Case Study - Sleep Apnea

- Patient's Chief Complaint: Patient complains of fatigue, headaches and dry mouth when wakening in the morning. Partner also complains of snoring. Patient had sleep study on 01/05/13, results were negative. (Attach copy of Sleep Study and be unsuccessful with CPAP)
- Assessment: Patient needs an appliance for sleep apnea.
- Plan: Advised patient in order to correct condition he will need a sleep apnea appliance.
- Procedures to be performed (CPT):

Dental code D5999-Unspecified maxillofacial prosthesis, by report

CPT code: E0486-Oral device/appliance used to reduce upper airway collapsibility, adjustable or non-adjustable, custom fabricated, includes fitting and adjustments.

DME: Durable Medical Equipment-make sure to put lab fee on claim form in box 20-\$165.00

• Diagnosis/ICD-10 Codes:

G47.30- Sleep Apnea Unspecified

G47.33-Obstructive sleep apnea

D37.02- Neoplasm of Uncertain Behavior of Tongue

G47.39-Other organic sleep apnea

Modifier NU for Sleep Apnea Appliance

Box 32-Name of Lab:

- Best Lab,1234 San Diego Avenue, San Diego, CA 92000
- TIN-1234567891



APPROVED BY NATIONAL UNIFORM CLAIM COMMIT PICA	TEE (NOCC) 02/12							
	CLIANDU				7			PICA
1. MEDICARE MEDICAID TRICARE (Medicare#) (Medicaid#) (ID#/DoD#)	CHAMPV. (Member II	- HEALTH P	PLAN FECA BLK LUNG (ID#)	OTHER (ID#)	1a. INSURED'S I.D. NUMBE	R	(Fo	or Program in Item 1)
2. PATIENT'S NAME (Last Name, First Name, Middle I	nitial)	3. PATIENT'S BIR MM DD	TH DATE :	SEX F	4. INSURED'S NAME (Last N	lame, First I	Name, Midd	le Initial)
5. PATIENT'S ADDRESS (No., Street)			TIONSHIP TO INSU		7. INSURED'S ADDRESS (N	o., Street)		
CITY	STATE	8. RESERVED FO		Other	CITY			STATE
								STATE
ZIP CODE TELEPHONE (Inclui	de Area Code)				ZIP CODE	TELEF	PHONE (Inc	lude Area Code)
9. OTHER INSURED'S NAME (Last Name, First Name,	Middle Initial)	10. IS PATIENT'S	CONDITION RELAT	ED TO:	11. INSURED'S POLICY GRO	OUP OR FE	CA NUMBE	R
a. OTHER INSURED'S POLICY OR GROUP NUMBER			? (Current or Previou	ıs)	a. INSURED'S DATE OF BIR	TH 'Y	мП	SEX
b. RESERVED FOR NUCC USE		b. AUTO ACCIDEN	NT?	ACE (State)	b. OTHER CLAIM ID (Design	ated by NU		'
c. RESERVED FOR NUCC USE		c. OTHER ACCIDE	YES NO		c. INSURANCE PLAN NAME	OR PROGE	RAM NAME	
			YES NO					
d. INSURANCE PLAN NAME OR PROGRAM NAME		10d. CLAIM CODE	S (Designated by N	JCC)	d. IS THERE ANOTHER HEA			ns 9, 9a, and 9d.
READ BACK OF FORM BEI 12. PATIENT'S OR AUTHORIZED PERSON'S SIGNAT to process this claim. I also request payment of govern below.	URE I authorize the r	elease of any medica	al or other information	n necessary gnment	INSURED'S OR AUTHOR payment of medical benef services described below.			
SIGNED		DATE			SIGNED			
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17. NAME OF REFERRING PROVIDER OR OTHER SO		NPI			18. HOSPITALIZATION DATE MM DD FROM	S RELATED YY		ENT SERVICES DD YY
19. ADDITIONAL CLAIM INFORMATION (Designated b	y NUCC)				20. OUTSIDE LAB?		\$ CHARG	ES
21. DIAGNOSIS OR NATURE OF ILLNESS OR INJURY	' Relate A-L to service	ce line below (24E)	ICD Ind.		22. RESUBMISSION CODE	ORIGIN	IAL REF. NO	D.
А В	C. L		D		23. PRIOR AUTHORIZATION	NUMBER		
E. L F. L I. L J. L			H. L			1011041		
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25. FEDERAL TAX I.D. NUMBER SSN EIN	26. PATIENT'S AC	CCOUNT NO.	27. ACCEPT ASSI (For govt. claims,	GNMENT? see back)	28. TOTAL CHARGE \$	29. AMOUN	T PAID	30. Rsvd for NUCC Use
31. SIGNATURE OF PHYSICIAN OR SUPPLIER INCLUDING DEGREES OR CREDENTIALS (I certify that the statements on the reverse apply to this bill and are made a part thereof.)	32. SERVICE FAC	ILITY LOCATION IN		INU	33. BILLING PROVIDER INFO		()	
SIGNED DATE	a.	b.			a.	b.		2 12 2 2 10 10 H 200 G

PLEASE PRINT OR TYPE CR061653 APPROVED OMB-0938-1197 FORM 1500 (02-12)

