Provider Manual
Section 18.0
Dental Network

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18.0 Dental

Passport is pleased to partner with Avesis Incorporated (Avesis) for the administration of our Dental Program.

Passport and Avesis recognize the importance of promoting and providing good oral hygiene for Medicaid members in Kentucky. We understand the linkage between good oral health and overall health. By helping to ensure all Passport members receive appropriate and timely dental services, we can continually improve the oral health of members.

The provisions set out in this Section of Passport's Provider Manual supplement the provisions in previous sections as applicable, and include additional information specific to dental providers. Updates to this Dental Section of the Provider Manual will be provided on a periodic basis and available on the below-stated websites. As your office receives communications from Avesis and Passport, it is important that you and/or your office staff read these Dental Network Alerts and other special mailings and retain them with this Provider Manual so you can integrate the changes into your practice. All provider materials, including this Provider Manual and the Provider Directory, are available online at **www.passporthealthplan.com** and **www.avesis.com**.

Please take the time to familiarize yourself with this Provider Manual, including this Section. If you have any questions, require clarification regarding the Provider Manual, or need assistance or information that is not included within this Provider Manual, please contact

Provider Services: (866) 909-1083
Monday - Friday 7:00 a.m. to 8:00 p.m. (EST)

All offices will be notified thirty (30) days prior to the effective date of any changes or revisions to this Provider Manual affecting their practice, unless the change is required by law or regulation. Information in this Provider Manual will be updated on the Avesis and Passport websites at www.avesis.com. and www.passporthealthplan.com. It is the provider's responsibility to stay abreast of changes to this Provider Manual.

The Avesis website also contains important information including but not limited to Dental Alerts, eligibility verification, claims submission and claims status. Providers may also visit the Passport website for information on Passport and the Dental Program.

18.1 Important Contact Information

18.1.1 Dental Provider Services Call Center (866) 909-1083

The Dental Provider Services Call Center is available Monday through Friday, 7:00 a.m. to 8:00 p.m. EST to assist providers with questions about policies, procedures, member eligibility, and benefits. Representatives are also available if providers need to request forms or literature, or to report member noncompliance.

A Dental Provider Field Representative can offer orientations and in-service meetings for

providers and their staff. This representative can also provide service calls and process any changes in provider status, such as addresses and telephone numbers.

18.1.2 Provider Services and Utilization Management

Provider Services
(866) 909-1083
Monday – Friday, 7:00 a.m. - 8:00 p.m. EST

Utilization Management
(866) 653-5544 (secure fax)
Monday – Friday, 7:00 a.m. - 8:00 p.m. EST

18.1.3 Avesis Chief Dental Officer and State Dental Director

Avesis Chief Dental Officer
Fred L. Sharpe, DDS
fsharpe@avesis.com
(800) 522-0258 x 11288

Avesis State Dental Director
Dr. Jerry Caudill
jcaudill@avesis.com
(502) 662-2101

18.1.4 Claims Submission and EFT

Initial Claims Submission:
Avesis Third Party Administrators, Inc.
Attn: Dental Claims
P.O. Box 7777
Phoenix, Arizona 85011-7777

For Claims Correction:
Avesis Third Party Administrators, Inc.
Attn: Corrected Dental Claims
P.O. Box 7777
Phoenix, Arizona 85011-7777

Avesis EFT Contact:
Avesis Third Party Administrators, Inc.
Attn: Finance
P.O. Box 782
Owings Mills, Maryland 21117

18.1.5 Pre-Treatment Estimate and Post Review

Avesis Pre-Treatment Estimate:
Avesis Third Party Administrators, Inc.
Attn: Pre-Treatment Estimate
P.O. Box 7777
Phoenix, Arizona 85011-7777

Avesis Post Review:
Avesis Third Party Administrators, Inc.
Attn: Post Review
P.O. Box 7777
Phoenix, Arizona 85011-7777

18.2 Administrative Procedures

18.2.1 Member Identification and Eligibility Verification

Member eligibility information is detailed in Section 2.0. of the Provider Manual. As noted, Passport member eligibility varies by month. Therefore, each participating provider is responsible

for verifying member eligibility before providing services. Dental providers may verify eligibility using any of the methods below. Please be mindful, verification of coverage only is provided, utilization of benefit information is not available when checking eligibility.

IVR (Interactive Voice Response System)

1. Call the IVR at: (866) 234-4806.
2. Enter your Provider PIN number.
3. Enter the member's KY Medicaid Identification number.
4. You will receive a real time response.

Website/Internet

1. Go to www.avesis.com.
2. Enter your User Name and Password.
3. Click "Check Eligibility."
4. Enter the member's KY Medicaid Identification number.
5. You will receive a real time response.

FAX

1. Complete the Avesis Eligibility Verification Fax Form (included as Attachment D of this Dental Section).
2. Fax toll free to: (866) 332-1632.
3. You will receive a reply to the fax within one (1) business day.

Provider Services

1. Call Dental Provider Services toll free at (866) 909-1083.
2. Provide your Provider PIN number.
3. Provide the member's KY Medicaid Identification number.

Remember: Eligibility verification is not a guarantee of payment. Benefits are determined at the time the claim is received for processing. These options will only provide eligibility information for Passport. Eligibility for other health plans is not provided.

Please note that Passport Health Plan cards are not returned to Passport when a member becomes ineligible. Therefore, the presentation of a Passport ID card is not sole proof that a person is currently enrolled in Passport.

As a way to help prevent Medicaid "card sharing," remember to always ask to see the member's Passport ID card or the member's Kentucky Medicaid ID card and request a picture ID to verify that the person presenting is indeed the person named on the ID card.

Services may be refused if the provider suspects the presenting person is not the card owner and no other ID can be provided. If you suspect a non-eligible person is using a member's ID card, please report the occurrence to the Passport Fraud and Abuse Hotline at (855)-512-8500 or the

Medicaid Fraud Hotline at (800) 372-2970.

It is not necessary to refuse treatment to a member who does not present with his/her Passport identification card. Eligibility can be verified 24 hours a day 7 days a week as detailed above. Members may also produce their KY Medicaid ID Card.

18.2.2 Dental Claim Submission

Paper claims and correspondence for reconsideration or recovery are to be submitted to the following address:

Avesis Third Party Administrators, Inc.
Attention: Dental Claims
P.O. Box 7777
Phoenix, AZ 85011-7777

To submit claims electronically, register on the Avesis website at www.avesis.com.

An active valid Kentucky Medicaid Provider Identification (MAID) number, assigned by the Kentucky DMS, is required to receive any payment for services rendered.

18.2.3 Statement of Providers' Rights and Responsibilities

Providers shall have the right and responsibility to:

- Communicate openly and freely including, but not limited to, support of Provider Services and Customer Services representatives and information on participating providers for the purpose of referrals;
- Obtain written parental or guardian consent for treatment to be rendered to members who have not yet reached the age of maturity in accordance with State Dental Board rules or ADA guidelines;
- Obtain information regarding claim status and pre-treatment estimates for services to be rendered and re-submit claims with additional information by following the guidelines set forth herein;
- Receive prompt payments for clean claims;
- Make a complaint or file an appeal on behalf of a member with the member's consent and inform the member of the status of the appeal;
- Question policies and/or procedures implemented on behalf of Passport;
- Request Pre-Treatment Estimate for services identified herein as requiring pre-treatment estimates;
- Refer members to participating specialists for treatment that is outside the provider's normal scope of practice;
- Inform Avesis in writing immediately upon notification of any revocation, suspension and/or limitation of your license to practice, certification(s), and/or DEA number by any licensing or certification authority;

- Consistent with credentialing and re-credentialing policies, inform Avesis in writing prior to changes in licensure status, tax identification numbers, telephone numbers, addresses, loss or modification of insurance or any other change that would affect status. Failure to notify prior to these changes may result in delays in claims processing and payment;
- Consistent with the terms of the Provider Agreement, notice of termination of participation must be submitted at least ninety (90) days prior to the termination effective date;
- Maintain an environmentally safe office with equipment in proper working order to comply with city, county, state and federal regulations concerning safety and public hygiene;
- Respond promptly to requests for dental records as needed to review appeals and/or quality of care issues; and,
- Abide by the rules and regulations set forth under applicable provisions of State or Federal law.

