

A healthy smile just got easier with our dental benefit!

As a member of the Molina Dual Options STAR+PLUS MMP, 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 Dual Options STAR+PLUS MMP has partnered with LIBERTY Dental Plan, a national dental company (referred to in this document as LIBERTY or LIBERTY Dental Plan), to provide covered supplemental dental services to our members. Services are only available when provided by dentists who are part of the LIBERTY Dental Plan network. If you receive care from a dental provider who is not in the LIBERTY Dental Plan network you must pay for your own care.

To find a LIBERTY dental provider close to you:

- Call our Member Services Department
- Search online – use LIBERTY’s dental provider online search tool at libertydentalplan.com/Texas; then click on “Find A Dentist”
- Call LIBERTY

When you call a 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?

B

For Non-STAR+PLUS Waiver Members Living in the Community

- You have a \$1000 calendar year maximum for ALL covered supplemental dental services. Frequency and limitations are based on medical criteria and necessity.
 - The costs of ALL covered supplemental dental services combined (including removable dentures and denture adjustments) are subject to the annual Plan benefit coverage amount and cannot exceed \$1,000 in a calendar year.
 - Denture coverage may not be available if you have already reached your \$1,000 calendar year maximum for ALL covered supplemental dental services.

For STAR+PLUS Nursing Facility (NF) Members 21 Years of Age and Older

- You have a \$250 calendar year maximum for dental exams, x-rays, and cleanings and each service has a specific limit (e.g., maximum allowance, number of procedures and/or frequency of services).

BENEFIT

What is the benefit?



- The costs of ALL covered supplemental dental services combined are subject to the annual benefit coverage amount and cannot exceed \$250 in a calendar year.

Only the ADA dental procedure codes listed below are covered, comprehensive services will require Prior Authorization. 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

There is no co-pay for office visits.

For STAR+PLUS Nursing Facility (NF) Members 21 Years of Age and Older ONLY

Oral Exams –

- D0120 – periodic oral evaluation
- D0150 – comprehensive oral evaluation

Dental X-Rays –

- D0210 – intraoral – complete series of radiographic images
- D0220 – intraoral – periapical – first radiographic image
- D0230 – intraoral – periapical – each additional radiographic image
- D0240 – intraoral – occlusal radiographic image
- D0270 – bitewing – single radiographic image
- D0272 – bitewings – two radiographic images
- D0274 – bitewings – four radiographic images

Cleanings –

- D1110 – prophylaxis – adult
- D4346 – scaling in presence of moderate or severe inflammation – full mouth after evaluation

Fluoride –

- D1208 – Topical application of fluoride, excluding varnish

For STAR+PLUS and Non-STAR+PLUS Waiver Members Living in the Community

Oral Exams –

- D0120 – periodic oral evaluation
- D0140 – limited oral evaluation
- D0150 – comprehensive oral evaluation
- D0171 – re-evaluation – post-operative office visit
- D0180 – comprehensive periodontal evaluation

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Dental X-Rays –

- D0210 – intraoral – complete series of radiographic images
- D0220 – intraoral – periapical – first radiographic image
- D0230 – intraoral – periapical – each additional radiographic image
- D0240 – intraoral – occlusal radiographic image
- D0270 – bitewing – single radiographic image
- D0272 – bitewings – two radiographic images
- D0273 – bitewings – three radiographic images
- D0274 – bitewings – four radiographic images
- D0330 – panoramic – radiographic image