D5999 unspecified maxillofacial prosthesis, by report

	- ,
Medica	l Code(s)
21083	Impression and custom preparation; palatal lift prosthesis
21089	Unlisted maxillofacial prosthetic procedure
21100	Application of halo type appliance for maxillofacial fixation, includes removal (separate procedure)
21110	Application of interdental fixation device for conditions other than fracture or dislocation, includes removal
42281	Insertion of pin-retained palatal prosthesis
E0485	Oral device/appliance used to reduce upper airway collapsibility, adjustable or non-adjustable, prefabricated, includes fitting and adjustment
E0486	Oral device/appliance used to reduce upper airway collapsibility, adjustable or non-adjustable, custom fabricated, includes fitting and adjustment

ICD-10-CM Diagnostic Codes

	C05.0	Malignant neoplasm of hard palate					
	C05.1	Malignant neoplasm of soft palate					
	C05.2	Malignant neoplasm of uvula					
	C05.9	Malignant neoplasm of palate, unspecified					
	C06*	Malignant neoplasm of other and unspecified parts of mouth					
	C41.0	Malignant neoplasm of bones of skull and face					
	D00.0*	Carcinoma in situ of lip, oral cavity and pharynx					
	D10.30	Benign neoplasm of unspecified part of mouth					
	D10.39	Benign neoplasm of other parts of mouth					
	D37.01	Neoplasm of uncertain behavior of lip					
	D37.02	Neoplasm of uncertain behavior of tongue					
	D37.04	Neoplasm of uncertain behavior of the minor salivary glands					
	D37.05	Neoplasm of uncertain behavior of pharynx					
	G47.30	Sleep apnea, unspecified					
	G47.33	Obstructive sleep apnea (adult) (pediatric)					
	G47.39	Other sleep apnea					
	M27.8	Other specified diseases of jaws					
	S02.40*	Fracture of malar, maxillary and zygoma bones, unspecified					
	S02.41*	LeFort fracture					
	S02.42*	Fracture of alveolus of maxilla					
_	ol Codo	DEC DTE DOG DVII MEDICADE OFF					

Medical Code	P50	P75	P90	RVU	MEDICARE	GFP
21083	3801	4675	6148	45.93	1642.21	90
21089	IR	IR	IR	-	-	YYY
21100	670	1004	1403	33.16	1185.63	90
21110	1461	1721	2454	23.35	834.87	90
42281	486	606	732	5.93	212.03	10
E0485	-	_	-	-	-	-
E0486	-	-	-	-	-	-



APPROVED BY NATIONAL UNIFORM CLAIM COMMITTEE (NUCC) 02/12

Aetna PO Box 981107

El Paso TX 79998-1109

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MEDICARE MEDICAL (Medicare#) (Medicaid#		CHAMP (Member	HEALT	P H PLAN	FECA OTH BUX LUNG (ID#) X (ID#	ER 1a. INSURED'S I.D. NUME 445231234	BER	and the second	(For Program in Item 1)	Ministration
2. PATIENT'S NAME (Last Name PATIENT, Willard P	, First Name, Middle	Initial)	3. PATIENT'S MM DI 10 14	BIRTH DATE	SEX	4. INSURED'S NAME (Las PATIENT, Willa		st Name	e, Middle Initial)	
5. PATIENT'S ADDRESS (No., St	treet)		6. PATIENT RELATIONSHIP TO INSURED		7. INSURED'S ADDRESS	(No., Stree	t)			
1234 Happy Way		07475		<u> </u>	oild Other	1234 Happy Wa	y			
San Diego		CA	8. RESERVED	FOR NUCC	JSE	San Diego			CA	
ZIP CODE	TELEPHONE (Inclu	ude Area Code)	7			ZIP CODE	TE	LEPHON	NE (Include Area Code)	
92111	(858) 123					92111			8)1234567	
9. OTHER INSURED'S NAME (La	st Name, First Name	e, Middle Initial)	10. IS PATIEN	T'S CONDITIC	N RELATED TO:	11. INSURED'S POLICY G	ROUP OR	FECA N	IUMBER	
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						YES NO			ete items 9, 9a, and 9d.	
12. PATIENT'S OR AUTHORIZED to process this claim. I also required below.		TURE I authorize the	release of any me	dical or other i		13. INSURED'S OR AUTHO	ORIZED PE	RSON'S		
SIGNED SOF			DATE	10 01 2	015	SIGNED SOF				
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JCC Instruction Manual av	DISTRICT STANDARD TO THE MANUFACTURE AND THE SECOND	.nucc.org	PLEAS	E PRINT	OR TYPE	APPROVE	O OMB-	0938-1	197 FORM 1500 (02-	12)

Case Study TMJ

- Patient's Chief Complaint: Patient has been experiencing constant pain in the jaw joint, along with popping upon opening mouth, in addition to frequent headaches.
- Assessment: Patient needs an occlusal orthotic device.
- Plan: Patient has been advised to correct condition he will need an occlusal orthotic device with follow up appointments for adjustments.
- Procedures to be performed (CPT):

Dental code D7880-Occlusal Orthotic Device

CPT code-S8262 Mandibular Orthopedic repositioning device

DME-Durable Medical Equipment-Make sure to put lab fee on claim form in box #20.

