

2016

Provider Manual

Molina Healthcare of New Mexico



Scion Dental, Inc.

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Menomonee Falls WI 53051

www.sciondental.com

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Quick Reference Guide

Provider Web Portal

Getting paid for services you've provided to patients should be quick, easy, and convenient. Our user friendly Provider Web Portal offers a full set of self-service tools that help you get more done, faster.

Everything You Need ● **When You Need It** ● **24/7/365**

Use the Provider Web Portal to:

- Check member eligibility
- Set up office appointment schedules
- Review patient treatment history
- Submit claims and authorizations
- Send supporting documentation, such as EOBs and x-rays
- Generate a quick pricing estimate before submitting a claim
- Check the real-time processing status of claims and authorizations
- Download and print provider manuals, remittance reports, and more

To access the Provider Web Portal, click this link:

www.sciondental.com

Quick Contacts

For information about...	Contact...
Appeals, Complaints, Grievances mailing address	Molina Healthcare Appeals, Complaints, Grievances PO Box 3887 Albuquerque, NM 87190
Authorization Form mailing address	Molina Healthcare Authorizations PO Box 2154 Milwaukee, WI 53201
Claim Form mailing address	Molina Healthcare Claims PO Box 2136 Milwaukee, WI 53201
Corrected Claims mailing address	Molina Healthcare Corrected Claims PO Box 541 Milwaukee, WI 53201
Contracting Portal	www.scionproviders.com (access code: NM)
Credentialing Team	855-812-9211 Email: credentialing@sciondental.com
Electronic Funds Transfer	Fax: 262-721-0722 Email: providerservices@sciondental.com
Fraud & Abuse Hotline	866-606-3889
Molina Member Services	Albuquerque: 505-341-7493 Toll Free: 888-825-9266
Molina Provider Services	(800) 377-9594
Provider Web Portal	www.sciondental.com

Quick Reference

Quick Reference to Common Questions	
Member Eligibility	<p>To verify member eligibility:</p> <ul style="list-style-type: none">• Log on to Provider Web Portal: www.sciondental.com• Call Interactive Voice Response (IVR) eligibility hotline: Albuquerque: (505) 341-7493 and Toll free 888-825-9266• Call Provider Services: 800-377-9594
Authorization Submission	<p>Submit authorizations in one of the following formats:</p> <ul style="list-style-type: none">• Provider Web Portal: www.sciondental.com• Electronic submission via clearinghouse, Payer ID: SCION• HIPAA-compliant 837D file• Paper 2012 ADA Dental Claim Form, sent via postal mail: Molina Healthcare Authorizations PO Box 2154 Milwaukee, WI 53201 <p>For help submitting authorizations via Provider Web Portal, call Provider Services: 800-377-9594.</p>
Dental Surgery Authorization Submission	<p>Fax the Dental Surgery authorization form to: 888-802-5711 or 505-294-8236</p> <p>Submit the Procedure authorization for the Dental Surgery on a separate 2012 ADA Claim Form in one of the following formats:</p> <ul style="list-style-type: none">• Provider Web Portal: www.sciondental.com• Electronic submission via clearinghouse, Payer ID: SCION• Paper 2012 ADA Dental Claim Form, sent via postal mail: Molina Healthcare Authorizations PO Box 2154 Milwaukee, WI 53201 <p>For help submitting authorizations via Provider Web Portal, call Provider Services: 800-377-9594.</p>

Quick Reference to Common Questions

Claims Submission

The timely filing requirement is 90 calendar days.

Submit claims in one of the following formats:

- Provider Web Portal: www.sciondental.com
- Electronic submission via clearinghouse, Payer ID: **SCION**
- HIPAA-compliant 837D file
- Paper 2012 ADA Dental Claim Form, sent via postal mail:
Molina Healthcare Claims
PO Box 2136
Milwaukee, WI 53201

For help submitting claims via Provider Web Portal, call Provider Services: 800-377-9594.

Complaints and Grievances

To make a complaint or grievance:

- Write to:
Molina Healthcare Appeals, Complaints, Grievances
PO Box 3887
Albuquerque, NM 87190

Provider Appeals - Authorizations

Authorization Appeals must be filed in writing within 90 days following the date the denial letter was mailed. Scion Dental issues a decision within 30 days if an extension was not requested and granted.

To request reconsideration of a denied authorization, a provider may:

- Write to:
Molina Healthcare Appeals, Complaints, Grievances
PO Box 3887
Albuquerque, NM 87190

Quick Reference to Common Questions

Provider Appeals - Claims

Claim Appeals must be filed in writing within 90 days following the date the denial letter was mailed. Scion Dental issues a decision within 30 days if an extension was not requested and granted.

To request a reconsideration of a claims denial, a provider may:

- Write to:
Molina Healthcare
Provider Services Department – PRR Request
PO Box 3887
Albuquerque, NM 87190

Additional Provider Resources

For information about additional provider resources:

- Call Member Services: **Albuquerque: 505-341-7493 or Toll free 888-825-9266**
- Access the Provider Web Portal: www.sciondental.com

Member Appeals

Submit written appeals to:

Molina Healthcare Appeals, Complaints, Grievances
PO Box 3887
Albuquerque, NM 87190

Provider Web Portal

For training or help registering for or using the Provider Web Portal, contact the Scion Dental Electronic Outreach Team: 855-434-9239

Welcome

Welcome to the Molina Healthcare of New Mexico, Inc. (Molina Healthcare) provider network! At Molina, we are committed to providing our members the best possible care, keeping them healthy, stable, and independent – it's our reason for being here. We are pleased to welcome you to our team.

Thank you for your participation in the delivery of quality health care services to Molina Healthcare's Members. We look forward to working with you. This Provider Manual shall serve as a supplement as referenced thereto and incorporated therein, to the Molina Healthcare of New Mexico, Inc. Services Agreement

We have partnered with Scion Dental, Inc. a nationwide leader in managed benefits administration, to administer the dental benefit for our Members. Throughout your ongoing relationship with Molina Healthcare and Scion Dental, refer to this Provider Manual for answers and useful information, including how to contact us, how to submit claims and authorizations, and benefits offered to our Members.

When you need help, log on to www.sciondental.com for quick answers, or contact Provider Services toll free at **(800) 377-9594**.

Molina Healthcare of New Mexico, Inc. and Scion Dental, Inc. retain the right to add to, delete from, and otherwise modify this provider manual. Contracted providers must acknowledge this provider manual and any other written materials provided by Molina Healthcare/Scion Dental as proprietary and confidential.

This manual describes Scion Dental policies and procedures that govern our administration of dental benefits for Molina Healthcare programs. Scion Dental makes every effort to maintain accurate information in this manual, however we will not be held liable for any damages due to unintentional errors. If you discover an error, please report it to Provider Services (800) 377-9594 if information in this manual differs from your Participating Agreement, the Participating Agreement takes precedence and shall control.

This document contains proprietary and confidential information and may not be disclosed to others without written permission from Scion Dental, Inc. © 2016 Scion Dental, Inc. All rights reserved.

Member Rights & Responsibilities

Members of Molina Healthcare programs have the following rights and responsibilities.

Member Rights

Molina Healthcare is committed to core concepts in our approach to member care.

- **Access** to providers and services.
- **Wellness** programs, which include member education and disease management initiatives.
- **Outreach** programs that educate members and give them the tools they need to make informed decisions about their dental care.
- **Feedback** that measures provider and member satisfaction.

We believe all members have the right to:

- Privacy, respectful treatment, and recognition of their dignity when receiving dental care.
- Fully participate with caregivers in the decision-making process surrounding their health care.
- Be fully informed about the appropriate or medically necessary treatment options for any condition, regardless of the coverage or cost for the care discussed.
- Voice a grievance against Molina, or any of its participating dental offices, or any of the care provided by these groups or people, when their performance has not met the member's expectations.
- Appeal any decisions related to patient care and treatment.
- Make recommendations regarding our member rights and responsibilities policies.
- Receive relevant written and up-to-date information about Molina, the services Molina provides, the participating dentists and dental offices, as well as member rights and responsibilities.

Member Responsibilities

Along with rights, members have important responsibilities, including:

- Becoming familiar with benefit plan coverage and rules.
- Giving care providers complete, accurate information they need to provide care.
- Following treatment plans and instructions received from care providers.
- Supporting the care given to other patients and behaving in a way that helps the clinic, dental office, and other care locations run smoothly.
- Notifying Member Services of any questions, concerns, problems, or suggestions.

Provider Rights & Responsibilities

Molina Healthcare and Scion Dental have established the following core concepts in our approach to a positive provider experience:

- **Access** to flexible participation options in provider networks.
- **Outreach** programs that lower provider participation costs.
- **Technology** tools that increase efficiency and lower administrative costs.
- **Feedback** that measures provider and member satisfaction.

Provider Rights

Enrolled participating providers have the right to:

- Communicate with patients, including members, regarding dental treatment options.
- Recommend a course of treatment to a member, even if the course of treatment is not a covered benefit or approved by Molina/Scion Dental.
- File an appeal or grievance pursuant to the procedures of Molina/Scion Dental.
- Supply accurate, relevant, and factual information to a member in conjunction with an appeal, complaint, or grievance filed by the member.
- Object to policies, procedures, or decisions made by Molina/Scion Dental.
- Be informed of the status of their credentialing or re-credentialing application, upon request.

Provider Responsibilities

Participating providers have the following responsibilities:

- If a recommended treatment plan is not covered (not approved by Molina/Scion Dental), the participating dentist, if intending to charge the member for the non-covered services, must notify and obtain agreement from the member in advance. (See [Payment for Non-covered Services](#) on [page 28](#).)
- A provider wishing to terminate participation with the Molina Healthcare network must follow the termination guidelines stipulated in the Molina provider contract.
- A provider may not bill both medical codes and dental codes for the same procedure.

Provider Bill of Rights

- To be treated with respect
- To be paid accurately
- To be paid on time

Positive Provider Experience

Committed dentists are essential to the success of every government-sponsored dental program. At Molina Healthcare, we have structured our provider networks to give dentists the flexibility they need to participate in dental programs on their own terms.

We consider ourselves allies of dental associations while maintaining flexibility within the changing political climate surrounding government-sponsored dental programs. We recognize the significant link between good dental care and overall patient health, and we advocate increasing provider funding while improving member education and outreach. We partner with providers to deliver high-quality care to all members of government-sponsored dental programs.

Flexible Participation Options

Molina Healthcare invites all licensed dentists, regardless of their past commitment to government-sponsored dental programs, to participate in our provider network. Providers can choose their own level of participation for each of their practice locations. Providers can choose to:

- Be listed in a directory and accept appointments for all new patients.
- Be excluded from directories and accept appointments for only new patients directed to their office from Molina.
- Treat only emergencies or special needs cases on an individual basis.
- Access web-based applications and credentialing.

To make it as fast and easy as possible to join our network, we streamline the contracting and credentialing process by offering online web portals and accepting electronic documents.

Consistent, Transparent Authorization Decisions

Trained paraprofessionals and dental consultants use predefined clinical guidelines to ensure a consistent approach for determining authorizations submitted for review. When you submit an authorization through the Provider Web Portal, you have the option of stepping through the guideline yourself, for a quick indication of whether your authorization request is likely to be approved. Authorization requirements are also outlined in [Clinical Criteria](#), beginning on [page 52](#).

Provider Web Portal

Our Provider Web Portal offers quick access to easy-to-use self-service tools for managing daily administration tasks. The Provider Web Portal offers providers many benefits including:

- Lower administrative and participation costs.
- Faster payment through streamlined claim and authorization submissions.
- Real-time member eligibility verification.
- Immediate access to member information, claim and authorization history, and payment records at any time, 24 hours a day, 7 days a week.

Get Started! For help getting started with the Provider Web Portal, contact the Scion Dental Electronic Outreach Team: 855-434-9239

A web browser, Internet connection, and a valid user ID and password are required for online access. From the Provider Web Portal, providers and authorized office staff can log in for secure access anytime from anywhere and handle a variety of day-to-day tasks, including:

- Verify member eligibility and review patient treatment history.
- Set up office appointment schedules that automatically verify eligibility and pre-populate claim forms for online submission.
- Submit claims and authorizations using pre-populated electronic forms and data entry shortcuts.
- Step through clinical guidelines as part of submitting authorizations for a quick indication of whether a service request is likely to be approved.
- Attach and securely send supporting documents, such as digital X-rays, EOBs, and treatment plans, for no extra charge.
- Generate a quick pricing estimate before submitting a claim.
- Check the real-time status of in-process claims and authorizations and review historical payment records.
- Review provider clinical profiling data relative to your peers.
- Download and print provider manuals, remittance reports, and more.

Online help is available from every page of the Provider Web Portal, offering quick answers and step-by-step instructions.

Provider Web Portal Registration

The Provider Web Portal was designed to help you keep your administrative costs low, give you immediate access to real-time information, and make it fast and easy to submit claims and authorizations.

“... Scion Dental website is **very user-friendly** and provides very quick access to a large amount of essential information that is **very helpful in doing our daily business** in our dental practice.”

—Office Manager, Dental Group, current client in West Virginia

If you don't find answers to your questions, or if want personalized training for yourself or your office staff, call the Scion Dental Electronic Outreach Team for assistance: 855-434-9239.

Electronic Payments

Electronic Funds Transfer (EFT)

Scion Dental offers all providers the option of Electronic Funds Transfer (EFT) for claims payments. With EFT, we can pay claims more efficiently – and you can receive payments faster – because funds are deposited directly into payee bank accounts, eliminating the steps of printing and mailing paper checks.

