advance to the <b>Attachments</b> screen.

### 3.8 ATTACHMENTS

The **Attachments** screen allows the provider to add attachments to a claim, such as dental X-rays, treatment plans, Rx prescriptions, images, EOBs, etc. (**Note:** These are examples and are not applicable to all claims.) A provider can enter up to nine (9) attachments.

Transmission Codes represent the method of delivery: Electronic, Email, File Transfer, Mail, or On Request.

**Provider Portal** | Eligibility | Prior Approval | Claims | Referral | Public Health | Enrollment | Administration | Code Search

Home > Create Dental Claim

## Create Dental Claim

\* indicates a required field

Legend

Patient / Insured | Claim Information | Provider Information | Other Payers | Service(s) | **Attachments**

DENTAL ATTACHMENT

1 \* Would you like to attach files

☐ Yes ☒ No

Previous Submit Save Draft Copy Cancel

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**Exhibit 22. Attachments Screen**

Step	Action
1	Would you like to attach files?: Select <b>Yes</b> . The <b>Attachments</b> section expands.

Patient / Insured | Claim Information | Provider Information | Other Payers | Service(s) | **Attachments**

DENTAL ATTACHMENT

5 \* Would you like to attach files

☒ Yes ☐ No

Please enter up to 10 file attachments below not to exceed 25Mb total.

**ATTACHMENTS**

2 \* Attachment Type

3 \* Transmission Code

4 \* Attachment Supplement

EB-EOS ELECTRONIC Upload File Add Clear

Previous Submit Save Draft Copy Cancel

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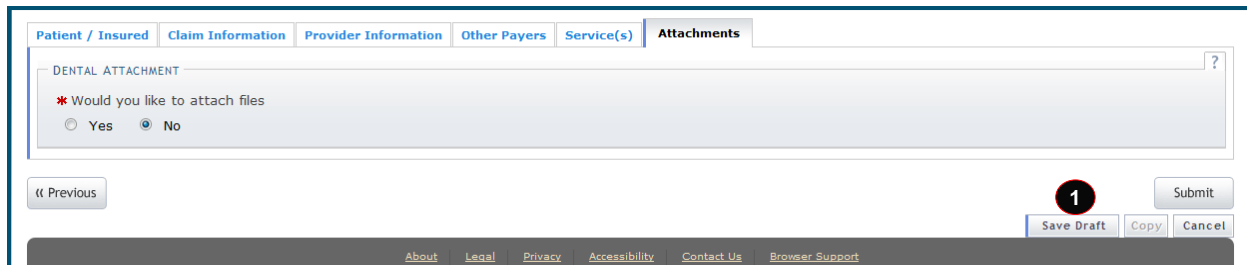
**Exhibit 23. Attachment Type**

Step	Action
2	Attachment Type: Select the <b>Attachment Type</b> from the drop-down menu.
3	<p>Users can select method of attachment from a list in the <b>Attachment Transmission Code</b> drop-down list. The available Transmission Code options are:</p> <ul style="list-style-type: none"> <li><b>Mail</b> – The application provides a mailing address to mail the attachment. EOBs can be mailed with a Claim Attachment Cover sheet in order to process a time limit override request claim. On the Claim Attachment Cover sheet, the Attachment Control Number (ACN) will display. The ACN is important as it helps to ensure that the documents are attached to the correct claim. If you choose to mail additional supporting documentation for a time limit override request claim, the claim will pend until documents are received. <b>Note:</b> Documents must be received/attached within 30 days or the claim will deny.</li> </ul>

Step	Action
	<ul style="list-style-type: none"> <li>• <b>Electronic</b> – The application provides an Upload File button to allow the user to locate and add the attachment to the claim. When a file is uploaded, the Attachment Control Number (ACN) will be appended to the document. The ACN will ensure the documents are attached to the correct claim. The most common formats are PDF, JPEG, or PNG.</li> <li>• <b>ON-REQ</b> – This indicates additional documentation is available on request at the provider's site.</li> </ul>
4	<p>Attachment Supplement: Depending on the Transmission Code selected, this field will populate to allow you to either (1) browse for any electronic documents that you want to electronically attach or (2) be provided with the mailing address if there are documents that need to be mailed.</p> <p><b>Note:</b> In order for a claim to pass a timely filing override, an EOB must be attached to the claim.</p>
5	Would you like to attach files?: Select <b>No</b> . The <b>Attachments</b> section collapses.

