

Claim Submission

At Medical Mutual, we make it easy to submit claims and get paid quickly for your excellent care.

Guidelines

- **Claim Forms:** Must be fully completed.
- **Date of Service:** Must reflect date the crown or prosthetic is seated, as benefit eligibility is based on seat/delivery for crowns and prosthetics.
- **Crowns/Onlays:** Treatment plans including two or more crowns and/or onlays require submission of current, diagnostic-quality pre-op x-rays.
- **Initial Orthodontic Procedures:** Submit start date, proposed treatment months, total charges and brief narrative of treatment or function of appliance.
- **Orthodontic Procedures in Progress** (at the time Medical Mutual eligibility is established): Initial cost, start date and initial estimate of months of treatment.
- **X-Rays or Other Documentation:** May be requested at the discretion of Medical Mutual's Dental Consultants to complete review of a submitted service. If requested, please send diagnostic-quality copies of x-rays.
- **Missing Tooth Clause:** Medical Mutual does not have a missing tooth exclusion. Medical Mutual covers the tooth replacement procedures for members who had a tooth fall out or extracted prior to having dental coverage with Medical Mutual.

Easy Claims Submission

Claims Clearinghouses

Medical Mutual receives and processes electronic claims from the following clearinghouses under **Payor ID #29076**:

- Change Healthcare
- DentalXChange
- Tesia

Mail

As shown on the back of member ID cards, Medical Mutual's claims mailing address is:

Medical Mutual
P.O. Box 6018
Cleveland, OH 44101-1018

*See back for information regarding
Pre-determination of Benefits*

Pre-determination of Benefits

When Pre-determination of Benefits is Needed

When a proposed treatment plan for a Medical Mutual member exceeds \$400.00 or includes periodontal treatment, a **Pre-determination of Benefits** is recommended. 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.

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 Medical Mutual's 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 Medical Mutual's standard guidelines.*