To receive claims payments through the EFT program:

1. Complete and sign the EFT Authorization Agreement. The form is included in this manual and is also available from the Provider Web Portal: www.sciondental.com
2. Include a voided check with the EFT Authorization Agreement. The transaction cannot be processed without a voided check.
3. Send the EFT Authorization Agreement form and voided check to Scion Dental by fax or email:
 - Fax: 262-721-0722
 - Email: providerservices@sciondental.com

Allow up to six weeks for the EFT program to be implemented after we receive your completed paperwork. Once you are enrolled in the EFT program, you will no longer receive paper remittance statements through postal mail. Instead, your Remittance Reports will be posted online and made available from the Provider Web Portal as soon as your claims are paid.

If there are any changes to your bank accounts, including changes in Routing Number or Account Number, or if you switch to a different bank, please use the EFT Authorization Agreement form to submit your changes. Allow up to three weeks for changes to be implemented after we receive your change request. Scion Dental is not responsible for delays in payment if we are not properly notified, in writing, of bank changes.



ELECTRONIC FUNDS TRANSFER (EFT) AUTHORIZATION AGREEMENT

To enroll in Scion Dental's EFT payment program, please fill out this form and you **must return this form with a voided check or the agreement will not be valid.**

Please complete and email to providerservices@sciondental.com or fax to 262-721-0722

PART I – REASON FOR SUBMISSION

Reason for Submission: ☐ New EFT Authorization ☐ Revision to Current EFT setup (e.g. account or bank changes)

PART II – PROVIDER OR SUPPLIER INFORMATION

Name of Payee: _____

Tax Identification Number: (Designate SSN ☐ or EIN ☐) _____

Address of Payee (City, State, Zip): _____

PART III – DEPOSITORY INFORMATION (Financial Institution)

Bank/Depository Name _____

Depository Routing Transit Number (nine digits – include any leading zeros) _____

Depositor Account Number (up to 10 digits – include any leading zeros) _____

Type of Account (check one) ☐ Checking Account ☐ Savings Account

Please return this form with a voided check or the agreement will not be valid.

PART IV – CONTACT INFORMATION

Name of Billing Contact: _____

Phone Number of Billing Contact: _____

Email Address of Billing Contact: _____

PART V – AUTHORIZATION

I hereby authorize Scion Dental on to initiate credit entries, and in accordance with 31 CFR part 210.6(f) initiate adjustments for any credit entries made in error to the account indicated above. I hereby authorize the financial institution/bank named above, hereinafter called the DEPOSITORY, to credit the same to such account. This authorization agreement is effective as of the signature date below and is to remain in full force and effect until the CONTRACTOR has received written notification from me of its termination in such time and such manner as to afford the CONTRACTOR and the DEPOSITORY a reasonable opportunity to act on it. The CONTRACTOR will continue to send the direct deposit to the DEPOSITORY indicated above until notified by me that I wish to change the DEPOSITORY receiving the direct deposit. If my DEPOSITORY information changes, I agree to submit to the CONTRACTOR an updated EFT Authorization Agreement.

Signature of Authorized Billing Contact: _____ Date: _____

ELECTRONIC FUNDS TRANSFER (EFT)

Terms of Use

The following terms and conditions, as amended from time to time, ("Agreement") apply to all use of the Scion Dental, Inc.'s ("Scion") Electronic Funds Transfer solution, and the use of any service provided in connection therewith (collectively the "EFT Services"). In this Agreement, the words "you", "your" and "yours" means the individual(s) entity or entities identified on the attached Electronic Fund Transfer (EFT) Authorization Agreement, and the words "we," "our," "us" refers to Scion affiliates and designees. Your enrollment or use of the EFT Services signifies your agreement to be legally bound by the terms and conditions set forth herein.

ACH and Wire Transfers. This Agreement is subject to Article 4A of the Uniform Commercial Code – Funds Transfer. By signing this Agreement, you authorize Scion, acting directly or indirectly on behalf of or through, any third party administrator, health care coalition, or health plan carrier, or other third party carrier or payer (each a "Carrier") that participates in the EFT Services, to credit or debit the account(s) listed on your Enrollment Form (the "Account" or "Accounts") in connection with processing transactions between you and the Carrier. We may rely upon all Account information and identifying numbers provided by you on the Authorization Agreement to receive payment. We may rely on the routing and account numbers you provided even if they identify a financial institution, person or account other than the one named on the Enrollment Form. You agree to be bound by all applicable law, rules and guidelines related to electronic funds transfers, including, without limitation, 31 CFR Part 210, Article 4A of the UCC and the Automated Clearing House (ACH) Association Rules. The ACH rules provide, among other things, that payments made to you, or originated by you, are provisional until final settlement is made through a Federal Reserve Bank or payment is otherwise made as provided in Article 4A-403(a) of the UCC. If we do not receive such payment, we are entitled to a refund from you in the amount credited to your Account and the Carrier that originated or instructed such payment will not be considered to have paid the amount so credited. We are not required to give you any notice of debits or credits to your Accounts. We may make adjustments to your Accounts whenever a correction or change is required. For example, if we make an error with respect to your Account, you agree that we may correct such error immediately and without notice to you. Such errors may include, but are not limited to, reversing an improper credit to your Account, making adjustments for returned items, and correcting calculation and input errors. Our right to make adjustments shall not be subject to any limitations or time constraints, except as required by law.

Accounts. You represent and warrant that (a) you are the owner of each of the Accounts and (b) none of the Accounts is used primarily for personal, family or household purposes.

Disclosures of Account Information to Others. We may disclose information to third parties about you and your Account(s) and transactions as follows: (i) pursuant to agreements with third parties that assist us in the provision of EFT Services; (ii) to verify the existence and condition of an Account; and (iii) as otherwise necessary for us to provide services or facilitate payments to you.

Amendments and Termination. Scion may add, remove, change or otherwise modify any term of this Agreement at any time. We may also terminate or discontinue some or all of the EFT Services at any time without notice to you.

Governing Law and Venue. The laws of the State of Wisconsin shall govern this Agreement and all disputes arising hereunder. You hereby consent that jurisdiction and venue are proper in the State of Wisconsin for the resolution of any dispute arising under this Agreement.

Severability. If any provision of this Agreement is found to be unenforceable according to its terms, all remaining provisions will continue in full force and effect.

Cooperation. You agree to cooperate fully with us in furnishing any information, documentation or performing any action requested by us. You shall furnish us, upon forty-eight (48) hours' notice, with true, accurate and complete copies of such records, documentation or any other information we or our authorized employees, representatives, agents and any regulatory agencies may request; provided, however, that you shall not be required to divulge any records to the extent prohibited by applicable law.

Ownership. Except as provided in this Agreement, Scion shall have and own all rights, title and interests in the EFT Services and any information arising from or in connection therewith. You hereby acknowledge the specific ownership interests of Scion as set forth herein and you shall not acquire any ownership rights by virtue of this Agreement.

Relationship of the Parties. The relationship between both parties under this Agreement is that of independent parties contracting at an arm's-length with each other. Nothing herein contained shall be construed as constituting a partnership, joint venture or agency between the parties hereto.

Entire Agreement. This Agreement constitutes the only agreement between the parties hereto relating to the subject matter hereof, except where expressly noted herein, and all prior negotiations, agreements and understandings relating to the subject matter hereof, whether oral or written, are superseded or canceled hereby.

Force Majeure. Scion shall not be liable for a delay in performance or failure to perform any obligation under this Agreement to the extent such delay is due to causes beyond our control, including, but not limited to, governmental requests, regulations or orders, utility or communications failure, delays in transportation, national emergency, war, civil commotion or disturbance, war conditions, fires, floods, storms, earthquakes, tidal waves, failure or delay in receiving electronic data, equipment or systems failure or communication failures.

Warranties, Indemnification and Limitation of Liability. SCION HEREBY DISCLAIMS ALL WARRANTIES WITH RESPECT TO THE SERVICES AND PRODUCTS PROVIDED HEREUNDER, WHETHER EXPRESS, IMPLIED, STATUTORY OR OTHERWISE, INCLUDING, WITHOUT LIMITATION, ANY WARRANTY OF MERCHANTABILITY OR FITNESS FOR USE FOR A PARTICULAR PURPOSE. Scion is entering into this agreement as an accommodation and convenience to you, and you will indemnify and hold Scion free and harmless from and against any and all claims, demands, actions, suits damages and costs, whether groundless or otherwise, whether based on contract, negligence or otherwise, and as may arise out of any act or failure to act on the part of Scion. Scion shall incur no liability to you or any other person in the event the intended party does not receive the funds if Scion shall have acted reasonably in transmitting the funds in accordance with your instructions. Scion shall not be held liable or responsible for failures, delays, errors, claims or damages in the execution or effectuation of any transfer occasioned by the fault or negligence of any correspondent bank, agent, or agency for purposes of making or completing transfer of funds. IN NO EVENT SHALL SCION, ITS PARENT, AFFILIATES, SUBSIDIARIES, DIRECTORS, OFFICERS, EMPLOYEES, AGENTS OR REPRESENTATIVES BE LIABLE FOR SPECIAL, INCIDENTAL OR CONSEQUENTIAL DAMAGES OR CLAIMS BY YOU OR ANY THIRD PARTY RELATIVE TO THE TRANSACTIONS HERE UNDER.

Health Insurance Portability and Accountability Act (HIPAA)

As a health care provider, if you transmit any health information electronically, your office is required to comply with all aspects of the Health Insurance Portability and Accountability Act (HIPAA) regulations that have gone/will go into effect as indicated in the final publications of the various rules covered by HIPAA.

Molina/Scion Dental have implemented numerous operational policies and procedures to ensure we comply with all HIPAA Privacy Standards, and we intend to comply with all Administrative Simplification and Security Standards by their compliance dates. We also expect all providers in our networks to work cooperatively with us to ensure compliance with all HIPAA regulations.

The provider and Molina/Scion Dental agree to conduct their respective activities in accordance with the applicable provisions of HIPAA and such implementing regulations.

When you contact Member Services, you will be asked to supply your Tax ID or NPI number. When you call regarding member inquiries, you will be asked to supply specific member identification such as member ID or Social Security Number, date of birth, name, and/or address.

As regulated by the Administrative Simplification Standards, the benefit tables included in this provider manual reflect the most current coding standards (CDT-2014) recognized by the American Dental Association (ADA). Effective as of the date of this manual, Molina/Scion Dental require providers to submit all claims with the proper CDT codes listed in this manual. In addition, all paper claims must be submitted on the 2012 ADA claim form.

To request copies of Molina/Scion Dental HIPAA policies, call Provider Services at (800) 377-9594.

To report a potential security issue, call the Molina Healthcare Fraud Hotline: (866) 606-3889.

National Provider Identifier (NPI)

The Health Insurance Portability and Accountability Act (HIPAA) of 1996 required the adoption of a standard unique provider identifier for health care providers. An NPI number is required for all claims submitted to Scion Dental for payment. You must use your individual and billing NPI numbers.

To apply for an NPI, do one of the following:

- Complete the application online at <https://nppes.cms.hhs.gov>.
- Download and complete a paper copy from <https://nppes.cms.hhs.gov>.
- Call **800-465-3203** to request an application.

Utilization Management

Community Practice Patterns

To ensure fair and appropriate reimbursement, Molina/Scion Dental Utilization Management philosophy recognizes the relationships between the dentist's treatment planning, treatment costs, and outcomes. The dynamics of these relationships are typically influenced by community practice patterns. With this in mind, our Utilization Management guidelines are designed to ensure health care dollars are distributed fairly and appropriately, as defined by the regionally based community practice patterns of local dentists and their peers.

All Utilization Management analysis, evaluations, and outcomes are related to these community practice patterns. Molina/Scion Dental Utilization Management recognizes individual dentist variance within these patterns among a community of dentists and accounts for such variance. To ensure fair comparisons within peer groups, our Utilization Management evaluates specialty dentists as a separate group and not with general dentists, since the types and nature of treatment may differ.

Evaluation

Molina/Scion Dental Utilization Management evaluates claims submissions in such areas as:

- Diagnostic and preventive treatment
- Patient treatment planning and sequencing
- Types of treatment
- Treatment outcomes
- Treatment cost effectiveness

Results

With the objective of ensuring fair and appropriate reimbursement to providers, Molina/Scion Dental Utilization Management helps identify providers whose treatment patterns show significant deviation from the normal practice patterns of the community of their peers (typically less than 5 percent of all dentists). Scion Dental is contractually obligated to report suspected fraud, waste, abuse, or misuse by members and participating dental providers to Molina Healthcare.

Non-Incentivization Policy

It is Molina/Scion Dental practice to ensure our contracted providers make treatment decisions based on medical necessity for individual members. Providers are never offered, nor shall they ever accept, any kind of financial incentives or any other encouragement to influence their treatment decisions.

The Molina/Scion Dental Utilization Management team bases their decisions on only appropriateness of care, service, and existence of coverage. Molina/Scion Dental does not

specifically reward practitioners or other individuals for issuing denials of coverage or care. If financial incentives exist for Utilization Management decision makers, they do not include or encourage decisions which result in underutilization.

Fraud, Waste, and Abuse

Molina/Scion Dental conduct our business operations in compliance with ethical standards, contractual obligations, and all applicable federal and state statutes, regulations, and rules. We are committed to detecting, reporting, and preventing potential fraud, waste, and abuse, and we look to our providers to assist us. We expect our dental partners to share this same commitment, conduct their businesses similarly, and report suspected noncompliance, fraud, waste or abuse.

