

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

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