• Diagnosis/ICD-10 codes:

M26.62-TMD Arthralgia

M26.69-TMJ sounds upon opening

R51-Head and/or facial pain

G44.1-Vascular headache not elsewhere classified



			Aetna PO Box 98110	07	
HEALTH INSURA	NCE CLAIM FORM				
APPROVED BY NATIONAL UNI	FORM CLAIM COMMITTEE (NUCC) 0:	V12	El Paso TX 79	998-11	09
PICA					PICA
1. MEDICARE MEDICA (Medicare#) (Medicaid	(Merr.	ber ID#) HEALTH PLAN BLK LUNG (ID#) (ID#)			(For Program in Item 1)
2. PATIENT'S NAME (Last Nam PATIENT, Willard F	0	3. PATIENT'S BIRTH DATE SEX	4. INSURED'S NAME (Last Na PATIENT, Willard	me, First Na P	me, Middle Initial)
5. PATIENT'S ADDRESS (No., S	Street)	6. PATIENT RELATIONSHIP TO INSURED	7. INSURED'S ADDRESS (No.	, Street)	
1234 Happy Way		Self X Spouse Child Other	1234 Happy Way		
San Diego	C.A		San Diego		STATE
ZIP CODE	TELEPHONE (Include Area Code)		ZIP CODE	TELEDI	CA ONE (Include Area Code)
2111	(858) 1234567		92111	1	558)1234567
OTHER INSURED'S NAME (L	ast Name. First Name, Middle Initial)	10. IS PATIENT'S CONDITION RELATED TO:	11. INSURED'S POLICY GROU 00613890		,
OTHER INSURED'S POLICY	OR GROUP NUMBER	a. EMPLOYMENT? (Current or Previous)	a. INSURED'S DATE OF BIRTI		SEX
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RESERVED FOR NUCC USE	*	c. OTHER ACCIDENT?	c. INSURANCE PLAN NAME O	R PROGRA	V NAME
INSURANCE PLAN NAME OF	DDOODARRAM	YES NO	Petco	*	
INSURANCE PLAN NAME OF	T PROGRAM NAME	10d. CLAIM CODES (Designated by NUCC)	d. IS THERE ANOTHER HEALT		PLAN? plete items 9, 9a, and 9d.
PATIENT'S OR AUTHORIZE	BACK OF FORM BEFORE COMPLET D PERSON'S SIGNATURE I authorize quest payment of government benefits eit	ING & SIGNING THIS FORM. the release of any medical or other information necessar her to myself or to the party who accepts assignment	13. INSURED'S OR AUTHORIZ payment of medical benefits services described below.	ED PERSON	
SIGNED SOF		DATE 10 01 2015	SIGNED SOF		
		5. OTHER DATE MM DD VV	16. DATES PATIENT UNABLE	TO WORK IN	CURRENT OCCUPATION
Qi NAME OF REFERRING PRO	OAL.	JUAL.	FROM		го
K Default L Proivi	dor	17a. 17b. NPI 5123699478	18. HOSPITALIZATION DATES MM DD FROM		O CURRENT SERVICES MM DD YY TO
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SIGNATURE OF PHYSICIAN OF INCLUDING DEGREES OR CF (I certify that the statements on apply to this bill and are made a personal L Proivider	REDENTIALS the reverse a part thereof.)	ACILITY LOCATION INFORMATION	33. BILLING PROVIDER INFO & Default L Proivider 5126 S Welcome W San Diego CA 9211	ay	858)7894567
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	t was a familia	N26.10	Unspecified anomaly of jaw-cranial base relationship
C05.2	Malignant neoplasm of uvula	M26.11	Maxillary asymmetry
C05.8	Malignant neoplasm of overlapping sites of palate	M26.12	Other jaw asymmetry
C05.9	Malignant neoplasm of palate, unspecified	M26.19	Other specified anomalies of jaw-cranial base
C06.0	Malignant neoplasm of cheek mucosa	14120.13	relationship
C06.1	Malignant neoplasm of vestibule of mouth	M26.4	Malocclusion, unspecified
C06.2	Malignant neoplasm of retromolar area	M26.60	Temporomandibular joint disorder, unspecified
C06.80	Malignant neoplasm of overlapping sites of unspecified parts of mouth	M26.61	Adhesions and ankylosis of temporomandibular joint
C06.89	Malignant neoplasm of overlapping sites of other	M26.62	Arthralgia of temporomandibular joint
C00.03	parts of mouth	M26.63	Articular disc disorder of temporomandibular joint
C06.9	Malignant neoplasm of mouth, unspecified	M26.69	Other specified disorders of temporomandibular joint
C09.0	Malignant neoplasm of tonsillar fossa	M26.9	Dentofacial anomaly, unspecified
C09.1	Malignant neoplasm of tonsillar pillar (anterior)	M27.2	Inflammatory conditions of jaws
	(posterior)	M27.4*	Other and unspecified cysts of jaw
C09.8	Malignant neoplasm of overlapping sites of tonsil	M27.5*	Periradicular pathology associated with previous
C09.9	Malignant neoplasm of tonsil, unspecified		endodontic treatment
C14.8	Malignant neoplasm of overlapping sites of lip, oral cavity and pharynx	M27.6*	Endosseous dental implant failure
D00.00	Carcinoma in situ of oral cavity, unspecified site	M27.8	Other specified diseases of jaws
D00.01	Carcinoma in situ of labial mucosa and vermilion	M27.9	Disease of jaws, unspecified
	border	M62.40	Contracture of muscle, unspecified site
D00.02	Carcinoma in situ of buccal mucosa	M62.838	Other muscle spasm
D00.03	Carcinoma in situ of gingiva and edentulous alveolar	Q67.0	Congenital facial asymmetry
000.04	ridge Carcinoma in situ of soft palate	Q67.4	Other congenital deformities of skull, face and jaw
D00.04	Carcinoma in situ of hard palate	R13.11	Dysphagia, oral phase
D00.05	Carcinoma in situ of floor of mouth	R13.12	Dysphagia, oropharyngeal phase
D00.06	Carcinoma in situ of tongue	R51	Headache
D00.07	Carcinoma in situ of pharynx	R63.3	Feeding difficulties
D00.08	Benign neoplasm of tongue	R93.0	Abnormal findings on diagnostic imaging of skull and head, not elsewhere classified
D10.1 D10.2	Benign neoplasm of floor of mouth	S01.40*	Unspecified open wound of cheek and '
D10.2	Benign neoplasm of unspecified part of mouth		temporomandibular area
D10.30	Benign neoplasm of other parts of mouth	S01.42*	Laceration with foreign body of cheek and
D10.39	Benign neoplasm of tonsil	204 50*	temporomandibular area Unspecified open wound of lip and oral cavity
D10.4	Benign neoplasm of major salivary glands	S01.50*	Laceration of lip and oral cavity without foreign body
D37.01	Neoplasm of uncertain behavior of lip	S01.51*	Laceration of lip and oral cavity with foreign body
D37.01	Neoplasm of uncertain behavior of tongue	\$01.52*	Fracture of hasal bones
	Neoplasm of uncertain behavior of the major salivary	\$02.2*	Fracture of riasal bories Fracture of orbital floor
D37.03*	glands	S02.3*	Fracture of malar, maxillary and zygoma bones
D37.04	Neoplasm of uncertain behavior of the minor salivary	S02.4* S02.5*	Fracture of tooth (traumatic)
	glands	S02.5*	Fracture of mandible
G44.1	Vascular headache, not elsewhere classified	S02.8*	Fractures of other specified skull and facial bones
K04.8	Radicular cyst	S02.9*	Fracture of unspecified skull and facial bones
K09.0	Developmental odontogenic cysts Developmental (nonodontogenic) cysts of oral region	S02.9 S03*	Dislocation and sprain of joints and ligaments of head
K09.1	Other cysts of oral region, not elsewhere classified	S07*	Crushing injury of head
K09.8	Cyst of oral region, unspecified		TO THE PERSON OF OFF
K09.9		Medical Code	
M26.00	Unspecified anomaly of jaw size	21085 21089	1464 1827 2642 22.08 789.46 10 IR IR IR YYY
M26.01	Maxillary hyperplasia	21110	1461 1721 2454 23.35 834.87 90
M26.02	Maxillary hypoplasia	21499	IR IR IR - · · · YYY
M26.03	Mandibular hyperplasia	41899	IR IR IR YYY
M26.04	Mandibular hypoplasia	99070	25 50 100 XXX
M26.05	Macrogenia	S8262	
M26.06	Microgenia	Historial districts Con /	Innandiy B