### 3.9 SAVE AS DRAFT

At any time during the claim entry process, the user can save the claim for completion at a later date. The user saves a claim by selecting the **Save Draft** button located at the bottom of the screen.



**Exhibit 24. Save As Draft**

Step	Action
1	Select the <b>Save Draft</b> button. The <b>Draft Name</b> window displays.

**Exhibit 25. Draft Name**

Step	Action
2	Enter a <b>Name</b> in the Draft Name field.
3	Select the <b>OK</b> button.

**Exhibit 26. Draft Saved Successfully**

Step	Action
4	Note the 'Message from webpage' window: Draft <name> was saved successfully.
5	Select the <b>OK</b> button.

### 3.10 CLAIMS DRAFT SEARCH

In order to finish the claim previously saved as a draft, the user must first find the entry. The Claims Draft Search allows users to find and manage draft claims within NCTracks.



**Provider Portal**

Eligibility | Prior Approval | **Claims** | Referral | Public Health | Enrollment | Administration | Code Search

Home > Create Dental Claim

**Create Dental Claim**

\* indicates a required field

Patient / Insured | Claim Information | Provider Information | Service(s) | Attachments

DENTAL ATTACHMENT

\* Would you like to attach files

☐ Yes ☒ No

Previous

Submit

Save Draft | Copy | Cancel

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**Exhibit 27. Claims Draft Search**

Step	Action
1	Hover over the <b>Claims</b> menu.
2	Select <b>Claims Draft Search</b> .

### 3.10.1 Search Process

The Claims Draft Search is a three-step process:

- ❖ The first step is to verify the Account Information: User, Group, and NPI/Atypical ID.
- ❖ The second step is to enter the Search Options: Created Within days, Recipient Last Name, Patient Account #, Recipient ID, Rendering Provider, Claim Type, or Date(s) of Service. The user can choose to show either 'My Claims' or 'All Viewable Claims'.
- ❖ The last step is to initiate the search.

**Provider Portal**

Eligibility | Prior Approval | **Claims** | Referral | Code Search | Enrollment | Administration | Payment | Trading Partner | Consent Forms

Home > Claims Draft Search

**Claims Draft Search**

\* indicates a required field

Legend

**BASE INFORMATION**

\* Account Information: Providertraining

\* Group: ProviderTrainin

\* NPI / Atypical ID:

**SEARCH OPTIONS**

Created Within: days

Patient Account #:

Rendering Provider:

Claim Type:

Date of Service From: mm/dd/yyyy to mm/dd/yyyy

Show: ☒ My Claims

Recipient Last Name:

Recipient ID:

Draft Name:

Search Reset

**SEARCH RESULTS**

Recipient ID	Draft Name	Last Name	Acct Number	Billing Provider	Rendering Provider	Claim Type	DOS From	DOS To
--------------	------------	-----------	-------------	------------------	--------------------	------------	----------	--------

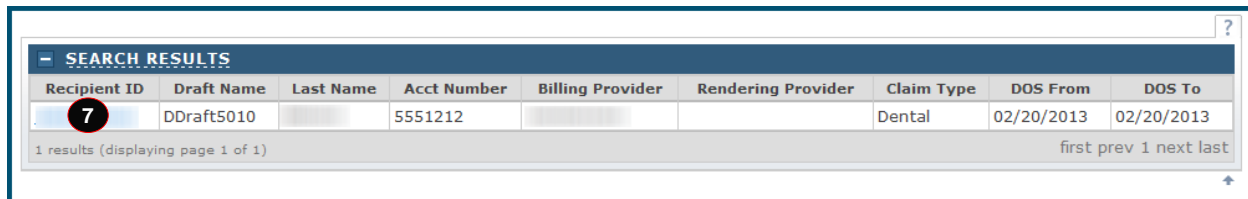
**Exhibit 28. Claims Draft Search Screen**

Step	Action
3	Account Information: Verify the user's <b>Account Information</b> is correct.
4	NPI / Atypical ID: Select the <b>NPI number</b> from the drop-down menu.
5	Created Within: Enter the search options, i.e., <b>(25)</b> number of days since created.
6	Select the <b>Search</b> button.

### 3.10.2 Search Results

The results display in the **Search Results** section, showing the Recipient ID, Draft Name, Last Name, Acct Number, Billing Provider, Rendering Provider, Claim Type, DOS From, and DOS To.