All providers are prohibited from:

- Discriminating against members on the basis of race, color, national origin, disability, age, religion, mental or physical disability, or limited English proficiency. Provider agrees to comply with the Americans with Disabilities Act, and the Rehabilitation Act of 1973 and all other applicable laws related to the same. See Title VI Civil Rights Act of 1964, https://www.justice.gov/crt/fcs/TitleVI-Overview.
- Discriminating against qualified individuals with disabilities for employment purposes;
- Discriminating against employees based on race, color, religion, sex, or national origin;
- Offering or paying or accepting remuneration to or from other providers for the referral of members for services provided under the Dental Program;
- Referring members directly or indirectly to or solicit from other providers for financial consideration;
- Referring members to an independent laboratory, pharmacy, radiology or other ancillary service in which the provider or professional corporation has an ownership interest; and,
- Billing, charging, or seeking compensation, remuneration, or reimbursement from any member other than for supplemental charges, copayments (example: in 2014, there are no copayments or fees for covered services).

Please refer to Section 3.4 of the Provider Manual for additional information regarding provider responsibilities.

18.2.4 Member Appeals and Grievances

Please refer to Section 2.10 of the Provider Manual.

18.2.5 Provider Appeals and Grievances

Please refer to Section 2.12 of the Provider Manual.

18.3. Credentialing/Re-Credentialing

18.3.1 Initial Application Process

To begin the application process and join Passport, first call Dental Provider Services at (866) 909-1083. A provider application packet will be mailed and Avesis will work with the provider to become credentialed and, if approved, contracted as a Passport dental provider.

Avesis participates with the Council for Affordable Quality Healthcare (CAQH). Providers who are participating with this common credentialing application database should contact Dental Provider Services at (866) 909-1083 and include their CAQH Provider ID number with the documents submitted.

New dental practitioner (hereafter referred to as practitioner) applicants are required to complete all residency and/or training programs prior to joining the network. Practitioners still completing a residency program are required to bill under the attending practitioner.

Applicants must submit a completed application, which includes the following as applicable:

- Two Participating Provider Agreements signed by the provider indicating their intent to join the network if approved after being credentialed.
- Completed Provider Application, either a CAQH (Council for Affordable Quality Healthcare universal credentialing application) or the most current version of KAPER1 (Kentucky DMS application), including:
    - Additional copies of pages from the application (as needed);
    - Disclosure questions, as applicable, including but not limited to:
        - Documentation of any malpractice suits or complaints.
        - Documentation of any restrictions placed on practitioner by hospital, medical review board, licensing board, or other medical body or governing agency.
        - Documentation of any conviction of a criminal offense within the last 10 years (excluding traffic violations).; and,
    - The attestation page (including the practitioner signature and current date).
- Original, complete, and signed MAP Forms, if a Kentucky Medicaid Provider Identification (MAID) number is needed per the Kentucky DMS provider enrollment web page. If the provider has a current Kentucky MAID number, the provider must include a completed MAP-347 form.
- Copy of current State License Registration Certificate.
- Copy of current Federal Drug Enforcement Agency Registration - if applicable.
- Curriculum vitae or a summary specifying month and year for work history, explaining any lapse in time exceeding six months.
- Copy of a completed, dated and signed W-9 in the name of the provider or facility/group, including the Tax Identification Number and mailing address for all tax information.
- Copy of claim history form for each malpractice activity within the past five years.

- Copy of current professional liability insurance Certificate of Coverage, including the name and address of the agent and the minimum amount, in accordance with existing Kentucky laws at the time of the application submission.
- A letter adding practitioner to each existing group contract, including group ID number(s), if applicable.
- Copy of social security card (if applicant has as social security card stating "valid for work only with DHS/INS Authorization," please refer to additional requirements at http://www.chfs.ky.gov/dms/provenr/),if submitted MAP forms for Kentucky MAID numbers
- ECFMG (Education Council for Medical Graduates), if applicable.

Failure to submit a complete application may result in a delay of the credentialing process. Practitioners may contact Dental Provider Services at (866) 909-1083 to check the status of their applications.

18.3.2 Credentialing Process

Practitioner applicants are assessed through Passport's credentialing process. With the receipt of all of the application materials, primary source verification is conducted. Following the verification of credentials, the Chief Dental Officer/designated Dental Director or Credentialing Committee reviews each application for participation. A credentialing review will not be initiated until a completed and signed application with attachments has been received. The normal processing time is between thirty (30) and sixty (60) days from date of submission of a completed application.

18.3.3 Reimbursement and the Credentialing Process

Providers will be considered participating Passport providers once they have met Passport credentialing requirements and have an executed agreement and a Kentucky MAID number. Providers will be notified when they have been credentialed. Providers applying for participation are excluded from the *Provider Directory* until the credentialing process has been completed in its entirety.

Providers will be reimbursed at the participating provider rate, retroactive to the first of the month in which the application is received provided the provider has an active Kentucky Medicaid MAID number and has submitted the MAP 347 form to be linked to Passport. Providers may begin submitting claims for services provided to Passport members once they have been notified of the receipt of their completed application and have been assigned a Kentucky MAID number. Providers are required to submit all claims within 180 days of service, but no payment is made until Passport receives confirmation that the provider has been issued a Kentucky MAID number. Please note, claims submitted without a Kentucky MAID number will be denied. Providers will receive notification from DMS when a MAID number is assigned.

Providers must notify Avesis of receipt of a MAID number assignment.

18.3.4 Providing Services Prior to Becoming a Credentialed Passport Provider

If a provider determines a Passport member must be seen prior to the assignment of a KY MAID number, the provider should see the member and submit for reimbursement under the plan after receiving his/her KY MAID number. As stated previously, the provider will not be eligible for payment until he/she has an executed contract and a KY MAID number. If payment is denied because the provider is not participating or he/she does not have a Kentucky MAID number, the member cannot be held liable.

18.3.5 Re-credentialing and Ongoing Monitoring Process

Passport re-credentials its providers, at a minimum, every 36 months. In addition, Passport conducts ongoing monitoring of Medicare and Medicaid sanctions and sanctions or limitations on licensure. Practitioners who become participating and subsequently have restrictions placed upon their license will be reviewed by the Credentialing Committee and evaluated on a case-by-case basis, based upon their ability to continue serving Passport members.

Member complaints and adverse member outcomes are also monitored and Passport will implement actions as necessary to improve trends or address individual incidents. If efforts to improve practitioner performance are not successful, the practitioner may be referred to the Credentialing Committee for review prior to his/her normally scheduled review date.