D7880 occlusal orthotic device, by report

Medical Code(s)

21085	Impression and custom preparation; oral surgical splint
21089	Unlisted maxillofacial prosthetic procedure
21110	Application of interdental fixation device for conditions other than fracture or dislocation, includes removal
21499	Unlisted musculoskeletal procedure, head
41899	Unlisted procedure, dentoalveolar structures
99070	Supplies and materials (except spectacles), provided by the physician or other qualified health care professional over and above those usually included with the office visit or other services rendered (list drugs, trays, supplies, or materials provided)
S8262	Mandibular orthopedic repositioning device, each

ICD-10-CM Diagnostic Codes



Aetna PO Box 981107

APPROVED BY NATIONAL UNIFORM CLAIM COMMITTEE (NUC	0) 02/12			El Paso TX 799	998-1109	
PICA						PICA
	HI	ROUP FECA EALTH PLAN BLK LUI (ID#)	OTHER X (ID#)	1a. INSURED'S I.D. NUMBER 445231234	(For Program in	Item 1)
2. PATIENT'S NAME (Last Name, First Name, Middle Initial) PATIENT, Willard P	3. PATIEN MM 10	NT'S BIRTH DATE	SEX F	4. INSURED'S NAME (Last Nam PATIENT, Willard P		
5. PATIENT'S ADDRESS (No. Street) 1234 Happy Way	1	NT RELATIONSHIP TO INS	Other Other	7. INSURED'S ADDRESS (No S	Street)	
CITY	STATE 8. RESER	RVED FOR NUCC USE		CITY	Is	TATE
San Diego	CA			San Diego		CA
ZIP CODE TELEPHONE (Include Area Coo	le)			ZIP CODE	TELEPHONE (Include Area Co	ode)
92111 (858) 1234567				92111	(858)1234567	
 OTHER INSURED'S NAME (Last Name, First Name, Middle Initial 	al) 10. IS PAT	TIENT'S CONDITION RELA	TED TO:	11. INSURED'S POLICY GROUP 00613890	OR FECA NUMBER	a an anti-process statute and a
a. OTHER INSURED'S POLICY OR GROUP NUMBER	a. EMPLC	OYMENT? (Current or Previ	3.5	a. INSURED'S DATE OF BIRTH MM DD YY 10 14 1967	SEX MX F	
b. RESERVED FOR NUCC USE	b. AUTO A	ACCIDENT?	PLACE (State)	b. OTHER CLAIM ID (Designated	lanard	<u> </u>
c. RESERVED FOR NUCC USE	. 0715	YES X NO	6			
S TRUCTIVED FOR NOOD USE	C. OTHER	ACCIDENT? YES X NO		c. INSURANCE PLAN NAME OR Petco	PROGRAM NAME	
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THE STATE OF THE S	TOU. OLAII	W CODES (Designated by I	1000)	d. IS THERE ANOTHER HEALTH		
READ BACK OF FORM BEFORE COMP 2. PATIENT'S OR AUTHORIZED PERSON'S SIGNATURE I auth	rize the release of an	ny medical or other information	on necessary	13. INSURED'S OR AUTHORIZE payment of medical benefits to	If yes, complete items 9, 9a, and D PERSON'S SIGNATURE I aut o the undersigned physician or su	norize
to process this claim. I also request payment of government benefit below.		10.01.2015	ignment	services described below.		
SIGNED		DATE		SIGNED SOF		
4. DATE OF CURRENT ILLNESS, INJURY, OF PREGNANCY (LMF MM DD 09 01 2016 QUAL. 431	QUAL.	MM DD	YY	16. DATES PATIENT UNABLE TO NAME OF THE PROMES OF THE PROM	ТО	- 1.00E
7. NAME OF REFERRING PROVIDER OR OTHER SOURCE DK Default L Proivider		23699478		18. HOSPITALIZATION DATES R MM DD YY FROM	ELATED TO CURRENT SERVIC MM DD TO	ES YY
9. ADDITIONAL CLAIM INFORMATION (Designated by NUCC) P	NK06AA P	WKPOAA		20. OUTSIDE LAB?	s CHARGES	
21. DIAGNOSIS OR NATURE OF ILLNESS OR INJURY Relate A-L A. M26 62	to service line below	w (24E) ICD Ind. 0	1 1	22. RESUBMISSION	ORIGINAL REF NO.	
A. INIZO GZ B. INIZO GO F. L. F. F. F. L. F. F. F. L. F. F. F. L. F.	G	D. <u>U4</u>	+ I	23. PRIOR AUTHORIZATION NU	MBER	
I	K. L	L. L	l			
From To PLACE OF	(Explain Unusual C T/HCPCS	RVICES, OR SUPPLIES Circumstances) MODIFIER	E. DIAGNOSIS POINTER	F. G. DAYS OR UNITS	H. I. J. EPSDT ID. RENDEF Farm QUAL PROVIDER	
0 01 2015 10 01 2015 11 S8	262 25		ABCD	950 00 1	NPI 512369947	8
					NPI	
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		,		- 1	NPI	
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52286418 SSN EIN 26, PATIEI	NT'S ACCOUNT NO	27. ACCEPT ASS For govt, claims, YES	GNMENT? see back)	28. TOTAL CHARGE 29. A	MOUNT PAID 30. Rsvd io	NUCC L
SIGNATURE OF PHYSICIAN OR SUPPLIER 32. SERVI	CE FACILITY LOCA	TION INFORMATION		33. BILLING PROVIDER INFO & P	H# (858)7894567	
INCLUDING DEGREES OR CREDENTIALS (I certify that the statements on the reverse Best La				Default L Proivider	(333) 1 33 430 1	
	an Diego Av		1	5126 S Welcome Wa	ıy	0
0E 10.01.2015 San Di	ego CA 9200	00		San Diego CA 92111		7
OF 10 01 2015 a. 1234	567891).		a. 5123699478 b.		

Case Study-CT Scan/Abnormal Findings

CDT-D0395-CPT Procedure Code-76376-3D rendering with interpretation and reporting of image

