

2026 DENTAL
Provider Processing Manual



HRI has been insuring smiles with providers like you for 40 years.
Thank you for the care that you provide to help improve the
dental health of members in your community.

Updated December 2025.



Letter From the President

Thank you for your care of our plan members. Your dental partnership with HRI Dental & Vision is valued and appreciated.

HRI understands that your time should be serving patients and we are dedicated to creating an experience for dentists and dental offices that is easy and frustration free. Your focus should be on improving the oral health of your patients and not having to spend time navigating phone trees and waiting on hold to answer simple questions.

Health Resources Inc. (HRI) was founded by practicing dentists over 40 years ago. Being founded by dentists, we know what is important to your office including paying claims very quickly and reducing the number of procedures that are medically reviewed. Why are we different? It is because we trust dentists!

If you are new to HRI, please read this manual carefully. We have invested heavily in technology to process claims quickly and ensure that once a claim is submitted there is no delay in your office getting paid.

Need help? We offer many ways to contact us including our 800#, chat on our website, secure messaging in our portal and email.

Phone: 800-727-1444

Email: claims@insuringsmiles.com

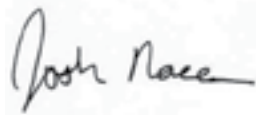
Online: Secure Message Center

Website: insuringsmiles.com

We also have an extremely talented and friendly group of dentists on staff that you can speak to on a peer level.

By investing in relationships and technology, solving problems and proactively searching for opportunities to constantly improve, our partnerships continue to flourish and deliver healthy outcomes and success. We look forward to working with you to provide the highest level of dental care to your patients and communities.

Sincerely,



Josh Nace
President, HRI Dental & Vision

Welcome to HRI

Our benefits and administrative policies are designed with your practice in mind. After all, the dentist and the care you provide are the key to a successful dental plan and the good dental health of our communities.

When you are part of our progressive network of dentists across the United States, you can expect:

- **Great customer service** from our U.S.-based representatives who will be available to you within 30 seconds of your call to provide plan benefits, help resolve issues and facilitate the timely closure of claims.
- **Peer group Dental Review Team** stands ready to discuss clinical issues with you.
- With our **simplified and quick claims payment**, 99% of claims are processed and paid within 10 days. You'll enjoy:
 - Weekly claims payment.
 - Direct deposit of claims payment, reducing your office's collection effort.
- Real-time data is at your fingertips through our online portal, including:
 - Same-day pretreatment results.
 - Online eligibility verification.

This manual outlines HRI's standard processing policies. We keep it simple so you can focus on patient care!



Online Tools

Our online portal, insuringsmiles.com, is tailored to meet your administrative needs. After establishing a secured website account, you'll have access to the following patient information:

- Covered enrollees.
- Group number.
- Remaining plan annual maximum.
- Remaining lifetime orthodontic maximum.
- **Real-time eligibility:** We provide the patient's full claim history, regardless of where the services were completed.

insuringsmiles.com also includes many cost and time-saving services for your office, such as:

- **Free claim submission:** Entered directly into the patient's history with no delay from the clearinghouse.
- **Free pretreatment submission:** Most often, a response is returned to you within 2 hours of submission.
- **Secure message center to contact our claims team:** HIPAA compliant message center allows dental offices to communicate directly with a representative from our member services team.
- **Storage and retrieval site for explanation of benefits:** Historical log of any explanation of benefits with enhanced search features such as the patient's entire claim history.

Doctor-Patient Relationship

We take pride in offering quality dental plans that do not compromise or intrude upon the dentist-patient relationship. Patient care and treatment decisions should be made between patients and their dentists. We encourage employer groups to offer plans for their employees that feature comprehensive coverage to ensure their employees have the ability to receive the treatment plan you recommend.



Clinical Review and Documentation Requirements

We value the cooperation and integrity of dental providers, therefore we minimize our involvement in your patient's care by requiring the submission of supporting documentation for only the following ADA codes on a standard plan.

Clinical review is completed by a member of our Dental Review Team. This team of licensed dentists is also available for your consultation.