A re-credentialing application will be generated on all practitioners with current CAQH applications on file. Practitioners without a CAQH on file will be notified by letter to submit a re-credentialing application (most current version of the KAPER 1 or CAQH) with the following list of attachments:

- Disclosure questions, as applicable, including but not limited to:
    - Documentation of any malpractice suits or complaints.
    - Documentation of any restrictions placed on practitioner by licensing board, or governing agency.
    - The attestation page (including the practitioner signature and current date).
    - Copy of current State License Registration Certificate.
    - Copy of current Federal Drug Enforcement Agency Registration - if applicable.
    - Copy of current professional liability insurance Certificate of Coverage, including the name and address of the agent and the minimum amount, in accordance with existing Kentucky laws at the time of the application submission.

Failure to return documents in a timely fashion may result in a period of non-participation. The initial credentialing process will need to be completed in order to re-enroll as a participating provider. Practitioners may contact the Dental Provider Services at (866) 909-1083 to check the status of their re-credentialing application. Should Passport decide to deny or terminate a provider, the provider will receive notification of the decision. The notification will include the reasons for the denial or termination, the provider's rights to appeal and request a hearing within thirty (30) days of the date of the denial notice, and a summary of the provider's hearing rights.

18.4 Changes in Provider Information

18.4.1 Changes in Provider and Demographic Information

Providers are required to provide a written notice to both the Provider Network Management department and the DMS of any changes in information regarding their practice. Such changes include:

- Address changes, including changes for satellite offices.
- Additions to a group.
- Changes in billing locations, telephone numbers, tax ID numbers.

Reimbursement may be affected if changes are not reported in accordance with Passport policy. Please note that providers are required by DMS to annually submit a copy of current license and annual disclosure of ownership. If these documents are not provided, the provider's Kentucky Medicaid (MAID) number may be terminated. Your office will receive notice from the DMS when these documents are due for submission. Please respond timely to these requests**. Untimely response to this requirement may result in claims denials and/or untimely claims payment.**

18.6 Dental Benefits

18.6.1 Dental Services

Dental services are outlined in 907 KAR 1:026. Coverage shall be limited to services identified in 907 KAR 1:626, Section 3, in the following CDT categories:

- Diagnostic;
- Preventive;
- Restorative;
- Endodontics;
- Periodontics;
- Removable prosthodontics;
- Maxillofacial prosthetics;
- Oral and maxillofacial surgery;
- Orthodontics; and
- Adjunctive general services.

Please see Attachment F - Covered Benefits Schedule for additional information on benefits. Information is also available on the Avesis website at www.avesis.com.

In 2014, there are no copayments or fees for covered services.

18.6.2 Non - Covered Items or Services

Passport will not pay providers for non-covered services. Providers will hold harmless Passport, Avesis and DMS for payment of non-covered dental services.

Non-covered services include investigational items and experimental drugs or procedures not recognized by the United States Food and Drug Administration, the United States Public Health Service, CMS, and the Avesis Chief Dental Officer and State Dental Director as universally accepted treatment, including but not limited to, positron emission tomography, dual photon absorptiometry, etc.

The member may purchase additional services as non-covered procedure(s) or treatment(s) for an additional charge. Passport requires that the provider and the member complete the Non-Covered Services Disclosure Form (see Attachment B) or a similar form that contains all of the elements of the *Passport Non-Covered Services Disclosure Form* prior to rendering these services. If the member elects to receive the non-covered procedure(s) or treatment(s), the member would pay the provider's usual and customary rate as payment in full for the agreed upon procedure(s) or treatment(s). The member is financially responsible for such services. If the member will be subject to collection action upon failure to make the required payment, the terms of the action must be kept in the member's treatment record. Failure to comply with this procedure will subject the provider to sanctions up to and including termination.

Members may not be billed for any service, with the exception of services in which a *Passport Non-Covered Services Disclosure Form* has been signed, prior to the service being rendered.

18.6.3 Periodicity Schedule

RECOMMENDATIONS FOR PREVENTIVE PEDIATRIC ORAL HEALTH CARE

Periodicity and Anticipatory Guidance Recommendations

Dental Health Guidelines – Ages 0-18 Years Recommendations for Preventive Pediatric Dental Care (AAPD Reference Manual 2002-2003)

Age	**6-12 months**	**12-24 months**	**2-6 years**	**6-12 years**	**≥12 years**
Clinical oral examination[1]	**X**	**X**	**X**	**X**	**X**
Assess oral growth and development[2]	**X**	**X**	**X**	**X**	**X**
Caries-risk assessment[3]	**X**	**X**	**X**	**X**	**X**

Age	6-12 months	12-24 months	2-6 years	6-12 years	≥12 years
Radiographic assessment[4]	**X**	**X**	**X**	**X**	**X**
Prophylaxis & topical fluoride[3,4]	**X**	**X**	**X**	**X**	**X**
Fluoride supplementation[5]	**X**	**X**	**X**	**X**	**X**
Anticipatory guidance/ counseling[6]	**X**	**X**	**X**	**X**	**X**
Oral hygiene counseling[7]	Parent	Parent	Patient/Parent	Patient/Parent	Patient
Dietary counseling[8]	**X**	**X**	**X**	**X**	**X**
Injury prevention counseling[9]	**X**	**X**	**X**	**X**	**X**
Counseling for nonnutritive habits[10]	**X**	**X**	**X**	**X**	**X**
Counseling for speech/ language development	**X**	**X**	**X**		
Substance abuse counseling				**X**	**X**
Counseling for intraoral/ perioral piercing				**X**	**X**
Assessment and treatment of developing malocclusion			**X**	**X**	**X**
Assessment for pit and fissure sealants[11]			**X**	**X**	**X**
Assessment and/or removal of third molars					**X**

Age	6-12 months	12-24 months	2-6 years	6-12 years	≥12 years
Transition to adult dental care					**X**

1. First examination at the eruption of the first tooth and no later than 12 months. Repeat every 6 months or as indicated by child's risk status/susceptibility to disease. Includes assessment of pathology and injuries.
2. By clinical examination.
3. Must be repeated regularly and frequently to maximize effectiveness.
4. Timing, selection, and frequency determined by child's history, clinical findings, and susceptibility to oral disease.
5. Consider when systemic fluoride exposure is suboptimal. Up to at least 16 years.
6. Appropriate discussion and counseling should be an integral part of each visit for care.
7. Initially, responsibility of parent; as child matures, jointly with parent; then, when indicated, only child.
8. At every appointment; initially discuss appropriate feeding practices, then the role of refined carbohydrates and frequency of snacking in caries development and childhood obesity.
9. Initially play objects, pacifiers, car seats; then when learning to walk, sports and routine playing, including the importance of mouth guards.
10. At first, discuss the need for additional sucking: digits vs. pacifiers; then the need to wean from the habit before malocclusion or skeletal dysplasia occurs. For school-aged children and adolescent patients, counsel regarding any existing habits such as fingernail biting, clenching, or bruxism.
11. For caries-susceptible primary molars, permanent molars, premolars, and anterior teeth with deep pits and fissures; placed as soon as possible after eruption.

18.8 Authorization Procedures and Requirements

Prior Authorization is a request made in advance for dental services to be performed by the Passport network general/pediatric dentist.

18.8.1 Prior Approval for Non-Emergency Situations

Non-emergency treatment for services requiring prior approval started prior to the granting of prior authorization will be performed at the financial risk of the dental office. If authorization is denied, the dental office or treating provider may not bill the member, Passport, or Avesis. Receipt of authorization or denial of the request for prior approval will be provided within two (2) business days.

