Claim Submission Guidelines

Superior Dental Care (SDC) and Medical Mutual

Submitting dental claims for SDC and Medical Mutual members is simple. Follow the guidelines below to help streamline processing, reduce delays and ensure fast payment.

Claim Submission Guidelines

- **Claim Forms:** Must be fully completed.
- **Crowns, Prosthetics and Onlays:** The date of service must reflect the seat/delivery date, as benefit eligibility is based on when the restoration is seated. Treatment plans including two or more crowns and/or onlays require current, diagnostic-quality pre-op x-rays.
- **Fillings** *(SDC only)***:** Pre-op x-rays are required if the treatment plan includes multiple anterior restorations or six or more posterior teeth.
- **Tissue Grafts** *(SDC only)***:** Treatment plans involving three or more teeth require pre-op photographs in addition to current periodontal charting and/or a narrative detailing existing conditions; specifically, the amount of attached keratinized tissue remaining and other contributing factors.
- **Periodontic Procedures** *(SDC only)***:** Current (pre-op) full-mouth, six-point periodontal charting (including mobility) should be submitted. Additionally, a four-week wait is required between root planing and osseous surgery. Resubmit new charting following root planing and prior to completing osseous surgery.
- **Initial Orthodontic Procedures:** Submit start date, proposed treatment months, total charges and brief narrative of treatment or function of appliance. For SDC members, orthodontic claims must be submitted within three months of treatment initiation.
- **Orthodontic Procedures in Progress** *(at the time member eligibility is established)***:** Submit initial cost, start date and initial estimate of months of treatment. For SDC members, orthodontic claims for work in progress must be submitted within three months of member's SDC eligibility.
- **X-Rays or Other Documentation:** May be requested at the discretion of our Dental Consultants to complete review of a submitted service. If requested, please send diagnostic-quality copies of x-rays.
- **Missing Tooth Clause:** SDC and Medical Mutual plans do not have a missing tooth exclusion. Our plans cover tooth replacement procedures for members who had a tooth fall out or extracted prior to enrollment.

Electronic Claim Submission

Electronic claims can be sent for processing through DentalXChange and Vyne (Tesia).

- **SDC Payor ID #31117**
- **Medical Mutual Payor ID #29076**

Supporting documentation for claim review can be submitted at SuperiorDental.com/dentist-support or through your provider Direct Connect account. Please note that the secure upload service is not intended to be utilized for regular claim submission.

Claims Mailing Address

As shown on the back of member ID cards, our claims mailing address is:

Superior Dental Care *or* **Medical Mutual**
P.O. Box 6018
Cleveland, OH 44101-1018

See back for information regarding Pre-determination of Benefits ▸

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Pre-determination of Benefits

When Pre-determination of Benefits Is Needed

When a proposed treatment plan for a member exceeds $400.00 or includes periodontal treatment, a Pre-determination of Benefits is necessary. While a service may be part of a member's benefit, the particular case may not meet payment criteria. Pre-determinations allow the patient to understand what his/her financial responsibility will be and ensure that the patient's dental plan covers the particular case.

For SDC members, the pre-determination policy applies even to restorations/fillings when the treatment plan includes multiple anterior restorations or six or more posterior restorations.

When Pre-determination of Benefits Is Not Needed

Pre-determination of Benefits is not necessary for endodontic treatment or for emergency extractions of wisdom teeth.

How to Submit a Pre-determination of Benefits

- Send a completed claim form outlining the proposed treatment with a notation stating "pre-determination". Be sure to fully complete the claim form and attach any required documentation.
- To determine what is required for a particular service, please reference the claim submission guidelines on the opposite side of this sheet.
- No date of service or anticipated service dates are needed for pre-determinations.
- Once the form is processed, a Pre-determination of Benefits will be sent to your office and to the patient.
- Please remember that pre-determinations are only valid for one year and for the submitting office.

Please note: These are our standard guidelines for Pre-determinations of Benefits. Some plans, such as those with union-negotiated benefits, may contain specific Pre-determination of Benefits guidelines that will supersede standard guidelines.