Cleanings –

- D1110 – prophylaxis – adult

Periodontics (Deep Cleanings) –

- D4210 – gingivectomy or gingivoplasty – four or more teeth per quadrant
- D4211 – gingivectomy or gingivoplasty – one to three teeth per quadrant
- D4212 – gingivectomy or gingivoplasty – restorative procedure – per tooth
- D4240 – gingival flap procedure – four or more teeth per quadrant
- D4241 – gingival flap procedure – one to three teeth per quadrant
- D4260 – osseous surgery – four or more teeth per quadrant
- D4261 – osseous surgery – one to three teeth per quadrant
- D4270 – pedicle soft tissue graft procedure
- D4273 – autogenous connective tissue graft procedure – first tooth
- D4274 – mesial/distal wedge procedure – single tooth
- D4275 – non-autogenous connective tissue graft – first tooth
- D4277 – free soft tissue graft – first tooth
- D4278 – free soft tissue graft – each additional tooth
- D4283 – autogenous connective tissue graft procedure – each additional tooth, per site
- D4285 – non-autogenous connective tissue graft procedure – each additional tooth, per site
- D4341 – periodontal scaling and root planing – four or more teeth, per quadrant
- D4342 – periodontal scaling and root planing – one to three teeth, per quadrant
- D4346 – scaling in presence of moderate or severe inflammation – full mouth after evaluation
- D4355 – full mouth debridement to enable comprehensive evaluation and diagnosis – subsequent visit

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Periodontal Maintenance –

- *D4910 – periodontal maintenance*

Fluoride Treatment –

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

Restorative Services (Fillings) –

- *D2140-D2161 – 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*
- *D2330-D2335 – resin-based composite (tooth-colored) fillings for the front teeth*
 - *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*
- *D2391-D2394 – resin-based composite (tooth-colored) fillings for the back teeth*
 - *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*

Extractions –

- *D7111 – extraction – coronal remnants, primary tooth*
- *D7140 – extraction – erupted tooth or exposed root*
- *D7210 – extraction - erupted tooth requiring removal of bone and/or sectioning of tooth*
- *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 – complete bony – complication*
- *D7250 – removal of residual tooth roots – cutting procedure*

Denture Allowance –

- *D5110 – complete denture – maxillary*
- *D5120 – complete denture – mandibular*
- *D5130 – Immediate denture – maxillary*
- *D5140 – Immediate denture – mandibular*
- *D5211 – maxillary partial denture – resin base*

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Denture Allowance continued –

- D5212 – mandibular partial denture – resin base
- D5213 – maxillary partial denture – cast metal/resin base
- D5214 – mandibular partial denture – cast metal/resin base
- D5221 – immediate maxillary partial denture – resin base
- D5222 – immediate mandibular partial denture – resin base
- D5223 – immediate maxillary partial denture – cast metal framework – resin denture base
- D5224 – immediate mandibular partial denture – cast metal framework – resin denture base

Denture Adjustments –

- D5410-D5422 – adjustments to dentures
 - D5410 – adjust complete denture – maxillary
 - D5411 – adjust complete denture – mandibular
 - D5421 – adjust partial denture – maxillary
 - D5422 – adjust partial denture – mandibular

Denture Repairs –

- D5511-D5520 – repairs to complete dentures
 - D5511 – repair broken complete denture base – mandibular
 - D5512 – repair broken complete denture base – maxillary
 - D5520 – replace missing or broken teeth – complete denture
- D5611-D5660 – repairs to partial dentures
 - 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
 - D5630 – Repair or replace broken retentive clasping materials – per tooth
 - D5640 – replace – broken teeth – per tooth
 - D5650 – add – tooth to existing partial denture
 - D5660 – add – clasp to existing partial denture – per tooth
- D5710-D5721 – denture rebase procedures
 - D5710 – rebase – complete maxillary denture
 - D5711 – rebase – complete mandibular denture
 - D5720 – rebase – maxillary partial denture
 - D5721 – rebase – mandibular partial denture
- D5730-D5761 – denture relining procedures
 - D5730 – reline – complete maxillary denture – chairside
 - D5731 – reline – complete mandibular denture – chairside
 - D5740 – reline – maxillary partial denture – chairside
 - D5741 – reline – mandibular partial denture – chairside
 - D5750 – reline – complete maxillary denture – laboratory

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Denture Repairs continued –

- D5751 – reline – complete mandibular denture – laboratory
- D5760 – reline – maxillary partial denture – laboratory
- D5761 – reline – mandibular partial denture – laboratory
- D5850-D5851 – denture tissue conditioning procedures
- D5850 – tissue conditioning – maxillary
- D5851 – tissue conditioning – mandibular

