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?

A

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
- Search online – use our supplemental dental provider online search tool at MolinaHealthcare.com/Duals to find a network dentist

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 Provider (PCP) is not required for this benefit.

BENEFIT

What is the benefit?

B

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. Covered services are subject to change. Please refer to the Ohio Administrative Code (OAC) 5160-5-01. If you have a question about a dental ADA code, please call Member Services.

Schedule of Covered Supplemental Dental Services

Oral Exams –

One per code every 180 days (One per code set (D0120, D0150) every 180 days)

- *D0120 – periodic oral evaluation – established patient*

Unlimited, as medically necessary (One per code set (D0120-D0180) every day)

- *D0140 – limited oral evaluation – problem focused*

One every 5 years per provider (One per code set (D0120, D0150) every 180 days)

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

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BENEFIT

What is the benefit?

B

One every year (One per code set (D0120-D0180) every day)
- *D0180 – comprehensive periodontal evaluation – new or established patient*

Dental X-Rays-

One per code set (D0210, D0330, D0367) every 5 years per provider

One every 5 years per provider
- *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*

Two every 12 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*

By report-in conjunction with D7899
- *D0321 – other temporomandibular joint radiographic images*

One every 5 years per provider
- *D0330 – panoramic radiographic image*

In conjunction with D8080
- *D0340 – 2D 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 per 5 years
- *D0367 – cone beam, both jaws*

By report-post service
- *D0372 - intraoral tomosynthesis – comprehensive series of radiographic images*
- *D0373 - intraoral tomosynthesis – bitewing radiographic image*
- *D0374 - intraoral tomosynthesis – periapical radiographic image*
- *D0387 - intraoral tomosynthesis – comprehensive series of radiographic images – image capture only*
- *D0388 - intraoral tomosynthesis – bitewing radiographic image – image capture only*
- *D0389 - intraoral tomosynthesis – periapical radiographic image – image capture only*

- *D0396 - 3D printing of a 3D dental surface scan*

Two every 12 months in conjunction with D8080

- *D0470 – diagnostic images of casts*

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

As needed

- *D0604 – antigen testing*
- *D0605 – antibody testing*
- *D0606 - Molecular testing for a public health related pathogen, including coronavirus*

3D dental surface scans

By report

- *D0801 - 3D intraoral surface scan*
- *D0802 - 3D dental surface scan – indirect A surface scan of a diagnostic cast*
- *D0803 - 3D facial surface scan – direct*
- *D0804 - 3D facial surface scan – indirect A surface scan of constructed facial feature*

Prophylaxis (Cleanings)

One every 180 days

- *D1110 – prophylaxis – adult*

One additional cleaning for pregnant women, if Dx Code Pregnant Z3A.00 or Postpartum Z39.2, up to 3 months post-due date, for a total of 3 cleanings 365 days from the start of pregnancy.

- *D1120 - Prophylaxis – Child*

Fluoride Treatment-

1 per code set every 180 days 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 –

Members under 21

- *D1351 – sealant – per tooth*

3 per code per tooth every Year

- *D1354 – interim carries arresting medicament application*

Space Maintainers –

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 (1 per code set (D2140-D2161, D2330-D2335, D2391-D2394) per tooth every 12 Months

- *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 (1 per code set (D2140-D2161, D2330-D2335, D2391-D2394) per tooth every 12 Months

- *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*

Members under 21; per tooth

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

One every 12 months – resin-based composite (tooth-colored) fillings (1 per code set (D2140-D2161, D2330-D2335, D2391-D2394) per tooth every 12 Months

- *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 (1 per code set (D2740, D2751, D2752) per tooth every 60 Months)