Definitions

Fraud, waste, and abuse are defined as:

Fraud. Fraud is intentional deception or misrepresentation made by a person with knowledge the deception could result in some unauthorized benefit to themselves or some other person or entity. It includes any act which constitutes fraud under federal or state law.

Waste. Waste is the unintentional, thoughtless, or careless expenditures, consumption, mismanagement, use, or squandering of federal or state resources. Waste also includes incurring unnecessary costs as a result of inefficient or ineffective practices, systems, or controls.

Abuse. Abuse is defined as practices that are inconsistent with sound fiscal, business, or medical practices, and that result in the unnecessary cost to the government healthcare program or in reimbursement for services medically unnecessary or that fail to meet professionally recognized standards for health care. Abuse includes intentional infliction of physical harm, injury caused by negligent acts, or omissions, unreasonable confinement, sexual abuse, or sexual assault. Abuse also includes beneficiary practices that result in unnecessary costs to the healthcare program.

Provider Fraud. Provider fraud is any deception or misrepresentation committed intentionally, or through willful ignorance or reckless disregard, by a person or entity in order to receive benefits or funds to which they are not entitled. This may include deception by improper coding or other false statements by providers seeking reimbursement or false representations or other violations of federal health care program requirements, its associates, or contractors.

Reporting suspected fraud, waste, or abuse

To report a suspected case of noncompliance, fraud, waste, or abuse, call the Molina Fraud and Abuse hotline: 866-606-3889 or write to:

Molina Healthcare of New Mexico
Attention: Confidential Compliance Official
400 Tijeras Ave. NW, Suite 200
Albuquerque, NM 87102

Deficit Reduction Act: The False Claims Act

Section 6034 of the Deficit Reduction Act of 2005 signed into law in 2006 established the Medicaid Integrity Program in section 1936 of the Social Security Act. The legislation directed the Secretary of the United States Department of Health and Human Services (HHS) to establish a comprehensive plan to combat provider fraud, waste, and abuse in the Medicaid program, beginning in 2006. The Comprehensive Medicaid Integrity Plan is issued for successive five-year periods.

Under the False Claims Act, those who knowingly submit or cause another person to submit false claims for payment of government funds are liable for up to three times the government's damages plus civil penalties of \$5,500 to \$11,000 for each false claim.

The False Claims Act allows private persons to bring a civil action against those who knowingly submit false claims. If there is a recovery in the case brought under the False Claims Act, the person bringing the suit may receive a percentage of the recovered funds.

For the party found responsible for the false claim, the government may exclude them from future participation in Federal health care programs or impose additional obligations against the individual.

The False Claims Act is the most effective tool U.S. taxpayers have to recover the billions of dollars stolen through fraud every year. Billions of dollars in health care fraud have been exposed, largely through the efforts of whistleblowers acting under federal and state false claims acts.

For more information about the False Claims Act visit www.TAF.org.

Whistleblower Protection

The False Claims Act (FCA) provides protection to qui tam relators who are discharged, demoted, suspended, threatened, harassed, or in any other manner discriminated against in the terms and conditions of their employment as a result of their furtherance of an action under the FCA. 31 U.S.C. § 3730(h). Remedies include reinstatement with comparable seniority as the qui tam relator would have had but for the discrimination, two times the amount of any back pay, interest on any back pay, and compensation for any special damages sustained as a result of the discrimination, including litigation costs and reasonable attorneys' fees.

Fraud and Abuse Hotlines

Molina Fraud and Abuse Hotline: **866-606-3889**

Agency for Health Care Administration: **888-419-3456**

Eligibility & Member Services

Any person who is enrolled in a Molina Healthcare program is eligible for benefits under the Plan Certificate.

Member Identification Card

Members receive identification cards from Molina. Participating providers are responsible for verifying that members are eligible when services are rendered and for determining whether recipients have other health insurance. Because it is possible for a member's eligibility status to change at any time without notice, presenting a member identification card does not guarantee a member's eligibility, nor does it guarantee provider payment.

Molina/Scion Dental recommends each dental office make a photocopy of the member's identification card each time treatment is provided. Please be aware that the Molina identification card is not dated and does not need to be returned to Molina should a member lose eligibility.

NOTE Presenting a member ID card does not guarantee that a person is currently enrolled in a Molina program.

For more information about member identification cards and health plan information, call Member Services: **Albuquerque: (505) 341-7493 or Toll free (888) 825-9266.**

Sample ID Card

Member: JOHN A DOE
Identification # 3333333333
Date of Birth: 01/01/2001
Coverage Effective date: 01/01/2014

PCP: Tom Kelly
PCP Phone: (505) 888-7777
PCP Address: 6000 First St. Albuquerque, NM 87111

Patient Responsibility:

Office Visit	\$0.00	Emergency Room	\$0.00
Hospital Inpatient	\$0.00	Urgent Care	\$0.00
Prescriptions	\$0.00		

Issuer: 000M1808
RXBIN: 004336
RXPCN: ADV
RXGRP: Rx0813

Member: JOHN A DOE
Identification # 3333333333
Date of Birth: 01/01/2001
Coverage Effective date: 01/01/2014
Alternative Benefit Plan

PCP: Tom Kelly
PCP Phone: (505) 888-7777
PCP Address: 6000 First St. Albuquerque, NM 87111

Patient Responsibility:

Office Visit	\$0.00	Emergency Room	\$0.00
Hospital Inpatient	\$0.00	Urgent Care	\$0.00
Prescriptions	\$0.00		

Issuer: 000M1808
RXBIN: 004336
RXPCN: ADV
RXGRP: Rx0813

Members: (505) 342-4681 (Albuquerque) or (800) 580-2811
Behavioral Health: (505) 342-4681 (Albuquerque) or (800) 580-2811
Long Term Care: (505) 342-4681 (Albuquerque) or (800) 580-2811
Self-Direction: (505) 342-4681 (Albuquerque) or (800) 580-2811
Pharmacy: (505) 342-4681 (Albuquerque) or (800) 580-2811
Transportation: (888) 560-2053
Nurse Advice Line: For English (888) 275-8750 or for Spanish (888) 648-3537
For more information regarding Physical Health, Behavioral Health, and Long-Term Care Services, please contact **Member Services** at (505) 342-4681 (Albuquerque) or (800) 580-2811 (State-wide)
Emergency Services: Call 911 or go to the nearest emergency room

Providers: (505) 341-7493 or (888) 825-9266
Claims Submission: PO Box 22801, Long Beach, CA 90801
www.molinahealthcare.com

Members: (505) 342-4681 (Albuquerque) or (800) 580-2811
Behavioral Health: (505) 342-4681 (Albuquerque) or (800) 580-2811
Long Term Care: (505) 342-4681 (Albuquerque) or (800) 580-2811
Self-Direction: (505) 342-4681 (Albuquerque) or (800) 580-2811
Pharmacy: (505) 342-4681 (Albuquerque) or (800) 580-2811
Transportation: (888) 560-2053
Nurse Advice Line: For English (888) 275-8750 or for Spanish (888) 648-3537
For more information regarding Physical Health, Behavioral Health, and Long-Term Care Services, please contact **Member Services** at (505) 342-4681 (Albuquerque) or (800) 580-2811 (State-wide)
Emergency Services: Call 911 or go to the nearest emergency room

Providers: (505) 341-7493 or (888) 825-9266
Claims Submission: PO Box 22801, Long Beach, CA 90801
www.molinahealthcare.com

Verifying Member Eligibility

To quickly verify member eligibility, do one of the following:

- Log on to Provider Web Portal: www.sciondental.com
- Albuquerque: (505) 341-7493 or Toll free (888) 825-9266

Eligibility information received from these sources is the same information you would receive by calling Member Services. However, the Provider Web Portal and IVR system are both available 24 hours a day, 7 days a week – giving you quick access to information without requiring you to wait for an available Member Services representative during business hours.

NOTE Because a member's eligibility can change at any time without prior notice, verifying eligibility does not guarantee payment.

Verifying Eligibility via Provider Web Portal

Our Provider Web Portal allows quick, accurate verification of member's eligibility for covered benefits, as of the date of service. Log in using your ID and password at www.sciondental.com.

First-time users need to register by contacting the Scion Dental Electronic Outreach Team: 855-434-9239.

Once logged in, you can quickly verify eligibility for an individual patient or for a group of patients, and you can print an online eligibility summary report for your records.

Verifying Eligibility via IVR

Use our Interactive Voice Response (IVR) system to verify eligibility for an unlimited number of patients.

Call **Albuquerque: (505) 341-7493 or Toll free (888) 825-9266**. Follow the prompts to identify yourself and the patient whose eligibility you are verifying. Our system analyzes the information entered and verifies the patient's eligibility. If the system cannot verify the member information, you will be transferred to a Member Services Representative. You also have the option of transferring to a Member Services Representative after completing eligibility checks, if you have additional questions.

Specialist Referrals

A patient can be referred directly to any dental specialist contracted with Molina without authorization from Scion Dental. The dental specialist is responsible for obtaining prior authorization for services, as defined in the **Benefit Plan Details and Authorization Requirements** section of this provider manual, beginning on **page 59**. If you are unfamiliar with the Molina contracted specialty network or need help locating a specialist provider, call Member Services: **Albuquerque: (505) 341-7493 or Toll free (888) 825-9266**

Appointment Availability Standards

Molina/Scion Dental has established appointment time requirements to ensure members receive dental services within a time period appropriate to their health condition. We expect our dental providers to meet these appointment standards for a number of important reasons, including:

- Ensure patients receive the care they need to protect their health
- Maintain member satisfaction
- Reduce unnecessary use of alternative services such as emergency room visits

Molina/Scion Dental dentists are expected to meet the following minimum standards for appointment availability:

- Routine dental care must be scheduled within 14 calendar days for non-urgent symptomatic care and within 60 calendar days for non-symptomatic care.
- Urgent care must be available within 24 hours.
- Emergent care must be available to Member twenty-four (24) hours-a-day, seven (7) days-a-week.

Molina/Scion Dental will educate providers about appointment standards, monitor the adequacy of the process, and take corrective action if required.

Missed Appointments

Enrolled participating providers are not allowed to charge members for missed appointments.

If your office sends letters to members who miss appointments, the following language may be helpful to include:

- “We missed you when you did not come for your dental appointment on Month/Date. Regular checkups are needed to keep your teeth healthy.”
- “Please call to reschedule another appointment. Call us in advance if you cannot keep the appointment. Missed appointments are very costly to us. Thank you for your help.”

Molina recommends contacting the member by phone or postcard prior to the appointment to remind the individual of the time and place of the appointment.

The Centers for Medicare & Medicaid Services (CMS) interpret federal law to prohibit a provider from billing any Molina Plan member for a missed appointment. In addition, your missed appointment policy for members enrolled in Molina Plans cannot be stricter than your policy for private or commercial patients.

If a Molina Plan member exceeds your office policy for missed appointments and you choose to discontinue seeing the patient, ask the patient to contact Molina for a referral to another dentist.

Payment for Non-covered Services

Enrolled participating providers shall hold members, Molina Healthcare, and Scion Dental harmless for the payment of non-covered services except as provided in this paragraph.

A provider may bill a member for non-covered services if the provider obtains a Non-Service agreement from the member prior to rendering such service which indicates:

- The services to be provided.
- Molina, its Plans, or Scion Dental, Inc. will not pay for or be liable for these services.
- Member will be financially liable for such services.

The Non-Service agreement can be found on the Provider Web Portal within the Documents tab:
www.sciondental.com

Providers must inform members in advance and in writing when the member is responsible for non-covered services.

Prior Authorization & Documentation Requirements

Prior Authorization for Treatment

Molina Healthcare/Scion Dental has specific utilization criteria, as well as a prior authorization review process, to manage the utilization of services. Whether prior authorization is required for a particular service, and whether supporting documentation is also required, is defined in this provider manual in [Benefit Plan Details and Authorization Requirements](#) beginning on [page 59](#).

Nonemergency services requiring prior authorization should not be started until the authorization request is reviewed and approved. Nonemergency treatment started prior to the determination of coverage will be performed at the financial risk of the dental office. If coverage is denied, the treating dentist will be financially responsible and may not balance bill the member, Molina Healthcare, its Plans, or Scion Dental, Inc.

Requests for prior authorization should be entered online through the Provider Web Portal (www.sciondental.com), submitted electronically in a HIPAA-compliant data file, or sent with the appropriate documentation on a 2012 ADA Dental Claim Form. (See [Authorization Submission Procedures](#) beginning on [page 31](#).) Any claims or authorizations submitted without the required documentation will be denied and must be resubmitted to obtain reimbursement.

Molina Healthcare/Scion Dental must make a decision on a request for prior authorization within 14 calendar days from the date request is received, provided all information is complete. If you indicate, or we determine, that following this time frame could seriously jeopardize the member's life or health, or the ability to attain, maintain, or regain maximum function, we will make an expedited authorization decision and provide notice of our decision within 3 days. Prior authorizations will be honored for 180 days from the date they are issued. **An authorization does not guarantee payment.** The member must be eligible for benefits at the time services are provided.

Molina/Scion Dental dental reviewers and licensed dental consultants approve or deny authorization requests based on whether the item or service is medically necessary, whether a less expensive service would adequately meet the member's needs, and whether the proposed item or service conforms to commonly accepted standards in the dental community. If you have questions about a prior authorization decision or wish to speak to the dental reviewer, call Albuquerque: (505) 341-7493 or Toll free (888) 825-9266

If Molina/Scion Dental denies approval for any requested service, the member will receive written notice of the reasons for each denial and will be notified of how to appeal the decision. The requesting provider will also receive notice of the decision.

