# How to add DentalXChange attachments on claims

725 TDO KB September 2, 2025 Insurance, Insurance Tools 11.76K

# Overview

We have integrated the DentalXChange Attachment Service in our Insurance Module.

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# Requirements

This Attachment functionality is added in version 12.338 and higher.

TDO Users will need to contact DentalXChange to enable this service.

**Note:** ***Only .jpg, .png, and .gif files can be attached.***

DentalXChange Attachment Services gathers claim attachments from providers and delivers this data to payers as additional information to support health care claims, pretreatment estimates, and encounters.

After you click on the Attachment button, TDO sends all the selected files to DentalXChange. DentalXChange then acknowledges that they received the attachments by sending TDO back an Attachment ID. TDO then includes this Attachment ID in the claim.

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# Detailed Instructions

Create a claim

## ADA Dental Claim Form

New | Close+Save | Refresh Patient Info
Submit E-Claim | Close
Attachments: Check | Add

1. ☑ Statement of Actual Services - OR - ☐ Request for Predetermination/Preauthorization
☐ EPSDT / Title XIX
2. Predetermination/Preauthorization Number

### Insurance Company/Dental Benefit Plan Information

3 Company/Plan Name, Address, City, State, Zip Code
Carrier Name: Cigna
Carrier Address: P.O Box 188037
City: Chattanooga
State: TN Zip: 37422

### OTHER COVERAGE

4. Other Dental or Medical Coverage? ☐ No (Skip 1-11) ☑ Yes (Complete 1-11)
5. Name of Policyholder/Subscriber in #4 (Last, First, Middle Initial, Suffix)
Name: Rocha, Maria,
6. Date of Birth (MM/DD/CCYY): 5/9/1963
7. Gender: ☐ M ☑ F
8. Subscriber Identifier (SSN or ID#): 123TEST-00
9. Plan/Group Number: 260461
10. Relationship to Subscriber (check applicable box): ☑ Self ☐ Spouse ☐ Dependent ☐ Other
11. Other Carrier Name, Address, City, State, Zip Code
Name: AIG Insurance
Address: PO Box 189- 88 Main St
City, ST, Zip: Bridgton, ME 04009

### Policyholder/Subscriber Info (For Insurance Comp in #3)

12. Policyholder/Subscriber Name (Last, First, Middle Initial, Suffix), Address, City, State, Zip Code
Name: Rocha,Maria
Address: 6235 Lusk BLVD
City: San Diego State: CA Zip: 92101
13. Date of Birth (MM/DD/CCYY): 5/9/1963
14. Gender: ☐ M ☑ F
15. Policyholder/Subscriber ID# or SSN#: 123TEST-00
16. Plan/Group Number: 260461
17. Employer Name: AAA

### PATIENT INFORMATION

18. Relationship to Policy Holder/Subscriber in #12 Above: ☑ Self ☐ Spouse ☐ Child ☐ Other
19. Reserved for future use
20. Name (Last, First, Middle Initial, Suffix), Address, City, State, Zip Code
Name: Rocha, Maria
Address: 6235 Lusk BLVD
City: San Diego State: CA Zip: 92101
21. Date of Birth (MM/DD/CCYY): 5/9/1963
22. Gender: ☐ M ☑ F
23. Patient ID / Account # (Assigned by Dentist): 408585

### RECORD OF SERVICES PROVIDED

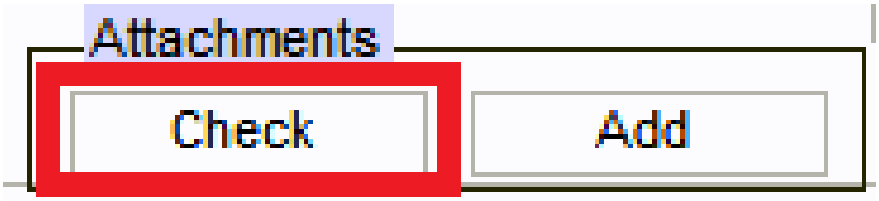
| | 24. Procedure Date (MM/DD/CCYY) | 25. Area of Oral Cavity | 26. Tooth System | 27. Tooth Number(s) or Letter(s) | 28. Tooth Surface | 29. Procedure Code | 29a. Diag Pointer | 29c. Qty | 30. Description | 31. Fee |
|---|---|---|---|---|---|---|---|---|---|---|
| 1 | 8/12/2017 | | | 1 | | D2950 | | | Post and Core Buildup | $450.00 |
| 2 | | | | | | | | | | |
| 3 | | | | | | | | | | |
| 4 | | | | | | | | | | |
| 5 | | | | | | | | | | |
| 6 | | | | | | | | | | |
| 7 | | | | | | | | | | |
| 8 | | | | | | | | | | |
| 9 | | | | | | | | | | |
| 10 | | | | | | | | | | |