Services that require Prior Approval for non-emergency care include

ADA CODE	DESCRIPTOR	TEETH COVERED	BENEFIT LIMITATIONS	AGE LIMITATIONS	AUTHORIZATION REQUIRED YES / NO
D0330	**Panoramic film**	**All**	**One per patient per dentist or dental group every 24 months. Part of D8660 for orthodontic patients. Authorization required for ages 0 - 5.**	**All**	**Yes for members age 5 and under only**
D0340	**Cephalometric Film**	**All**	**Part of D8660**		**Yes for members age 5 and under only**

D4210	Gingivectomy or gingivoplasty-four or more contiguous teeth or bounded teeth spaces per quadrant	All	One per 12 months. A minimum of four (4) teeth in the affected quadrant. Limited to patients with gingival overgrowth due to congenital, heredity or drug induced causes.	All	Yes--prepayment review
D4211	Gingivectomy or gingivoplasty- one to three contiguous teeth or bounded spaces per quadrant	All	One per 12 months. One (1) to three (3) teeth in the affected quadrant. Limited to patients with gingival overgrowth due to congenital, heredity or drug induced causes.	All	Yes--prepayment review
D4341	Periodontal scaling and root planing, per quadrant	All	One per 12 months. A minimum of three (3) teeth in the affected quadrant. Cannot bill in conjunction with D1110 or D1201. One per 3 months for patients diagnosed with AIDS.	All	Yes-post review since 10/1/12 and prior authorization effective ?
D4355	Full mouth debridement to enable comprehensive evaluation and diagnosis	All	Covered for pregnant women only. One per pregnancy.	All	Post review to confirm pregnancy
D5820	Interim partial denture (maxillary)	All	One per 12 months per patient.	0-20	Yes
D5821	Interim partial denture (mandibular)	All	One per 12 months per patient.	0-20	Yes
D5913	Nasal prosthesis	All	Covered for Prosthodontists only.	All	Yes
ADA CODE	DESCRIPTOR	TEETH COVERED	BENEFIT LIMITATIONS	AGE LIMITATIONS	AUTHORIZATION REQUIRED YES / NO
D5914	Auricular prosthesis	All	Covered for Prosthodontists only.	All	Yes
D5919	Facial prosthesis	All	Covered for Prosthodontists only.	All	Yes
D5931	Obturator prosthesis, surgical	All	Covered for Prosthodontists only.	All	Yes
D5932	Obturator prosthesis, definitive	All	Covered for Prosthodontists only.	All	Yes

D5934	Mandibular resection prosthesis	All	Covered for Prosthodontists only.	All	Yes
D5952	Speech aid - pediatric (13 and under)	All	Covered for Prosthodontists only.	0-13	Yes
D5953	Speech aid - adult (14 -20)	All	Covered for Prosthodontists only.	14-20	Yes
D5954	Palatal augmentation prosthesis	All	Covered for Prosthodontists only.	All	Yes
D5955	Palatal lift prosthesis	All	Covered for Prosthodontists only.	All	Yes
D5988	Oral surgical splint	All	Covered for Prosthodontists only.	All	Yes
D5999	Unlisted maxillofacial prosthetic procedure	All	Covered for Prosthodontists only.	All	Yes
D7280	Surgical access of an unerupted tooth	1-32	No Limitations	0-20	Yes-prepayment review
D7880	Occlusal orthotic device, by report	All	Once per lifetime.	0-20	Yes-prior authorization
D8080	Comprehensive orthodontic treatment of the adolescent dentition	All	No Limitations	0-20	Yes
D8210	Removable Appliance Therapy	All	This appliance is not to be used to control harmful habits. Limit of two (D8210, or D8220) per 12 months.	0-20	Yes
D8220	Fixed Appliance Therapy	All	This appliance is not to be used to control harmful habits. Limit of two (D8210, or D8220) per 12 months.	0-20	Yes
ADA CODE	DESCRIPTOR	TEETH COVERED	BENEFIT LIMITATIONS	AGE LIMITATIONS	AUTHORIZATION REQUIRED YES / NO
D8660	Pre-orthodontic treatment visit	All	Used to pay for records. Final records will be paid only if member is age 20 and under and still eligible for benefits on date of service. Member cannot be billed for final records.	0-20	Yes
D8670	Periodic orthodontic treatment visit(as part of the	All	Quarterly Payment	No limitations	Yes

	contract)				
D8680	**Orthodontic Retention(removal of appliances, construction and placement of retainer(s))**	**All**	**Final Payment**	**No limitations**	**Yes**
D8999	**Unspecified orthodontic procedure, by report**	**All**	**Six month payment.**	**0-20**	**Yes**

All EPSDT Special Services (aka Expanded Services) require prior authorization.

This list is also available at www.avesis.com.

Form to use: *ADA Claim Form for Pre-Treatment Estimates*. Providers may submit a pre-treatment estimate in one of two ways:

1. Electronic submission, please go to www.avesis.com; or
2. Mail on an ADA claim form to:
   Avesis Third Party Administrators, Inc.
   P. O. Box 7777
   Phoenix, Arizona 85011-7777
   Attn: Dental Pre-Treatment Estimate

ADA dental claim forms are not accepted via fax. Because all prior authorization requests for prior approval for non-emergency situations must be submitted electronically on our website or on an ADA dental claim form, the provider must either submit them on the website or mail in an ADA dental claim form with the appropriate box checked indicating the provider is submitting a request for a pre-treatment estimate.

Prior authorization of dental services must be performed as a part of a complete dental treatment program and must be accompanied by a detailed treatment plan. The treatment plan must include all of the following:

- pertinent dental history;
- pertinent medical history, if applicable;
- the strategic importance of the tooth;
- the condition of the remaining teeth;
- the existence of all pathological conditions;
- preparatory services performed and completion date(s);
- documentation of all missing teeth in the mouth;
- the general oral hygiene condition of the member;

- all proposed dental work;
- identification of existing crowns, periodontal services, etc.
- identification of the existence of full and/or partial denture(s), with the date of initial insertion, if known;
- the periodontal condition of the teeth, including pocket depth, mobility, osseous level, vitality and prognosis;
- identification of abutment teeth by number;
- periodontal services, include a comprehensive periodontal evaluation.

For those situations where dental services are limited to services provided in an inpatient hospital, hospital short procedure unit or ambulatory surgical center, please include a statement identifying where the service will be provided. Please see Sections 19.8.4 and19.8.5 for information regarding referrals to hospitals and other facilities for dental treatment.

18.8.2 Emergency Care

A dental emergency is a situation where the member has or believes there is a current, acute dental crisis that could be detrimental to his/her health if not treated promptly.

In the event a dental emergency occurs after business hours and the provider cannot treat the member within twenty-four (24) hours, please refer the member to Avesis at (866) 909-1037 for further assistance. Passport requires providers ensure sufficient access to help keep the member from having services rendered in a hospital emergency room.

18.8.2.1 Emergency Access and Authorizations

All Passport provider offices are responsible for the effective response to, and treatment of, dental emergencies. In relation to dental emergencies, there are two types of members:

1) Members of record (i.e., members who are routinely treated by the provider); or
2) Members who have not been previously seen by the office.

and two situations:

1) during regular office hours; or
2) after hours.

To confirm whether the situation is a true emergency, the dentist should speak with the member to determine the member's problem and take the necessary actions. If it is determined by the provider and the member that it is a true dental emergency (that is: a situation that cannot be treated simply by medication and, that left untreated, could affect the member's health or the stability of his/her dentition), then the provider may either: A) render services in the dental office to treat the emergency, or B) assist the patient in obtaining proper dental care from another dental provider or a hospital emergency room, if the condition warrants emergency room treatment.

