

Dental Procedures Requiring Field 25, Area of Oral Cavity, Reporting

11/19/2015

Field 25, *Area of Oral Cavity*, must be completed when a procedure code that is reported in field 29 refers to a quadrant or arch that is not identified in the procedure's description.

RECORD OF SERVICES PROVIDED								
24. Procedure Date (MM/DD/CCYY)	25. Area of Oral Cavity	26. Tooth System	27. Tooth Number(s) or Letter(s)	28. Tooth Surface	29. Procedure Code	29a. Diag Pointer	29b. Qty.	30. Description
1								

Example:

Procedure code D4263, *Bone replacement graft – first site in quadrant*, refers to a non-specific quadrant. This procedure code would require an Area of Oral Cavity designation in field 25.

Code	Area
00	Entire Oral Cavity
01	Maxillary Arch
02	Mandibular Arch
10	Upper Right Quadrant
20	Upper Left Quadrant
30	Lower Left Quadrant
40	Lower Right Quadrant

Do **not** use field 25 if the procedure description includes the specific area of oral cavity, such as *Complete denture – mandibular*, or if the procedure does not relate to any portion of the oral cavity, such as *Intravenous conscious sedation/analgesia – first 30 min*.

Alaska Medicaid has identified common dental procedure codes that require an area of oral cavity designation. This list is not all-inclusive. Please validate each procedure code and description prior to submitting claims to avoid claim denials.

D4210	D4230	D4263	D4341	D7310	D7320
D4211	D4231	D4264	D4342	D7311	D7321

Questions? Contact Provider Inquiry at 907.644.6800 (option 1, 1), or 800.770.5650 (option 1, 1, 1).