33. Missing Teeth Information (Place an "X" on each missing tooth.)
1 2 3 4 5 6 7 8 9 10 11 12 13 14 15 16
32 31 30 29 28 27 26 25 24 23 22 21 20 19 18 17

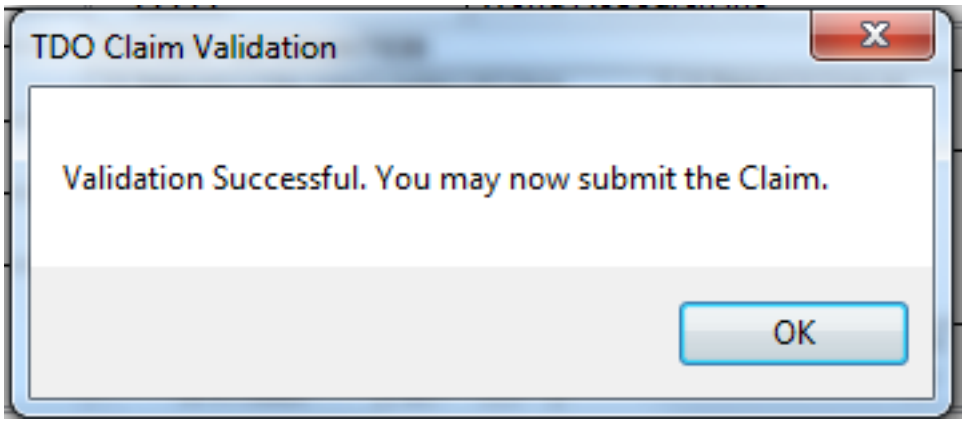
34. Diagnosis Code List Qualifier: ICD-9 = B; ICD-19 = AB
34a. Diagnosis Code(s) (Primary diagnosis in "A") A: B: C: D:

31a Other Fee(s):
32. Total Fee: $450.00

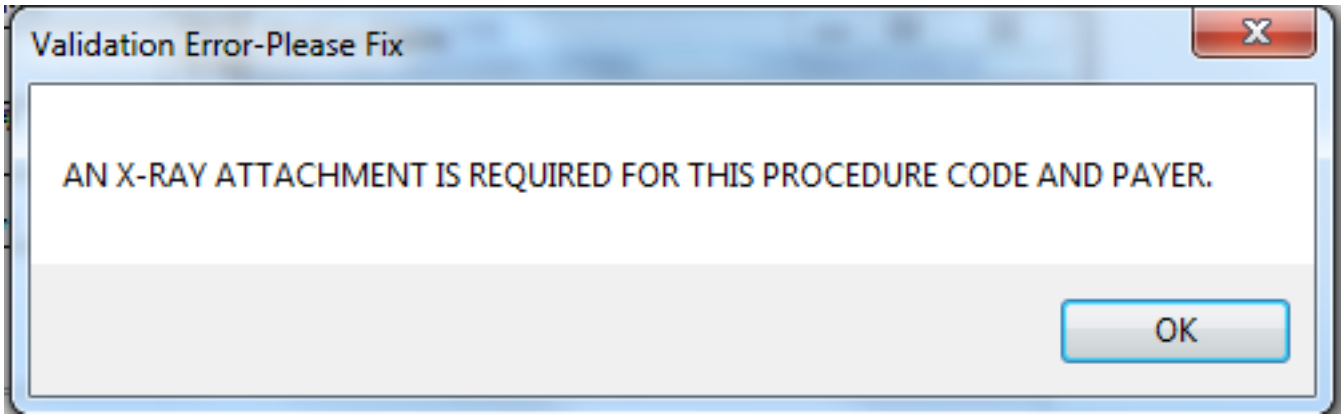
Click on the "Check" button to validate the claim and check if the code being submitted requires an attachment.