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

Permanent tooth with crown only- after first six months of crown placement

- *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*

BENEFIT What is the benefit? **B**	Members under 21 • *D2930 – prefabricated stainless-steel crown – primary tooth* One every 36 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 180 days per tooth, 5 per code set (D2940, D2941) per tooth per lifetime • *D2940 – protective restoration perm/primary tooth* • *D2941 – interim therapeutic restoration-primary tooth* One D2950 per tooth per lifetime-permanent teeth • *D2950 – core buildup including pins-in conjunction with an adult crown procedure* Three D2951 per tooth, per lifetime • *D2951 – pin retention – per tooth, in addition to restoration* One every 60 months • *D2952 – post and core in addition to crown, indirectly fabricated* • *D2954 – prefabricated post and core, in addition to crown* One per lifetime • *D2976 - band stabilization – per tooth* By report • *D2989 - excavation of a tooth resulting in the determination of non-restorability* Two per year-by report • *D2991 - application of hydroxyapatite regeneration medicament – per tooth*
	Pulpotomy – 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)* One per lifetime, per tooth • *D3351 – apexification / recalcification – initial visit* • *D3352 – apexification / recalcification – interim* • *D3353 – apexification / recalcification – final visit*

# Benefit What is the benefit? **B**	**Periodontics –** One per code set (D4210, D4211) 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* • *D4286 - removal of non-resorbable barrier*
	Deep Cleanings – One per code set (D4341, D4342) every 24 months, per quadrant per patient • *D4341 – periodontal scaling and root planing – four or more teeth* • *D4342 – periodontal scaling and root planing – one to three teeth* Two every 365 days after scaling and root planing • *D4910 – periodontal maintenance*
	Dentures – • *One every 8 years D5110 complete denture or D5130 immediate complete denture – maxillary (1 per code set (D5110, D5130, D5213) every 8 years)* • *D5120 complete denture or D5140 immediate – complete denture – mandibular (1 per code set (D5120, D5140, D5214) every 8 years)* • *D5130 – Immediate Denture - Maxillary (1 per code set (D5110, D5130, D5213) every 8 years)* • *D5140 - Immediate Denture – Mandibular (1 per code set (D5120, D5140, D5214) every 8 years)* • *D5211 – maxillary partial denture – resin base (1 per code set (D5211, D5213) every 8 years)* • *D5212 – mandibular partial denture – resin base (1 per code set (D5212, D5214) every 8 years)* Covered every 8 years • *D5213 – maxillary partial denture – cast metal framework with resin denture bases – including retentive / clasping materials, rests, and teeth (1 per code set (D5110, D5130, D5213) every 8 years; 1 per code set (D5211, D5213) every 8 years)* • *D5214 – mandibular partial denture – cast metal framework with resin denture bases – including retentive / clasping materials, rests, and teeth (1 per code set (D5120, D5140, D5214) every 8 years; 1 per code set (D5212, D5214) every 8 years)* • *D5225 – maxillary partial denture - flexible base (including any retentive clasping materials)* • *D5226 – mandibular partial denture - flexible base (including any retentive clasping materials)* One every 3 years • *D5511 – repair broken complete denture base, mandibular* • *D5512 – repair broken complete denture base, maxillary*

BENEFIT

What is the benefit?

B

One per permanent tooth, every 24 months
- *D5520 – replace missing or broken teeth – complete denture (each tooth)*

One every 3 years
- *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 36 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)*

One per denture, only in conjunction with D5211 – D5214. Approved denture required for authorization.
- *D5899 – unspecified removable prosthodontic procedure, by report*

Prosthesis (Artificial Replacements) –

As medically necessary
- *D5913 – nasal prosthesis*
- *D5915 – orbital prosthesis*
- *D5916 – ocular prosthesis*
- *D5931 – obturator prosthesis, surgical*
- *D5932 – obturator prosthesis, definitive*
- *D5934 – mandibular resection prosthesis with guide flange*
- *D5935 – mandibular resection prosthesis without guide flange*
- *D5955 – palatal lift prosthesis, definitive*
- *D5999 – unspecified maxillofacial prosthesis, by report*

Implant Services-
- *D6089 - accessing and retorquing loose implant screw -per screw-by report*

As medically necessary
- *D6105 - removal of implant body not requiring bone removal or flap elevation*
- *D6106 - guided tissue regeneration – resorbable barrier, per implant*
- *D6107 - guided tissue regeneration – non-resorbable barrier, per implant*
- *D6197 - replacement of restorative material used to close an access opening of a screw*

BENEFIT

What is the benefit?