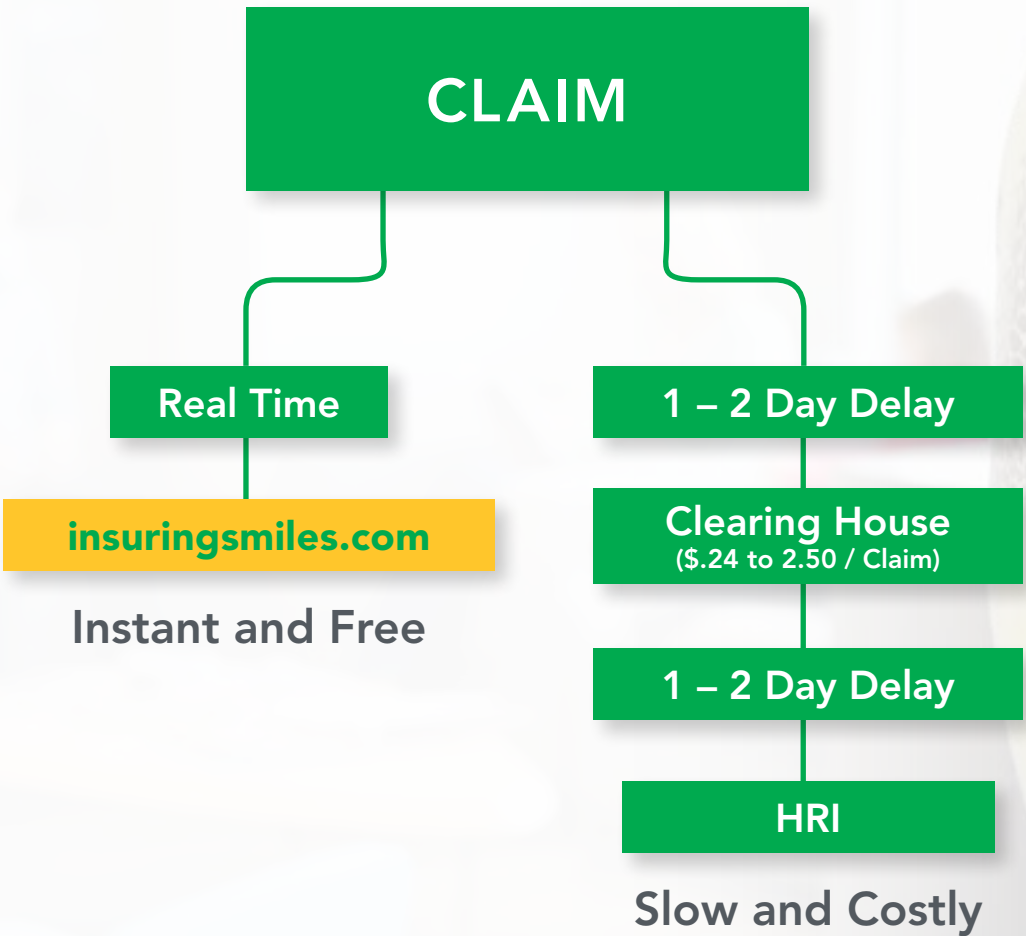
ADA Code	Required Attachments/ Documents	Criteria
D2510, D2520, D2530, D2610, D2620, D2630, D2650, D2651, D2652	Duplicate, diagnostically acceptable, pre-operative radiographic image or intraoral photo.	Completion of root canal therapy, existence of caries or other pathology, cracked tooth syndrome, missing cusp(s), the amount of remaining tooth structure or the amount of circumferential decay. Crowns are not covered when increasing vertical dimension and restoring occlusion. More than 40% of the tooth structure missing with decay.
D2542, D2543, D2544, D2642, D2643, D2644, D2662, D2663, D2664	Duplicate, diagnostically acceptable, pre-operative radiographic image or intraoral photo.	Completion of root canal therapy, existence of caries or other pathology, cracked tooth syndrome, missing cusp(s), the amount of remaining tooth structure or the amount of circumferential decay. Crowns are not covered when increasing vertical dimension and restoring occlusion. More than 40% of the tooth structure missing with decay.
D2710, D2712, D2720, D2721, D2722, D2740, D2750, D2751, D2752, D2753, D2780, D2781, D2782, D2783, D2790, D2791, D2792, D2794	A duplicate, diagnostically acceptable, pre-operative radiograph or intraoral photos and/or narrative.	• Radiograph or intraoral photos should show completion of root canal therapy, or • Detailed narrative should address the existence of caries or other pathology, cracked tooth syndrome, missing cusp(s), the amount of remaining tooth structure or the amount of circumferential decay. • Crowns are not covered when increasing vertical dimension and restoring occlusion. More than 40% of the tooth structure missing with decay.
D2950, D2952, D2954	Duplicate, diagnostically acceptable, pre-operative radiograph or intraoral photo.	• More than 60% of the tooth crown is missing due to fracture or decay. • Less than three mm of sound tooth structure remaining around the gum line. • Previous root canal filling completed except where a prior crown through which the access is made remains on the tooth.
D3310, D3320, D3330, D3346, D3347, D3348	Duplicate, diagnostically acceptable, post-operative periapical.	Root Canal fill shall be no less than two mm short or 0.5 overfill.