CDT-D0380-CPT Procedure Code-70486-computed image, without contrast material

ICD-10 Codes-R93.0 Abnormal findings on diagnostic imaging of skull

G50.1 Vascular Headache

K12.2 Cellulitis & abscess of the mouth

Box 22-Original Reference Number- 43256



APPROVED BY NATIONAL UNIFORM CLAIM COMMITTEE (NUCC) 02/12

Aetna PO Box 981107

El Paso TX 79998-1109

PICA		PICA
	HAMPVA GROUP FECA OTHE HEALTH PLAN BLK LUNG (ID#) (ID#) (ID#)	Ta. INSURED'S I.D. NUMBER (For Program in Item 1) 445231234
2. PATIENT'S NAME (Last Name, First Name, Middle Initial) PATIENT, Willard P	3. PATIENT'S BIRTH DATE SEX 10 14 1967 MX F	4. INSURED'S NAME (Last Name, First Name, Middle Initial) PATIENT, Willard P
5. PATIENT'S ADDRESS (No., Street)	6. PATIENT RELATIONSHIP TO INSURED	7. INSURED'S ADDRESS (No., Street)
1234 Happy Way	Self X Spouse Child Other	1234 Happy Way
San Diego	CA	San Diego STATE
ZIP CODE TELEPHONE (Include Area Code)	ZIP CODE TELEPHONE (Include Area Code)
92111 (858) 1234567		92111 (858)1234567
OTHER INSURED'S NAME (Last Name, First Name, Middle Initial	10. IS PATIENT'S CONDITION RELATED TO:	11. INSURED'S POLICY GROUP OR FECA NUMBER 00613890
a. OTHER INSURED'S POLICY OR GROUP NUMBER	a. EMPLOYMENT? (Current or Previous)	a. INSURED'S DATE OF BIRTH SEX
). RESERVED FOR NUCC USE	b. AUTO ACCIDENT?	10 14 1967 MX F
	PLACE (State)	b. OTHER CLAIM ID (Designated by NUCC)
». RESERVED FOR NUCC USE	c. OTHER ACCIDENT?	c. INSURANCE PLAN NAME OR PROGRAM NAME Petco
1. INSURANCE PLAN NAME OR PROGRAM NAME	10d. CLAIM CODES (Designated by NUCC)	d. IS THERE ANOTHER HEALTH BENEFIT PLAN?
		YES NO if yes, complete items 9, 9a, and 9d.
READ BACK OF FORM BEFORE COMPL 2. PATIENT'S OR AUTHORIZED PERSON'S SIGNATURE. I author to process this claim. I also request payment of government benefits below.	ze the release of any medical or other information necessary	In June 13. INSURED'S OR AUTHORIZED PERSON'S SIGNATURE I authorize payment of medical benefits to the undersigned physician or supplier for services described below.
SIGNED SOF	. DATE 10 01 2015	SIGNED SOF
4. DATE OF CURRENT ILLNESS, INJURY, or PREGNANCY (LMP) MM DD QUAL.	15. OTHER DATE MM DD YY	16. DATES PATIENT UNABLE TO WORK IN CURRENT OCCUPATION MM DD YY
7. NAME OF REFERRING PROVIDER OR OTHER SOURCE	17a.	18. HOSPITALIZATION DATES RELATED TO CURRENT SERVICES
DK Default L Proivider	17b. NPI 5123699478	. MM DD YY MM DD YY FROM TO
9. ADDITIONAL CLAIM INFORMATION (Designated by NUCC)		20. OUTSIDE LAB? \$ CHARGES
		YES NO
DIAGNOSIS OR NATURE OF ILLNESS OR INJURY Relate A-L t B. L	ICD ind.	22. RESUBMISSION ORIGINAL REF. NO.
E. L. E. L.	- 1	23. PRIOR AUTHORIZATION NUMBER
. L J. L	G. L	
From To PLACE OF	ROCEDURES. SERVICES, OR SUPPLIES E. (Explain Unusual Circumstances) DIAGNOSIS	
MM DD YY MM DD YY SERVICE EMG CPT	/HCPCS MODIFIER POINTER	S CHARGES UNITS Plan QUAL PROVIDER ID. #
0 01 2015 10 01 2015		NPI 5123699478
		, NPI
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5. FEDERAL TAX I.D. NUMBER SSN EIN 26. PATIEN X	T'S ACCOUNT NO. 27. ACCEPT ASSIGNMENT?	28. TOTAL CHARGE 29. AMOUNT PAID 30. Rsvd for NUCC Use
	YES NO E FACILITY LOCATION INFORMATION	\$ \$
INCLUDING DEGREES OR CREDENTIALS (I certify that the statements on the reverse	MAC GEO GEORGE (MESSAGE) DE SANDER (MESSAGE) DE SANDER MAC (MESSAGE) MAC (MESSAGE) MESSAGE (MESSAGE) M	33. BILLING PROVIDER INFO & PH # (858) 7894567 Default L Proivider
apply to this bill and are made a part thereof.) efault L Proivider		5126 S Welcome Way
		San Diego CA 92111
OF 10 01 2015 a		a. 5123699478 b.
VAIL		

K08.4	Partial loss of teeth due to other specified cause,	K13.3	Home laudes I. L.
222	Class IV	K13.4	· ······ y ···························
K08.4	Tall 1999 of feeth due to offier specified cause	K13.5	and did didinionid-like lesions of oral mucoca
	urispecified class	K13.6	Oral Submucous fibrosis
K08.5		K13.7	military hyperplasia of oral muchsa
K08.50	Unsatisfactory restoration of tooth, unspecified	K13.7	
K08.5	Open restoration margins of tooth	K13.79	
K08.52	2 Unrepairable overhanging of dental restorative	K13.2	- The recipies of oral fillicosa
1600 5	materials	1 13.2	Touris braing and office distribution by Vest
K08.53		K13.2	epithelium, including tongue