B

Simple Extractions – 1 per code set (D7140-D7241) per tooth every Lifetime
• *D7140 – extraction – erupted tooth or exposed root*

Oral Surgery –

One per code set (D7140-D7241) per tooth every 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 avulsed/ 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*

As Medically Necessary
- *D7284 - Exc biopsy of saliv glands*

As Needed
- *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*

As needed
- *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*

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- *D7461 – removal of benign nonodontogenic cyst or tumor – dia greater than 1.25 cm*
- *D7471 – removal of lateral exostosis (maxilla or mandible)*
- *D7472 – removal of torus palatinus*
- *D7473 – remove torus mandibularis*

As medically necessary
- *D7509 - marsupialization of odontogenic cyst*
- *D7510 – incision and drainage of abscess – intraoral soft tissue*
- *D7520 – incision and drainage of abscess – extraoral soft tissue*
- *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*

As medically necessary
- *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*
- *2 per code every Day 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)*

Members under 21
- *D8999 – unspecified orthodontic procedure, by report*

Sedation –

One service (D9222 or D9230 or D9239) per day, 4 per code (D9223 or D9243) per day;
- *D9222 – deep sedation / general anesthesia*
- *D9223 – deep sedation / general anesthesia*
- *D9230 - Inhalation of Nitrous/Analgesia, Anxiolysis*
- *D9239 – intravenous moderate (conscious) sedation / analgesia*
- *D9243 – intravenous sedation*

BENEFIT

What is the benefit?

B

Other Services –
One service per day
• *D9610 – therapeutic parenteral drug, single administration*
• *D9612 – therapeutic parenteral drugs, two or more administrations, different medications*
• *D9920 - Behavior Management, By Report*

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*
- *D9947 - Custom sleep apnea appliance fabrication and placement (One per 8 years)*
- *D9948 - Adjustment of custom sleep apnea appliance (2 per 24 months)*
- *D9949 - Repair of custom sleep apnea appliance (One per 36 months)*
- *D9953 - reline custom sleep apnea appliance (indirect) Resurface dentition side of appliance*
- *(One per 36 months)*

As Medically Necessary

D9995 – Teledentistry-synchronous; real-time encounter

D9996 - Teledentistry - asynchronous; Information Stored And Forwarded To Dentist
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.

One per date of service

- *D9997 - Dental case management*

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?

C

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.

For materials non-small sized, therefore 8.5x11 paper output use the Full Anti-Discrimination Notice here and state specific Multilanguage insert here.

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. We do not offer every plan available in your area. Any information we provide is limited to those plans we do offer in your area. Please contact Medicare.gov or 1-800-MEDICARE to get information on all of your options. We have free interpreter services to answer any questions that you may have about our health or drug plan. To get an interpreter, just call us at (855) 665-4623, TTY: 711, Monday – Friday, 8 a.m. to 8 p.m. local time. Someone who speaks English can help you. This is a free service.

SPANISH Contamos con servicios de intérprete gratuitos para responder cualquier pregunta que pueda tener acerca de nuestro plan de salud o medicamentos. Para obtener ayuda de un intérprete, llámenos al (855) 665-4623, TTY: 711, de lunes a viernes, de 8 a. m. a 8 p. m., hora local. Una persona que hable español podrá ayudarle. Este es un servicio gratuito.

TRADITIONAL CHINESE 我們有免費的口譯員服務，可回答您對於我們健康或藥物計劃的任何問題。若需要口譯員，請撥打 (855) 665-4623 聯絡，TTY: 711，服務時間為當地時間的週一到週五的上午 8 點至晚上 8 點。能說中文的人士會為您提供協助。這是免費的服務.

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