



American National Standard/  
American Dental Association  
**Standard No. 1079**

# Standard Content of Electronic Attachments for Dental Claims

---

**ADA** American  
Dental  
Association®



**AMERICAN NATIONAL STANDARD/AMERICAN DENTAL ASSOCIATION STANDARD NO. 1079 FOR STANDARD CONTENT OF ELECTRONIC ATTACHMENTS FOR DENTAL CLAIMS**

The Council on Dental Benefit Programs of the American Dental Association has approved American Dental Association Standard No. 1079 for Standard Content of Electronic Attachments for Dental Claims. Working Groups of the ADA Standards Committee on Dental Informatics (SCDI) formulate this and other standards and technical reports for the application of information technology and other electronic technologies to dentistry's clinical and administrative operations. The ADA SCDI has representation from appropriate interests in the United States in the standardization of information technology and other electronic technologies used in dental practice. The standard was forwarded to the American National Standards Institute with a recommendation that the standard be approved as an American National Standard. Approval of ADA Standard No. 1079 as an American National Standard was granted by the American National Standards Institute on December 17, 2015.

This ADA standard was prepared by SCDI Working Group 10.10 on Electronic Dental Claim. SCDI Working Group 10.10 prepared this report at the request of Jonathan Knapp, SCDI Subcommittee on Information Exchange. The ADA SCDI thanks the members of the working group and the organizations with which they were affiliated at the time the specification was developed:

Carla Evans (chairman), University of Illinois, Chicago, IL;  
Patrick Cannady, American Dental Association, Chicago, IL;  
Richard Celko, UPMC Health Plan, Pittsburgh, PA;  
Zachary Church, Henry Schein Practice Solutions, American Fork, UT;  
Mark Diehl, Mark Diehl Consulting, Rensselaer, NY;  
Michael Durbin, American Association of Orthodontists, Des Plaines, IL;  
Trish Edler, Tesia-PCI Corp., Great River, NY;  
David Fincher, MEA/NEA, Norcross, GA;  
Brian Fitzgibbons, MetLife Insurance, Aurora, IL;  
Brian Flynn, National Association of Dental Plans, Dallas, TX;  
Stephen Glenn, Individual Representative, Tulsa, OK;  
John Grubb, American Board of Orthodontics, Escondido, CA;  
Harry Harcsztark, The Smile Center, Kearny, NJ;  
Theresa Jansen, United Concordia Companies, Inc., Harrisburg, PA;  
Mark Jurkovich, Individual Representative, Minneapolis, MN;  
Jonathan Knapp, Individual Representative, Bethel, CT;  
Shannon Mills, Northeast Delta Dental, Concord, NH;  
Jean Narcisi, American Dental Association, Chicago, IL;  
Pamela Porembski, American Dental Association, Chicago, IL;  
Marie Schweinebraten-McFarland, Georgia Reconstructive Dentistry, Duluth, GA;  
Scott Trapp, Individual Representative, St. Louis, MO; and  
Gregory Zeller, University of Kentucky College of Dentistry, Lexington, KY.

## **AMERICAN NATIONAL STANDARD/AMERICAN DENTAL ASSOCIATION STANDARD NO. 1079 FOR STANDARD CONTENT OF ELECTRONIC ATTACHMENTS FOR DENTAL CLAIMS**

### **FOREWORD**

(This Foreword does not form a part of ANSI/ADA Standard No. 1079 for Standard Content of Electronic Attachments for Dental Claims).

In 1992, there was interest in the standardization of clinical information systems related to electronic technology in the dental environment. After evaluating current informatics activities, a Task Group of the ANSI Accredited Standards Committee MD156 (ASC MD156) was created by the ADA to initiate the development of technical reports, guidelines, and standards on electronic technologies used in dental practice. In 1999, the ADA established the ADA Standards Committee on Dental Informatics (SCDI). The ADA SCDI is currently the group that reviews and approves proposed American National Standards (ANSI approved) and technical reports developed by the standards committee's working groups. The ADA became an ANSI accredited standards organization in 2000.

The scope of the ADA SCDI is:

*“The ADA SCDI shall develop informatics standards, specifications, technical reports and guidelines and interact with other entities involved in the development of health informatics standards aimed at implementation across the dental profession.”*

ANSI/ADA Standard No. 1079 for Standard Content of Electronic Attachments for Dental Claims cancels and replaces ANSI/ADA Standard No. 1047-2010, Standard Content of a Periodontal Attachment.

SCDI Working Group 10.10 for Electronic Dental Claim prepared ANSI/ADA Standard No. 1047-2010 to address a question that arose in revising the 2006 version as to whether the standard applies to predetermination or claims for actual services, or both. The scope of ANSI/ADA Standard No. 1079 continues the decision that the standard applies to both predetermination and claims for services; and that data will be archived after submission for predetermination for a later claim.

Working Group 10.10 decided that ANSI/ADA Standard No. 1047-2010 should be expanded generalized for other uses such as orthodontic and oral and maxillofacial surgery claim attachments. Moreover, ANSI/ADA Standard No. 1047-2010 lacked SNODENT® terminology and ICD diagnostic codes. Thus, the working group decided to develop a new standard to replace ANSI/ADA Standard No. 1047.

