



Dental claims review submission requirements

This guide outlines what information Anthem needs to review and pay dental claims accurately and quickly.

What's inside:

- Elements of claims review
- Criteria required for a claim or pre-determination
- How to submit a clean claim
- Required attachments by CT codes

Elements of claims review

We assess dental claims against generally accepted standards of care, contractual requirements, and current dental terminology (CT) procedure coding. Your office can ensure timely and accurate payment by providing complete and precise information on your claims. Using the correct CT codes helps us understand the type of service delivered and how to process a claim for that service.

Certain radiographs or photographs may be requested for clarification to establish generally accepted standards of care, the accuracy of CT coding, and contract alignment. Clinical chart notes, operative reports, exam forms, specialty referral forms, orthodontic indices, dental history, periodontal charting, narratives, pathology reports, and anesthesia records may also be required.

A dental review refers to the dental services a dentist provides to a patient for the purpose of evaluating, diagnosing, or treating a dental injury, disease, or its symptoms. The dentist will use sensible clinical judgment when providing dental services. Dental services should be in accordance with the generally accepted standards of dental practice in terms of type, frequency, extent, and considered effective for the patient’s dental injury or disease. The dental service is not primarily performed for the convenience of the patient or dentist, is not cosmetic, and is not more costly than an alternative service.



For dental purposes, generally accepted standards of dental practice mean:

- The practicing dental community recognizes standards based on credible scientific evidence published in peer-reviewed dental literature.
- Specialty society recommendations or criteria.
- The views of recognized dentists practicing in the relevant clinical area.
- Any other relevant factors from credible sources.

Contract alignment means that the clinical and administrative documentation submitted by the practitioner’s office supports certain contractual items (for example, time limits, frequency of procedures, age limits, and exclusions).

CT coding accuracy refers to the current CT procedure code(s) submitted for the procedure(s) performed by the practitioner corresponding with the CT Nomenclature and Descriptors. In August 2000, the CT was designated by the federal government as the national terminology for reporting dental services on claims submitted to third-party payers, in accordance with authority granted by the Health Insurance Portability and Accountability Act of 1996 (HIPAA). Dental services reported must use CT procedure coding and correspond with CT Nomenclature and Descriptors.

Note: If a service is covered by the plan, any service performed in conjunction with or in preparation for a non-covered or unaccepted service is also either not covered or not accepted.

The plan has a 12-month claims filing limit unless otherwise stated in the plan’s contract of limitations.

Criteria required for a claim or pre-determination

Radiographic images

Radiographic images must be pre-treatment, current within 12 months, include an acquisition date, and be properly mounted, labeled, and oriented. The radiographic images must be of diagnostic quality, meaning they have sufficient contrast and density with no geometric distortion. All periapical radiographic images must include the entire tooth structure from the top of the crown to the apex of the root. Radiographic images cannot be faxed due to loss of diagnostic quality.

Periodontal charting:

- Your documentation should follow 6-point periodontal charting as described by the American Dental Association (ADA) and the American Academy of Periodontology (AAP).
- Charts should be labeled and dated within 12 months prior to the submitted procedure.
- For surgical periodontal treatment, periodontal charting after completion of non-surgical periodontal therapy, CT codes D4341, D4342, and/or periodontal maintenance, CT code D4910 is required.

Submitted documentation

All submitted documentation must be legible. Chart note entries, narratives, correspondence, and other handwritten documentation must be written neatly, in ink only, and include patient identification (for example, claim number). Failure to provide legible records may result in the postponement of the determination of benefits and/or payments not being accepted. Clinical chart notes that are not legible must be transcribed, and both the original and transcription must be submitted.

Clinical chart notes

Clinical chart notes are acceptable when they adequately represent the clinical findings, diagnosis, treatment plan, and treatment rendered.



How to submit a clean claim

Did you know that missing or incomplete claim submissions may result in the claim not being accepted or cause delays in claims processing? We identified the data required for a complete claim submission, including the following required claims information and the attached required supporting documentation for review.