Appeals regarding authorization determinations must be filed within 90 days of the authorization denial date. Molina/Scion Dental will review the appeal and render a decision within 30 days if an extension is not requested and granted. Molina/Scion Dental will deliver expedited resolutions within 72 hours.

Member appeals must be submitted in writing to:

Molina Healthcare Appeals, Complaints, Grievances

PO Box 3887

Albuquerque, NM 87190

Authorization Submission Procedures

Molina/Scion Dental accepts authorizations submitted in any of the following formats:

- Provider Web Portal, www.sciondental.com
- Electronic submission via clearinghouse, Payer ID: **SCION**
- HIPAA-compliant 837D file
- Paper 2012 ADA Dental Claim Form, available from American Dental Association

Submitting Authorizations via Provider Web Portal

Providers may submit authorizations directly to Scion Dental through our Provider Web Portal: www.sciondental.com.

Submitting authorizations via the web portal has several significant advantages:

- The online dental form has built-in features that automatically verify member eligibility and make data entry quick and easy.
- The online authorization process steps you through clinical guidelines, when applicable, giving you a quick indication of how your authorization request will be evaluated and whether it's likely to be approved. (Successfully completing a clinical guideline does not guarantee payment.)
- The online authorization process indicates whether supporting documentation is required and allows you to attach and send documents as part of the authorization request.
- Dental reviewers and consultants receive your authorization requests and supporting documentation faster, which means you receive decisions faster.
- As soon as an authorization is determined, its status is instantly updated online and available for review. You don't have to wait for a letter to find out whether your authorization request is approved.

If you have questions about submitting authorizations online, attaching electronic documents, or accessing the Provider Web Portal, call Provider Services: 800-377-9594

Submitting Authorizations via Clearinghouses

Providers may submit electronic claims and authorizations to Scion Dental directly via either the Emdeon or DentalXChange clearinghouses. If you use a different clearinghouse, your software vendor can provide you with information you may need to ensure electronic files are forwarded to Scion Dental.

Scion Dental Payer ID is **SCION**. By using this unique Payer ID with electronic files, Emdeon and DentalXChange can ensure that claims and authorizations are submitted successfully to Scion Dental.

For more information about Emdeon and DentalXChange, visit their websites www.emdeon.com/ and www.dentalxchange.com.

Submitting Authorizations via 837D File

If you can't submit claims and authorizations electronically through the Provider Web Portal or a clearinghouse, Scion Dental will work with you individually to receive electronic files submitted using the HIPAA Compliant 837D transaction set format. To inquire about this option, please email providerservices@sciondental.com.

Attaching Electronic Documents

If you use the Provider Web Portal, you can quickly and easily attach and send electronic documents as part of submitting a claim or authorization.

Scion Dental also accepts dental radiographs and other documents electronically via Fast Attach™ for authorization requests. For more information, visit www.nea-fast.com or call NEA (National Electronic Attachment, Inc.): **800-782-5150**.

Submitting Authorizations on Paper Forms

To ensure timely processing of submitted authorizations, the following information must be included on the 2012 ADA Dental Claim Form:

- Member Name
- Member Medicaid ID Number
- Member Date of Birth
- Provider Name
- Provider Location
- Billing Location
- Provider NPI
- Payee Tax Identification Number (TIN)

Use approved ADA dental codes, as published in the current CDT book or as defined in this manual, to identify all services. Include on the form all quadrants, tooth numbers, and surfaces for dental codes which require identification (extractions, root canals, amalgams, and resin fillings).

Scion Dental recognizes tooth letters A through T for primary teeth and tooth numbers 1 to 32 for permanent teeth. Designate supernumerary teeth with codes AS through TS or 51 through 82. Designation of the tooth can be determined by using the nearest erupted tooth. If the tooth closest to the supernumerary tooth is #1, then chart the supernumerary tooth as #51. Likewise, if the nearest tooth is A, chart the supernumerary tooth as AS.

Missing, incorrect, or illegible information could result in the authorization being returned to the submitting provider's office, causing a delay in determination. Use the proper postage when mailing bulk documentation. Mail with postage due will be returned.

Mail paper authorizations to:

Molina Healthcare Authorizations

PO Box 2154

Milwaukee, WI 53201

2012 ADA Approved Dental Claim Form

ADA American Dental Association® Dental Claim Form

HEADER INFORMATION

1. Type of Transaction (Mark all applicable boxes)

- ☐ Statement of Actual Services ☐ Request for Predetermination/Preauthorization
☐ EPSDT / Title XIX

2. Predetermination/Preauthorization Number

INSURANCE COMPANY/DENTAL BENEFIT PLAN INFORMATION

3. Company/Plan Name, Address, City, State, Zip Code

OTHER COVERAGE (Mark applicable box and complete items 5-11. If none, leave blank.)

4. Dental? ☐ Medical? ☐ (If both, complete 5-11 for dental only.)
 5. Name of Policyholder/Subscriber in #4 (Last, First, Middle Initial, Suffix)

6. Date of Birth (MM/DD/CCYY) 7. Gender ☐ M ☐ F 8. Policyholder/Subscriber ID (SSN or ID#)

9. Plan/Group Number 10. Patient's Relationship to Person named in #5
☐ Self ☐ Spouse ☐ Dependent ☐ Other

11. Other Insurance Company/Dental Benefit Plan Name, Address, City, State, Zip Code

POLICYHOLDER/SUBSCRIBER INFORMATION (For Insurance Company Named in #3)

12. Policyholder/Subscriber Name (Last, First, Middle Initial, Suffix), Address, City, State, Zip Code

13. Date of Birth (MM/DD/CCYY)

14. Gender
☐ M ☐ F

15. Policyholder/Subscriber ID (SSN or ID#)

16. Plan/Group Number

17. Employer Name

PATIENT INFORMATION

18. Relationship to Policyholder/Subscriber in #12 Above
☐ Self ☐ Spouse ☐ Dependent Child ☐ Other

19. Reserved For Future Use

20. Name (Last, First, Middle Initial, Suffix), Address, City, State, Zip Code

21. Date of Birth (MM/DD/CCYY)

22. Gender
☐ M ☐ F

23. Patient ID/Account # (Assigned by Dentist)

RECORD OF SERVICES PROVIDED

24. Procedure Date (MM/DD/CCYY)	25. Area of Oral Cavity	26. Tooth System	27. Tooth Number(s) or Letter(s)	28. Tooth Surface	29. Procedure Code	29a. Diag. Pointer	29b. Cdy	30. Description	31. Fee
1									
2									
3									
4									
5									
6									
7									
8									
9									
10									

32. Missing Teeth Information (Place an "X" on each missing tooth.)

1 2 3 4 5 6 7 8 9 10 11 12 13 14 15 16
 32 31 30 29 28 27 26 25 24 23 22 21 20 19 18 17

34. Diagnosis Code List Qualifier ☐ (ICD-9 = B; ICD-10 = AB)

34a. Diagnosis Code(s) A _____ C _____
 (Primary diagnosis in "A") B _____ D _____

31a. Other Fee(s)

32. Total Fee

35. Remarks

AUTHORIZATIONS

36. I have been informed of the treatment plan and associated fees. I agree to be responsible for all charges for dental services and materials not paid by my dental benefit plan, unless prohibited by law, or the treating dentist or dental practice has a contractual agreement with my plan prohibiting all or a portion of such charges. To the extent permitted by law, I consent to your use and disclosure of my protected health information to carry out payment activities in connection with this claim.

X Patient/Guardian Signature _____ Date _____

37. I hereby authorize and direct payment of the dental benefits otherwise payable to me, directly to the below named dentist or dental entity.

X Subscriber Signature _____ Date _____

BILLING DENTIST OR DENTAL ENTITY (Leave blank if dentist or dental entity is not submitting claim on behalf of the patient or insured/subscriber.)

48. Name, Address, City, State, Zip Code

49. NPI

50. License Number

51. SSN or TIN

52. Phone Number () -

52a. Additional Provider ID

ANCILLARY CLAIM/TREATMENT INFORMATION

38. Place of Treatment ☐ (e.g. 11=office; 22=O/P Hospital)
 (Use "Place of Service Codes for Professional Claims")

39. Enclosures (Y or N) ☐

40. Is Treatment for Orthodontics?
☐ No (Skip 41-42) ☐ Yes (Complete 41-42)

41. Date Appliance Placed (MM/DD/CCYY)

42. Months of Treatment

43. Replacement of Prosthesis

44. Date of Prior Placement (MM/DD/CCYY)

☐ No ☐ Yes (Complete 44)

45. Treatment Resulting from

☐ Occupational illness/injury ☐ Auto accident ☐ Other accident

46. Date of Accident (MM/DD/CCYY)

47. Auto Accident State

TREATING DENTIST AND TREATMENT LOCATION INFORMATION

53. I hereby certify that the procedures as indicated by date are in progress (for procedures that require multiple visits) or have been completed.

X _____
 Signed (Treating Dentist) _____ Date _____

54. NPI

55. License Number

56. Address, City, State, Zip Code

56a. Provider Specialty Code

57. Phone Number () -

58. Additional Provider ID

ADA American Dental Association®

America's leading advocate for oral health

The following information highlights certain form completion instructions. Comprehensive ADA Dental Claim Form completion instructions are printed in the CDT manual. Any updates to these instructions will be posted on the ADA's web site (ADA.org).

GENERAL INSTRUCTIONS

- The form is designed so that the name and address (Item 3) of the third-party payer receiving the claim (insurance company/dental benefit plan) is visible in a standard #9 window envelope (window to the left). Please fold the form using the 'tick marks' printed in the margin.
- Complete all items unless noted otherwise on the form or in the CDT manual's instructions.
- Enter the full name of an individual or a full business name, address and zip code when a name and address field is required.
- All dates must include the four-digit year.
- If the number of procedures reported exceeds the number of lines available on one claim form, list the remaining procedures on a separate, fully completed claim form.

COORDINATION OF BENEFITS (COB)

When a claim is being submitted to the secondary payer, complete the entire form and attach the primary payer's Explanation of Benefits (EOB) showing the amount paid by the primary payer. You may also note the primary carrier paid amount in the "Remarks" field (Item 35). There are additional detailed completion instructions in the CDT manual.

DIAGNOSIS CODING

The form supports reporting up to four diagnosis codes per dental procedure. This information is required when the diagnosis may affect claim adjudication when specific dental procedures may minimize the risks associated with the connection between the patient's oral and systemic health conditions. Diagnosis codes are linked to procedures using the following fields:

- Item 29a – Diagnosis Code Pointer ("A" through "D" as applicable from Item 34a)
- Item 34 – Diagnosis Code List Qualifier (B for ICD-9-CM; AB for ICD-10-CM)
- Item 34a – Diagnosis Code(s) / A, B, C, D (up to four, with the primary adjacent to the letter "A")

PLACE OF TREATMENT

Enter the 2-digit Place of Service Code for Professional Claims, a HIPAA standard maintained by the Centers for Medicare and Medicaid Services. Frequently used codes are:

11 = Office; 12 = Home; 21 = Inpatient Hospital; 22 = Outpatient Hospital; 31 = Skilled Nursing Facility; 32 = Nursing Facility

The full list is available online at "www.cms.gov/PhysicianFeeSched/Downloads/Website_POS_database.pdf"

PROVIDER SPECIALTY

This code is entered in Item 56a and indicates the type of dental professional who delivered the treatment. The general code listed as "Dentist" may be used instead of any of the other codes.

Category / Description Code	Code
Dentist A dentist is a person qualified by a doctorate in dental surgery (D.D.S.) or dental medicine (D.M.D.) licensed by the state to practice dentistry, and practicing within the scope of that license.	122300000X
General Practice	1223G0001X
Dental Specialty (see following list)	Various
Dental Public Health	1223D0001X
Endodontics	1223E0200X
Orthodontics	1223X0400X
Pediatric Dentistry	1223P0221X
Periodontics	1223P0300X
Prosthodontics	1223P0700X
Oral & Maxillofacial Pathology	1223P0106X
Oral & Maxillofacial Radiology	1223D0008X
Oral & Maxillofacial Surgery	1223S0112X

Provider taxonomy codes listed above are a subset of the full code set that is posted at "www.wpc-edi.com/codes/taxonomy"

Claim Submission Procedures

Scion Dental accepts claims submitted in any of the following formats:

- Provider Web Portal, www.sciondental.com
- Electronic submission via clearinghouse, Payer ID: **SCION**
- HIPAA-compliant 837D file
- Paper 2012 ADA Dental Claim Form, available from American Dental Association

Submitting Claims via Provider Web Portal

Providers may submit claims directly to Scion Dental through our Provider Web Portal: www.sciondental.com.

Submitting claims via the web portal has several significant advantages:

- The online dental form has built-in features that automatically verify member eligibility and make data entry quick and easy.
- The online process allows you to attach and send electronic documents as part of the submitting a claim.
- Before submitting a claim, you can generate an online payment estimate.
- Claims enter the Scion Dental benefits administration system faster, which means you receive payment faster.
- As soon as a claim is paid, its status is instantly updated online, and a remittance report is available for review.

If you have questions about submitting claims online, attaching electronic documents, or accessing the Provider Web Portal, call Provider Services: 800-377-9594.

Submitting Claims via Clearinghouses

Providers may submit electronic claims and authorizations to Scion Dental directly via either the Emdeon or DentalXChange clearinghouses. If you use a different clearinghouse, your software vendor can provide you with information you may need to ensure electronic files are forwarded to Scion Dental.

