

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). These codes may be updated by the American Dental Association (ADA) during the year. If you have a question about a dental ADA code, please call Member 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*

BENEFIT

What is the benefit?



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

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

One every five years

- D0367 – cone beam, both jaws

Two every 12 months; one per arch

- D0470 – diagnostic images of casts

Pathogen Testing – for any public health related pathogen, including coronavirus – As medically necessary

- D0604 – antigen testing
- D0605 – antibody testing

Prophylaxis (Cleanings) –

One every 6 months

- D1110 – prophylaxis – adult

BENEFIT

What is the benefit?



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*
- *D1321 – counseling high-risk substance abuse*

Other Preventive Services –

Four per tooth, 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*

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*

BENEFIT

What is the benefit?



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 60 months per tooth

- *D2920 – re-cement/re-bond crown*

One per tooth per lifetime

- *D2928 – prefabricated porcelain/ceramic crown-permanent tooth*

One D2929 every 36 months, per tooth

- *D2929 – prefabricated porcelain/ceramic crown – primary tooth*

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 every six months per tooth, 5 per tooth per lifetime

- *D2940 – protective restoration perm/primary tooth*
- *D2941 – interim therapeutic restoration-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*

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)*

BENEFIT

What is the benefit?



Endodontics (Root Canals) – continued –

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 or D5130 immediate – complete denture – maxillary
- D5120 – complete denture or D5140 immediate – 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)

BENEFIT

What is the benefit?



Dentures – continued –

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*

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*

BENEFIT

What is the benefit?



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

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. In conjunction with prosthodontic appliance

- D7310 – alveoloplasty in conjunction with extractions – four or more teeth
- D7311 – alveoloplasty in conjunction with extractions – one to three teeth
- D7320 – alveoloplasty 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

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What is the benefit?



Oral Surgery – continued –

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

- D7961 – buccal/labial frenectomy
- D7962 – lingual frenectomy

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

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

BENEFIT

What is the benefit?



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

One D9944, D9945, or D9946 per 36 months-not to be used for any type of sleep apnea, snoring, or TMD appliance

- D9944 – occlusal guard – hard appliance, full arch
- D9945 – occlusal guard – soft appliance, full arch
- D9946 – occlusal guard – hard appliance, partial arch
- As Medically Necessary, D9995 – Teledentistry-synchronous; real-time encounter
Teledentistry is reported in addition to other procedures (e.g. diagnostic) delivered to the patient through teledentistry on the date of service. Teledentistry services are to be provided in accordance with Chapter 4715. of the Revised Code and Chapter 4715-23 of the Administrative Code.

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: 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: 711, Monday - Friday, 8 a.m. to 8 p.m., local time. The call is free.

Molina Healthcare complies with applicable Federal civil rights laws and does not discriminate on the basis of race, ethnicity, national origin, religion, gender, sex, age, mental or physical disability, health status, receipt of healthcare, claims experience, medical history, genetic information, evidence of insurability, geographic location.