Crowns –

- D2710 – crown – resin-based composite (indirect)
- D2720 – crown – resin with high noble metal
- D2721 – crown – resin with predominantly base metal
- D2722 – crown – resin with noble metal
- D2740 – crown – porcelain / ceramic substrate
- D2750 – crown – porcelain fused to high noble metal
- D2751 – crown – porcelain fused to predominantly base metal
- D2752 – crown – porcelain fused to noble metal
- D2790 – crown – full cast high noble metal
- D2791 – crown – full cast predominantly base metal
- D2792 – crown – full cast noble metal

Crown Repair –

- D2910 – re-cement or re-bond – inlay, onlay, veneer, or partial coverage
- D2915 – re-cement or re-bond – indirectly prefabricated post and core
- D2920 – re-cement or re-bond crown
- D2940 – protective restoration
- D2950 – core build up – including any pins when required
- D2951 – pin retention – per tooth, in addition to restoration
- D2952 – post and core – in addition to crown, indirectly fabricated
- D2954 – prefabricated post and core – in addition to crown
- D2955 – post removal
- D2957 – each additional prefabricated post – same tooth
- D2980 – crown – repair necessitated by restorative material failure

Endodontics Services –

- D3110 – pulp cap, direct – excluding final restoration
- D3120 – pulp cap, indirect – excluding final restoration
- D3220 – therapeutic pulpotomy – excluding final restoration
- D3221 – pulpal debridement – primary and permanent teeth
- D3310 – endodontic therapy – anterior tooth – excluding final restoration
- D3320 – endodontic therapy – premolar tooth – excluding final restoration

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Endodontics Services continued –

- D3330 – endodontic therapy – molar tooth – excluding final restoration
- D3346 – retreatment of previous root canal therapy – anterior
- D3347 – retreatment of previous root canal therapy – premolar
- D3348 – retreatment of previous root canal therapy – molar
- D3351 – apexification/recalcification – initial visit
- D3352 – apexification/recalcification – interim medication replacement
- D3353 – apexification/recalcification – final visit
- D3410 – apicoectomy – anterior
- D3421 – apicoectomy – premolar – first root
- D3425 – apicoectomy – molar – first root
- D3426 – apicoectomy – each additional root
- D3430 – retrograde filling – per root
- D3450 – root amputation – per root
- D3920 – hemisection – not including root canal therapy

Bridge and Bridge Repairs –

- D6210 – pontic – cast high noble metal
- D6211 – pontic – cast predominately base metal
- D6212 – pontic – cast noble metal
- D6240 – pontic – porcelain fused to high noble metal
- D6241 – pontic – porcelain fused to predominantly base metal
- D6242 – pontic – porcelain fused to noble metal
- D6245 – pontic – porcelain / ceramic
- D6250 – pontic – resin with high noble metal
- D6251 – pontic – resin with predominantly base metal
- D6252 – pontic – resin with noble metal
- D6545 – retainer – cast metal for resin bonded fixed prosthesis
- D6548 – retainer – porcelain/ceramic, resin bonded fixed prosthesis
- D6549 – resin retainer – for resin bonded fixed prosthesis
- D6710 – retainer crown – indirect resin-based composite
- D6720 – retainer crown – resin with high noble metal
- D6721 – retainer crown – resin with predominantly base metal
- D6722 – retainer crown – resin with noble crown
- D6740 – retainer crown – porcelain / ceramic
- D6750 – retainer crown – porcelain fused to high noble metal
- D6751 – retainer crown – porcelain fused to predominantly base metal
- D6752 – retainer crown – porcelain fused to noble metal
- D6790 – retainer crown – full cast high noble metal
- D6791 – retainer crown – full cast predominately base metal
- D6792 – retainer crown – full cast noble metal

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What is the benefit?