Data required fields are highlighted in blue

12. Primary subscriber’s name and address

13. Primary subscriber’s date of birth

15. Primary subscriber’s Social Security Number (SSN) or identification number

18. Patient’s relationship to the primary subscriber

20. Patient’s name

21. Patient’s date of birth

24. Procedure date(s)

27. Tooth number(s) or letter(s)

28. Tooth surface and quadrant, if applicable

29. Current CT procedure code(s)

31. Fee for treatment

36. Patient/guardian signature

43. Replacement of prosthetics (only applies to major services)

44. Date of prior placement (only applies to major services)

48. Legible billing dentist or business name and address

49. Dental entity National Provider Identifier (NPI) number

50. Billing dentist state-issued license number

51. Tax identification number (TIN)

53. Treating the dentist’s signature

54. Dentist’s personal NPI number

55. State-issued dentist license number

56. Physical location where the treatment was rendered

ADA American Dental Association® Dental Claim Form

1. Type of Transaction (Mark all applicable boxes):
☐ Statement of Actual Services
☐ Request for Predetermination/Preadetermination
☐ SP/SDT / Free XRX

2. Predetermination/Preadetermination Number

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

13. Date of Birth (MM/DD/YYYY)

14. Gender
☐ M ☐ F ☐ U

15. Policyholder/Subscriber ID (Assigned by Plan)

16. Plan/Group Number

17. Employer Name

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/YYYY)

7. Gender
☐ M ☐ F ☐ U

8. Policyholder/Subscriber ID (Assigned by Plan)

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

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/YYYY)

22. Gender
☐ M ☐ F ☐ U

23. Patient ID/Account # (Assigned by Dentist)

RECORD OF SERVICES PROVIDED

24. Procedure Date (MM/DD/YYYY)	25. Area of Care Cavity	26. Tooth System	27. Tooth Number(s) or Letter(s)	28. Tooth Surface	29. Procedure Code	30a. Diag. Patient	30b. 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

34. Diagnosis Code List Qualifier ☐ (ICD-10 = AB)

34a. Diagnosis Code(s)
A. C. B. D.

34b. Diagnosis in "A"

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 my use and disclosure of my protected health information to carry out payment activities in connection with this claim.

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

38. Patient/Guardian Signature

39. Date

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

41. Subscriber Signature

42. Date

ANCILLARY CLAIM/TREATMENT INFORMATION

36. Place of Treatment (e.g. 11=Office, 22=OP 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/YYYY)

42. Months of Treatment

43. Replacement of Prosthesis
☐ No ☐ Yes (Complete 44)

44. Date of Prior Placement (MM/DD/YYYY)

45. Treatment Resulting from
☐ Occupational Illness/Injury ☐ Auto accident ☐ Other accident

46. Date of Accident (MM/DD/YYYY)

47. Auto Accident 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

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

54. NPI

55. Address, City, State, Zip Code

56. License Number

57. Phone Number () -

58. Additional Provider ID

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J430 (Same as ADA Dental Claim Form – J431, J432, J433, J434, J430D)

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Required attachments by CT codes

The following codes for treatments and procedures applicable to this document are included below for informational purposes. Inclusion or exclusion of a procedure, diagnosis, or device code(s) does not constitute or imply member coverage or care provider reimbursement policy. Please refer to the member's contract benefits in effect at the time of service to determine coverage or non-coverage of these services as it applies to an individual member.

Restorative procedures (D2390-D2983)		
Procedure code	Description	Send with claim/pre-determination
D2390	Resin crown	Prior placement date, dated pre-operative periapical radiographic images, including bitewings. Periodontal charting upon request.
D2510 – D2664	Inlays/onlays	Prior placement date, dated pre-operative periapical radiographic images, including bitewings. Periodontal charting upon request.
D2710 – D2799, D2971	Crowns	Prior placement date, dated pre-operative periapical radiographic images, including bitewings. Periodontal charting upon request.
D2710 – D2799	Crowns specific to third molars	Prior placement date, dated pre-operative periapical radiographic images must include bitewings and the opposing arch. Current, dated periodontal charting upon request.
D2928 – D2929	Prefabricated ceramic crowns	Dated pre-operative periapical radiographic images.
D2930 – D2934	Crowns (stainless steel)	Dated pre-operative periapical radiographic images.
D2940	Protective restoration	Dated pre-operative periapical radiographic images and chart notes.
D2950, D2951	Build-ups, pins	Dated pre-operative periapical radiographic images, and rationale for dental necessity and/or chart notes.
D2952 – D2957	Posts and core	Dated pre-operative periapical radiographic images for pre-determination and post-op RCT radiographs for claims, rationale for dental necessity and/or chart notes upon request.
D2960 – D2962	Veneers	Prior placement date, dated pre-operative periapical radiographic images, including bitewings. Periodontal charting upon request.
D2980 – D2983	Crown repair	Dated pre-operative periapical radiographic images and chart notes/narrative.



