

A healthy smile just got easier with our dental benefit!

As a member of the Molina Dual Options MyCare Ohio (Medicare-Medicaid Plan), you get the added benefit of supplemental dental services. Using this benefit is as easy as ABC.

ACCESS

How do I access the benefit?



Molina Healthcare offers Molina Dual Options MyCare Ohio members the benefit of preventive and comprehensive dental services. These services are only available when provided by dentists who are part of the Molina Dual Options MyCare Ohio dental network. If you receive care from a dental provider who is not in the Molina Dual Options MyCare Ohio dental network you must pay for your own care.

To find a Molina Dual Options MyCare Ohio dental provider close to you:

- Call our Member Services Department

When you call a representative, the representative will verify your eligibility and search for a network dental provider in your area.

A referral from your Primary Care Physician (PCP) is not required for this benefit.

BENEFIT

What is the benefit?



There is no deductible or calendar year maximum for Plan-covered dental services.

Only the ADA dental procedure codes listed below are covered and each service has a specific limit (e.g., maximum allowance, number of procedures, and/or frequency of services).

Schedule of Covered Supplemental Dental Services

Oral Exams –

One every 6 months

- *D0120 – periodic oral evaluation – established patient*

Unlimited, as medically necessary

- *D0140 – limited oral evaluation – problem focused*

One every 5 calendar years per provider

- *D0150 – comprehensive oral evaluation – new or established patient*

One every calendar year

- *D0180 – comprehensive periodontal evaluation – new or established patient*

Dental X-Rays –

One every 60 months; D0210 or D0330

- *D0210 – intraoral – complete series of radiographic images*

Twelve every 12 months; 1 per date of service

- *D0220 – intraoral – periapical first radiographic image*

Eight every 12 months; 3 per date of service

- *D0230 – intraoral – periapical each additional image*

BENEFIT

What is the benefit?



Dental X-Rays continued –

Four every 12 months; 2 per date of service

- *D0240 – intraoral – occlusal radiographic image*

One every 60 months

- *D0250 – extraoral – first radiographic image*

One every 6 months

- *D0270 – bitewing – single radiographic image*
- *D0272 – bitewings – two radiographic images*
- *D0273 – bitewings – three radiographic images*
- *D0274 – bitewings – four radiographic images*

One every 60 months; in conjunction with D7899

- *D0321 – other temporomandibular joint radiographic images, by report*

One every 60 months; D0210 or D0330

- *D0330 – panoramic radiographic image*

One every 12 months

- *D0340 – cephalometric radiographic image*

One every 12 months for all specialties except oral surgeons. Oral surgeons – Three every 12 months

- *D0350 – oral/facial photographic images*

Two every 12 months; one per arch

- *D0470 – diagnostic images of casts*

Prophylaxis (Cleanings) –

One every 6 months

- *D1110 – prophylaxis – adult*

Fluoride Treatment –

One every 6 months for members under 21; D1206 or D1208

- *D1206 – topical fluoride varnish*
- *D1208 – topical application of fluoride*

Tobacco Counseling –

Two every 365 days

- *D1320 – tobacco cessation counseling*

Other Preventive Services –

Six per lifetime

- *D1354 – interim carries arresting medicament application*

Space Maintainers –

One per tooth per lifetime. Maximum 4 teeth; for members under 21

- *D1510 – space maintainer – fixed – unilateral*
- *D1516 – space maintainer – fixed bilateral, maxillary*
- *D1517 – space maintainer – fixed bilateral, mandibular*
- *D1520 – space maintainer – removable – unilateral*
- *D1526 – space maintainer, removable bilateral, maxillary*
- *D1527 – space maintainer, removable bilateral, mandibular*

BENEFIT

What is the benefit?



Restorative Services (Fillings) – amalgam/resin restoration per tooth, per surface

One every 12 months – amalgam (silver) fillings

- *D2140 – amalgam – one surface, primary or permanent*
- *D2150 – amalgam – two surfaces, primary or permanent*
- *D2160 – amalgam – three surfaces, primary or permanent*
- *D2161 – amalgam – four or more surfaces, primary or permanent*

One every 12 months – resin-based composite (tooth-colored) fillings

- *D2330 – resin-based composite – one surface, anterior*
- *D2331 – resin-based composite – two surfaces, anterior*
- *D2332 – resin-based composite – three surfaces, anterior*
- *D2335 – resin-based composite – four or more surfaces or involving incisal angle*

One every 60 months for members under 21; per tooth

- *D2390 – resin-based composite – crown, anterior*

One every 12 months – resin-based composite (tooth-colored) fillings

- *D2391 – resin-based composite – one surface, posterior*
- *D2392 – resin-based composite – two surfaces, posterior*
- *D2393 – resin-based composite – three surfaces, posterior*
- *D2394 – resin-based composite – four or more surfaces, posterior*

