

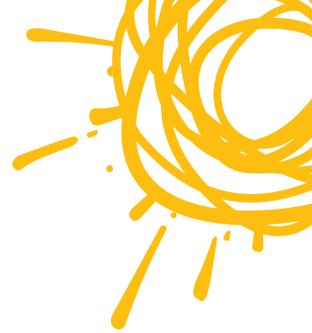


DENTAL

# Tips for submitting claims to Sun Life



|   |   |                                      |
|---|---|--------------------------------------|
| Verify claims address or electronic payer ID    | <b>Claims Address:</b><br>Sun Life Financial<br>PO Box 2940 Clinton, IA 52733   | <b>Electronic Payer ID:</b><br>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 <a href="http://www.nea-fast.com">www.nea-fast.com</a> .  |                                      |
| 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 <a href="http://www.sunlife.com/account">www.sunlife.com/account</a> 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<br>Initial or replacement information  |
| Crowns                         | 2710-2799 | Current pre-op x-rays<br>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<br>Initial or replacement information  |
| Endodontic Implant             | 3460      | Current pre-op x-rays of entire arch<br>Missing teeth with extraction dates<br>Age of prior prosthetic if applicable     |
| Perio Surgery                  | 4210-4321 | Current pre-op x-rays and perio charting<br>Perio charting only and narrative for codes:<br>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<br>Age of prior prosthetic if applicable   |
| Implant                        | 6010-6199 | Current pre-op x-rays of entire arch<br>Missing teeth with extraction dates<br>Age of prior prosthetic if applicable     |
| Fixed Bridge                   | 6210-6999 | Current pre-op x-rays of entire arch<br>Missing teeth with extraction dates<br>Age of prior prosthetic if applicable     |
| Orthodontics                   | 8010-8090 | Total treatment fee<br>Date patient was banded<br>Estimated number of months in treatment                                |



One Sun Life Executive Park  
Wellesley Hills, MA 02481

[www.sunlife.com/us](http://www.sunlife.com/us)

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

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