Scion Dental Payer ID is **SCION**. By using this unique Payer ID with electronic files, Emdeon and DentalXChange can ensure that claims and authorizations are submitted successfully to Scion Dental.

For more information about Emdeon and DentalXChange, visit their websites: www.emdeon.com/ and www.dentalxchange.com.

Submitting Claims via HIPAA-Compliant 837D File

If you can't submit claims and authorizations electronically through the Provider Web Portal or a clearinghouse, Scion Dental will work with you individually to receive electronic files submitted using the HIPAA Compliant 837D transaction set format. To inquire about this option, please email ProviderServices@ScionDental.com

Attaching Electronic Documents

If you use the Provider Web Portal, you can quickly and easily attach and send electronic documents as part of submitting a claim or authorization.

Scion Dental, in conjunction with NEA (National Electronic Attachment, Inc.), also allows enrolled providers to submit documents electronically via FastAttach™. This program allows secure transmissions of radiographs, periodontics charts, intraoral pictures, narratives, and Explanation of Benefits (EOBs).

FastAttach™ is compatible with most claims clearinghouses and practice management systems. For more information, visit <http://www.nea-fast.com> or call NEA at **800-782-5150**.

Submitting Claims on Paper Forms

To ensure timely processing of paper claims, the following information must be included on the 2012 ADA Dental Claim Form:

- Member Name
- Member Medicaid ID Number
- Member Date of Birth
- Provider Name
- Provider Location
- Billing Location
- Provider NPI
- Payee Tax Identification Number (TIN)
- Date of Service for each service line

Use approved ADA dental codes, as published in the current CDT book or as defined in this manual, to identify all services. Include on the form all quadrants, tooth numbers, and surfaces for dental codes which require identification (extractions, root canals, amalgams and resin fillings).

Scion Dental recognizes tooth letters A through T for primary teeth and tooth numbers 1 to 32 for permanent teeth. Designate supernumerary teeth with codes AS through TS or 51 through 82. Designation of the tooth can be determined by using the nearest erupted tooth. If the tooth closest to the supernumerary tooth is #1, then chart the supernumerary tooth as #51. Likewise, if the nearest tooth is A, chart the supernumerary tooth as AS.

Missing, incorrect, or illegible information could result in the claim being returned to the submitting provider's office, causing a delay in payment. Use the proper postage when mailing bulk documentation. Mail with postage due will be returned. Mail paper claims to:

Molina Healthcare Claims
PO Box 2136
Milwaukee, WI 53201

Coordination of Benefits (COB)

When Molina is the secondary insurance carrier, a copy of the primary carrier's Explanation of Benefits (EOB) must be submitted with the claim. For electronic claim submissions, the payment made by the primary carrier must be indicated in the appropriate Coordination of Benefits (COB) field. When a primary carrier's payment meets or exceeds a provider's contracted rate or fee schedule, Molina/Scion Dental will consider the claim paid in full and no further payment will be made on the claim.

Corrected Claim Process

If a claim or a service line is denied because information was missing from the submitted claim, or if you have additional information or documentation that you believe may change the payment decision, simply resubmit the claim and include the missing information.

For example, resubmit a claim with additional information if a service was denied because of a missing tooth number or surface, or if a claim was denied because documentation showing medical necessity was not originally submitted.

However, if service lines on a claim were paid that should not have been paid—or if a claim was paid to the wrong payee or on behalf of the wrong member, then submit a new "Corrected" claim to reverse the incorrect payment and reprocess the claim with the corrected information.

For example, if a claim is submitted and paid with the wrong provider NPI or clinic location, incorrect payee Tax ID, wrong member, incorrect procedure code, etc., then the paid claim must be corrected and reprocessed.

Resubmitting a denied claim

To resubmit a claim that has been denied with additional information, follow the standard [Claim Submission Procedures](#) beginning on [page 36](#) of this provider manual. Timely filing limitations apply when a claim is resubmitted for reprocessing.

Submitting a corrected claim

To reverse and correct a payment that should not have been made, submit a corrected claim on the 2012 ADA Dental Claim Form and send paper forms and documents to:

Molina Healthcare Corrected Claims
PO Box 541
Milwaukee, WI 53201

Receipt and Audit of Claims

To ensure timely, accurate payment to each participating provider, Scion Dental audits claims for completeness as they are received. This audit validates member eligibility, procedure codes, and provider identification information. A Dental Reimbursement Analyst reviews any claim conditions that would result in nonpayment. When potential problems are identified, your office may be contacted and asked to assist in resolving the issue.

Claims Adjudication and Payment

The Scion Dental benefits administration software system imports claim and authorization data, evaluates and edits the data for completeness and correctness, analyzes the data for clinical appropriateness and coding correctness, audits against plan and benefit limits, calculates the appropriate payment amounts, and generates payments and remittance summaries. The system also evaluates and automatically matches claims and services that require prior authorizations and matches the claims and services to the appropriate member record for efficient and accurate claims processing.

As soon as the system prices and pays claims, checks and electronic payments are generated, and remittance summaries are posted and available for online review from the Provider Web Portal (www.sciondental.com).

To appeal a reimbursement decision, submit the appeal in writing along with any necessary documentation to:

Molina Healthcare Appeals, Complaints, Grievances
PO Box 3887
Albuquerque, NM 87190

Providing Services in Hospitals

Submitting an Authorization for Dental Surgery Services

Molina Healthcare requires its network providers to render services only at participating hospitals. Before providing dental care to a patient in a hospital, first submit a **Dental Surgery** prior authorization form with code **0170** or **41899** and fax to Provider Services at 888-802-5711. The Dental Surgery prior authorization form can be found on the Documents tab in the Provider Web Portal at www.sciondental.com.

NOTE Fax the Dental Surgery prior authorization for hospital services to 888-802-5711. The Procedure prior authorization should be uploaded to Scion Dental's Provider Web Portal, www.sciondental.com

To submit the **Procedure** prior authorization for hospital services, use any of the following options:

- Provider Web Portal, www.sciondental.com
- Electronic submission via clearinghouse, Payer ID: **SCION**
- Paper 2012 ADA Dental Claim Form, available from American Dental Association

Participating Hospitals

Please refer to the Molina Healthcare Provider Online Directory for a listing of Molina Healthcare participating hospitals.

[Molina Healthcare Provider Online Directory](#)

Providing Orthodontic Continuation of Care

Orthodontic Continuation of Care

Molina Healthcare requires the following information for possible payment of continuation of care cases:

- Completed “Orthodontic Continuation of Care Form”—see appendix A
- Completed 2012 ADA Dental Claim Form listing services to be rendered.
- A copy of Member’s prior approval including the total approved case fee, banding fee, and periodic orthodontic treatment fees.
- If the member was private pay or transferring from a commercial insurance program: Original diagnostic models (or Orthocad equivalent), radiographs.
- If the Member started treatment under commercial insurance fee for service, we must receive the ORIGINAL diagnostic models (or Orthocad equivalent), radiographs, banding date, and a detailed payment history.

Complaints, Grievances, Appeals

Molina and Scion Dental are committed to providing high-quality dental services to all members. As part of that commitment, we work to ensure all members have every opportunity to exercise their rights to a fair and timely resolution to any complaints, grievances, and appeals.

Our procedures for handling and resolving complaints, grievances, and appeals are designed to:

- Ensure members and providers receive a fair, just, and speedy resolution by working cooperatively with providers and supplying any documentation related to the member grievance and/or appeal, upon request.
- Treat providers and members with dignity and respect at all levels of the grievances and appeals resolution process.
- Inform providers of their full rights as they relate to grievance and appeal resolutions, including their rights of appeal at each step in the process.
- Resolve provider grievances and appeals in a satisfactory and acceptable manner within the Molina/Scion Dental protocol.
- Comply with all regulatory guidelines and policies with respect to member complaints, grievances, and appeals.
- Efficiently monitor the resolution of provider-related grievances, to allow for tracking and identifying unacceptable patterns of care over time.

Provider Complaints, Grievances, Appeals

Differences sometimes arise between dental providers and insurers/benefit administrators regarding prior authorization determinations and payment decisions. Since many of these issues result from misunderstanding of service coverage, processing policy, or payment levels, we encourage providers to contact us for explanation and education. Contact Provider Services toll free at **(800) 377-9594**

A designated Molina/Scion Dental complaint coordinator is dedicated to the expedient, satisfactory resolution of provider complaints, grievances, and appeals.

Participating providers who disagree with authorization decisions made by Molina/Scion Dental reviewers or dental consultants may submit a written appeal within 90 days of the original authorization denial date.

Submit complaints, grievances, or appeals to:

Molina Healthcare Appeals, Complaints, Grievances
PO Box 3887
Albuquerque, NM 87190

Member Appeals

A member may appeal any Molina/Scion Dental decision which denies or reduces services. Member appeals are reviewed under our administrative appeal procedure.

Appeals regarding authorization determinations must be filed within 90 days of the authorization denial date. Molina/Scion Dental will review the appeal and render a decision within 30 days if an extension is not requested and granted. Molina/Scion Dental will deliver expedited resolutions within 72 hours.

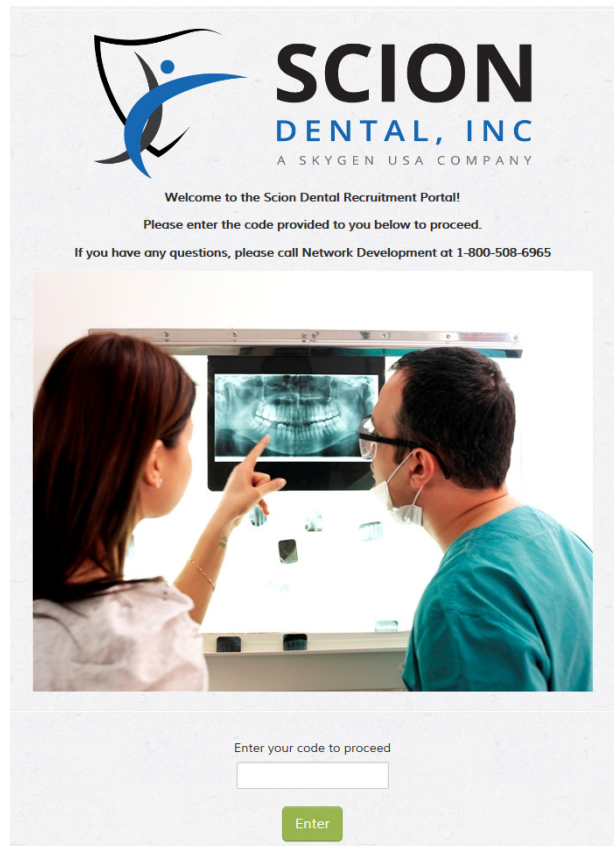
Member appeals must be submitted in writing to:

Molina Healthcare Appeals, Complaints, Grievances
PO Box 3887
Albuquerque, NM 87190

Provider Enrollment & Contracting

To enroll in the Molina Healthcare of New Mexico provider network, access enrollment information and documents, or add a clinic location, visit: www.sciondental.com

Enter code NM, and then click **Enter**.



The image shows the Scion Dental, Inc. recruitment portal. At the top is the company logo, which includes a stylized blue and black shield-like icon with a human figure inside, followed by the text "SCION DENTAL, INC" and "A SKYGEN USA COMPANY". Below the logo, the text reads: "Welcome to the Scion Dental Recruitment Portal!", "Please enter the code provided to you below to proceed.", and "If you have any questions, please call Network Development at 1-800-508-6965". In the center is a photograph of a female dentist in a white lab coat pointing at a digital X-ray on a monitor, while a male dentist in green scrubs and a surgical mask looks on. At the bottom of the form is a text input field with the placeholder "Enter your code to proceed" and a green "Enter" button.

SCION
DENTAL, INC
A SKYGEN USA COMPANY

Welcome to the Scion Dental Recruitment Portal!
Please enter the code provided to you below to proceed.
If you have any questions, please call Network Development at 1-800-508-6965

Enter your code to proceed

Enter

Provider Credentialing

High-quality dental providers are essential to the success of the Molina Healthcare of New Mexico dental network, and even more importantly, essential to the health of members enrolled in its Medicaid benefit plans.

While Molina Healthcare of New Mexico has an open recruitment strategy that encourages all providers to participate, all dentists seeking acceptance into the network must undergo a qualification process, which includes a background check, licensing verification, and primary source verification of professional credentials. Molina Healthcare has partnered with Scion Dental to provide credentialing services for its provider network.

As required by law, any dentist (DDS or DMD) who is interested in participating with the Molina Healthcare of New Mexico provider network is invited to apply and submit a credentialing application for review by Scion Dental's Credentialing Committee. We do not differentiate or discriminate in the treatment of providers seeking credentialing on the basis of race, ethnicity, gender, age, national origin, or religion.

Providers must be credentialed before participating in the Molina Healthcare network. Providers accepted into the Molina Healthcare are re-credentialed every 36 months.

Credentialing Process

The Scion Dental credentialing process follows NCQA (National Committee for Quality Assurance) credentialing guidelines for dentistry. All credentialing applications must satisfy NCQA and/or URAC standards of credentialing as they apply to dental services. Scion Dental has the sole right to determine which dentists it accepts and continues to allow as participating providers in the Molina Healthcare of New Mexico dental network.

In reviewing an application, the Credentialing Committee may request further information from the applicant. The Credentialing Committee may postpone a decision pending the outcome of an investigation of the applicant by a hospital, licensing board, government agency, institution, or any other organization, or the Committee may recommend other actions it deems appropriate. Scion Dental notifies Molina Healthcare of New Mexico of all disciplinary actions that involve participating providers.