Restorative Services (Crowns and Crown Repairs) –

One every 60 months, per patient per anterior tooth

- *D2740 – crown – porcelain/ceramic subs*
- *D2751 – crown – porcelain fused to base metal*
- *D2752 – crown – porcelain fused to noble metal*

One every 36 months, per tooth for members under 21

- *D2930 – prefabricated stainless steel crown – primary tooth*

One every 60 months, per tooth

- *D2931 – prefabricated stainless steel crown – permanent tooth*

One every 36 months, per anterior tooth for members under 21

- *D2933 – prefabricated stainless steel crown with resin window*

One every 36 months, per tooth for members under 21

- *D2934 – prefabricated steel crown – primary tooth*

One D2950 per tooth, per lifetime

- *D2950 – core buildup including pins*

Three D2951 per tooth, per lifetime

- *D2951 – pin retention – per tooth, in addition to restoration*

One every 60 months, per anterior tooth

- *D2952 – post and core in addition to crown, indirectly fabricated*
- *D2954 – prefabricated post and core, in addition to crown*

Pulpotomy –

One per lifetime per tooth, for members under 21

- *D3220 – therapeutic pulpotomy*

BENEFIT

What is the benefit?



Endodontics (Root Canals) –

One per lifetime, per tooth

- D3310 – endodontic therapy, anterior tooth (excluding final restoration)
- D3320 – endodontic therapy, bicuspid tooth (excluding final restoration)
- D3330 – endodontic therapy, molar (excluding final restoration)

One per lifetime, per tooth

- D3351 – apexification / recalcification – initial visit
- D3352 – apexification / recalcification – interim
- D3353 – apexification / recalcification – final visit
- D3410 – apicoectomy – anterior

Periodontics –

One every 24 months, per quadrant per patient

- D4210 – gingivectomy or gingivoplasty – four or more contiguous teeth
- D4211 – gingivectomy or gingivoplasty – one to three contiguous teeth

Deep Cleanings –

One every 24 months, per quadrant per patient

- D4341 – periodontal scaling – four or more teeth
- D4342 – periodontal scaling – one to three teeth

One every 12 months

- D4910 – periodontal maintenance

Dentures –

One every 96 months

- D5110 – complete denture – maxillary
- D5120 – complete denture – mandibular

One every 96 months for members under 19

- D5211 – maxillary partial denture – resin base
- D5212 – mandibular partial denture – resin base

Covered every 96 months

- D5213 – maxillary partial denture - cast metal framework with resin denture bases – including retentive / clasping materials, rests, and teeth
- D5214 – mandibular partial denture – cast metal framework with resin denture bases – including retentive / clasping materials, rests, and teeth

One every 36 months

- D5511 – repair broken complete denture base, mandibular
- D5512 – repair broken complete denture base, maxillary

One per permanent tooth, every 24 months

- D5520 – replace missing or broken teeth – complete denture (each tooth)

One every 36 months

- D5611 – repair resin partial denture base, mandibular
- D5612 – repair resin partial denture base, maxillary
- D5621 – repair cast partial framework, mandibular
- D5622 – repair cast partial framework, maxillary

BENEFIT

What is the benefit?



Dentures continued –

Two every 24 months

- *D5630 – repair or replace broken clasp*

One per permanent tooth, every 24 months; 8 teeth maximum

- *D5640 – replace broken teeth – per tooth*
- *D5650 – add tooth to existing partial denture*

One every 24 months

- *D5660 – add clasp to existing partial denture*

One every 48 months

- *D5750 – reline complete maxillary denture (laboratory)*
- *D5751 – reline complete mandibular denture (laboratory)*
- *D5760 – reline maxillary partial denture (laboratory)*
- *D5761 – reline mandibular partial denture (laboratory)*

Two per denture, only in conjunction with D5211 – D5214. Approved denture required for authorization.

- *D5899 – unspecified removable prosthodontic procedure, by report*

Prosthesis (Artificial Replacements) –

One every 96 months

- *D5913 – nasal prosthesis*
- *D5915 – orbital prosthesis*
- *D5916 – ocular prosthesis*
- *D5931 – obturator prosthesis, surgical*
- *D5932 – obturator prosthesis, definitive*

Once per lifetime

- *D5934 – mandibular resection prosthesis with guide flange*
- *D5935 – mandibular resection prosthesis without guide flange*
- *D5955 – palatal lift prosthesis, definitive*

One every 96 months, for members 21 and older

- *D5999 – unspecified maxillofacial prosthesis, by report*

Simple Extractions – Unlimited, as medically necessary

- *D7140 – extraction – erupted tooth or exposed root*

Oral Surgery –

One per tooth per lifetime

- *D7210 – surgical extraction*
- *D7220 – removal of impacted tooth – soft tissue*
- *D7230 – removal of impacted tooth – partially bony*
- *D7240 – removal of impacted tooth – completely bony*
- *D7241 – removal of impacted tooth – completely bony, unusual surgical complications*
- *D7250 – surgical removal of residual tooth (cutting procedure)*

Four per lifetime

- *D7260 – oroantral fistula closure*

One per lifetime, per tooth

- *D7270 – reimplantation and/or stabilization of accidentally evulsed/displaced tooth*

BENEFIT

What is the benefit?