18.8.2.2 Members of Record

If the member telephones with an emergency before 12 noon, the provider must respond to the member the same business day, if possible. If the member telephones after 12 noon, the member must be responded to the same day if possible, but no later than the following business day. If the provider is not treating patients the following business day, then weekend requirements will apply.

For a weekend, holiday, or other "off hour" dental emergency, the provider must make available an answering service or telephone number available for the member of record to contact. The responding dentist should assess the emergency request from the patient and make arrangements to provide appropriate follow-up care. If the situation is determined to be a true dental emergency (a situation that cannot be treated simply by medication and, that left untreated, could affect the member's health or the stability of his/her dentition), the responding dentist must either:

- arrange for the member to come into the office to treat the emergency, or
- assist the member in obtaining proper dental care from another network dental provider.

Passport is committed to providing effective emergency care for patients without the use of hospital emergency rooms, unless absolutely necessary. Members of record shall be required to see their dentist of choice prior to any hospital admission. The dentist must request prior approval from Passport (see Sections 19.8.4 and 5.1).

18.8.2.3 Members Not Previously Treated By Provider

In the case of a Dental Emergency or Urgent dental condition, the provider must make every effort to see the member immediately or see the member on the next business day or sooner, if possible. For weekend Dental Emergencies, the provider must have an answering service or cell phone number available for contact. Passport will permit treatment of all dental services necessary to address the Dental Emergency for the member without prior authorization. However, elective dental services, not necessary for the relief of pain and/or prevention of immediate damage to dentition, fall under the standard Pre-Treatment/Prior Authorization estimate procedures.

18.8.2.4 Waiver of Pre-Treatment Estimate/Prior Approval for Emergencies

Passport recognizes that in the case of emergency care, the provider may not be able to obtain a Pre-Treatment Estimate / Prior Authorization. In this situation, required documentation must be submitted after treatment along with the provider's ADA claim form including radiographs, narrative, and CDT codes within thirty (30) business days of the date of service. Claims sent without documentation will be denied and the member is not liable for payment. The minimum materials must include:

- Narrative explaining the emergency and treatment rendered;

- Claim form complete with all applicable ADA-CDT codes or medical CPT codes;
- Radiograph(s) of tooth / teeth and any area of treatment, if appropriate;
- Hospital records, if admitted to hospital; and,
- Anesthesia records, if general anesthesia was administered.

The clinical reviewer and/or the State Dental Director or Dental Advisory Board Member will review the claim along with the accompanying documentation submitted. If the claim is found to not be a qualified emergency, the payment may be reduced or denied.

In the event the emergency occurs after business hours and the provider cannot treat the member within twenty-four (24) hours, the provider must contact Avesis at (866) 909-1037 to allow for the arranging of timely emergency care. Although Passport requires dental providers ensure sufficient access so that the provider attempts to limit having services rendered in a hospital emergency room, the provider should refer members to a hospital emergency room when he/she cannot provide or arrange immediate care.

Emergency services shall not include the following:

- Prophylaxis, fluoride and routine examinations.
- Routine restorations, including stainless steel and composite crowns.
- Dentures, partial dentures and denture relines and repair.
- Extraction of any asymptomatic teeth, including 3rd molars.

18.8.3 Specialty Referral Process

A member requiring a referral to a dental specialist can be referred directly to any specialist contracted with Passport without authorization. The dental specialist is responsible for obtaining prior authorization for services. If the provider is unfamiliar with the Passport contracted specialty network or needs assistance locating a certain specialty, please contact the Provider Services department. In addition, members may self-refer to any network provider without authorization. Members have direct access to dental specialists. A referral is not necessary.

19.8.4 Hospital Referral

Hospital referrals will be handled by Passport. If hospitalization of a member for dental services is necessary, the hospital must be authorized using the regular process for Passport. Please refer to Section 5.1 of the Provider Manual.

18.8.5 Participating Ambulatory Surgical Centers (ASC) and Hospitals for Pre-Treatment Estimate/Prior Approval

With Pre-Treatment Estimate/Prior Approval, providers may render services at Passport approved Ambulatory Surgical Centers (ASC), IV Sedation Clinics or hospitals when services are unable to be performed in the dental clinic setting. Please see the following link for a list of Passport ASCs, IV Sedation Clinics and hospitals:

http://passporthealthplan.com/members/find-a-doctor/

18.8.6 Second Opinion

The dentist should discuss all aspects of the patient's treatment plan prior to beginning treatment. Make sure all of the member's concerns and questions have been answered. If the patient indicates he/she would like a second opinion, inform the member he/she may do so and that Passport will cover the cost of a second opinion if he/she sees a dentist within the Passport network of participating dentists. The dentist must provide copies of the chart, radiographs and any other information to the dentist performing the second opinion upon request.

18.9 Quality Improvement

Passport strongly encourages and supports providers in the use of outcome measurement tools for all members. Outcome data is used to identify and understand why there are areas of under-utilization. Annual analysis of HEDIS results along with quarterly statistical provider reviews facilitates our efforts and is complemented by on-site surveys and quarterly wait time reviews as described below.

18.9.1 Quarterly Statistical Provider Review

At the end of each quarter, Avesis compiles and reviews total services rendered by all dental providers in the Passport Dental Program. The objective of the utilization review process is intended to provide feedback regarding the demand for dental services and appropriateness of care. Each code will be analyzed against the number of total Passport dental members being treated. The result will be an average frequency of services per 100 recipients treated in the Passport Dental Program. Providers' per member cost will be calculated for the quarter. An average per member cost income will be the result. The following items formulate the basis of the utilization review:

- Average Service Comparison – a summary of the statistical results by ADA code for each provider compared with the state average. An analysis will be performed only if the provider has treated a sufficient number of Passport dental members in that quarter. Providers that qualify must fall within a reasonable range of the state average. Those providers falling outside of the range will be reviewed for over or under-treatment patterns.
- Relative Service Comparison – Certain dental services are typically performed with or after other services. A series of related dental services will be reviewed for appropriate care. Examples of such services are:
    - A root canal on a tooth, D3310 or D3320, followed by the placement of a stainless steel crown, D2930
    - A fluoride treatment for a child being performed at the same appointment as their prophylaxis. These related services would be compared to the averages and to other similarly utilized providers to detect any over or under utilization.
- Total Quarterly Per Member Cost –A calculation of the per member cost for all Passport providers using the services rendered during each quarter. The results shall be compared to all other providers and to previous quarters. Providers may request a summary of their per member cost compared to the state average.

- Accurate Claim Submission – This will be assessed via the following:
    - During the quarterly statistical review, Passport will look for any services that would be impossible due to a tooth being previously extracted or a service done on a tooth that would not require that service (i.e. placing an amalgam on a tooth that already had a stainless steel crown).
    - Compliance with processes.

The goal in the utilization review process is to ensure provider satisfaction along with quality care for members.