If there are no validation errors and if there are no attachments required, there will be a pop-up message saying **"Validation Successful. You may now submit the claim."**



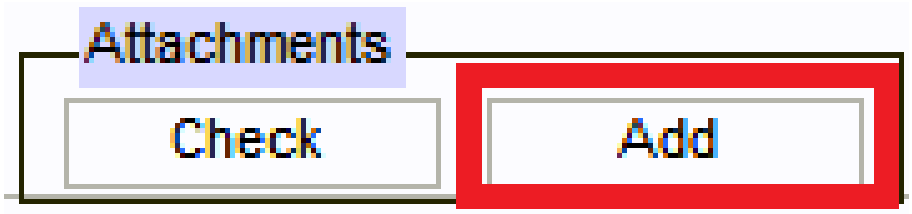

If the code requires an attachment, there will be a popup message saying **"An x-ray attachment is required for this procedure code and payer."**




Click on the **Add** button If you want to add an attachment to the claim.

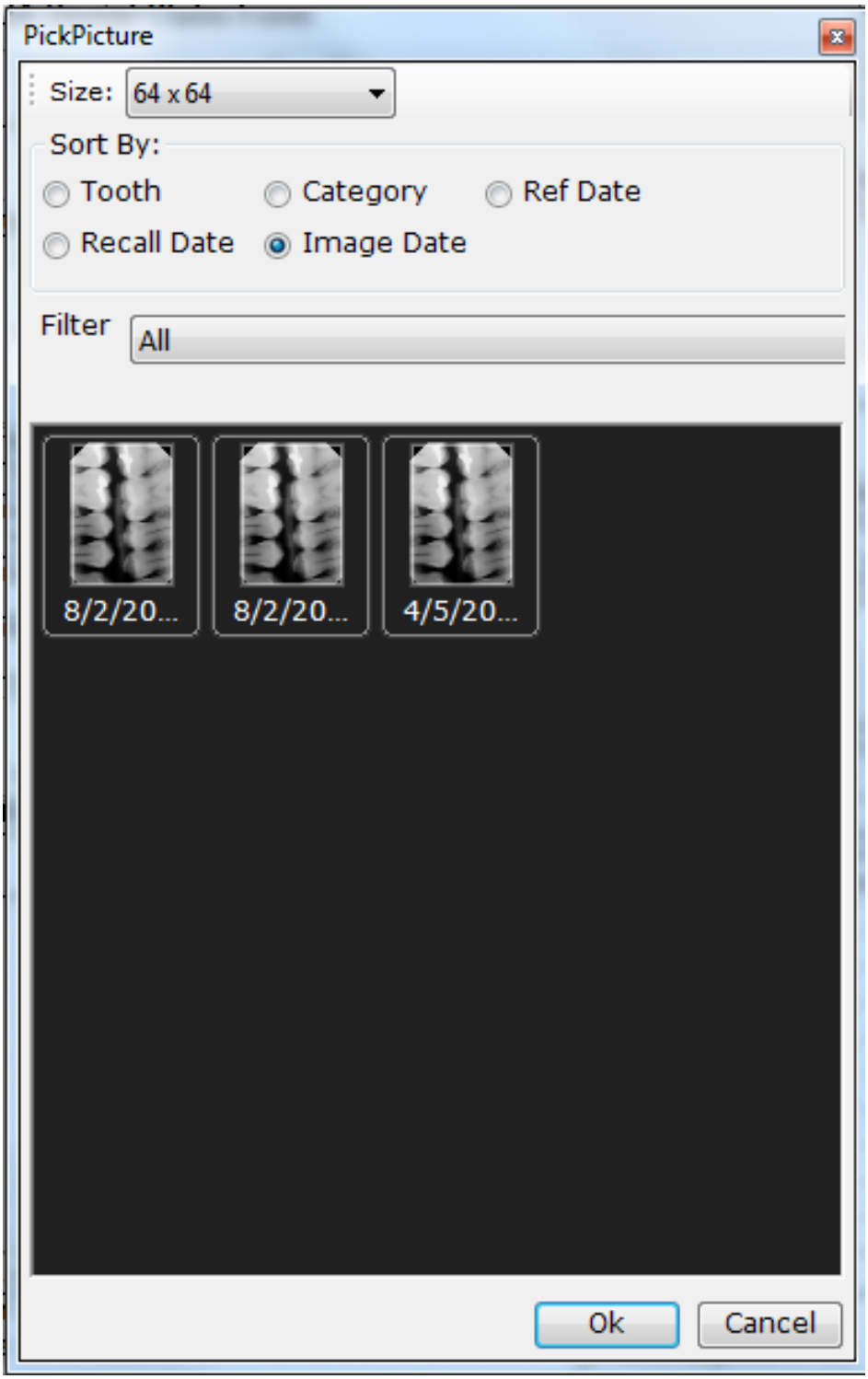
*NOTE: Users can add attachments whether or not they are required for the procedure code and payer.*

*NOTE: If you need to create a long "Remark" you can take a capture of the note, paste the image of the remark into acquire and attach to the claim.*




***NOTE: Only .jpg, .png, and .gif files can be attached.***

The **PickPicture** dialog will display. You can select one or more pictures or documents to send. For multi-selection please hold the ***Ctrl*** key.