ANSI/ADA Standard No. 1079 describes uses for these code sets as they apply to predetermination and/or claims for actual services. Utilization of standard nomenclature and updated codes will permit analysis of clinical findings, as well as demographic, treatment and claims data. Measurements will be reported as metric distances (e.g. periodontal depth, tooth mobility). Both US and FDI tooth numbering systems will be implemented.

Changes in the procedure codes cited in this standard to cover changes in the ADA Code on Dental Procedures and Nomenclature may require future changes to this specification.

This document will be conveyed to HL7 for promulgation of the technical details necessary for transmission.

## AMERICAN NATIONAL STANDARD/AMERICAN DENTAL ASSOCIATION STANDARD NO. 1079 FOR STANDARD CONTENT OF ELECTRONIC ATTACHMENTS FOR DENTAL CLAIMS

### 1 INTRODUCTION

Third-party payers may require submission of supporting documentation (e.g., radiographs, narratives, measurements, periodontal charts) before claims can be adjudicated. Increased application of information technology standards and electronic transactions reduces the time required for claims processing and the costs associated with it by providing a seamless information exchange.

### 2 RATIONALE

A great deal of information is gathered during a comprehensive evaluation of the patient so that the dentist can formulate a diagnosis and treatment plan. Much of the information sent by dentists to third-party payers may not aid in claims adjudication.

### 3 SCOPE

This standard describes content for electronic claims attachments submitted to third-party payers. This report does not set requirements for attachments related to processing of dental claims for specific procedures.

This standard describe uses for SNODENT® terminology and ICD diagnostic codes as they apply to predetermination and/or claims for actual services. Utilization of standard nomenclature and updated codes will permit analysis of clinical findings, as well as demographic, treatment and claims data. Measurements will be reported using the metric system where applicable. Both US and FDI tooth numbering systems will be implemented.

### 4 NORMATIVE REFERENCES

The current versions of the following documents contain provisions that, through reference in this text, constitute provisions of this document.

*Systemized Nomenclature of Dentistry (SNODENT)*

*Current Dental Terminology (CDT)*

ISO 3950, *Designation system for teeth and areas of the oral cavity*

(Available from the American Dental Association, 211 E. Chicago Avenue, Chicago, IL 60611 or [www.ada.org](http://www.ada.org))

*International Classification of Diseases (ICD)*

(Available from the World Health Organization, [www.who.int](http://www.who.int).)

*Logical Observation Identifiers Names and Codes (LOINC)*

(Available from <https://loinc.org>)

*Accredited Standards Committee (ASC) X12 Code Set Qualifier “JP”*

(Available from [www.x12.org](http://www.x12.org))

*World Dental Federation (FDI) Code “JO”*

(Available from the World Dental Federation, [www.fdiworlddental.org](http://www.fdiworlddental.org))

#### 4.2 Data values and cardinality (cardinality refers to the range of values that may be included in the field)

Table columns in the technical worksheets identify examples of certain types of clinical data that may be included in an attachment conforming to this standard. The actual submissions vary according to the procedure code, type of treatment, and third-party payer requirements.

### 4.3 Definitions of attachments

Standards already exist for the transmission of standard data formats for radiographs and are outside the scope of this document/standard specific to periodontal services.

## 5. EXAMPLES OF TYPICALLY REQUESTED INFORMATION FOR PERIODONTAL SERVICES

### 5.1 Periodontal list

- A Oral hygiene
  - a. Acceptable
  - b. Unacceptable
  
- B Bleeding: Yes/No
  
- C Probing depths
  - a. 0-10 mm, in increments of full mm, plus one value for > 10 mm
  - b. 0-6 positions per tooth with each probing site, identified as: 1 = disto-facial (buccal) ; 2 = mid-facial (buccal), 3 =mesio-facial (buccal); 4 = mesio-lingual/palatal; 5 = mid-lingual/palatal; 6 = disto-lingual/palatal
  
- D Tooth mobility (Miller Classification)
  - a. 0.0– 3.0 in increments of 0.5
  - b. 1 notation per tooth
  
- E Furcation (Glickman Classification)
  - a. I – III, in increments of I (roman numerals)
  - b. 1 notation of furcation grade per tooth – multiple notations
  - c. 0-4 positions per tooth with each furcation site, identified as: 1 = mid-facial (buccal); 2 = mid-lingual; 3 =mesio; 4 = distal
  
- F Gingival recession
  - a. 0-10 mm, in increments of full mm, plus one value for > 10 mm
  - b. 0-6 positions per tooth with each recession site, identified as: 1 = disto-facial (buccal) ; 2 = mid-facial buccal); 3 =mesio-facial (buccal); 4 = mesio-lingual/palatal; 5 = mid-lingual/palatal; 6 = disto-lingual/palatal
  
- G Attached gingiva
  - a. 0-10 mm, in increments of full mm, plus one value for > 10 mm
  - b. 0-6 positions per tooth with each observation at the recession site, identified as: 1 = disto-facial (buccal) ; 2 = mid-facial (buccal), 3 =mesio-facial (buccal); 4 = mesio-lingual/palatal; 5 = mid-lingual/palatal; 6 = disto-lingual/palatal
  