18.9.2 On-Site Office Survey

The office site survey has two components: prospective and ongoing for participating offices. Each review highlights essential areas of the office management and dental care delivery. During the site survey (which may or may not be scheduled), the following areas will be evaluated:

- General Information – the name of the practice, address, name of principal owner and associates, license numbers, staffing information, office hours, list of foreign languages spoken in the office, availability of appointments and method of providing twenty-four (24) hour coverage (e.g. answering machine, answering services, etc.) the name of the covering dentist when the office is closed, such as on vacation.
- Practice History – the office provides information regarding malpractice suits, settlements and disciplinary actions, if applicable.
- Office Profile - indicates services they routinely perform.
- Facility Information – includes location, accessibility (including handicap accessibility) description of interior office such as the reception area, operatory and lab, type of infection control, equipment and radiographic equipment.
- Risk Management – includes review of personal protective equipment (such as gloves, masks, handling of waste disposal, sterilization and disinfection methods), training programs for staff, radiographic procedures and safety, occupational hazard control (regarding amalgam, nitrous oxide and hazardous chemicals), medical emergency preparedness training and equipment.
- Recall System – includes review of procedures for assuring patients are scheduled for recall examinations and follow-up treatment.
- Verification that all participating dental providers in a group practice are credentialed.

18.9.3 Quarterly Wait Time Review

In lieu of requiring providers to submit a report of average wait times on a quarterly basis, random and anonymous surveys are performed of provider practices to inquire whether scheduling wait times as well as office wait times are excessive. Providers found to have excessive wait times will be required to implement a corrective action plan.

1. If a member complains to Passport, DMS, CMS or other state or federal agency that wait times in a provider's office were excessive, it is required for us to contact the provider to advise there was a complaint filed against their office. Once the provider is notified,

Passport will work with the provider to formulate a written corrective action plan and follow up to ensure the action has been implemented.

2. If a member complains to Passport, DMS, CMS, or other state or federal agency that it was difficult to make an appointment for routine care, Passport is required to contact the provider's office to advise the provider there was a complaint filed against their office. Once the provider is notified, a written corrective action plan will be formulated and follow up to ensure the action has been implemented.

It is important to note that providers who do not implement a corrective action plan upon request may be subject to termination from the network.

18.9.4 Dental Committees

Passport welcomes involvement from the dentists who participate in the Passport Dental Program. There are currently three active committees that are staffed with dentists who participate in the Passport Dental Program. These committees provide opportunities for feedback from our local dental communities.

The Credentialing Committee helps to ensure the acceptability of new dentists before their entry into the Passport network as well as upon re-credentialing. The committee credentials new network providers and reviews the credentials upon re-credentialing every thirty-six (36) months. In addition, this committee reviews disciplinary information received during the continuous credentialing process on a monthly basis and conducts review of any appeals from dentists who have been sanctioned. Meetings are held every other week.

The Quality Assurance Committee is a multi-disciplinary committee whose critical focus is the review of the statistical summary data to determine the primary areas to focus on for improvement. Committee members review planned efforts toward continuous quality improvement, establish standards for quality review of the Dental Program and provide input toward Passport planning for future planned improvements. Meetings are held on a quarterly basis.

The Complaint Resolution /Peer Review Committee includes the Chief Dental Officer, Advisory Board and up to (3) dentists from the Passport provider network. Its critical focus includes reviewing the complaints received from members and dental network providers to determine the validity of the complaints and the appropriate response to the party bringing the complaint. The committee addresses decisions concerning the appropriate settlement of clinical disputes between providers and patients. Meetings are held quarterly.

The State Dental Director is an employee or contractor with Avesis who serves as the provider's local contact as a dental professional. The State Dental Director represents Avesis at meetings of the local Dental Association and its component societies and at meetings with Passport. The State Dental Director is available for discussion and consultation concerning issues of importance to Passport's dental network providers. Providers may contact Provider Services at (866) 909-1083 to speak with the State Dental Director.

All of Passport Dental Program committees include the Chief Dental Officer as either an active member or as an attendee.

Attachment F

Covered Benefits Schedule

ADA CODE	DESCRIPTOR	TEETH COVERED	BENEFIT LIMITATIONS	AGE LIMITATIONS	AUTHORIZATION REQUIRED?	ATTACHMENTS REQUIRED
D0140	Limited Oral Evaluation-Problem Focused	All	Not reimbursable on the same day as D0120 and D0150. Trauma related injuries only. May only be billed in conjunction with D0220, D0230, D0270, D0272, D0274, D0330, D2330, D2331, D2332, D2335, D7140, D7130, D7250, D7530, D7910 and D9240.	All	No	Requires a prepayment review
D0120	Periodic Oral Evaluation - established patient	All	Only one exam (D0120 or D0150) every 6 months per patient per dentist or dental group.	All	No	None
D0150	Comprehensive Oral Evaluation	All	One comprehensive exam (D0150) per patient per dentist or dental group every 12 months. Only one exam (D0120 or D0150) every 6 months per patient per dentist or dental group. Cannot be billed on the same day as D0120, D0140, D1510, D1515, D1520, D1525.	All	No	None
D0210	Intraoral - complete series (including bitewings)	All	One per patient per dentist or dental group every 12 months.	All	No	None
D0220	Intraoral - periapical first view	All	Total of 14 (D0220 and D0230) per patient per dentist or dental group every 12 months. Not to be billed in the same 12 months as a D0210.	All	No	None

D0230	Intraoral - periapical each additional film	All	Total of 14 (D0220 and D0230) per patient per dentist or dental group every 12 months. Not to be billed in the same 12 months as a D0210.	All	No	None
D0270	Bitewing - single film	All	Total of 4 bitewing x-rays per patient per dentist or dental group every 12 months. Not to be billed in the same 12 months as a D0210.	All	No	None
D0272	Bitewing - two film	All	Total of 4 bitewing x-rays per patient per dentist or dental group every 12 months. Not to be billed in the same 12 months as a D0210.	All	No	None
D0274	Bitewing - four films	All	Total of 4 bitewing x-rays per patient per dentist or dental group every 12 months. Not to be billed in the same 12 months as a D0210.	All	No	None
D0330	Panoramic film	All	One per patient per dentist or dental group every 24 months. Part of D8660 for orthodontic patients. Authorization required for ages 0 - 5.	All	Yes for members age 5 and under only	None
ADA CODE	**DESCRIPTOR**	**TEETH COVERED**	**BENEFIT LIMITATIONS**	**AGE LIMITATIONS**	**AUTHORIZATION REQUIRED?**	**ATTACHMENTS REQUIRED**
D0340	Cephalometric Film	All	Part of D8660		Yes for members age 5 and under only	None
D1110	Prophylaxis - Adult	All	One per 12 months.	21 and older	No	None
D1120	Prophylaxis - Child (Age 0 to 13)	All	Two per 12 months.	0-20	No	None
D1208	Topical application of fluoride - Child (prophylaxis not included)	All	Two per 12 months. Fluoride must be applied separately from prophylaxis paste.	0-20	No	None
D1351	Sealant - per tooth	All	One per 48 months. Maximum of 3 times. Occlusal surfaces only. Teeth must be caries free. Sealant will not be covered when placed over restorations. Repair, replacement or reapplication of the sealant within the four year period is the responsibility	0-20	No	None
D1510	Space maintainer-fixed-unilateral	All	Limit of 2 (D1510, D1515, D1520 or D1525) per 12 months.	0-20	No	None
D1515	Space maintainer-fixed-bilateral	All	Limit of 2 (D1510, D1515, D1520 or D1525) per 12 months.	0-20	No	None
D1520	Space maintainer-removable-unilateral	All	Limit of 2 (D1510, D1515, D1520 or D1525) per 12 months.	0-20	No	None
D1525	Space maintainer-removable-bilateral	All	Limit of 2 (D1510, D1515, D1520 or D1525) per 12 months.	0-20	No	None
D2140	Amalgam-one surface, permanent/primary	All	No Limitations	All	No	None