Locate the Draft Name. Select the hyperlinked value in the Recipient ID column to view the contents of that claim.



SEARCH RESULTS								
Recipient ID	Draft Name	Last Name	Acct Number	Billing Provider	Rendering Provider	Claim Type	DOS From	DOS To
<a href="#">7</a>	DDraft5010		5551212			Dental	02/20/2013	02/20/2013
1 results (displaying page 1 of 1)							first prev 1 next last	

**Exhibit 29. Search Results Section**

Step	Action
7	Recipient ID: Select the <b>Recipient ID</b> hyperlink. The claim displays.

### 3.11 SUBMIT CLAIM AND STATUS DETAILS

Note that the **Submit** button is grayed out and is not active. The user can navigate through the tabs by selecting the **Next** buttons or select any of the tab headers to review the information entered. The **Submit** option becomes available when the **Attachments** page is active. Navigate to the **Attachments** tab.

**Provider Portal** | Eligibility | Prior Approval | Claims | Referral | Public Health | Enrollment | Administration | Code Search

Home > Create Dental Claim

## Create Dental Claim

\* indicates a required field

Legend

**Patient / Insured** | Claim Information | Provider Information | Other Payers | Service(s) | Attachments

**ELIGIBILITY RESULT**

Date Of Service: 02/20/2013      Verified On: 02/27/2013

**PATIENT INFORMATION**

Last Name:      First Name:      Middle Initial: N  
 Subscriber Gender: FEMALE      Date of Birth: 02/13/1982      Recipient ID:      Code:     

\* Address 1:      \* City:      \* State:      \* ZIP Code: 00000-0000  
 Address 2:     

Next >>      Submit

Save Draft      Copy      Cancel

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Exhibit 30. Patient / Insured – Next

### 3.11.1 Submit Claim

The **Submit** option is now active. When the user selects **Submit** and any errors are found, NCTracks displays an Error Summary message and navigates the user to the corresponding tab. The user must fix the errors indicated and select **Submit** again to resubmit the claim.

**Provider Portal** | Eligibility | Prior Approval | Claims | Referral | Public Health | Enrollment | Administration | Code Search

Home > Create Dental Claim

## Create Dental Claim

\* indicates a required field

Legend

Patient / Insured | Claim Information | Provider Information | Other Payers | Service(s) | **Attachments**

**DENTAL ATTACHMENT**

\* Would you like to attach files

☐ Yes      ☒ No

<< Previous

8      Submit


Save Draft      Copy      Cancel

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Exhibit 31. Attachments Screen – Submit

### Example Error Summary

Error Summary



Please fix the following errors before you proceed. If applicable, the error message is linked to an associated field.

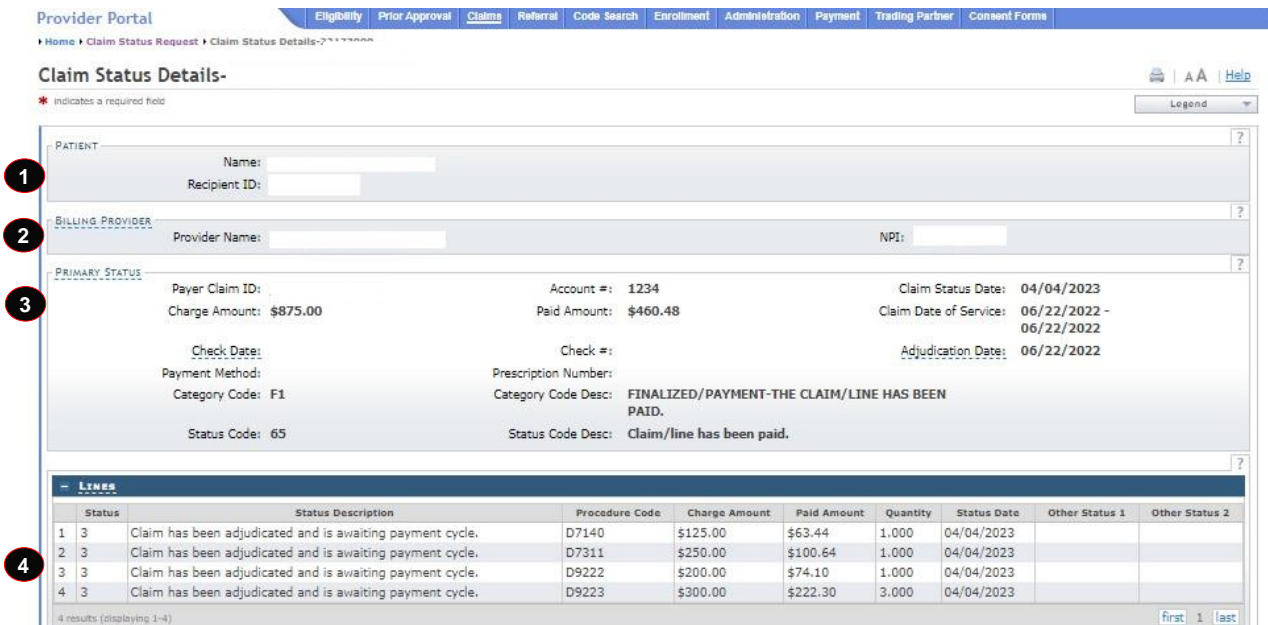
- Attachment Tab: Please confirm attachment request