Oral Surgery continued –

One per permanent tooth, per lifetime

- *D7280 – surgical access of an unerupted tooth*

One per permanent tooth, per lifetime for members under 21, in conjunction with D7280

- *D7283 – placement of device to facilitate eruption of impacted tooth*

One every 12 months

- *D7285 – incisional biopsy of oral tissue – hard (bone, tooth)*
- *D7286 – incisional biopsy of oral tissue – soft*

One per quadrant per lifetime

- *D7310 – alveoplasty in conjunction with extractions – four or more teeth*
- *D7320 – alveoplasty not in conjunction with extractions – four or more teeth*

One every 12 months

- *D7450 – removal of benign odontogenic cyst or tumor – dia up to 1.25 cm*
- *D7451 – removal of benign odontogenic cyst or tumor – dia greater than 1.25 cm*
- *D7460 – removal of benign nonodontogenic cyst or tumor – dia up to 1.25 cm*
- *D7461 – removal of benign nonodontogenic cyst or tumor – dia greater than 1.25 cm*

One per lifetime, per patient per arch

- *D7471 – removal of lateral exostosis (maxilla or mandible)*
- *D7472 – removal of torus palatinus*

One per lifetime, per patient per quadrant

- *D7473 – remove torus mandibularis*

One every 12 months

- *D7510 – incision and drainage of abscess – intraoral soft tissue*
- *D7520 – incision and drainage of abscess – extraoral soft tissue*

Unlimited, as medically necessary

- *D7670 – alveolus – closed reduction*
- *D7671 – alveolus – open reduction*

Three per lifetime

- *D7960 – frenulectomy – also known as frenectomy or frenotomy – separate procedure*

Once per arch per lifetime

- *D7970 – excision of hyperplastic tissue – per arch*

One every 12 months

- *D7899 – unspecified tmd therapy, by report*

Orthodontics (Braces) –

One course of orthodontic treatment per lifetime for members under 21

- *D8080 – comprehensive orthodontic treatment of the adolescent dentition*

One appliance per arch, every 60 months

- *D8210 – removable appliance therapy*

One per lifetime

- *D8220 – fixed appliance therapy*

Seven quarterly per lifetime for members under 21

- *D8670 – periodic orthodontic treatment visit*

BENEFIT

What is the benefit?



Orthodontics (Braces) continued –

Two covered per lifetime, one per arch for members under 21

- D8680 – orthodontic retention (removal of appliances, place retainers)

One per lifetime for members under 21

- D8999 – unspecified orthodontic procedure, by report

Sedation –

One service per day, not in conjunction with any other service listed in this category

- D9222 – deep sedation / general anesthesia
- D9223 – deep sedation / general anesthesia
- D9239 – intravenous moderate (conscious) sedation / analgesia
- D9243 – intravenous sedation

Other Services –

One service per day, not in conjunction with any other service listed in this category

- D9610 – therapeutic parenteral drug, single administration
- D9612 – therapeutic parenteral drugs, two or more administrations, different medications

Limited to procedures that require hospitalization

- D9999 – unspecified adjunctive procedure, by report

Some covered supplemental dental services require prior authorization. Your Molina Dual Options MyCare Ohio network provider will handle any Plan-required authorizations for you.

CONTACT

How do I contact Member Services?



Remember you must use a Molina Dual Options MyCare Ohio network provider. If you need help please call our Member Services Department.

Molina Dual Options MyCare Ohio Member Services

Member Services Phone	(855) 665-4623; TTY/TDD 711
Member Services Hours	Monday – Friday; 8 a.m. to 8 p.m., Local Time
Website	MolinaHealthcare.com/Duals

You are responsible for paying for any dental service received from a dental provider who is not in the Molina Dual Options MyCare Ohio network. Depending on the clinical need, not all dental procedures recommended by a dentist may be covered by the Plan. To minimize your financial liability you need to ask the dentist for a dental treatment plan in writing before agreeing to any work. Have the dentist detail all the costs – what the Plan will pay and what you will have to pay out-of-pocket. Molina Dual Options MyCare Ohio network dentists may collect usual, reasonable and customary fees for all services not covered under your dental benefit. You are responsible for paying for procedures when the maximum coverage for that service is met. Molina Dual Options MyCare Ohio Medicare-Medicaid Plan is a health plan that contracts with both Medicare and Ohio Medicaid to provide benefits of both programs to enrollees. You can get this document for free in other formats, such as large print, braille, or audio. Call (855) 665-4623, TTY/TDD: 711, Monday - Friday, 8 a.m. to 8 p.m., local time. The call is free.