D2150	Amalgam-two surfaces, permanent/primary	All	No Limitations	All	No	None
D2160	Amalgam-three surfaces, permanent/primary	All	No Limitations	All	No	None
D2161	Amalgam-four surfaces or more, permanent/primary	All	No Limitations	All	No	None
D2330	Resin-based composite - one surface, anterior	Anterior Teeth only	No Limitations	All	No	None
D2331	Resin-based composite - two surfaces, anterior	Anterior Teeth only	No Limitations	All	No	None
D2332	Resin-based composite - three surfaces, anterior	Anterior Teeth only	No Limitations	All	No	None
D2335	Resin-based composite - four or more surfaces, anterior	Anterior Teeth only	No Limitations	All	No	None
D2391	Resin-based composite, 1 surface-posterior primary/permanent	Posterior Teeth only	No Limitations	All	No	None
D2392	Resin-based composite, 2 surfaces-posterior primary/permanent	Posterior Teeth only	No Limitations	All	No	None
ADA CODE	**DESCRIPTOR**	**TEETH COVERED**	**BENEFIT LIMITATIONS**	**AGE LIMITATIONS**	**AUTHORIZATION REQUIRED?**	**ATTACHMENTS REQUIRED**
D2393	Resin-based composite, 3 surfaces-posterior primary/permanent	Posterior Teeth only	No Limitations	All	No	None
D2394	Resin-based composite, 4+ surfaces-posterior primary/permanent	Posterior Teeth only	No Limitations	0-11	No	None
D2930	Prefabricated stainless steel - primary tooth	Primary Teeth only (A-T)	No Limitations	0-20	No	None
D2931	Prefabricated stainless steel - permanent tooth	Permanent Teeth only (1-32)	No Limitations	0-20	No	None
D2932	Prefabricated Resin crown	Only Anterior teeth 6-11, 22-27, c-h, m-r	No Limitations	0-20	No	None
D2934	Prefabricated esthetic coated stainless steel crown - primary tooth (Stainless steel primary crown with exterior esthetic coating)	Anterior Primary Teeth only(c-h,m-r)	2 per anterior tooth, per member, per lifetime. Anterior primary teeth only (C, D, E, F, G, H, M, N, O, P, Q, R).	0-11	No	None
D2951	Pin retention - per tooth, in addition to restoration	Only for Permanent Molars(1-3,14-16,17-19,30-32)	Limited to permanent molars; used in conjunction with D2160, D2161, D2931, or D2932. Lifetime maximum of two per molar. Limit of one per tooth per date of service.	0-20	No	None
D3110	Pulp cap - direct (excluding final restoration)	All	No Limitations	0-20	No	None

D3220	Therapeutic pulpotomy (excluding final restoration) removal of pulp coronal to the dentinocemental junction and application of medicament.	1-32, A-T	Shall not be billed in conjunction with D3310, D3320, or D3330 on the same day.	0-20	No	None
D3310	Root canal - Anterior (excluding final restoration)	Only for teeth 6-11 and 22-27	Once per lifetime.	0-20	Post review	Pre and Post treatment radiographs showing endodontic fill
D3320	Root canal - Bicuspid (excluding final restoration)	Only for teeth 4, 5, 12, 13, 20, 21, 28, 29	Once per lifetime.	0-20	Post review	Pre and Post treatment radiographs showing endodontic fill
D3330	Root canal - Molar (excluding final restoration)	Only for teeth 1-3, 14-19, 30-32	Once per lifetime.	0-20	Post review	Pre and Post treatment radiographs showing endodontic fill
D3410	Apicoectomy/periradicular surgery - anterior	Only for teeth 6-11, 22-27	Once per lifetime.	All	Post review	1) Pre and Post-Treatment radiographs showing endodontic fill of tooth (teeth) involved. 2) Complete treatment plan.
ADA CODE	**DESCRIPTOR**	**TEETH COVERED**	**BENEFIT LIMITATIONS**	**AGE LIMITATIONS**	**AUTHORIZATION REQUIRED?**	**ATTACHMENTS REQUIRED**
D3421	Apicoectomy/periradicular surgery - bicuspid (first root)	Only for teeth 4, 5, 12, 13, 20, 21, 28, 29	Once per lifetime.	All	Post review	1) Pre and Post-Treatment radiographs showing endodontic fill of tooth (teeth) involved. 2) Complete treatment plan.
D3425	Apicoectomy/periradicular surgery - molar (first root)	Only for teeth 1-3, 14-19, 30-32	Once per lifetime.	All	Post review	1) Pre and Post-Treatment radiographs showing endodontic fill of tooth (teeth) involved. 2) Complete treatment plan.
D3426	Apicoectomy/periradicular surgery (each additional root)	Only for teeth 1-5, 12-21, 28-32	Once per lifetime.	All	Post review	1) Pre and Post-Treatment radiographs showing endodontic fill of tooth (teeth) involved. 2) Complete treatment plan.
D4210	Gingivectomy or gingivoplasty-four or more contiguous teeth or bounded teeth spaces per quadrant	All	One per 12 months. A minimum of four (4) teeth in the affected quadrant. Limited to patients with gingival overgrowth due to congenital, heredity or drug induced causes.	All	Yes--prepayment review	1) Comprehensive periodontal evaluation documentation. 2) Narrative documenting necessity. 3) Pre-treatment radiographs 4)Periodontal charting

D4211	Gingivectomy or gingivoplasty- one to three contiguous teeth or bounded spaces per quadrant	All	One per 12 months. One (1) to three (3) teeth in the affected quadrant. Limited to patients with gingival overgrowth due to congenital, heredity or drug induced causes.	All	Yes--prepayment review	1) Comprehensive periodontal evaluation documentation. 2) Narrative documenting necessity. 3) Pre-treatment radiographs 4)Periodontal charting
D4341	Periodontal scaling and root planing, per quadrant	All	One per 12 months. A minimum of three (3) teeth in the affected quadrant. Cannot bill in conjunction with D1110 or D1201. One per 3 months for patients diagnosed with AIDS.	All	Yes-post review since 10/1/12 and prior authorization effective?	1) Periodontal charting. 2) Narrative documenting necessity. 3) Pre-Treatment radiographs. 4) List number of quadrants required on Pre-Treatment/ Prior Approval estimate.
D4355	Full mouth debridement to enable comprehensive evaluation and diagnosis	All	Covered for pregnant women only. One per pregnancy.	All	Post review to confirm pregnancy	None
D5520	Replace missing or broken teeth - complete denture (each tooth)	All	One per 12 months per denture per patient.	0-20	No	None
D5610	Repair resin denture base	All	Three per 12 months per patient.	0-20	No	None
D5620	Repair cast framework	All	Three per 12 months per patient.	0-20	No	None
ADA CODE	**DESCRIPTOR**	**TEETH COVERED**	**BENEFIT LIMITATIONS**	**AGE LIMITATIONS**	**AUTHORIZATION REQUIRED?**	**ATTACHMENTS REQUIRED**
D5640	Replace broken teeth - per tooth	All	One per 12 months per patient per dentist.	0-20	No	None
D5750	Reline complete maxillary denture (laboratory)	All	One per 12 months per denture per patient. Not covered within 6 months of placement.	0-20	No	None
D5751	Reline complete mandibular denture (laboratory)	All	One per 12 months per denture per patient. Not covered within 6 months of placement.	0-20	No	None
D5820	Interim partial denture (maxillary)	All	One per 12 months per patient.	0-20	Yes	Narrative
D5821	Interim partial denture (mandibular)	All	One per 12 months per patient.	0-20	Yes	Narrative
D5913	Nasal prosthesis	All	Covered for Prosthodontists only.	All	Yes	Narrative
D5914	Auricular prosthesis	All	Covered for Prosthodontists only.	All	Yes	Narrative
D5919	Facial prosthesis	All	Covered for Prosthodontists only.	All	Yes	Narrative
D5931	Obturator prosthesis, surgical	All	Covered for Prosthodontists only.	All	Yes	Narrative
D5932	Obturator prosthesis, definitive	All	Covered for Prosthodontists only.	All	Yes	Narrative
D5934	Mandibular resection prosthesis	All	Covered for Prosthodontists only.	All	Yes	Narrative
D5952	Speech aid - pediatric (13 and under)	All	Covered for Prosthodontists only.	0-13	Yes	Narrative
D5953	Speech aid - adult (14 -	All	Covered for Prosthodontists	14-20	Yes	Narrative