### Exhibit 32. Submit / Error Summary

Step	Action
8	Select the <b>Submit</b> button.

### 3.11.2 Claim Status Details

When the user submits the claim, the claim status details display on the **Claim Status Details** screen. The screen has four sections: **Patient**, **Billing Provider**, **Primary Status**, and **Lines** (Line Items).



The screenshot shows the 'Claim Status Details' screen in the Provider Portal. It includes a navigation bar with tabs like Eligibility, Prior Approval, Claims, Referral, Code Search, Enrollment, Administration, Payment, Trading Partner, and Consent Forms. The main content area is divided into four sections, each with a numbered callout:

- 1 PATIENT:** Fields for Name, Recipient ID, and Gender.
- 2 BILLING PROVIDER:** Fields for Provider Name and NPI.
- 3 PRIMARY STATUS:** Fields for Payer Claim ID, Account #, Claim Status Date, Charge Amount, Paid Amount, Claim Date of Service, Check Date, Check #, Adjudication Date, Payment Method, Category Code, Category Code Desc, Status Code, and Status Code Desc.
- 4 LINES:** A table listing line items with columns for Status, Status Description, Procedure Code, Charge Amount, Paid Amount, Quantity, Status Date, Other Status 1, and Other Status 2.

### Exhibit 33. Claim Status Details Screen

Section	Description
1	Patient ID Information – Name, DOB, Recipient ID, Gender
2	Billing Provider – Organization/Individual Name and NPI/Atypical ID number
3	Primary Status – Payer Claim ID, Account #, Claim Status Date, Charge Amount, Paid Amount, Claim Date of Service, Check Date, Check #, Adjudication Date, Payment Method, Category Code, Category Code Description, Status Code, Status Code Description

Section	Description
4	Lines – Status, Status Description, Procedure Code, Charge Amount, Paid Amount, Quantity, Status Date, Other Status 1, Other Status 2

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## 4.0 Claim Status and Claim Copy Demonstration

### 4.1 RESUBMIT A CLAIM

This demonstration shows the process for researching a Claim Status and copying a claims record for resubmitting a claim. It is a two-step process:

- ❖ Search the status of the claim.
- ❖ Copy the claim details to a new claim allowing for the resubmission of the claim.

This claims process is the same for all claim types. The illustrations in this section show a status for a dental claim.

The **Claim Status** screen is used to search for the status of a submitted claim. In the NCTracks Provider portal, the **Claims Status** option is located under the **Claims** menu.



Exhibit 34. Claim Status

Step	Action
1	Hover over the <b>Claims</b> menu.
2	Select <b>Claims Status</b> . The <b>Claim Status Request</b> screen displays.

### 4.2 CLAIM STATUS REQUEST

The **Claim Status Request** screen has three sections: **Base Information**, **Claim Search**, and **Claims** (Results). The required fields are Dates of Service (From and To) and Recipient ID. Using as many fields (criteria) as possible for the search will return a quicker and more accurate response. All required fields are denoted by a red asterisk.