Any acceptance of an applicant is conditioned upon the applicant's execution of a participation agreement with Molina Healthcare of New Mexico network.

If you have questions about the credentialing process or need assistance, call the Scion Dental Credentialing team: **855-812-9211**.

Obtaining a Credentialing Application

Our web-based Contracting Portal includes a link to the Credentialing Application. Navigate to www.scionproviders.com and enter access code NM. A link to the Credentialing Application is available from the website toolbar.

Submitting a Credentialing Application

To submit your credentialing application and required documents, you may either:

- Send email with attachments to: credentialing@sciondental.com, or
- Send paper documents to:
Molina Healthcare: Credentialing
PO Box 2059
Milwaukee, WI 53201

Recredentialing Process

Recredentialing is required at least every 36 months, per NCQA guidelines. Six months before you are due for recredentialing. Scion Dental will notify you of your upcoming recredentialing due date. Our notification letter will include instructions for how to complete the recredentialing process. If you have questions about recredentialing or need assistance, call the Scion Dental Credentialing team: **855-812-9211**

Credentialing Decision Appeals

The Scion Dental Credentialing Committee has the discretion and authority to accept an application without restrictions. However, if the Credentialing Committee determines an application should be accepted with restriction or declined, the Committee recommends the appropriate action to the Executive Subcommittee for approval and offers the applicant an opportunity to request a reconsideration review or appeal the recommendation.

If the applicant accepts the opportunity for a reconsideration review, the Credentialing Committee reviews all original documents, as well as any additional information submitted for the reconsideration review. If an applicant appeals the Credentialing Committee's recommendation, a Peer Review Committee completes the review.

Scion Dental retains ultimate responsibility for the credentialing process and final credentialing decisions.

To appeal a decision, send a request for a reconsideration review or appeal in writing within 30 days of receiving an adverse recommendation to:

Molina Healthcare Credentialing Appeals
PO Box 2059
Milwaukee, WI 53201

The Patient Record

Organization

1. The record must have areas for documentation of the following information:
 - Registration data including a complete health history.
 - Medical alert predominantly displayed inside chart jacket.
 - Initial examination data.
 - Radiographs.
 - Periodontal and Occlusal status.
 - Treatment plan/Alternative treatment plan.
 - Progress notes to include diagnosis, preventive services, treatment rendered, and medical/dental consultations.
 - Miscellaneous items (correspondence, referrals, and clinical laboratory reports).
2. The design of the record must provide the capability or periodic update, without the loss of documentation of the previous status, of the following information:
 - Health history.
 - Medical alert.
 - Examination/Recall data.
 - Periodontal status.
 - Treatment plan.
3. The design of the record must ensure that all permanent components of the record are attached or secured within the record.
4. The design of the record must ensure that all components must be readily identified to the patient (i.e., patient name, and identification number on each page).
5. The organization of the record system must require that individual records be assigned to each patient.

Content - the patient record must contain the following:

1. Adequate documentation of registration information which requires entry of these items:
 - Patient's first and last name.
 - Date of birth.
 - Sex.
 - Address.
 - Telephone number.
 - Name and telephone number of the person to contact in case of emergency.
2. An adequate health history that requires documentation of these items:
 - Current medical treatment.
 - Significant past illnesses.
 - Current medications.
 - Drug allergies.
 - Hematologic disorders.
 - Cardiovascular disorders.
 - Respiratory disorders.
 - Endocrine disorders.
 - Communicable diseases.
 - Neurologic disorders.
 - Signature and date by patient.
 - Signature and date by reviewing dentist.
 - History of alcohol and tobacco usage including smokeless tobacco.
3. An adequate update of health history at subsequent recall examinations which requires documentation of these items:
 - Significant changes in health status.
 - Current medical treatment.
 - Current medications.
 - Dental problems/concerns.
 - Signature and date by reviewing dentist.

4. A conspicuously placed medical alert inside the chart jacket that documents highly significant terms from health history. These items are:
 - Health problems which contraindicate certain types of dental treatment.
 - Health problems that require precautions or pre-medication prior to dental treatment.
 - Current medications that may contraindicate the use of certain types of drugs or dental treatment.
 - Drug sensitivities.
 - Infectious diseases that may endanger personnel or other patients.
5. Adequate documentation of the initial clinical examination which is dated and requires descriptions of findings in these items:
 - Blood pressure. (Recommended)
 - Head/neck examination.
 - Soft tissue examination.
 - Periodontal assessment.
 - Occlusal classification.
 - Dentition charting.
6. Adequate documentation of the patient's status at subsequent Periodic/Recall examinations which is dated and requires descriptions of changes/new findings in these items:
 - Blood pressure. (Recommended)
 - Head/neck examination.
 - Soft tissue examination.
 - Periodontal assessment.
 - Dentition charting.
7. Radiographs which are:
 - Identified by patient name.
 - Dated.
 - Designated by patient's left and right side.
 - Mounted (if intraoral films).
8. An indication of the patient's clinical problems/diagnosis

9. Adequate documentation of the treatment plan (including any alternate treatment options) that specifically describes all the services planned for the patient by entry of these items:
 - Procedure.
 - Localization (area of mouth, tooth number, surface).
10. An adequate documentation of the periodontal status, if necessary, which is dated and requires charting of the location and severity of these items:
 - Periodontal pocket depth.
 - Furcation involvement.
 - Mobility.
 - Recession.
 - Adequacy of attached gingiva.
 - Missing teeth.
11. An adequate documentation of the patient's oral hygiene status and preventive efforts which requires entry of these items:
 - Gingival status.
 - Amount of plaque.
 - Amount of calculus.
 - Education provided to the patient.
 - Patient receptiveness/compliance.
 - Recall interval.
12. An adequate documentation of medical and dental consultations within and outside the practice which requires entry of these items:
 - Provider to whom consultation is directed. Information/services requested.
 - Consultant's response.
13. Adequate documentation of treatment rendered which requires entry of these items:
 - Date of service/procedure.
 - Description of service, procedure and observation. Documentation in treatment record must contain documentation to support the level of American Dental Association Current Dental Terminology code billed as detailed in the nomenclature and descriptors. Documentation must be written on a tooth by tooth basis for a per tooth code, on a quadrant basis for a quadrant code and on a per arch basis for an arch code.

- Type and dosage of anesthetics and medications given or prescribed. Localization of procedure/observation. (tooth #, quadrant etc.)
- Signature of the Provider who rendered the service.

14. Adequate documentation of the specialty care performed by another dentist that includes:

- Patient examination. Treatment plan.
- Treatment status.

Compliance

1. The patient record has one explicitly defined format that is currently in use.
2. There is consistent use of each component of the patient record by all staff.
3. The components of the record that are required for complete documentation of each patient's status and care are present.
4. Entries in the records are legible.
5. Entries of symbols and abbreviations in the records are uniform, easily interpreted and are commonly understood in the practice

Clinical Criteria

Medical Necessity

Molina defines medical necessity as accepted health care services and supplies provided by health care entities appropriate to the evaluation and treatment of a disease, condition, illness, or injury and consistent with the applicable standard of care.

Dental care is medically necessary to prevent and eliminate orofacial disease, infection, and pain, to restore form and function to the dentition, and to correct facial disfigurement or dysfunction.

Medical necessity is the reason why a test, a procedure, or an instruction is performed.

Medical necessity is different for each person and changes as the individual changes. The dental team must provide consistent methodical documentation of medical necessity for coding.

Prior Authorization of Treatment

Some procedures require prior authorization before treatment is started. When submitting these procedures for prior review, also submit supporting documentation, if required. Prior authorization requirements and documentation requirements are summarized in this provider manual in [Benefit Plan Details and Authorization Requirements](#) beginning on [page 59](#).

For information about submitting prior authorizations and required documentation, see [Prior Authorization & Documentation Requirements](#) beginning on [page 29](#).

Dental surgery services must be performed in participating hospitals and require prior authorization. See [Providing Services in Hospitals](#) on [page 40](#).

Emergency Treatment

Should a procedure need to be initiated to relieve pain and suffering in an emergency situation, you are to provide treatment to alleviate the patient's condition. To receive reimbursement for emergency treatment, submit all required documentation along with the claim for services rendered. Molina/Scion Dental uses the same clinical criteria (and requires the same supporting documentation) for claims submitted after emergency treatment as it would have used to determine prior authorizations for the same services.

Radiology Requirements

Note: Please refer to benefit tables for radiograph benefit limitations.

Radiographic Examination of the New Patient

- Child – primary dentition
The Panel recommends posterior bitewing radiographs for a new patient, with a primary dentition and closed proximal contacts.
- Child – transitional dentition
The Panel recommends an individualized periapical/occlusal examination with posterior bitewings OR a panoramic radiograph and posterior bitewings, for a new patient with a transitional dentition.
- Adolescent – permanent dentition prior to the eruption of the third molars
The Panel recommends an individualized radiographic examination consisting of selected periapicals with posterior bitewings for a new adolescent patient.
- Adult – dentulous
The Panel recommends an individualized radiographic examination consisting of selected periapicals with posterior bitewings for a new dentulous adult patient.
- Adult – edentulous
The Panel recommends a full-mouth intraoral radiographic survey OR a panoramic radiograph for the new edentulous adult patient.

Radiographic Examination of the Recall Patient

Patients with clinical caries or other high-risk factors for caries

- Child – primary and transitional dentition
The Panel recommends that posterior bitewings be performed at a 6-12 month interval for those children with clinical caries or who are at increased risk for the development of caries in either the primary or transitional dentition.
- Adolescent
The Panel recommends that posterior bitewings be performed at a 6-12 month interval for adolescents with clinical caries or who are at increased risk for the development of caries.
- Adult – dentulous
The Panel recommends that posterior bitewings be performed at a 6-12 month interval for adults with clinical caries or who are at increased risk for the development of caries.
- Adult – edentulous
The Panel found that an examination for occult disease in this group cannot be justified on the basis of prevalence, morbidity, mortality, radiation dose and cost. Therefore, the Panel recommends that no radiographs be performed for edentulous recall patients without clinical signs or symptoms.

Patients with no clinical caries and no other high risk factors for caries

- Child – primary dentition

The Panel recommends that posterior bitewings be performed at an interval of 12-24 months for children with a primary dentition with closed posterior contacts that show no clinical caries and are not at increased risk for the development of caries.

- Adolescent

The Panel recommends that posterior bitewings be performed at intervals of 12-24 months for patients with a transitional dentition who show no clinical caries and are not at an increased risk for the development of caries.

- Adult – dentulous

The Panel recommends that posterior bitewings be performed at intervals of 24-36 months for dentulous adult patients who show no clinical caries and are not at an increased risk for the development of caries.

- Patients with periodontal disease, or a history of periodontal treatment for child – primary and transitional dentition, adolescent and dentulous adult
- The Panel recommends an individualized radiographic survey consisting of selected periapicals and/or bitewing radiographs of areas with clinical evidence or a history of periodontal disease, (except nonspecific gingivitis).

Growth and Development Assessment

- Child – Primary Dentition

The panel recommends that prior to the eruption of the first permanent tooth, no radiographs be performed to assess growth and development at recall visits in the absence of clinical signs or symptoms.

- Child – Transitional Dentition

The Panel recommends an individualized Periapical/Occlusal series OR a Panoramic Radiograph to assess growth and development at the first recall visit for a child after the eruption of the first permanent tooth.

- Adolescent

The Panel recommends that for the adolescent (age 16-19 years of age) recall patient, a single set of Periapicals of the wisdom teeth OR a panoramic radiograph.

- Adult

The Panel recommends that no radiographs be performed on adults to assess growth and development in the absence of clinical signs or symptoms.

Health Guidelines – Ages 0-18 Years

NOTE: Please refer to benefit tables for benefits and limitations.

Recommendations for Preventive Pediatric Dental Care (AAPD Reference Manual 002-2003)

Periodicity and Anticipatory Guidance Recommendations (AAPD/ADA/AAP guidelines)

PERIODICITY RECOMMENDATIONS					
Age (1)	Infanc	Late Infancy	Preschool	School Aged	Adolescence
Oral Hygiene Counseling (2)	Parents/ guardians/ caregivers	Parents/ guardians/ caregivers	Patient/parents/ guardians/ caregivers	Patient/ parents/ caregivers	Patient
Injury, Prevention Counseling	X	X	X	X	X
Dietary Counseling (4)	X	X	X	X	X
Counseling for non-nutritive habits (5)	X	X	X	X	X
Fluoride Supplementation	X	X	X	X	X
Assess oral growth and development (8)	X	X	X	X	X
Clinical oral exam	X	X	X	X	X
Prophylaxis and topical fluoride treatment (9)		X	X	X	X
Radiographic assessment			X	X	X
Pit and Fissure Sealants			If indicated on primary molars	First permanent molars as soon as possible after eruption	Second permanent molars and appropriate premolars as soon as possible
Treatment of dental disease	X	X	X	X	X
Assessment and treatment of developing malocclusion			X	X	X
Substance abuse counseling				X	X
Assessment and/or removal of third molars					X
Referral for regular periodic dental care					X
Anticipatory guidance (11)	X	X	X	X	X
<ol style="list-style-type: none"> 1. First examination at the eruption of the first tooth and no later than 12 months. 2. Initially, responsibility of parent; as child develops jointly with parents, then when indicated, only by child. 3. Initially play objects, pacifiers, car seats; then when learning to walk; sports, routine playing and intraoral/perioral piercing. 4. At every appointment discuss role of refined carbohydrates; frequency of snacking. 5. At first discuss need for additional sucking; digits vs. pacifiers; then the need to wean from habit before eruption of a permanent incisor. 6. As per American Academy of Pediatrics/American Dental Association guidelines and the water source. 					