K08.53	The administrative material without loss of	K13.22	- Including think
1600 50	material	K13.23	
K08.53	The second of the second will loss of	K13.24	The state of the s
1600 50	material	K13.29	
K08.53	The second recording the material misherings	K13.7*	
K08.54	Contour of existing restoration of tooth biologically	K13.70	Other and unspecified lesions of oral mucosa
1600 ==	incompatible with oral health	K13.79	The position is of the fill that the same
K08.55		K14*	The solution of ordinal line (1) SA
K08.56	Poor aesthetic of existing restoration of tooth	K14.0	Diseases of tongue
K08.59	Other unsatisfactory restoration of tooth	K14.1	Glossitis
K09*	Cysts of oral region, not elsewhere classified	K14.2	Geographic tongue
K09.0	Developmental odontogenic cysts	1	Median rhomboid glossitis
K09.1	Developmental (nonodontogenic) cysts of oral region	K14.3	Hypertrophy of tongue papillae
K09.8	Other cysts of oral region, not elsewhere classified	K14.5	Atrophy of tongue papillae
K09.9	Cyst of oral region, unspecified	K14.6	Plicated tongue
K11*	Diseases of salivary glands	K14.8	Glossodynia
K11.0	Atrophy of salivary gland	K14.9	Other diseases of tongue
K11.1	Hypertrophy of salivary gland	L12*	Disease of tongue, unspecified
K11.2	Sialoadenitis	L12.0	Pemphigoid
K11.20	Sialoadenitis, unspecified	L12.1	Bullous pemphigoid
K11.21	Acute sialoadenitis	L12.2	Cicatricial pemphigoid
K11.22	Acute recurrent sialoadenitis	L12.3	Chronic bullous disease of childhood
K11.23	Chronic sialoadenitis	L12.30	Acquired epidermolysis bullosa
K11.3	Abscess of salivary gland	L12.31	Acquired epidermolysis bullosa, unspecified
K11.4	Fistula of salivary gland	L12.35	Epidermolysis bullosa due to drug
K11.5	Sialolithiasis	L12.8	Other acquired epidermolysis bullosa
K11.6	Mucocele of salivary gland	L12.9	Other pemphigoid
K11.7	Disturbances of salivary secretion	M26.0*	Pemphigoid, unspecified
K11.8	Other diseases of salivary glands	M26.00	Major anomalies of jaw size
K11.9	Disease of salivary gland, unspecified	M26.01	Unspecified anomaly of jaw size Maxillary hyperplasia
K11.2* K11.20	Sialoadenitis	M26.02	Maxillary hypoplasia
K11.20	Sialoadenitis, unspecified	M26.03	Mandibular hypoplasia
K11.21	Acute sialoadenitis	M26.04	Mandibular nyperplasia Mandibular hypoplasia
K11.23	Acute recurrent sialoadenitis	M26.05	Macrogenia
K11.20*	Chronic sialoadenitis	M26.06	Microgenia
K12*	Sialoadenitis, unspecified	M26.07	Excessive tuberosity of jaw
K12.0	Stomatitis and related lesions	M26.09	Other specified anomalies of jaw size
K12.1	Recurrent oral aphthae	M26.1*	Anomalies of jaw-cranial base relationship
K12.1	Other forms of stomatitis	M26.10	Inspecified anomaly of inversarial base relationship
K12.3	Cellulitis and abscess of mouth	M26.11	Unspecified anomaly of jaw-cranial base relationship Maxillary asymmetry
K12.30	Oral mucositis (ulcerative)	M26.12	Other jaw asymmetry
K12.31	Oral mucositis (ulcerative), unspecified	M26.19	Other specified anomalies of jaw-cranial base
1072.01	Oral mucositis (ulcerative) due to antineoplastic therapy		relationship
K12.32		M26.2*	Anomalies of dental arch relationship
K12.33	Oral mucositis (ulcerative) due to other drugs	M26.20	Unspecified anomaly of dental arch relationship
K12.39	Oral mucositis (ulcerative) due to radiation Other oral mucositis (ulcerative)	M26.21	Malocclusion, Angle's class
K13*	Other diseases of the and and	M26.211	Malocclusion, Angle's class I
K13.0	Other diseases of lip and oral mucosa Diseases of lips	M26.212	Malocclusion, Angle's class II
K13.1	Cheek and lip biting	M26.213	Malocclusion, Angle's class III
K13.2	Leukoplakia and other disturbance of the control of	M26.219	Malocclusion, Angle's class, unspecified
	Leukoplakia and other disturbances of oral epithelium, including tongue	M26.22	Open occlusal relationship
K13.21	Leukoplakia of oral mucosa, including tongue	M26.220	Open anterior occlusal relationship
K13.22	Minimal keratinized residual ridge mucosa	M26.221	Open posterior occlusal relationship
K13.23	Excessive keratinized residual ridge mucosa	M26.23	Excessive horizontal overlap
K13.24	Leukokeratosis nicotina palati	M26.24	Reverse articulation
	modula palati	M26.25	Anomalies of interarch distance