**Exhibit 35. Claim Status Request**

Step	Action
3	Account Information: Identifies the Account based on the User ID used to log into the system. Select the Account Information from the drop-down menu. Group: Identifies the Security group to whom the logon User ID belongs. Select the Group from the drop-down menu.
4	NPI/Atypical IDs: A list of all of the providers for which this user is authorized. Select the NPI/Atypical ID from the drop-down menu.
5	Date of Service: Enter the Claim's <b>From</b> Date of Service or use the calendar icon to select a date.
6	Date of Service: Enter the Claim's <b>To</b> Date of Service or use the calendar icon to select a date.
7	Recipient ID: Enter the <b>Recipient ID</b> number.
8	Select the <b>Search</b> button. The Claim Status Request search results display.



**Provider Portal** | Eligibility | Prior Approval | **Claims** | Referral | Code Search | Enrollment | Administration | Payment | Trading Partner | Consent Forms

Home > Claim Status Request

### Claim Status Request

\* Indicates a required field

**BASE INFORMATION**

\* Account Information: Providertraining  
 \* Group: ProviderTrainin  
 \* NPI / Atypical ID:

**CLAIM SEARCH**

To aid in your search, please enter the following information as completely as possible.

\* Date of Service From: 03/01/2023 to \* 03/15/2023  
 Recipient ID:  
 TCN:  
 Patient Account #:  
 Claim Billed Amount: 0.00

Search Clear

**CLAIMS**

TCN	Recipient ID	Name	Dates of Service	Status Date	Category Code Desc	Status Code Desc
			03/01/2023 - 03/01/2023	03/24/2023	F2 - FINALIZED/DENIAL-THE CLAIM/LINE HAS BEEN DENIED.	585 - Denied Charge or Non-covered Charge

1 results (displaying page 1 of 1) first prev 1 next last

Exhibit 36. Claim Status Request Result

Step	Action
9	Select the <b>TCN</b> hyperlink. The <b>Claim Status Details</b> screen displays. The next step is to load the original claim.

**Provider Portal** | Eligibility | Prior Approval | **Claims** | Referral | Code Search | Enrollment | Administration | Trading Partner | Payment | Consent Forms

Home > Claim Status Request > Claim Status Details-

### Claim Status Details-

\* Indicates a required field

**PATIENT**

Name:  
 Recipient ID:

**BILLING PROVIDER**

Provider Name: NPI:

**PRIMARY STATUS**

10 Payer Claim ID: Account #: Claim Status Date:  
 Charge Amount: Paid Amount: Claim Date of Service:  
 Check Date: Check #: Adjudication Date:  
 Payment Method: Prescription Number:  
 Category Code: Category Code Desc:  
 Status Code: Status Code Desc:

**LINES**

Status	Status Description	Procedure Code	Charge Amount	Paid Amount	Quantity	Status Date	Other Status 1	Other Status 2
1 26	Entity not found.	31536	\$2,700.00	\$0.00	1.000	03/27/2013		