Clinical Criteria Descriptions

Scion Dental criteria utilized for this medical necessity determination was developed from information collected from American Dental Association's Code Manuals, clinical articles and guidelines, as well as dental schools, practicing dentists, insurance companies, other dental related organizations, and local state or health plan requirements. A number of procedures require prior authorization before initiating treatment. When prior authorizing these procedures, please note the documentation requirements when sending in the information to Scion Dental.

Should the procedure need to be initiated under an emergency condition to relieve pain and suffering, you are to provide treatment to alleviate the patient's condition. However, to receive reimbursement for the treatment, Scion Dental will require the same criteria / documentation be provided (with the claim for payment) and the same criteria be met to receive payment for the treatment.

Cast Crowns

- Under 21 years of age
- Permanent tooth (not including 1, 16, 17, 32)
- At least 50% bone support
- No periodontal furcation
- No subcrestal caries
- Clinically acceptable RCT, if present
- Only covered when necessary due to fracture, *extensive* decay, or an endodontically treated tooth.
- Submit appropriate radiographs showing the adjacent and opposing teeth and the above criteria. If tooth is endodontically treated, include a radiograph showing a properly condensed/obturated filling.

Endodontic Therapy/Root Canal Therapy

- Patients age 21 and over are eligible for root canal therapy on anterior teeth. Patients age 21 and under are eligible for root canal therapy on all permanent teeth (excluding 1, 16, 17, 32)
- Must be periodontally sound. Must have greater than 50% bone support.
- Tooth must not have subcrestal caries or caries in the furcation.
- In arches where one tooth is missing, RCT may be approved under the following conditions: (if the space is closed, the missing tooth is the most distal in the arch)
- File x-ray with claim
- If x-ray does not sufficiently show need for root canal, include explanation for therapy

Apexification and Apicoectomy

- One of each procedure per lifetime of tooth

Surgical Periodontal Services

- Codes D4240, D4249, D4260, D4263, D4264, D4266, D4267, D4270, D4271, D4273, D4274 covered for eligible patients under the age of 21 years old
- Codes D4210 and D4211 covered for eligible patients 21 years of age and older
- Hyperplasia or hypertrophy from drug therapy, hormonal disturbances or congenital defects
- Suprabony pockets that has fibrous and firm walls
- Generalized 4 mm or more pocketing indicated on the perio charting
- At least 1 tooth with radiographic evidence of bone loss in the quadrant
- Limited to once every 36 months unless evidence of medical condition being a major contributing factor is furnished
- File appropriate x-rays along with complete periodontal charging with AAP case type

Other Periodontal Services

- Codes D4341, D4910, D4999 covered for eligible patients under the age of 21 years old
- Code D4341 covered for eligible patients 21 years of age and older
- Minimum of four affected teeth per quadrant documented with periodontal charting of abnormal pocket depths
- Additionally, at least one of the following must be present: radiographic evidence of significant root surface calculus or radiographic evidence of significant loss of bone support)
- No more than two quadrants of treatment are allowed on a single date of service unless otherwise justified
- Procedure is allowed once per quadrant per 24 months
- File appropriate x-rays along with complete periodontal charging with AAP case type

Full dentures

- Existing denture greater than 5 years old
- Remaining teeth do not have adequate bone support or are non-restorable
- If the recipient has a history or an inability to wear prosthesis due to psychological or physiological reasons, the prosthesis will not be covered.
- File patient history, records and full mouth x-rays or panoramic x-ray
- Multiple appointments are necessary for fabrication of prosthesis. These multiple steps are inclusive in the fee for the removable prosthetic and are not eligible for additional compensation.

- Relines are covered once per 36 months per patient. This is not covered within 6 months of placement.

Partial dentures

- Replacing one or more anterior teeth
- Replacing three or more posterior teeth bilaterally (excluding 3rd molars) or replacing two or more posterior teeth unilaterally (excluding 3rd molars)
- Replacing permanent teeth only
- Existing partial denture greater than 5 years old
- Remaining teeth have greater than 50% bone support and are restorable
- If the recipient has a history or an inability to wear a prosthesis due to psychological or physiological reasons, the prosthesis will not be covered.
- File full mouth series of x-rays clearly showing adjacent and opposing teeth, pPatient history and any dental or medical condition that indicates extraction of remaining teeth.
- Multiple appointments are necessary for fabrication of prosthesis. These multiple steps are inclusive in the fee for the removable prosthetic and are not eligible for additional compensation

Maxillofacial prosthetics

- Documentation describes accident, facial trauma, disease, facial reconstruction or other medical necessity need

Impacted teeth – (asymptomatic impactions will not be approved)

- Documentation describes pain, swelling, etc. around tooth (must be symptomatic) and documentation noted in patient record for at least 1 impaction
- Tooth impinges on the root of an adjacent tooth, is horizontal impacted, or shows a documented enlarged tooth follicle or potential cystic formation and documentation noted in patient record for at least 1 impaction
- X-rays matches type of impaction code described

Surgical removal of residual tooth roots

- Tooth root is completely covered by tissue on x-ray
- Documentation describes pain, swelling, etc. around tooth (must be symptomatic) and documentation noted in patient record
- Not payable to dentist or group that performed original extraction

Tooth reimplantation and / or stabilization

- Documentation describes accident and medical necessity

Surgical access of an unerupted tooth

- Documentation supports impacted/unerupted tooth
- Tooth is beyond one year of normal eruption pattern
- Only covered in conjunction with approved orthodontic treatment plan

General anesthesia / IV sedation (Dental Office Setting) - 1 or more of the criteria below

- Extractions of impacted or unerupted cuspids or wisdom teeth or surgical exposure of unerupted cuspids
- 2 or more extractions in 2 or more quadrants
- 4 or more extractions in 1 quadrant
- Excision of lesions greater than 1.25 cm
- Surgical recovery from the maxillary antrum
- Documentation that patient is less than 3 years old with extensive treatment (described)
- Documentation of failed local anesthesia and documentation noted in patient record
- Documentation of situational anxiety and documentation noted in patient record
- Documentation and narrative of medical necessity supported by submitted medical records (cardiac, cerebral palsy, epilepsy or condition that would render patient noncompliant)

Therapeutic drug injection

- Description of drugs (antibiotics, steroids, anti-inflammation or other therapeutic medication) and parental administration

Unspecified procedures, by report

- Procedure cannot be adequately described by an existing code

Dental Surgery (Hospital Operating Room or Outpatient Facility) request – use 0170/41899

- All Dental Surgery cases must be pre-authorized by Molina Healthcare / Scion Dental
- Young children with extensive treatment needed
- Patients requiring extensive treatment that are classified as ASA III or IV
- Patients that will require monitoring of vital signs or the availability of resuscitative equipment during extensive dental procedures.
- Patients that have a history of uncontrolled bleeding, severe cerebral palsy, or other medical condition that renders in-office treatment not medically appropriate.
- Patients with documentation stating severe psychosomatic disorders that require OR for treatment.
- Patients with documentation stating severe cognitive disorders that require OR for treatment. Documentation supports indication of patient with a medical condition

(cardiac, cerebral palsy, epilepsy) or other condition that would render the patient non-compliant

Minor Treatment to Control Harmful Habits (D8210, D8220)

- Documentation of treatment for thumb and finger sucking, tongue thrusting , bruxism or other similar condition
- Allowable for eligible patients under 21 years of age
- File full mouth x-rays or panoramic x-ray and patient history and report

Comprehensive orthodontic services

- Documentation shows cleft palate deformity
- Documentation shows cranio-facial anomaly
- Documentation shows deep impinging overbite that shows palatal impingement of the majority of lower incisors
- Documentation shows a large anterior – posterior discrepancy (overjet greater than 9mm)
- Documentation shows anterior cross bite (involves more than two teeth in cross bite) which has clinical attachment loss and recession of gingival margin
- Documentation shows impacted permanent cuspids and/or permanent incisors that will not erupt into the dental arches without orthodontic and/or surgical intervention. This does not include cases where cuspids will erupt ectopically
- Without the above conditions, a score of 30 or greater upon documentation on **HLD Index** (measures severity of a handicapping malocclusion) is required

Benefit Plan Details and Authorization Requirements

The following benefit plan details and related authorization requirements apply to all of the following Molina Healthcare of New Mexico benefit plans:

- Centennial Care
- Marketplace

The only differences across these plans are based on patient age. When checking coverage rules or whether authorization requirements apply for a particular procedure code, be sure to verify the patient's age as of the date of service.

In the following table, if **Yes** is indicated in the **Auth Req** column, then a service requires a prior authorization. If documentation is indicated in the **Requirement** column, then supporting documentation is required before the authorization can be approved or the claim can be paid. When a prior authorization is required, submit it (along with any required documentation) to Molina/Scion Dental for approval before beginning non-emergency or routine treatment. If immediate treatment is required in an emergency situation, submit required documentation after treatment with the claim.

Coverage Details | Authorization Requirement

Molina Healthcare New Mexico Child (0-20) and Adult (21+)

Code	Description	Ages	Covered Teeth/Quad/Arch	Limitations	Auth Req	Documentation Required	Code
D0120	Periodic Oral Evaluation - Established Patient	0-20		One (D0120) per six months per provider or location.	No		D0120
D0140	Limited Oral Evaluation - Problem Focused	0-999		Not reimbursable on save DOS as D0120 or D0150. Limited to when performed as part of an emergency service to relieve pain and suffering and cannot be billed with a regular appointment.	No		D0140
D0150	Comprehensive Oral Evaluation - New Or Established Patient	0-999		One (D0120) per twelve months per provider or location.	No		D0150
D0210	Intraoral - Complete Series of Radiographic Images	0-999		One of (D0210, D0330) per 60 months per patient.	No		D0210
D0220	Intraoral - Periapical First Radiographic Image	0-999			No		D0220
D0230	Intraoral - Periapical Each Additional Image	0-999			No		D0230
D0240	Intraoral - Occlusal Radiographic Image	0-999		Two (D0240) per 12 months per patient.	No		D0240
D0250	Extraoral - 2D Projection Radiographic image	0-999			No		D0250
D0251	Extra-Oral Posterior Dental Radiographic Image	0-999			No		D0251
D0270	Bitewing - Single Radiographic Image	0-999			No		D0270
D0272	Bitewings - Two Radiographic Images	0-999			No		D0272
D0274	Bitewings - Four Radiographic Images	0-999			No		D0274
D0290	Posterior - Anterior Or Lateral Skull And Facial Bone Survey Radiographic Image	0-999			No		D0290
D0310	Sialography	0-999			Yes	narrative of medical necessity	D0310
D0320	Temporomandibular Joint Arthrogram, Including Injection	0-999			Yes	narrative of medical necessity	D0320
D0321	Other Temporomandibular Joint Radiographic Images, By Report	0-999			Yes	narrative of medical necessity	D0321
D0322	Tomographic Survey	0-999			Yes	narrative of medical necessity	D0322
D0330	Panoramic Radiographic Image	0-999		One of (D0210, D0330) per 60 months per patient. All other radiographs taken with a panorex are considered part of the complete series and will not be reimbursed separately.	No		D0330

**Molina Healthcare New Mexico
Child (0-20) and Adult (21+)**

Code	Description	Ages	Covered Teeth/Quad/Arch	Limitations	Auth Req	Documentation Required	Code
D0340	2D Cephalometric Radiographic Image	0-999			No		D0340
D0364	Cone Beam - Less Than One Whole Jaw	0-999		By report.	Yes	narrative of medical necessity	D0364
D0365	Cone Beam - One Full Dental Arch – Mandible	0-999		By report.	Yes	narrative of medical necessity	D0365
D0366	Cone Beam - One Full Dental Arch – Maxilla	0-999		By report.	Yes	narrative of medical necessity	D0366
D0367	Cone Beam - Both Jaws	0-999		By report.	Yes	narrative of medical necessity	D0367
D0368	Cone Beam o TMJ Series	0-999		By report.	No		D0368
D0369	Maxillofacial MRI	0-999		By report.	No		D0369
D0370	Maxillofacial Ultrasound	0-999		By report.	Yes	narrative of medical necessity	D0370
D0371	Sialoendoscopy	0-999		By report.	Yes	narrative of medical necessity	D0371
D0380	Cone Beam - Less Than One Whole Jaw	0-999		By report.	Yes	narrative of medical necessity	D0380
D0381	Cone Beam - One Full Dental Arch – Mandible	0-999		By report.	Yes	narrative of medical necessity	D0381
D0382	Cone Beam - One Full Dental Arch – Maxilla	0-999		By report.	Yes	narrative of medical necessity	D0382
D0383	Cone Beam - Both Jaws	0-999		By report.	Yes	narrative of medical necessity	D0383
D0384	Cone Beam o TMJ Series	0-999		By report.	Yes	narrative of medical necessity	D0384
D0385	Maxillofacial MRI	0-999		By report.	Yes	narrative of medical necessity	D0385
D0386	Maxillofacial Ultrasound	0-999		By report.	Yes	narrative of medical necessity	D0386
D0391	Interpretation Of Diagnostic Image	0-999		By report.	No		D0391
D0415	Collection Of Microorganisms For Culture And Sensitivity	0-999			Yes	copy or narrative of results	D0415
D0502	Other Pathology Procedures, By Report	0-999			Yes	copy of pathology report	D0502
D1110	Prophylaxis – Adult	14-20		One (D1110) per 6 months per patient.	No		D1110
D1110	Prophylaxis - Adult	21-999		One (D1110) per 12 months per patient.	No		D1110
D1120	Prophylaxis - Child	0-13		One (D1120) per 6 months per patient.	No		D1120
D1208	Topical Application of Fluoride	0-20		One (D1208) per 6 months per patient.	No		D1208
D1208	Topical Application of Fluoride	21-999		One (D1208) per 12 months per patient.	No		D1208
D1351	Sealant - Per Tooth	5-20	14,15,18,19,2,3,30,31	One (D1351) per 60 months per tooth. Occlusal surfaces only. Teeth must be caries-free and sealant will not be paid over restorations.	No		D1351
D1510	Space Maintainer - Fixed - Unilateral	0-20	Teeth 2-15, 18-31,and A-T		No		D1510
D1515	Space Maintainer - Fixed - Bilateral	0-20	Teeth 2-15, 18-31,and A-T		No		D1515
D1550	Re-Cement Or Re-Bond Space Maintainer	0-20	Teeth 2-15, 18-31,and A-T		No		D1550