Bridge Repairs:

- D6930 – re-cement or re-bond fixed partial denture
- D6980 – fixed partial denture repair – restorative material failure

Additional Community-Based Dental Services Available for STAR+PLUS Waiver Nursing Facility Members ONLY

Emergency Dental Services

- *Oral Exams should you need emergency care for these services*
 - D0140 – limited oral evaluation – problem focused
 - D0171 – re-evaluation, post-operative office visit
- *Extractions should you need emergency care for these services*
 - D7111 – extraction – coronal remnants, primary tooth
 - D7140 – extraction – erupted tooth or exposed root
 - D7210 – surgical removal – of erupted tooth
 - 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 – complete bony, with unusual surgical complications
 - D7250 – surgical removal – residual tooth roots, cutting procedure
- *Surgical Incisions should you need emergency care for these services*
 - D7510 – incision and drainage of abscess – intraoral soft tissue
 - D7520 – incision and drainage of abscess – extraoral soft tissue
- *Adjunctive General Services should you need emergency care for these services*
 - D9110 – palliative (emergency) treatment of dental pain – minor procedure
 - D9211 – regional block anesthesia
 - D9212 – trigeminal division block anesthesia
 - D9215 – local anesthesia – in conjunction with operative or surgical procedures
 - D9222 – deep sedation/general anesthesia – first 15 minute increment
 - D9223 – deep sedation/general anesthesia – each subsequent 15 minute increment
 - D9239 – intravenous moderate (conscious) sedation/analgesia – first 15 minute increment
 - D9243 – intravenous moderate (conscious) sedation/analgesia – each subsequent 15 minute increment

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What is the benefit?



Emergency Dental Services continued -

- D9991 – dental case management – addressing appointment compliance barriers
- D9992 – dental case management – care coordination
- D9993 – dental case management – motivational interviewing
- D9994 – dental case management – patient education to improve oral health literacy

Some covered supplemental dental services require prior authorization. Your LIBERTY network provider will handle any Plan-required authorizations for you.

I'm a non-waiver member living in the community. Can I get both a periodic and a comprehensive exam **every calendar year?**

Yes. You have up to \$1,000 to spend annually on covered dental services, this includes periodic and comprehensive exams. Frequency and limitations are based on medical criteria and necessity.

I'm a non-waiver member living in the community. How many deep cleanings can I get?

You have up to \$1,000 annual maximum for ALL dental services. Frequency and limitations are based on medical criteria and necessity.

I'm a non-waiver member living in the community. My dentist says that my upper denture will cost \$650. Do I still have \$350 to spend on my lower denture?

Yes. You have up to \$1,000 to spend annually on covered dental services. You can apply the \$650 cost of your upper denture to your annual maximum and will have \$350 remaining apply towards another covered service.

I'm 22 years of age and in a Nursing Facility. Does the Plan cover extractions?

No. You are only eligible for up to \$250 every calendar year for dental check-ups, x-rays, and a cleaning.

CONTACT

How do I contact LIBERTY?



Remember you must use a LIBERTY Dental network provider.

LIBERTY Dental Plan of Texas

Customer Service Phone	(888) 359-1084; TTY: 711
Customer Service Hours	Monday – Friday; 8 a.m. – 5 p.m., CT
LIBERTY Provider Lookup	libertydentalplan.com/Texas On the website click on “Find A Dentist”

Who do I call if I have problems



If you need help please call our Member Services Department.

Molina Dual Options STAR+PLUS MMP Member Services

Member Services Phone	(866) 856-8699; TTY: 711
Member Services Hours	Monday – Friday; 8 a.m. – 8 p.m., Local Time
Website	MolinaHealthcare.com/Duals

You are responsible for paying for any supplemental dental service received from a dental provider who is not in the LIBERTY network. Depending on the clinical need, not all dental procedures recommended by a dentist may be covered by the state. 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 state will pay and what you will have to pay out-of-pocket. LIBERTY network dentists may collect usual, reasonable, and customary fees for all services not covered under your supplemental dental benefit. You are responsible for paying for procedures when the maximum coverage for that service is met and/or when your calendar year maximum has been reached. Molina Dual Options STAR+PLUS MMP is a health plan that contracts with both Medicare and Texas 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 (866) 856-8699, 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.