

Attention All Providers:

In order to report the National Provider Identifier (NPI), the American Dental Association (ADA) has revised the ADA Dental Claim Form (version J400). CareSource is now accepting this new ADA Dental Claim Form in order to be compliant with the Federal NPI initiative.

The ADA website <http://www.ada.org/prof/resources/topics/claimform.asp> contains instruction manuals for your reference.

We have provided some instruction below for key fields that are necessary to process your claims and ensure no interruption in payment. Please submit original forms so data entered is legible and not obscured.

**Changes to the Form**

**Field Number 49:** NPI number of the billing provider. This 10 digit number refers to the HIPAA National Provider Identifier Number.

**Field Number 51:** SSN or TIN – Enter the 9 digit Tax ID #.

<b>BILLING DENTIST OR DENTAL ENTITY</b> (Leave blank if dentist or dental entity is not submitting claim on behalf of the patient or insured/subscriber)		
48. Name, Address, City, State, Zip Code		
49. NPI	50. License Number	51. SSN or TIN
52. Phone Number ( ) -	52A. Additional Provider ID	

**Field Number 54:** NPI number of the treating dentist performing or rendering the service.

**Field Number 58:** Additional Provider ID refers to the non-NPI number of the treating dentist. This is the CareSource Provider ID.

<b>TREATING DENTIST AND TREATMENT LOCATION INFORMATION</b>	
53. I hereby certify that the procedures as indicated by date are in progress (for procedures that require multiple visits) or have been completed.	
X _____ Signed (Treating Dentist)	_____ Date
54. NPI	55. License Number
56. Address, City, State, Zip Code	56A. Provider Specialty Code
57. Phone Number ( ) -	58. Additional Provider ID