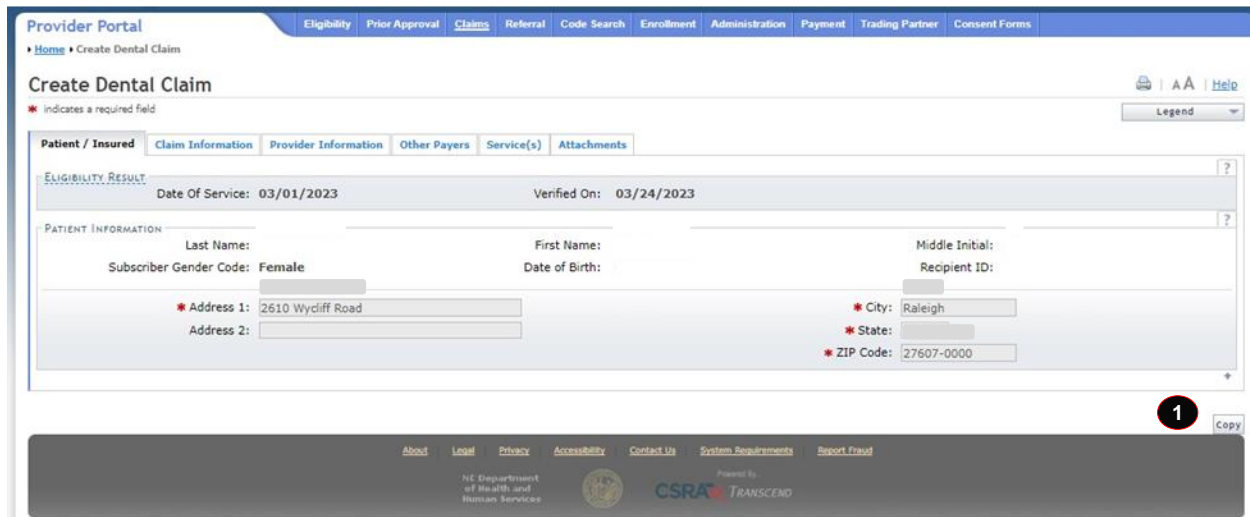
1 results (displaying 1-1) first 1 last

Exhibit 377. Claim Status Details

Step	Action
10	Payer Claim ID. Select the <b>Payer Claim ID</b> hyperlink. The original claim details display. The user can view the claim line item information: Status, Status Description, Procedure Code, Charge Amount, Paid Amount, Quantity, Status Date, Other Status 1, and Other Status 2.

### 4.3 COPY

The claim displays as read-only on all screens. Notice that the data fields are grayed out. To make changes and resubmit the claim, the claim must be copied to a new claim. In fact, the only action is to copy the claim.



**Exhibit 38. Claim Copy**

Step	Action
1	Select the <b>Copy</b> button.

### 4.4 NEXT STEPS

You have submitted a dental claim for Treatment for Oral Pain. The next step is to create an Extraction – Sedation claim using the data from [Section B.2](#) (Extraction – Sedation). After completing the Extraction – Sedation claim, create a Periodic Orthodontic Treatment using the data from [Section B.3](#) (Periodic Orthodontic Treatment – Contract).

## 5.0 Resources

For further clarification or guidance on specific policies, please access the Office of NCTracks at: <http://www.ncmmis.ncdhhs.gov>.

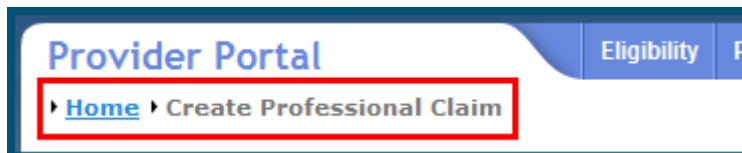
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## Addendum A. Help System

The major forms of help in the NCMMIS NCTracks system are as follows:

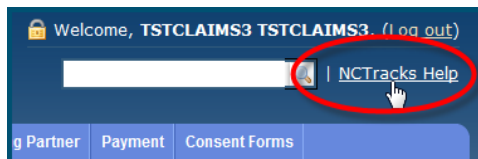
- ❖ Navigational breadcrumbs
- ❖ System-Level Help – Indicated by the “NCTracks Help” link on each page
- ❖ Page-Level Help – Indicated by the “Help” link above the Legend
- ❖ Legend
- ❖ Data/Section Group Help – Indicated by a question mark (?)
- ❖ Hover-over or Tooltip Help on form elements

### Navigational Breadcrumb



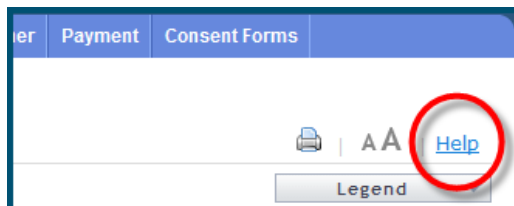
A breadcrumb trail is a navigational tool that shows the path of screens that the user has visited from the home page. This breadcrumb consists of links so the user can return to specific screens on this path.

### System-Level Help



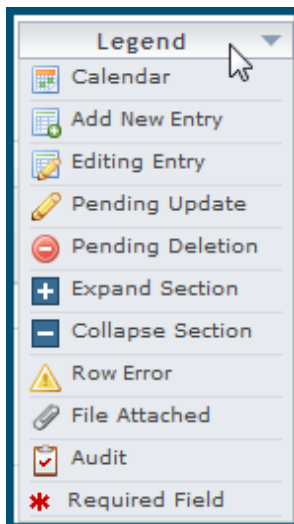
The System-Level Help link opens a new window with the complete table of contents for a given user's account privileges. The System-Level Help link, “NCTracks Help”, will display at the top right of any secure portal page or web application form page that contains Page-Level and/or Data/Section Group Help.


### Page-Level Help




Page-Level Help opens a modal window with all of the Data/Section Group help topics for the current page. The Page-Level Help link displays across from the page title of any web application form page.