	20)		only.			
D5954	Palatal augmentation prosthesis	All	Covered for Prosthodontists only.	All	Yes	Narrative
D5955	Palatal lift prosthesis	All	Covered for Prosthodontists only.	All	Yes	Narrative
D5988	Oral surgical splint	All	Covered for Prosthodontists only.	All	Yes	Narrative
D5999	Unlisted maxillofacial prosthetic procedure	All	Covered for Prosthodontists only.	All	Yes	Narrative
D7111	Coronal Remnants - Deciduous tooth	A-T	No Limitations	All	No	None
D7140	Extraction, erupted tooth or exposed root	1 - 32, 51 - 82, A-T, AS-TS	No Limitations	All	No	None
D7210	Surgical removal of erupted tooth requiring elevation of mucoperiosteal flap and removal of bone and/or section of tooth	1-32, 5 -82, A-T, AS-TS	Includes cutting of gingiva and bone, removal of tooth structure and closure.	All	No	None
D7220	Removal of impacted tooth - soft tissue	1-32, 51-82	No Limitations	All	No	None
D7230	Removal of impacted tooth - partially bony	1-32, 51-82	No Limitations	All	No	None
D7240	Removal of tooth - completely bony	1-32, 51-82	No Limitations	All	No	None
D7241	Removal of impacted tooth - completely bony, with unusual surgical complications	1-32, 51-82	Unusual complications such as nerve dissection, separate closure of the maxillary sinus, or aberrant tooth position.	All	No	None
D7250	Surgical removal of residual tooth roots - cutting procedure	1-32, 51-82, A-T, AS-TS	Will not be paid to the dentists or group that removed the tooth.	All	No	None
ADA CODE	**DESCRIPTOR**	**TEETH COVERED**	**BENEFIT LIMITATIONS**	**AGE LIMITATIONS**	**AUTHORIZATION REQUIRED?**	**ATTACHMENTS REQUIRED**
D7260	Oroantral fistula closure	All	No Limitations	All	No	None
D7280	Surgical access of an unerupted tooth	1-32	No Limitations	0-20	Yes-prepayment review	Approved orthodontic plan
D7310	Alveoloplasty in conjunction with extractions - per quadrant	Per quadrant - 10 (UR), 20 (UL), 30 (LL), 40 (LR)	Once per lifetime. Minimum of three extractions in the affected quadrant. Usually in preparation for a prosthesis.	All	No	None
D7320	Alveoloplasty not in conjunction with extractions per quadrant	Per quadrant - 10 (UR), 20 (UL), 30 (LL), 40 (LR)	Once per lifetime. No extractions performed in an edentulous area.	All	No	None
D7410	Radical excision - lesion diameter up to 1.25 cm	Per quadrant - 10 (UR), 20 (UL), 30 (LL), 40 (LR)	No Limitations	All	No	None
D7472	Removal of torus palatinus	Upper Arch (01, UA)	Once per lifetime.	All	No	None
D7473	Removal of torus mandibularis	Lower Arch (02, LA)	Once per lifetime.	All	No	None
D7510	Incision and drainage of abscess (intraoral)	All	No Limitations	All	No	None
D7520	Incision and drainage of abscess (extraoral)	All	No Limitations	All	No	None
D7530	Removal of foreign body	All	Shall not pertain to removal of stitches (sutures) or teeth.	All	No	None
D7880	Occlusal orthotic device, by report	All	Once per lifetime.	0-20	Yes-prior authorization	Narrative

D7910	Suture of recent small wounds up to 5 cm	All	Shall not be billed in conjunction with any other surgical procedure. It shall not pertain to repair of surgically induced wounds.	All	No	None
D7960	Frenulectomy	All	Once per lifetime. Limited to one per date of service.	All	No	None
D8080	Comprehensive orthodontic treatment of the adolescent dentition	All	No Limitations	0-20	Yes	1)Cephalometric image with tracing 2)Panoramic or full mouth image 3)Intraoral and extraoral facial frontal and profile pictures 4)Occluded and trimmed models or digital images of models 5)Initial payment is made when treatment is started
D8210	Removable Appliance Therapy	All	This appliance is not to be used to control harmful habits. Limit of two (D8210, or D8220) per 12 months.	0-20	Yes	Arch or quadrant must be indicated on the claim
D8220	Fixed Appliance Therapy	All	This appliance is not to be used to control harmful habits. Limit of two (D8210, or D8220) per 12 months.	0-20	Yes	Arch or quadrant must be indicated on the claim
D8660	Pre-orthodontic treatment visit	All	Used to pay for records. Final records will be paid only if member is age 20 and under and still eligible for benefits on date of service. Member cannot be billed for final records.	0-20	Yes	1)Cephalometric image with tracing 2)Panoramic or full mouth image 3)Intraoral and extraoral facial frontal and profile pictures 4)Occluded and trimmed models or digital images of models 5)Initial payment is made when treatment is started
ADA CODE	**DESCRIPTOR**	**TEETH COVERED**	**BENEFIT LIMITATIONS**	**AGE LIMITATIONS**	**AUTHORIZATION REQUIRED?**	**ATTACHMENTS REQUIRED**
D8670	Periodic orthodontic treatment visit(as part of the contract)	All	Quarterly Payment	No limitations	Yes	Approved orthodontic treatment
D8680	Orthodontic Retention(removal of appliances, construction and placement of retainer(s))	All	Final Payment	No limitations	Yes	Beginning and final records
D8999	Unspecified orthodontic procedure, by report	All	Six month payment.	0-20	Yes	1) Complete narrative describing Member's condition, compliance with and need for treatment, estimated treatment period 2) Study models 3) Radiographs
D9110	Palliative (emergency treatment of dental pain - minor procedure) (Not payable in conjunction with other dental services except radiographs.)	All	Not allowed with any other services other than radiographs. One per patient per dentist or dental group per date of service.	All	No	None

D9241	Intravenous sedation/analgesia - first 30 minutes	All	"This procedure code shall not be used for billing local anesthesia or nitrous oxide." (Kentucky State Dental Manual page 4.11).	0-20	No	1) Narrative detailing medical necessity and dental treatment done or to be done. 2) The person responsible for the administration must have a current valid permit from the Kentucky State Board of Dentistry to do so.
D9420	Hospital call (Requires 24 hour notification after services rendered.)	All	No other procedures may be billed in conjunction with D9420. Not applicable for nursing home visits (D0150 or D9110). One per patient per dentist or dental group per date of service. Cannot bill conjunctively.	All	Yes	Narrative