

## Parts of a Dental Claim That Get Submitted to the Colorado All Payer Claims Database

Important Tidbits about You (De-identified for your protection!)			
<b>Name</b> (converted to unique ID)	<b>Address</b>	<b>Birth Date</b>	<b>Gender</b>
Who Helped You and Who Should Get Paid?			
<b>Servicing Provider</b> Name, <a href="#">National Provider Identifier</a> (NPI) <small>(Note: CO APCD does not receive other provider information such as a surgeon or other providers who may have offered services)</small>		<b>Billing Provider</b> Name, NPI, Address	
Why Are You There?			
<b>Type of Visit</b> (emergency, elective, etc.)	<b>Who Referred You</b> (physician or other facility)	<b>Your Diagnosis</b> (on arrival)	
How'd it Go and What Did They Do?			
<b>Primary and secondary procedure(s)</b> and services you had done and when			
<b>Dental Quadrant</b> In dentistry the mouth is divided into 4 parts – or quadrants.	<b>Tooth Number</b> Which tooth/teeth received the service	<b>Tooth Surface</b> Each tooth has 5 surfaces, this gives the exact area where the procedure is done	
<b>Dental Service Flag</b> indicates if a claim has a dental service. This is needed as many facilities provide both medical and dental services			
Codes that ultimately help determine the cost			
<b><a href="#">Condition Codes:</a></b> These codes provide information that might impact the processing of the claim, i.e. a correction or a change in dates.	<b><a href="#">Revenue Codes:</a></b> What happened and dollar amounts associated with the services you received	<b>Description Codes for your visit:</b> <a href="#">ICD-10 Codes:</a> What your diagnosis was <a href="#">CDT Codes:</a> What dental procedures you received <a href="#">NDC Codes:</a> drugs you may have received	
Who Gets the Bill?			
<b>Who is insured</b> and your relationship to that person	<b>Unique identifier</b> assigned to you by the insurance company	<b>Group, Employer, and Health Insurance</b> name and ID	<b>Dental Carrier Flag</b> A flag that indicates if a payer is a standalone dental carrier
How Much Did it Cost and How Much Gets Paid?			
<b>Total Charges</b> (Charged Amount): Amount that is being charged for each line of service by the provider as well as the total amount of all charges.	<b>What Health Insurance Paid</b> (Allowed Amount): How much of the total charges the health plan paid the provider based on their negotiated rate.	<b>How Much You're Supposed to Pay</b> (Member liability): How much of the bill you owe depending on your plan coverage, copays, deductibles, etc. <small>(Note: The CO APCD doesn't get information on whether or not you actually paid your portion to the provider.)</small>	
<b>Additional Payments:</b> Any amounts paid by other insurance payers (if applicable)	<b>Non-covered Charges:</b> Amount not covered by the primary payer for the service (if applicable).		