D0393	treatment simulation using 3D image volume
D0394	digital subtraction of two or more images or image volumes of the same modality
D0395	fusion of two or more 3D image volumes of one or more modalities
Medical	Code(s)

3D rendering with interpretation and reporting of computed tomography, magnetic resonance imaging, ultrasound, or other tomographic modality with image postprocessing under concurrent supervision; not requiring image postprocessing on an independent works 76376

D0380	cone of view	beam CT image capture with limited field w - less than one whole jaw						
D0381	cone of one	beam CT image capture with field of view of ull dental arch - mandible						
D0382	of one	beam CT image capture with field of view e full dental arch - maxilla, with or ut cranium						
D0383	cone of bot	beam CT image capture with field of view h jaws; with or without cranium						
D0384	cone includ	beam CT image capture for TMJ series ling two or more exposures						
Medica	l Code(s)							
70486		ted tomography, maxillofacial area; without contrast						
76376	tomogra tomogr concurr	3D rendering with interpretation and reporting of computed tomography, magnetic resonance imaging, ultrasound, or other tomographic modality with image postprocessing under concurrent supervision; not requiring image postprocessing on an independent works						
76377	3D rene tomogra tomogra concurr	3D rendering with interpretation and reporting of computed tomography, magnetic resonance imaging, ultrasound, or other tomographic modality with image postprocessing under concurrent supervision; requiring image postprocessing on an independent workstati						
76380		ted tomography, limited or localized follow-up study						
ICD-1	0-CM Dia	gnostic Codes						
	G44.1	Vascular headache, not elsewhere classified						
	K08.9	Disorder of teeth and supporting structures, unspecified						
	K11.0	Atrophy of salivary gland						
	K11.1	Hypertrophy of salivary gland						
	K11.2*	Sialoadenitis						
	K11.3	Abscess of salivary gland						
	K11.4	Fistula of salivary gland						
	K11.5	Sialolithiasis						
	K11.6	Mucocele of salivary gland						
	K11.7	Disturbances of salivary secretion						
	K11.8	Other diseases of salivary glands						
	K11.9	Disease of salivary gland, unspecified						
	M27.0	Developmental disorders of jaws						
	M27.2	Inflammatory conditions of jaws						
	M27.49	Other cysts of jaw						
	M27.8	Other specified diseases of jaws						
	M27.9	Disease of jaws, unspecified						
	R06.5	Mouth breathing						

Other abnormalities of breathing

Abnormal findings on diagnostic imaging of skull and head, not elsewhere classified