Endodontic procedures (D3220-D3920)		
Procedure code	Description	Send with claim/pre-determination
D3220 – D3240	Endodontic therapy	Dated pre-operative periapical radiographic images.
D3310 – D3348	Endodontic therapy	Dated pre- and post-operative (for claims) periapical radiographic images.
D3351 – D3353	Apexification/ recalcification	Dated pre-operative periapical radiographic images.
D3355 – D3357	Pulpal regeneration	Dated pre-operative periapical radiographic images and chart notes.
D3410 – D3450	Apicoectomy/ periradicular surgery	Dated pre-operative periapical radiographic images.
D3470	Reimplantation	Dated pre-operative periapical radiographic images.
D3471 – D3473	Surgical repair of root resorption	Dated pre-operative periapical radiographic images.
D3501 – D3503	Surgical exposure of the root surface without apicoectomy or repair of root resorption	Dated pre-operative periapical radiographic images and chart notes/narrative.
D3920 - D3921	Hemisection	Dated pre- and post-operative periapical radiographic images.

Periodontic procedures (D4210-D4910)		
Procedure code	Description	Send with claim/pre-determination
D4210 – D4211	Gingivectomy	Current, dated periodontal charting (pre- and post-operative root planing) and pre-operative radiographic images, progress or clinical chart notes upon request, intra-oral photographs may be requested for clarification upon request.
D4212	Gingivectomy/ gingivoplasty	Dated pre-operative periapical radiographic images and clinical chart notes, dated current periodontal charting, and intra-oral photographs may be requested upon request.
D4230 – D4231	Anatomical crown exposure	Pre-operative periapical radiographic images, clinical chart notes, upon request, narrative including dates of
D4240 – D4245	Flap procedures	pre-operative root planing, intra-oral photographs may be requested for clarification upon request. Periodontal charting is not required.
D4249, D4268	Crown lengthening	Current, dated periodontal charting (pre and post root planing), pre-operative periapical radiographic images, clinical chart notes upon request, and narrative upon request.
D4260 – D4261	Osseous surgery	Current, dated periodontal charting, dated pre-operative periapical and bitewing radiographic images, and clinical chart notes upon request.
D4263 – D4264	Bone grafts	Current, dated periodontal charting (pre- and post-root planning), pre-operative periapical radiographic images, progress or clinical chart notes upon request, narrative including dates of pre-operative root planing, and intra-oral photographs may be requested for clarification upon request.
D4265 – D4267	Tissue regeneration	Current, dated periodontal charting, dated pre-operative periapical radiographic images, and clinical chart notes upon request.
D4274	Distal wedge procedure	Current, dated periodontal charting, dated pre-operative periapical radiographic images, and clinical chart notes upon request.
D4270 – D4285	Tissue grafts	Current, dated periodontal charting, dated pre-operative periapical radiographic images, and clinical chart notes upon request.
D4341 – D4342	Scaling and root planing	Current, dated periodontal charting showing attachment levels, recession (in millimeters), and amount of attached keratinized gingiva (in millimeters). Intra-oral photographs may be requested for clarification. Dated pre-operative periapical radiographic image.
D4346	Scaling in the presence of generalized moderate or severe inflammation	Current, dated periodontal charting, dated pre-operative full mouth radiographic images, clinical chart notes upon request; Documentation of the duration of treatment times for periodontal scaling and root planing may be required for individual case review.
D4355	Full mouth debridement	Current, dated periodontal charting, dated pre-operative full mouth radiographic images, progress or clinical chart notes, and intra-oral photographs may be requested for clarification.
D4381	Local delivery antimicrobial agent	Dated pre-operative full mouth radiographic images, clinical chart notes, and intra-oral photographs may be requested for clarification.
D4910	Periodontal maintenance	Current, dated periodontal charting, clinical chart notes/ narrative regarding history of periodontal therapy.



Removable prosthodontics (D5110-D5982)		
Procedure code	Description	Send with claim/pre-determination
D5110 – D5140, D5211 – D5228, D5282, D5283	Complete and partial denture placement	Prior placement date, dated pre-operative full mouth radiographic images. Clinical chart notes and current, dated periodontal charting upon request.
D5410 – D5761	Additional denture codes	Narrative for necessity.
D5982	Surgical stent	Clinical chart notes, narrative for necessity.
Implant procedures (D6010-D6190)		
Procedure code	Description	Send with claim/pre-determination
D6010 – D6199, D3460	Implant procedures	Dated pre-operative full mouth radiographic images, current, dated periodontal charting upon request.
D6190	Radiographic/surgical implant index	Narrative for necessity, clinical chart notes upon request.
Fixed prosthodontics (D6205-D6999)		
Procedure code	Description	Send with claim/pre-determination
D6205 – D6794	Bridge procedures	Prior placement date, dated pre-operative periapical radiographic images, including bitewings. Periodontal charting upon request.
D6920 – D6999	Bridge repairs and misc. procedures	Dated pre-operative periapical radiographic images and clinical chart notes.

