

# MOLINA-OH-D | Utilization Review Criteria – Periodontic Services

#### **Purpose**

To ensure consistent and equitable determination of coverage for Periodontal 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.

#### **Periodontic Services**

Gingivectomy or gingivoplasty, one to three contiguous teeth per quadrant Gingivectomy or gingivoplasty, four or more contiguous teeth or toothbounded spaces per quadrant

- Coverage is limited to correction of severe hyperplasia or hypertrophic gingivitis.
- Complete images of the mouth and diagnostic casts must be submitted with each PA request.
- Clinical Criteria:
  - o Hyperplasia or hypertrophy from drug therapy, hormonal disturbances or congenital defects
  - o Generalized 5mm or more pocketing indicated on the periodontal charting
  - Photos/models of teeth

#### Periodontal maintenance

- 1 per 365 days
- No payment is made for periodontic maintenance if no scaling or root planing was performed within the previous 24 months.
- No payment is made for periodontic maintenance performed in conjunction with prophylaxis nor within 30 days of scaling and root planing.

Periodontal scaling and root planing, one to three teeth per quadrant; Periodontal scaling and root planing, four or more teeth per quadrant

- 1 per 24 months per quadrant
- No payment is made for scaling and root planing performed in conjunction with oral prophylaxis, gingivectomy, or gingivoplasty.
- The required documentation needed for periodontal scaling and root planing must include the following items:
  - o (1) A periodontal treatment plan and history.
  - (2) A completed copy of an ADA periodontal chart or the equivalent that exhibits pocket depths with all six surfaces charted.
  - (3) Current, properly mounted, labeled, and readable periapical images of the mouth and posterior bitewing images showing evidence of root surface calculus and bone loss, indicating a true periodontic disease state



## • Clinical Criteria:

- o D4341
  - Four or more teeth in the quadrant
  - 5mm or more pocketing on two or more teeth indicated on the perio charting
  - Presence of root surface calculus and/or noticeable loss of bone support on x-rays
  - General prognosis of teeth is good, no excessive decay or pocketing of 8mm and above
- o D4342
  - One to three teeth in the quadrant
  - 5mm or more pocketing on two or more teeth indicated on the perio charting
  - Presence of root surface calculus and/or noticeable loss of bone support on x-rays
  - General prognosis of teeth is good, no excessive decay or pocketing of 8mm and above