## Form Legend



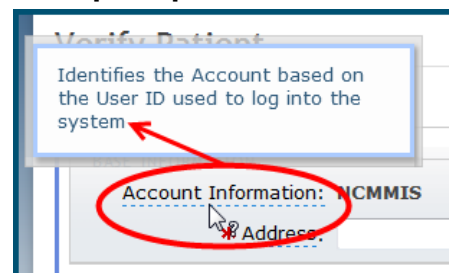
A legend of all helpful icons is presented on pages as needed to explain the relevant meanings. This helps the user become familiar with any new icon representations in context with the form or page as it is used. Move the mouse over the Legend icon  to open the list.

## Data / Section Group Help



Data/Section Group Help targets the same modal window as Page-Level help, but also targets specific form information associated with the Help link that the user selected. Data/Section Group Help displays as a question mark (?).

## Tooltip Help



Tooltip help is available via a popup box that appears slightly above the page element when a user hovers the cursor over the element. Text with an available tooltip has a dashed underline.

## Addendum B. Data Sheets

### B.1 TREATMENT FOR ORAL PAIN

Claim-specific information for this exercise is listed in the following table. Use defaults or create information for all other fields.

Data
NPI/Atypical ID: <b>Valid NPI</b>
Recipient ID: <b>Valid RID</b>
Address: (select corresponding address to Taxonomy)
Taxonomy: <b>1223G0001x</b> – General Practice
Dates of Service: Use the same date of service for the <b>From</b> and <b>To</b> dates
Enter Patient Information: ( <b>street address</b> )
Patient Account #: ( <b>create</b> )
Submission Reason: <b>1-ADMIT-DISC</b>
Accept Medicare Assignment: <b>A-Assigned</b>
Place of Service: <b>11-Office</b>
Diagnosis: <b>VZ01.20</b> – Dental Exam
Date(s) of Service: Select <b>Date</b>
ADA Code: <b>D9110</b> – Palliative Treatment of Dental
Pointer: <b>1</b>
Area of Oral Cavity: Leave blank Tooth #: Leave blank Tooth Surface Code: Leave blank
Amount: <b>110.00</b>

### NOTES:


## B.2 EXTRACTION – SEDATION

Claim-specific information for this exercise is listed in the following table. Use the defaults or create information for all other fields.

Data
NPI/Atypical ID: <b>Valid NPI</b>
Recipient ID: <b>Valid RID</b>
Address: (select corresponding address to Taxonomy)
Taxonomy: 1223S0112X – Oral and Maxillofacial Surgery Dentist
Dates of Service: Use the same date of service for the " <b>From</b> " and " <b>To</b> " dates
Enter Patient Information: ( <b>street address</b> )
Patient Account #: ( <b>create</b> )
Submission Reason: <b>1-ADMIT-DISC</b>
Place of Service: <b>11-Office</b>
ADA Code: <b>D7240</b> – Extraction of Tooth Complete Bony Impaction ADA Code: <b>D9220</b> – Deep Sedation/General Anesthesia-First 30 Minutes ADA Code: <b>D9612</b> – Therapeutic Parenteral Drugs Two or More Administrations Different Medications
Area of Oral Cavity: Leave Blank Tooth #: <b>ADD TOOTH NUMBER</b> Tooth Surface Code: Leave Blank
Amount: <b>250.00</b>

### NOTES:




### B.3 PERIODIC ORTHODONTIC TREATMENT – CONTRACT

Claim-specific information for this exercise is listed in the following table. Use defaults or create information for all other fields.

Data
NPI/Atypical ID: <b>Valid NPI</b>
Recipient ID: <b>Valid RID</b>
Address: (select corresponding address to Taxonomy)
Taxonomy: 1223X0400X – Orthodontic Dentist
Dates of Service: Use the same date of service for the <b>From</b> and <b>To</b> dates
Enter Patient Information: <b>(street address)</b>
Patient Account #: <b>(create)</b>
Submission Reason: <b>1-ADMIT-DISC</b>
Place of Service: <b>11-Office</b>
ADA Code – <b>D8670</b> – Periodic Orthodontic Treatment Visit (As Part of Contract)
Area of Oral Cavity: Leave Blank
Tooth #: Leave Blank
Tooth Surface Code: Leave Blank
Amount: <b>50.00</b> – Per ADA Code

## NOTES:

[illegible]

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