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**	**Sex**

Who Helped You and Who Should Get Paid?	
Servicing Provider Name, National Provider Identifier (NPI) (Note: CO APCD does not receive other provider information such as a surgeon or other providers who may have offered services)	**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. (Note: The CO APCD doesn't get information on whether or not you actually paid your portion to the provider.)
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).	