

# Dental Accident Guidelines

## General Definition:

Accident or accidental injury is generally a single unpremeditated event which happens suddenly and is unexpected. Injuries resulting from the act of biting or chewing are typically not considered with the definition of an accident. Each payer may have a specific legal definition in their contract.

## Submission of Claims:

All claims that are submitted due to an accident should be submitted to the member's medical insurer first. It is important to identify that the service is due to an accident as benefit determination may be handled differently. If there is no medical policy available to the member or the medical insurer denies the claims, then submit to the dental insurer with the EOB denial.

Occupational accidents need to be submitted to the Workers Comp carrier; Automobile accidents need to be submitted to the Automobile carrier first.

Claims must be billed on the appropriate claim form-Dental claims on J400 or EDI using CDT codes; Medical claims billed on a CMS 1500 or EDI using CPT codes.

Exception: For Regence, the claim needs to be submitted on a Medical claim form with medical CPT codes/ICD9 diagnosis codes and appropriate boxes marked indicating this is for an accident. If there is not equivalent CPT codes for the service, use 41899 and list a description of the service

Claims need to include the Accident date, type of accident, and accident state with auto related. Accident claims will require additional review.

## EDI Placement of Data:

Loop	Segment/Element	Value
	<u>CLM - CLAIM INFORMATION</u>	
2300	CLM11-1	AA (Auto), EM (Work), OA (Other Accident)
	CLM11-2	AA (Auto), EM (Work), OA (Other Accident)
	CLM11-3	AA (Auto), EM (Work), OA (Other Accident)
	<u>DTP - DATE</u>	
2300	DTP01	439 - Accident
	DTP03	Accident Date

## Paper Placement of Data: J400

Form Locator 29 Procedure Code – Use the appropriate CPT or CDT codes

Form Locator 45 Treatment resulting from  Occupational Injury  Auto Accident  Other Accident

Mark all that apply

Form Locator 46 Date of Accident – Enter accident date

Form Locator 47 Auto Accident State – Enter state if Auto related

Form Locator 35 Remarks – Enter details of the accident

## Paper Placement of Data: CMS 1500 Form (formally called HCFA 1500)

Form Locator 24D Procedure Code – Use the appropriate CPT or CDT codes

Form Locator 10 Is Patient's Condition Related to: Mark Yes if accident related by type of accident

10a Employment? Yes  No

10b Auto Accident? Yes  No

10c Other Accident Yes  No

State: \_\_\_ Enter state if Auto related

Form Locator 14 Date of Current (Illness, Injury or Pregnancy) – Enter accident date