

New Jersey GDS Claims Information

THE GUARDIAN LIFE INSURANCE COMPANY OF AMERICA CLAIM INFORMATION AND DOCUMENTATION

Guardian accepts any standard dental claim form, Guardian's dental claim form, or submission through an electronic clearinghouse, such as Emdeon or Dentalxchange. Claims can be mailed to The Guardian Life Insurance Company of America at ~~P.O. Box 2459, Spokane, WA 99210-2459~~ or by hand or registered/certified mail to The Guardian Life Insurance Company of America at ~~777 East Magnesium Road, Spokane, WA 99208~~. Claims may be submitted electronically using Guardian's Payer ID #64246. Guardian does not impose any penalties for untimely submissions. Guardian's toll free dental number is 800-541-7846.

PO Box 981572, El Paso, TX 79998-1572 **605 E. Holland Avenue, Suite 300 / Spokane, WA 99218**
Claim disputes, in regards to the handling of claims, can be mailed to The Guardian Life Insurance Company of America at ~~P.O. Box 2459, Spokane, WA 99210-2459~~. **PO Box 981572, El Paso, TX 79998-1572**

If Guardian fails to pay a clean claim within 30 days (electronic claim) or 40 days (written claim) we will include simple interest on the claim amount at the rate of ~~12%~~ per year and will add the interest amount to the claim amount when paying the claim. If Guardian denies or pays a claim incorrectly, and upon appeal the decision is overturned, interest is figured and paid based on the day the appeal was received. **10%**

Guardian defines a clean dental claim as follows:

A claim submitted by a claimant for payment of covered dental services that can be processed without the need for any additional information. The claim must be submitted on a claim form, with all data elements completed.

A clean claim is not a claim that requires Guardian to: 1) obtain additional information from the Provider or Patient, including, but not limited to, primary carrier vouchers, medical vouchers, radiographs, Patient or Provider information; 2) obtain information on student eligibility or on over-age dependents; or 3) a claim related to an investigation of possible fraud or misrepresentation of information.

A clean claim must include the following data elements:

- Patient name (First name, middle initial, last name)
- Patient date of birth
- Patient complete address
- Patient Gender
- Patient relationship to insured/employee
- Patient marital status
- Other health insurance coverage information (Other insured name, date of birth, gender, Insurance Company name, Policy/Group number, Employer name, or School name)
- Insured/Employee name (First name, middle name, last name)
- Insured/Employee date of birth
- Insured/Employee social security number/unique identification number
- Insured/Employee Policy/Group number
- Insured/Employee employer name
- Insured/Employee complete address
- Dentist name (First name, middle name, last name)
- Dentist complete address and telephone number
- Date(s) of service, CDT code, description of service, tooth number, arch or quadrant, surface codes, fee charged, applicable radiographs and pocket depth probing, by report CDT code narratives
- Dentist signature and date
- Indication if service is a result of an accident or work related (if result of an accident, major medical vouchers will be requested and benefits will be coordinated)
- Indication if a prosthetic is initial or replacement and if replacement, the initial placement date

For orthodontic benefits the following data elements must be submitted in addition to the prior data requirements:

- Orthodontic total treatment fee
- Orthodontic total number of estimated months of treatment
- Orthodontic date of service when appliance is placed

If it is determined that the submitted claim is not a “clean claim”, any additional information needed to process the claim will be requested in writing.

Services that require proof of loss:

In order to accurately pay for and determine covered charges, it is required that information acceptable to Guardian be provided. This information may, at Guardian’s discretion, consist of radiographs, study models, periodontal charting, narratives, and/or other diagnostic materials, which document proof of claim and support the necessity of the proposed treatment. If the necessary information is not provided, no benefit or minimum benefits may be allowable.

Guardian reserves the right to require diagnostic documentation for any service we receive on a claim.

Although we reserve the right to revise the list of procedures we review at any time, we review crowns, bridges, inlays, onlays, laminate veneers, buildups, post and cores, and some periodontal procedures. In addition, we have a utilization-based claim review program for providers that appear to be either under or over utilizing certain procedures. Dentist Consultants determine, based on the information submitted, the appropriateness of treatment, medical (dental) necessity, and the extent of decay or injury. Guardian then applies the dental plan provisions and issues any benefit payable.

We routinely require diagnostic documentation, including radiographs on the following services:

- Crowns and bridges
- Inlay/onlays
- Veneers
- Post and cores, indirectly fabricated
- Crown buildups
- Crown lengthening surgery

If the tooth is cracked or fractured, an intraoral photo should also be submitted.

We routinely require diagnostic documentation, including radiographs and pocket depth probings on the following services:

- Scaling and root planing
- Osseous surgery
- Guided tissue regeneration
- Gingival flap procedures
- Bone replacement grafts
- Distal wedge
- Gingivectomy

When radiographs do not adequately document or support the necessity of a service, please send a written narrative in addition to the radiographs, and any available intraoral photographs. Generally a narrative alone is not sufficient to document the necessity of the treatment and to establish proof of loss.