- H Frenum involvement
  - a. Yes/No
  - b. If Yes:

- i. Maxillary anterior
- ii. Mandibular anterior
- iii. Other

I Orthodontic treatment: Yes/No

J Restorative treatment: Yes/No

## 5.2 Periodontal narratives

A 1000 alphanumeric characters

B Free text information pertaining to data elements on the attachment or on the original claim submission

## 6 EXAMPLES OF TYPICALLY REQUESTED INFORMATION FOR ORTHODONTIC SERVICES

### 6.1 Orthodontic list

A Benefits requested (choose one)

- a. Case study only (orthodontic records)
- b. Interceptive treatment
- c. Limited treatment
- d. Comprehensive treatment
- e. Transfer case

B Yes/No: Possible orthognathic surgery?

C Stage of dentition (choose one)

- a. Primary (deciduous)
- b. Mixed (transitional)
- c. Permanent

D Oral hygiene

- a. Acceptable
- b. Unacceptable

E Overjet 0-20 mm whole mm increments (+/-)

- a. 0, 1, 2, 3.....20 (+/-), use negative numbers for reverse overjet (mandibular protrusion)

F Overbite 0-15 mm whole mm increments

- a. 0, 1, 2, 3.....15

G Open bite 0-15 mm whole mm increments

- a. 0, 1, 2, 3....15

H Spacing 0-20 mm whole mm increments

- b. Maxilla: 0, 1, 2, 3...20
  - c. Mandible: 0, 1, 2, 3...20
- I** Temporomandibular dysfunction: Yes/No
- J** Abnormalities of tooth number or position
- a. Yes/No Ectopic eruption -- Tooth number(s) \_\_\_\_
  - b. Yes/No Missing -- Tooth number(s) \_\_\_\_
  - c. Yes/No Impacted teeth -- Tooth number(s) \_\_\_\_
  - d. Yes/No Ankylosed teeth -- Tooth number(s) \_\_\_\_
  - e. Yes/No Supernumerary -- Tooth number(s) \_\_\_\_
- K** Presence of caries or need for replacement of restorations: Yes/No
- L** Craniofacial anomalies: Yes/No
- a. Cleft lip/palate, or cleft lip with alveolar process involved
  - b. Condylar abnormality
  - c. Hemifacial microsomia
  - d. Craniosynostosis, craniofacial synostosis
  - e. Cleidocranial dental dysplasia
  - f. Treacher Collins syndrome
  - g. Arthrogyrosis
  - h. Down syndrome
  - i. Marfan syndrome
  - j. Juvenile rheumatoid arthritis
  - k. Other craniofacial anomalies
- M** Other medical conditions: Yes/No
- N** Habits: Yes/No
- O** Handicapping Labiolingual Deviation Index (HLD)
- a. Yes/No Deep impinging overbite with destruction of soft tissue
  - b. Yes/No Crossbite of individual anterior teeth with destruction of soft tissue
  - c. Yes/No Severe traumatic deviations. For example, loss of a premaxillary segment by burns or by
    - 1. car accident, the result of osteomyelitis or other gross pathology
  - d. Yes/No Overjet greater than 9 mm with incompetent lips or reverse overjet greater than 3.5 mm
    - 1. with reported mastication and speech difficulties (may need narrative)
  - e. Yes/No Anterior crowding 0-25 mm in mm increments per arch
    - 1. maxilla \_\_\_\_mm
    - 2. mandible \_\_\_\_mm
  - f. Yes/No Labiolingual deviation as measured from ideal arch form 0-10mm in mm increments
    - 1. \_\_\_\_mm
  - g. Yes/No Posterior unilateral crossbite (must involve two or more teeth, one of which must be a molar)
  - h. Yes/No Upper or lower teeth protruding so much that lips cannot be brought together without strain



- i. Yes/No Marked asymmetry of lower face
  - j. Yes/No Marked recession of gums
  - k. Yes/No Lispings or other speech articulation errors in children 9 years or older
  - l. Yes/No History of or recommendation for speech therapy
  - m. Yes/No Airway issues, e.g., snoring, sleep apnea, mouthbreathing
- P** Salzmann Index (the same principles described in this document apply to factors utilized in calculating a Salzmann score, namely attaching alphanumeric data and free text while avoiding subjective ratings)
- Q** Free text
- a. Narratives
  - b. Consultations
  - c. Letters from general dentist/orthodontist/primary care provider/behavioral health specialist/speech therapist
  - d. Test results such as sleep study/genetics reports
  - e. Periodontal charting
  - f. Agency forms

## **6.2 Orthodontic narratives**

- A** 1000 alphanumeric characters
- B** Free text information pertaining to data elements on the attachment or on the original claim submission



**ADA** American Dental Association®

America's leading advocate for oral health

211 East Chicago Avenue, Chicago, Illinois 60611  
T 312.440.2500 F 312.440.7494 [www.ada.org](http://www.ada.org)