ADA Code	Required Attachments/ Documents	Criteria
D4341, D4342	Full mouth chart with six points per tooth probings and diagnostic full mouth radiographs and/or vertical bitewings.	• Must exhibit pocket depths of at least four mm around at least four teeth in each quadrant. • Exhibit periodontal disease showing loss of clinical attachment and two mm bone loss on four teeth.
D6210, D6211, D6212, D6214, D6240, D6241, D6242, D6243, D6245, D6545, D6548, D6740, D6750, D6751, D6752, D6753, D6780, D6781, D6782, D6783, D6784, D6790, D6791, D6792, D6794	Duplicate, diagnostically acceptable, pre-operative radiographic image or intraoral photo.	Completion of root canal therapy, existence of caries or other pathology, cracked tooth syndrome, missing cusp(s), the amount of remaining tooth structure or the amount of circumferential decay. Crowns are not covered when increasing vertical dimension and restoring occlusion. More than 40% of the tooth structure missing with decay.
D7210	Duplicate, diagnostically acceptable, pre-operative periapical and/or panoramic radiograph.	• Removal of bone. • Sectioning of tooth, including elevation of mucoperiosteal flap.
D7220	Duplicate, diagnostically acceptable, panoramic radiograph.	Removal of impacted tooth where part of the crown is covered by soft tissue. This procedure requires the elevation of a mucoperiosteal flap for access as the tooth is located beneath occlusal soft tissue.
D7230	Duplicate, diagnostically acceptable, panoramic radiograph.	Removal of impacted tooth – partially bony where less than 50% of the crown is covered by bone; this includes the occlusal and the lateral walls. This procedure requires both a mucoperiosteal flap be elevated and the pericoronal bone be removed in order to access the tooth for extraction.
D7240	Duplicate, diagnostically acceptable, pre-operative periapical and/or panoramic radiograph.	Removal of impacted tooth – completely bony where at least 50% of the crown is covered by bone; this includes the occlusal and the lateral walls. This code requires that both a mucoperiosteal flap be elevated and that pericoronal bone be removed in order to access the tooth for extraction.
D7241	Duplicate, diagnostically acceptable, pre-operative periapical and/or panoramic radiograph.	Removal of impacted tooth – completely bony impaction which is unusually difficult or complicated. Factors that may justify the use of this code are: Nerve dissection required, separate closure of maxillary sinus, or difficult access due to aberrant tooth position.
D7250	Duplicate, diagnostically acceptable, pre-operative periapical and/or panoramic radiograph.	• Removal of bone. • Sectioning of tooth, including elevation of mucoperiosteal flap.

Claim Submission

Providers submit claims to HRI for their patients. All claims shall be submitted on a standard ADA claim form or electronically in a manner approved by HRI. To be considered for payment, a claim must be submitted within one year from the date of service. Claims may be submitted to:

- **Electronic payor:** CX019
- **Online:** insuringsmiles.com
- **Fax:** 812-401-3609
- **Mailing address:**
P.O. Box 659
Evansville, Indiana 47704



Coordination of Benefits

PRIMARY PAYOR

The HRI plan is the primary payor when we do not have indication of other insurance within our enrollment files and there is no indication of other insurance on the claim form you have filed.

SECONDARY PAYOR

When HRI is the secondary payor for services performed by an **in-network provider**, the maximum allowable amount is determined by:

- The lesser fee of the primary or secondary insurance as it applies to network participation and any associated discounts and patient responsibility.
- The fee considered for the global service.

ADA code	D2392*
Fee charged	\$172
Primary plan maximum allowable	\$160
Primary plan payment	\$80
Initial patient responsibility	\$80
Secondary plan (HRI) maximum allowable	\$170
Secondary plan payment	\$80
Final patient responsibility	\$0

* Costs in this column are examples only and not actual services fees.



When HRI is the secondary payor for services performed by an **out-of-network provider**, the provider is not held to a maximum allowable amount and may bill the balance to the member.

ADA code	D2392*
Fee charged	\$172
Primary plan maximum allowable	\$160
Primary plan payment	\$80
Initial patient responsibility	\$92
Secondary plan (HRI) maximum allowable	\$140
Secondary plan payment	\$70
Final patient responsibility	\$22

* Costs in this column are examples only and not actual services fees.