R06.89 R13.0

R13.1*

R19.6 R51

R93.0

S02.2*

Aphagia

Dysphagia Halitosis

Headache

Fracture of nasal bones



Aetna PO Box 981107

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-1	Paso	1 8	7.9990	- 1 109

APPROVED BY NATIONAL UNIFORM CL	AIM COMMITTEE (NUCC	02/12				El Paso IX	. 79998	5-1109	
PICA								Laurent (Library Church	PICA
	F	HAMPVA G H flember ID#) (I	ROUP EALTH PLAN D#)	FECA BLK LUNG (ID#)	OTHER X (ID#)	1 1a. INSURED'S I.D. NUMBER (For Program in Item 1) 445231234			
2. PATIENT'S NAME (Last Name, First Name, Middle Initial) PATIENT, Willard P			3. PATIENT'S BIRTH DATE SEX MM DD 10 14 1967 M X F PATIENT, Willard P				Middle Initial)		
5. PATIENT'S ADDRESS (No., Street)		6. PATIE	NT RELATIONSH	Lacared	RED	7. INSURED'S ADDRESS	6 (No., Stre	et)	
1234 Happy Way	-	Self	Spouse 0	Child	Other	1234 Happy W	ay		
CITY		STATE 8. RESE	RVED FOR NUCC	USE		CITY			STATE
San Diego		CA				San Diego			CA
ZIP CODE TELEP	HONE (Include Area Cod	9)				ZIP CODE	T		E (Include Area Code)
92111 (858) 1234567									8)1234567
9. OTHER INSURED'S NAME (Last Name	e, First Name, Middle Initia	I) 10. IS PA	TIENT'S CONDIT	TON RELATE	D TO:	11. INSURED'S POLICY 00613890	GROUP OF	R FECA N	JMBER
a. OTHER INSURED'S POLICY OR GROU	UP NUMBER	a. EMPLO	OYMENT? (Curren	nt or Previou	s)	a. INSURED'S DATE OF MM DD 10 14	BIRTH YY 1967	M	SEX F
b. RESERVED FOR NUCC USE		b. AUTO	b. AUTO ACCIDENT? PLACE (State)			Land Land			
		- OTHE	YES	X NO		c. INSURANCE PLAN NA	ME OD DE	COGPAN !	NAME
c. RESERVED FOR NUCC USE		C. OTHE	R ACCIDENT?	Х по		Petco	NIE UN PP	IJGHAW I	ALIMIT
	ANA SIASAF	101 01 1	YES YES		CC)	d. IS THERE ANOTHER	HEATTH P	ENEELT DI	AN?
d. INSURANCE PLAN NAME OR PROGR.	AIVI NAIVIE	TUG. CLA	IM CODES (Desig	Austéo by MC	00)	YES N			te items 9, 9a, and 9d.
READ BACK O 12. PATIENT'S OR AUTHORIZED PERSO to process this claim. I also request payr	F FORM BEFORE COMP	rize the release of a	any medical or othe	er information	necessary	13. INSURED'S OR AUTI	HORIZED F	ERSON'S	
below.	пент от доленинант рацан	a entre to mysell o	, to the party who s	acochia dealg	,				
SIGNED SOF			DATE			SIGNED SOF			<u> </u>
14. DATE OF CURRENT ILLNESS, INJUR	RY, or PREGNANCY (LMF) 15. OTHER DA	ATE MM	DD '	ſΥ	16. DATES PATIENT UN	ABLE TO V	VORK IN C	CURRENT OCCUPATION
MM DD YY 05 23 2016 QUAL. 43	31	QUAL.	IVIIVI	00		FROM		TC)
17. NAME OF REFERRING PROVIDER O	R OTHER SOURCE	17a.	Marie Continue of the Continue of			18. HOSPITALIZATION D	DATES REL	ATED TO	CURRENT SERVICES MM DD YY
DK Default L Proivider		17b. NPI 5	123699478	}		FROM		TC)
19. ADDITIONAL CLAIM INFORMATION (Designated by NUCC)			, ,		20. OUTSIDE LAB?		\$ 0	CHARGES
						YES N	10		
21. DIAGNOSIS OR NATURE OF ILLNES	S OR INJURY Relate A-L		ow (24E) ICD	ind. 0		22. RESUBMISSION CODE		RIGINAL F	REF. NO.
R93 0 B. G	50 1	c. K12 2		D. L			787	79876	
E F		G		н. L		23. PRIOR AUTHORIZAT	TION NUM	BER	
I. L J. L		К. [L					
24. A. DATE(S) OF SERVICE From To VM DD YY MM DD Y	PLACE OF	PROCEDURES, S (Explain Unusual PT/HCPCS			E. DIAGNOSIS POINTER	F. \$ CHARGES	OR IFa	H. I. SDT ID. I'llian QUAL.	J. RENDERING PROVIDER ID. #
05 23 2016 05 23 201	16 11 70	486			ABC	450 00	1	NPI	5123699478
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5. FEDERAL TAX I.D. NUMBER S		NT'S ACCOUNT	NO. 27. AC	CEPT ASSI	SNMENT?	28. TOTAL CHARGE	1	MOUNT PA	AID 30. Rsvd for NUCC Us
52286418	X		X	ES	NO	\$ 873 0	0 \$		
SIGNATURE OF PHYSICIAN OR SUPPLIER 32. SERVICE FACILITY LOCATION INFORMATION					33. BILLING PROVIDER		# (8	58)7894567	
INCLUDING DEGREES OR CREDENTIALS (I certify that the statements on the reverse						Default L Proivi		,	•
apply to this bill and are made a part the Default L Proivider	ereof.)					5126 S Welcon		y	
	0.0040					San Diego CA	92111		
OF 05 23	3 2016 a.		b.			a. 5123699478	b.		

DATE