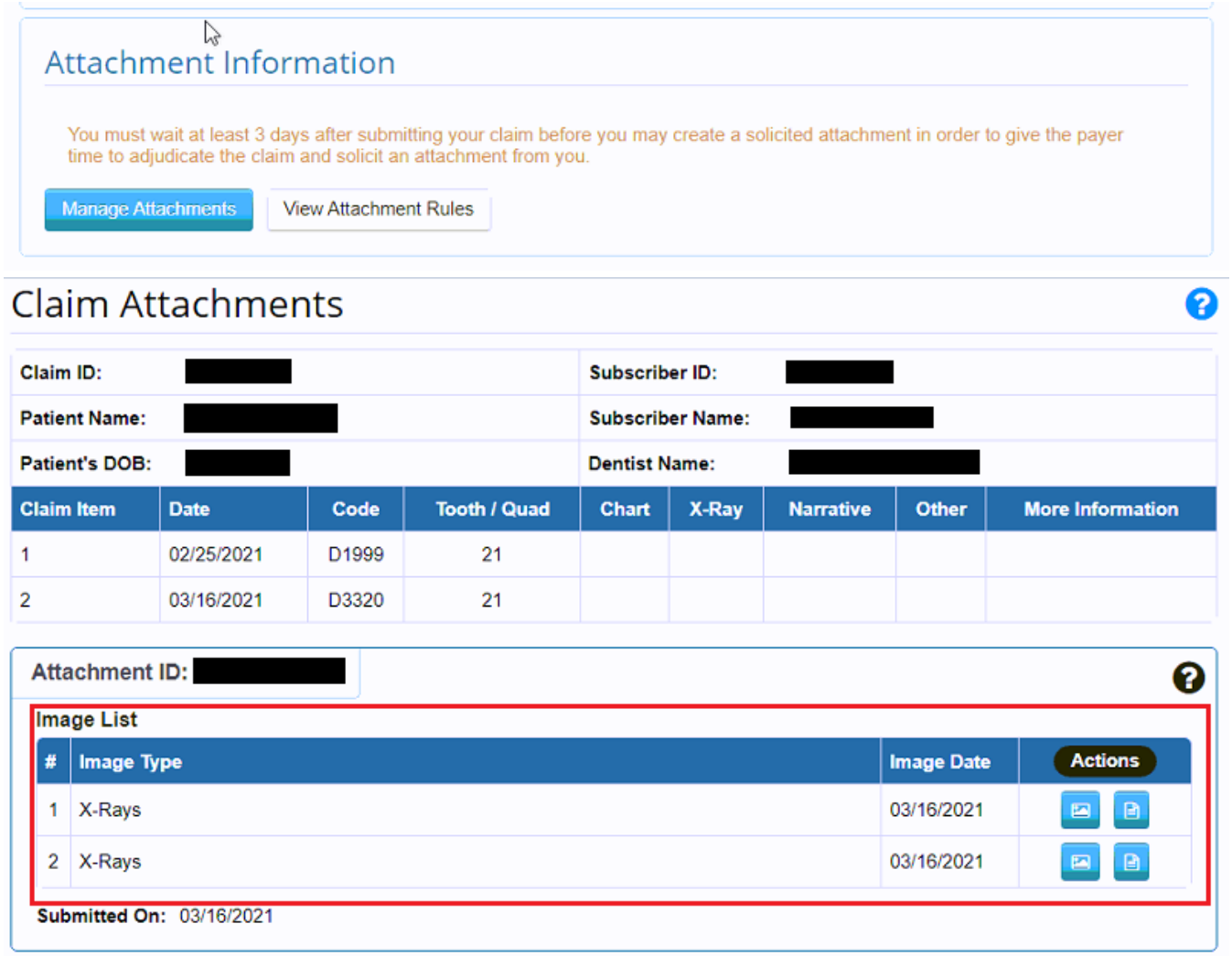



Click the **OK** button to continue.

Click on **Submit E-claim**.

Go to **Insurance Tools** and **Upload Claims**.

Double check the images were attached by logging into DentalXChange > claim search > find the claim > view claim > scroll down to the bottom > **manage attachments**




Online URL: https://kb.tdo4endo.com/article.php?id=725