

MOLINA OHIO | Utilization Review Criteria – Restorative Services

Purpose

To ensure consistent and equitable determination of coverage for Restorative dental services, following ODM Appendix A to rule 5160 and Molina Healthcare of Ohio Dental Provider Manual Clinical Criteria.

Policy

It is expected that procedures performed will comply with these guidelines and exceptions are minimal. SKYGEN USA, LLC utilizes Ohio 5160-5-01, Molina Ohio Clinical Criteria, and EPSDT standards for members under 21.

Restorative Services

- Payment for a restorative service includes tooth preparation and any base or liner (e.g., copalite or calcium hydroxide) placed beneath the restoration.
- Payment for a restorative service includes necessary local anesthesia. Payment for a crown is permitted only for teeth on which multi-surface restorations are needed and amalgam restorations and other materials have a poor prognosis.
- Payment for a crown includes the provision of a temporary crown.
- Payment for multiple restorations performed on the same tooth on the same date of service are made as though the restorations were done separately (up to a maximum of three).
- A tooth surface can be named only once, whether alone or in combination with restorations on other surfaces.
- On maxillary first and second molars, the occlusal surface can be named twice, whether performed alone or in combination with restorations of another surface.
- On anterior teeth, the facial and lingual surfaces can be named twice, whether performed alone or in combination with restorations of another surface.
- If the incisal angle on an anterior tooth is involved, then only one four-surface restoration can be claimed for the tooth and no additional surfaces or restorations will be allowed.

Amalgam, one surface, primary or permanent Amalgam, two surfaces, primary or permanent Amalgam, three surfaces, primary or permanent Amalgam, four or more surfaces, primary or permanent

- Restoration includes polishing.
- If a tooth has decay on three surfaces on which separate restoration can be performed, then separate payment may be made for each restoration performed in accordance with accepted standards of dental practice unless otherwise specified.
- Preventive restoration is not covered.

Pin retention, in addition to amalgam restoration

- 3 pins per tooth

Anterior resin-based composite, one surface; anterior resin-based composite, two surfaces; anterior resin-based composite, three surfaces; anterior resin-based composite, four or more surfaces anterior, or involving incisal angle; Posterior resin-based composite, one surface; posterior resin-based composite, two surfaces, posterior resin-based composite, three surfaces, posterior resin-based composite, four or more surfaces.

- Payment includes any necessary acid etching.
- Resin-based composite is permitted for all restorations of anterior teeth and for class I, II, or V restoration of posterior teeth.
- Single-surface restoration must involve repair of decay that extends into the dentin.
- If a tooth has decay on three surfaces on which separate restoration can be performed, then separate payment may be made for each restoration performed in accordance with accepted standards of dental practice unless otherwise specified.
- Preventive restoration is not covered.

Pin retention, in addition to resin-based composite restoration

- 3 pins per tooth

Crown, porcelain fused to noble metal; Crown, porcelain fused to predominately base metal; Crown, porcelain/ceramic substrate.

- A fused porcelain or porcelain/ceramic substrate crown may be covered for permanent anterior teeth only.
- A periapical image of the involved tooth must be submitted with each PA request.
- Prior authorization required
- Anterior Teeth only
 - ⊖ Minimum of 50% bone support evidenced by periodontal charting and x-rays
 - ⊖ No evidence of periapical pathology on non-endodontically treated teeth (vital)
 - ⊖ No Sub-crestal caries or caries within 2mm of pulp on non-endodontically treated teeth (vital)
 - ⊖ Clinically acceptable Root Canal Therapy (RCT) if present
 - ⊖ 50% incisal edge missing/4+ surfaces involved/ or large restorations

Re-cement/re-bond crown

- 1 per 5 years per tooth
- Permanent tooth with crown only.
- Re-cementation/re-bonding within the first six months of placement are included in the initial placement and are not separately reimbursed.

Crown, prefabricated porcelain/ceramic, primary tooth; Crown, prefabricated porcelain/ceramic, permanent tooth; Crown, anterior resin-based composite; Crown, prefabricated stainless steel, primary tooth; Crown, prefabricated stainless steel, permanent tooth; Crown, prefabricated stainless steel with resin window (open face crown with aesthetic resin facing or veneer); Crown, prefabricated esthetic coated stainless steel, primary tooth.

- A prefabricated porcelain/ceramic, primary tooth is reimbursed at different maximum fees for primary anterior and posterior teeth.
- A prefabricated porcelain/ceramic, permanent tooth is reimbursed at different maximum fees for permanent anterior and posterior teeth.
- An anterior resin-based composite crown may be covered only for a patient younger than 21.
- An anterior resin-based composite crown or a stainless steel crown with resin window may be covered for anterior teeth only.

- Payment for a crown with resin window includes any necessary restoration.

Protective restoration, primary or permanent dentition

- 1 per 180 days per tooth 5 per tooth per lifetime
- Direct placement of temporary restoration used to relieve pain, promote healing during an interim period.
- Cannot be done in conjunction with interim therapeutic restoration, extraction, endodontic closure, restoration or crown on the same tooth.
- 5 per tooth per lifetime limit includes both protective restorations and interim therapeutic restorations.
- Not a definitive restoration.

Interim therapeutic restoration, primary dentition

- 1 per 180 days per tooth 5 per tooth per lifetime
- Placement of an adhesive restorative material following caries debridement by hand or other method for the management of early childhood caries.
- Cannot be done in conjunction with protective restoration, extraction, endodontic closure, restoration or crown on the same tooth.
- 5 per tooth per lifetime limit includes both protective restorations and interim therapeutic restorations.
- Not a definitive restoration.

Core buildup, including any pins when required

- 1 per tooth
- Coverage is limited to permanent teeth.
- This service must be provided in preparation for or in conjunction with an adult crown procedure.
- Permanent teeth only

Indirectly fabricated post and core in addition to crown; Prefabricated post and core in addition to crown

- Prior authorization required
- PA may be granted only for endodontically treated permanent anterior teeth with sufficient tooth structure to support a crown.
- A periapical image of the involved tooth must be submitted with each PA request.
- Anterior teeth only
 - ⊖ Minimum of 50% bone support evidenced by periodontal charting and x-rays
 - ⊖ No sub-crestal caries
 - ⊖ Clinically acceptable RCT
 - ⊖ 50% or more of clinical crown missing
 - ⊖ Clinically sufficient amount of tooth structure remaining to support a crown