Oral and maxillofacial surgery procedures (D7210-D7963)		
Procedure code	Description	Send with claim/pre-determination
D7210 – D7251	Removal of teeth	Dated pre-operative periapical radiographic images, clinical chart notes detailing rationale of care, and operative report. Medical estimate of benefits (EOB) upon request.
D7260 – D7283, D7287 – D7291	Other oral surgery procedures	Dated pre-operative periapical radiographic images and clinical chart notes, and operative report.
D7270 – D7272	Reimplantation/ transplantation	Dated pre-operative periapical radiographic images and clinical chart notes, and operative report.
D7285 – D7286	Biopsies	Pathology report, clinical chart notes, and operative report. Radiographs upon request.
D7296, D7297	Corticotomy	Dated pre-operative periapical radiographic images, clinical chart notes, and operative clinical chart notes and operative report. Intra-oral photographs upon request.
D7310 – D7321	Alveoloplasty	Dated pre-operative periapical radiographic images, clinical chart notes, and operative report.
D7284, D7410 – D7461	Surgical excision (soft tissue)	Clinical chart notes and operative report. Intra-oral photographic images upon request.
D7471 – D7490	Surgical excision (hard tissue)	Dated pre-operative periapical radiographic images, clinical chart notes, and operative report.
D7510 - D7560	Surgical incision/ Incision and drainage	Dated pre-operative periapical radiographic images, clinical chart notes, and operative report.
D7810 – D7877	TMJ surgery	Appropriate radiographic images, clinical chart notes, and operative report. Medical EOB upon request.
D7880 – D7881	Occlusal device	Clinical chart notes and operative report. Medical EOB upon request.
D7899	Unspecified TMD therapy by report	Appropriate radiographic images, clinical chart notes, and operative report.
D7920 – D7951, D7970 – D7996	Other surgical repairs	Dated pre-operative periapical radiographic images, narrative, clinical chart notes, and operative report.
D7953	Bone graft	Dated pre-operative periapical radiographic images, narrative, clinical chart notes, and operative report.
D7960 – D7963	Frenulectomy/ frenuloplasty	Clinical chart notes, intra-oral photographic images, and current-dated periodontal charting.

Orthodontics (medically necessary orthodontic care (D8030-D8090))		
Procedure code	Description	Send with claim/pre-determination
D8030 - D8090	Medically necessary orthodontic treatment	Completed HLD Index Form. Electronic equivalent of orthodontically trimmed study models or ortho cadcam including all views. Orthodontic treatment plan. Surgical treatment plan and letter of medical necessity when appropriate. Intra-oral and extra-oral photographic images. Cephalometric analysis, full mouth, or panoramic radiographic images.
Adjunctive services (D9120-D9946)		
Procedure code	Description	Send with claim/pre-determination
D9120	Fixed partial denture sectioning	Dated pre-operative periapical radiographic images, clinical chart notes, and operative report.
D9222, D9223	Administration of sedation/general anesthesia	Complete anesthesia record, including, but not limited to, start and stop times of anesthesia. For ease of claim processing, dental procedures performed on the same date of service that the sedation/general anesthesia was completed should be included on the claim form. If the procedures were provided by another practitioner, these procedures should be in the “Remarks” (Section 35) of the claim form.
D9239, D9243, D9246, D9247	Administration of moderate IV conscious sedation, intravenous, and non-intravenous	Complete anesthesia record, including, but not limited to, start and stop times of anesthesia. For ease of claim processing, dental procedures performed on the same date of service that the IV conscious sedation was completed should be included on the claim form. If the procedures were provided by another practitioner, these procedures should be in the “Remarks” (Section 35) of the claim form.
D9610, D9630	Other drugs/ medications	Clinical chart notes including drug/medication name.
D9920 – D9930	Behavior management	Clinical chart notes.
D9944, D9945, D9946	Occlusal guards	Clinical chart notes.
D9951 – D9952	Occlusal adjustments	Clinical chart notes.



Learn more about Anthem programs

<https://anthem.com/provider/dental>



Sources:

1 A Dentist's Guide to the Law: 246 Things Every Dentist Should Know, Fourth Edition

2 The Risk Management Reference Guide; The Dentists Insurance Company Keith Horner, John Ru, and Vivian E Rushton,

3 Lam, Ernest W. N. & Mallya, Sanjay (Eds.). (2025). White & Pharoah's Oral Radiology: Principles & Interpretation (9th ed.). Elsevier / Mosby. ISBN 978-0-443-11871-5.

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