



DENTAL

Tips for submitting claims to Sun Life



Verify claims address or electronic payer ID	Claims Address: Sun Life Financial PO Box 2940 Clinton, IA 52733	Electronic Payer ID: 70408
Review Claim Submission Guidelines	Claim attachments are not always necessary. Review the Claim Submission Guidelines to determine which attachments, if any, are required.	
Double check identification information	Certain information is needed to identify your patient. The following fields should be completed on the claim form: Employee Name, Employee Date of Birth, Employee ID Number, Patient Name, Patient Date of Birth, Group Name, and Group ID Number.	
Submit attachments electronically	You can submit attachments to us electronically through National Electronic Attachment (NEA). For more information, visit www.nea-fast.com .	
Clearly label all submitted x-rays	The label on the x-ray should include the patient's name, date the x-ray was taken, tooth number(s) and the complete name and address of the treating dentist or dental practice.	
Make sure x-rays are of good diagnostic quality	Duplicate x-rays must be of good diagnostic quality. Dental consultants, during professional claim review process, have difficulty in making an accurate benefit determination with duplicate x-rays of poor diagnostic quality.	
Send only one claim form	There is no need to submit a claim more than once. Whether you submitted your original claim electronically or through the mail, you can check the status online at www.sunlife.com/account through your Sun Life account.	
Use appropriate CDT codes	Please use the appropriate CDT codes. Invalid or incorrect codes may cause a delay in your claim payment. Use the most current American Dental Association (ADA) publication.	
Include tooth number	Include tooth number for the teeth involved in the procedure. When submitting a claim for a periodontal procedure that does not include a full quadrant, include specific tooth numbers. Remember to include the number(s) of other missing teeth in the same arch when submitting claims for Prosthodontics.	
Include tooth surfaces	Include tooth surfaces for all restorative treatment. Make sure that tooth surfaces correspond with submitted CDT code.	
Submit initial and replacement detail	When submitting claims for prosthodontics or crowns, indicate if treatment is initial placement or a replacement. If a replacement, include the date the original prosthetic or crown was placed.	
Include full-time student information	Include full-time student information if your patient has exceeded the standard dependent age limit. Members may also call us with this information.	
Include primary carrier's payment amount	When Sun Life is the secondary payer, please provide the primary carrier's payment amount. Also, remember to include the primary carrier's member name, date of birth and relationship to the insured.	
Include orthodontic treatment plan	When submitting orthodontic claims, include treatment fee, banding date, estimated number of months in treatment and prior carrier information.	



Claim Submission Guidelines

Procedure	ADA Code	X-rays and Documentation Required
Resin Crown	2390	Current pre-op x-rays
Inlay/Onlay	2510-2664	Current pre-op x-rays Initial or replacement information
Crowns	2710-2799	Current pre-op x-rays Initial or replacement information
Buildup	2950	Current pre-op x-rays
Post and Core	2952-2957	Current pre-op x-rays
Veneer	2960-2962	Current pre-op x-rays Initial or replacement information
Endodontic Implant	3460	Current pre-op x-rays of entire arch Missing teeth with extraction dates Age of prior prosthetic if applicable
Perio Surgery	4210-4321	Current pre-op x-rays and perio charting Perio charting only and narrative for codes: 4270, 4271, 4273, 4275, 4276
Perio Scaling and Root Planing	4341-4342	Current pre-op x-rays and perio charting
Partials and Dentures	5110-5281	Missing teeth with extraction dates Age of prior prosthetic if applicable
Implant	6010-6199	Current pre-op x-rays of entire arch Missing teeth with extraction dates Age of prior prosthetic if applicable
Fixed Bridge	6210-6999	Current pre-op x-rays of entire arch Missing teeth with extraction dates Age of prior prosthetic if applicable
Orthodontics	8010-8090	Total treatment fee Date patient was banded Estimated number of months in treatment



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www.sunlife.com/us

These guidelines are not all inclusive. There may be procedures which require additional information. Current Dental Terminology (CDT)® American Dental Association (ADA). All rights reserved.

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Group insurance policies are underwritten by Sun Life Assurance Company of Canada (Wellesley Hills, MA) in all states, except New York. In New York, group insurance policies are underwritten by Sun Life and Health Insurance Company (U.S.) (Lansing, MI).

Plans contain limitations, exclusions, reductions and restrictions. Benefits provided and premium amounts depend upon the plan selected.

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