Denied vs. Disallowed

After you and your patient have determined the appropriate treatment plan, there is nothing more frustrating than learning that the patient's insurance carrier will not pay for the procedure and, that you, the dentist, will not be able to collect reimbursement from the patient. We try to remain impartial in the delivery of treatment. Therefore, we may only disallow a procedure in the event of one of the following scenarios:

- **Enforced ADA limitation**

- For example: D4341 – Separate charges for local anesthetic are disallowed.
- ADA states "Local anesthesia is usually considered to be part of Periodontal procedures."

- **Clinical criteria:** Whether ADA or plan-determined criteria, if supporting documentation does not satisfy requirements for payment, the dental office may refile with the appropriate ADA code and the procedure will be reconsidered.

- For example: D2950 – Core build-up including pins:
 - More than 50% of the tooth crown is missing due to fracture or decay.
 - Less than 3 millimeters of sound tooth structure remaining around the gum line.
 - Previous root canal filing completed except where a prior crown through which the access is made remains on the tooth.

- **Unbundling:** In the event that multiple procedures are billed separately, the plan will reimburse according to the global procedure. Providers are not permitted to separately bill for items or services that are customarily considered inclusive to the primary procedure under standard industry practices – such as, but not limited to, laboratory or material fees associated with crowns, bridges or dentures.

- **Poor standard of care:** In the event that all members of the Dental Review Team agree that the treatment is substandard, the Dental Review Team may deny or disallow a procedure. Enforcement of this provision includes communication with the rendering dentist.

General Processing Guidelines

All covered services will be considered in relation to the most global/comprehensive procedure and as such separate charges for procedural components may be denied or disallowed, this includes but is not limited to:

- **Radiographic images:** The maximum amount for all radiographic images taken on one day will be equivalent to the allowance of a D0210. The difference may not be billed to the Enrollee.
- **Restorative procedures:** Coverage for more than one restoration on the same date of service will be limited to the number of unique surfaces.
- Separate charges for the use of local anesthetic (D9215), bonding agents, bases, pulp capping (D3110, D3120), etchants, etc.



Claims Appeal

HRI will notify your office of a benefit determination after a claim is filed via an Explanation of Benefits (EOB). An adverse benefit determination is any denial, reduction or termination of the benefit for which you filed a claim or a failure to provide or make payment (in whole or in part) of the benefit you sought. This includes a determination based on eligibility, the administration of covered services, limitations or restrictions, and payment amounts.

If you receive notice of an adverse benefit determination and think that the plan incorrectly denied all or part of your claim, you may take the following steps:

Informal claims appeal procedure: First, contact HRI’s Member Services Team to verify that the claim was correctly processed. If you contact HRI in writing, enclose a copy of your EOB and describe the issue. We provide this opportunity for you to describe the issue and submit information that might indicate that your claim was improperly denied and allow the plan to correct this error quickly.

Formal claims appeal procedure: Whether or not your office has contacted HRI informally (as described above) to recheck the initial determination of the claim, submit a formal request to have the claim reviewed by a member of the HRI Review Team. To request a formal appeal of your claim, you must send your request in writing to the following address:

HRI Review Team
P.O. Box 659
Evansville, Indiana 47704-0659

The Dental Review Team will make their decision and notify you in writing within 30 days of receiving your request.

Civil action: You may also have the right to seek to have your patient’s claim paid by filing a civil action in court. The following addresses are available for the Departments of Insurance in Indiana, Kentucky and Ohio:

Indiana Department of Insurance
ATTN: Consumer Services Division
311 W. Washington St., Suite 300
Indianapolis, Indiana 46204

Ohio Department of Insurance
ATTN: Consumer Services Division
50 West Town St., Third Floor, Suite 300
Columbus, Ohio 43215

Kentucky Department of Insurance
ATTN: Division of Consumer Protection
P.O. Box 517
Frankfort, Kentucky 40602

Request for Reimbursement

In the event that HRI receives notification that a procedure was processed inappropriately (corrected claim, secondary carrier, procedure submitted in error, coverage expired), we will issue a request for reimbursement. This request is uploaded to your online dental portal and a notification will be delivered to your practice’s email. Once uploaded, your office will have 30 days to respond – either by requesting clarification or by returning the requested amount. After 30 days, HRI will attempt to contact the dental office **before** withholding payment from future reimbursements. HRI will never directly withdraw payment from your bank account.

Questions

We work hard to keep our customers smiling!



If you have questions about your patient’s dental plan, please contact us at:

Phone: 800-727-1444
Online: Secure Message Center
Email: claims@insuringsmiles.com
Mailing Address: P.O. Box 659
Evansville, Indiana 47704



1449 Kimber Lane, Suite 103A
Evansville, Indiana 47715

800-727-1444

insuringsmiles.com