**Molina Healthcare New Mexico
Child (0-20) and Adult (21+)**

Code	Description	Ages	Covered Teeth/Quad/Arch	Limitations	Auth Req	Documentation Required	Code
D2140	Amalgam - One Surface, Primary Or Permanent	0-999	All Teeth (Teeth 1 through 32, A through T)	One of (D2140, D2150, D2160, D2161, D2330, D2331, D2332, D2335, D2391, D2392, D2993, D2394) per 36 months per tooth per surface.	No		D2140
D2150	Amalgam - Two Surfaces, Primary Or Permanent	0-999	All Teeth (Teeth 1 through 32, A through T)	One of (D2140, D2150, D2160, D2161, D2330, D2331, D2332, D2335, D2391, D2392, D2993, D2394) per 36 months per tooth per surface.	No		D2150
D2160	Amalgam - Three Surfaces, Primary Or Permanent	0-999	All Teeth (Teeth 1 through 32, A through T)	One of (D2140, D2150, D2160, D2161, D2330, D2331, D2332, D2335, D2391, D2392, D2993, D2394) per 36 months per tooth per surface.	No		D2160
D2161	Amalgam - Four Or More Surfaces, Primary Or Permanent	0-999	All Teeth (Teeth 1 through 32, A through T)	One of (D2140, D2150, D2160, D2161, D2330, D2331, D2332, D2335, D2391, D2392, D2993, D2394) per 36 months per tooth per surface.	No		D2161
D2330	Resin-Based Composite - One Surface, Anterior	0-999	Anterior Teeth (Teeth 6 - 11, 22 - 27, C - H, M - R)	One of (D2140, D2150, D2160, D2161, D2330, D2331, D2332, D2335, D2391, D2392, D2993, D2394) per 36 months per tooth per surface.	No		D2330
D2331	Resin-Based Composite - Two Surfaces, Anterior	0-999	Anterior Teeth (Teeth 6 - 11, 22 - 27, C - H, M - R)	One of (D2140, D2150, D2160, D2161, D2330, D2331, D2332, D2335, D2391, D2392, D2993, D2394) per 36 months per tooth per surface.	No		D2331
D2332	Resin-Based Composite - Three Surfaces, Anterior	0-999	Anterior Teeth (Teeth 6 - 11, 22 - 27, C - H, M - R)	One of (D2140, D2150, D2160, D2161, D2330, D2331, D2332, D2335, D2391, D2392, D2993, D2394) per 36 months per tooth per surface.	No		D2332
D2335	Resin-Based Composite - Four Or More Surfaces Or Involving Incisal Angle	0-999	Anterior Teeth (Teeth 6 - 11, 22 - 27, C - H, M - R)	One of (D2140, D2150, D2160, D2161, D2330, D2331, D2332, D2335, D2391, D2392, D2993, D2394) per 36 months per tooth per surface.	No		D2335
D2390	Resin-Based Composite Crown, Anterior	0-999	Anterior Teeth (Teeth 6 - 11, 22 - 27, C - H, M - R)		No		D2390
D2391	Resin-Based Composite - One Surface, Posterior	0-999	Posterior Teeth (1-5, 12-21, 28-32, A, B, I, J, K, L, S, T)	One of (D2140, D2150, D2160, D2161, D2330, D2331, D2332, D2335, D2391, D2392, D2993, D2394) per 36 months per tooth per surface.	No		D2391
D2392	Resin-Based Composite - Two Surfaces, Posterior	0-999	Posterior Teeth (1-5, 12-21, 28-32, A, B, I, J, K, L, S, T)	One of (D2140, D2150, D2160, D2161, D2330, D2331, D2332, D2335, D2391, D2392, D2993, D2394) per 36 months per tooth per surface.	No		D2392

**Molina Healthcare New Mexico
Child (0-20) and Adult (21+)**

Code	Description	Ages	Covered Teeth/Quad/Arch	Limitations	Auth Req	Documentation Required	Code
D2393	Resin-Based Composite - Three Surfaces, Posterior	0-999	Posterior Teeth (1-5, 12-21, 28-32, A, B, I, J, K, L, S, T)	One of (D2140, D2150, D2160, D2161, D2330, D2331, D2332, D2335, D2391, D2392, D2393, D2394) per 36 months per tooth per surface.	No		D2393
D2394	Resin-Based Composite - Four Or More Surfaces, Posterior	0-999	Posterior Teeth (1-5, 12-21, 28-32, A, B, I, J, K, L, S, T)	One of (D2140, D2150, D2160, D2161, D2330, D2331, D2332, D2335, D2391, D2392, D2993, D2394) per 36 months per tooth per surface.	No		D2394
D2710	Crown - Resin-Based Composite (Indirect)	0-20	Teeth 4-13, 20-29	One of (D2710, D2751, D2752, D2791, D2792) per 60 months per tooth. Resin-based composite crown that is indirectly fabricated.	Yes	pre-op x-rays	D2710
D2751	Crown - Porcelain Fused To Predominantly Base Metal	0-20	Teeth 2-15, 18-31	One of (D2710, D2751, D2752, D2791, D2792) per 60 months per tooth.	Yes	pre-op x-rays	D2751
D2752	Crown - Porcelain Fused To Noble Metal	0-20	Teeth 2-15, 18-31	One of (D2710, D2751, D2752, D2791, D2792) per 60 months per tooth.	Yes	pre-op x-rays	D2752
D2791	Crown - Full Cast Predominantly Base Metal	0-20	Teeth 2-15, 18-31	One of (D2710, D2751, D2752, D2791, D2792) per 60 months per tooth.	Yes	pre-op x-rays	D2791
D2792	Crown - Full Cast Noble Metal	0-20	Teeth 2-15, 18-31	One of (D2710, D2751, D2752, D2791, D2792) per 60 months per tooth.	Yes	pre-op x-rays	D2792
D2910	Re-Cement Or Re-Bond Inlay, Onlay, Veneer Or Partial Coverage Restoration	0-999	All Permanent Teeth (Teeth 1 through 32)		No		D2910
D2920	Re-Cement or Re-Bond Crown	0-999	All Teeth (Teeth 1 through 32, A through T)		No		D2920
D2929	Prefabricated Porcelain / Ceramic Crown - Primary Tooth	0-20	Primary Teeth (Teeth A through T)	One of (D2929) per lifetime per tooth.	No		D2929
D2930	Prefabricated Stainless Steel Crown - Primary Tooth	0-20	Primary Teeth (Teeth A through T)		No		D2930
D2931	Prefabricated Stainless Steel Crown - Permanent Tooth	0-999	All Permanent Teeth (Teeth 1 through 32)		No		D2931
D2932	Prefabricated Resin Crown	0-999	Anterior Teeth (Teeth 6 - 11, 22 - 27, C - H, M - R)		No		D2932
D2933	Prefabricated Stainless Steel Crown with Resin Window	21-999	Primary Anterior (Teeth C - H, M - R)		No		D2933
D2934	Prefabricated Esthetic Coated Stainless Steel Crown - Primary Tooth	0-999	C,D,E,F,G,H,M,N,O,P,Q,R		No		D2934
D2940	Protective Restoration	0-999	All Teeth (Teeth 1 through 32, A through T)	Temporary restoration intended to relieve pain. Not to be used as a base or liner under restoration.	No		D2940

**Molina Healthcare New Mexico
Child (0-20) and Adult (21+)**

Code	Description	Ages	Covered Teeth/Quad/Arch	Limitations	Auth Req	Documentation Required	Code
D2950	Core Buildup, Including Any Pins When Required	0-20	All Permanent Teeth (Teeth 1 through 32)	One of (D2950, D2952, D2954) per day per tooth. Refers to building up of anatomical crown when restorative crown will be placed.	No		D2950
D2951	Pin Retention - Per Tooth, In Addition To Restoration	0-999	All Permanent Teeth (Teeth 1 through 32)	Two (D2951) per lifetime per tooth.	No		D2951
D2952	Post And Core In Addition To Crown, Indirectly Fabricated	0-20	All Permanent Teeth (Teeth 1 through 32)	One of (D2950, D2952, D2954) per day per tooth.	No		D2952
D2954	Prefabricated Post And Core In Addition To Crown	0-20	All Permanent Teeth (Teeth 1 through 32)	One of (D2950, D2952, D2954) per day per tooth.	No		D2954
D2980	Crown Repair	0-999	All Permanent Teeth (Teeth 1 through 32)		Yes	pre-op x-ray of restoration and narrative of medical necessity	D2980
D3220	Therapeutic Pulpotomy	0-20	All Teeth (Teeth 1 through 32, A through T)	Can only be billed when there is no periapical lesion on x-ray.	No		D3220
D3222	Partial Pulpotomy For Apexogenesis - Permanent Tooth	0-20	All Permanent Teeth (Teeth 1 through 32)		No		D3222
D3310	Endodontic Therapy, Anterior Tooth (Excluding Final Restoration)	0-999	Permanent Anterior (Teeth 6 - 11, 22 - 27)	One (D3310) per lifetime per tooth. Pre-operative radiographs of adjacent and opposing teeth, fill radiograph with claim.	Yes	pre-op x-rays (excluding bitewings)	D3310
D3320	Endodontic Therapy, Bicuspid Tooth (Excluding Final Restoration)	0-20	Bicuspid (Teeth 4, 5, 12, 13, 20, 21, 28, 29)	One (D3320) per lifetime per tooth. Pre-operative radiographs of adjacent and opposing teeth, fill radiograph with claim.	Yes	pre-op x-rays (excluding bitewings)	D3320
D3330	Endodontic Therapy, Molar (Excluding Final Restoration)	0-20	14,15,18,19,2,3,30,31	One (D3330) per lifetime per tooth. Pre-operative radiographs of adjacent and opposing teeth, fill radiograph with claim.	Yes	pre-op x-rays (excluding bitewings)	D3330
D3351	Apexification / Recalcification - Initial Visit	0-20	All Permanent Teeth (Teeth 1 through 32)	One (D3351) per lifetime per tooth.	No		D3351
D3352	Apexification / Recalcification - Interim	0-20	All Permanent Teeth (Teeth 1 through 32)	One (D3352) per lifetime per tooth.	No		D3352
D3353	Apexification / Recalcification - Final Visit	0-20	All Permanent Teeth (Teeth 1 through 32)	One (D3353) per lifetime per tooth.	No		D3353
D3410	Apicoectomy - Anterior	0-20	Permanent Anterior (Teeth 6 - 11, 22 - 27)	One (D3410) per lifetime per tooth.	No		D3410
D3421	Apicoectomy - Bicuspid (First Root)	0-20	Bicuspid (Teeth 4, 5, 12, 13, 20, 21, 28, 29)	One (D3421) per lifetime per tooth.	No		D3421

**Molina Healthcare New Mexico
Child (0-20) and Adult (21+)**

Code	Description	Ages	Covered Teeth/Quad/Arch	Limitations	Auth Req	Documentation Required	Code
D3425	Apicoectomy - Molar (First Root)	0-20	Permanent Molars (Teeth 1 - 3, 14 - 19, 30 - 32)	One (D3425) per lifetime per tooth.	No		D3425
D3426	Apicoectomy - Each Additional Root)	0-20	Permanent Posterior (Teeth 1 - 5, 12 - 21, 28 - 32)	One (D3426) per lifetime per tooth.	No		D3426
D3430	Retrograde Filling - Per Root	0-20	All Permanent Teeth (Teeth 1 through 32)	One (D3430) per lifetime per tooth.	No		D3430
D3450	Root Amputation - Per Root	0-20	Permanent Posterior (Teeth 1 - 5, 12 - 21, 28 - 32)	One (D3450) per lifetime per tooth.	No		D3450
D4210	Gingivectomy Or Gingivoplasty - Four Or More Contiguous Teeth	0-999	Quadrants (LL, LR, UR, UL)	One (D4210) per 36 months per quadrant. Minimum 4 teeth per quadrant.	Yes	Pre-op x-rays, narrative of medical necessity, photos optional	D4210
D4211	Gingivectomy Or Gingivoplasty - One To Three Contiguous Teeth	0-999	Quadrants (LL, LR, UR, UL)	One (D4211) per 36 months per quadrant. One to three teeth per quadrant.	Yes	Pre-op x-rays, narrative of medical necessity, photos optional	D4211
D4240	Gingival Flap Procedure, Including Root Planing - Four Or More Contiguous Teeth	0-20	Quadrants (LL, LR, UR, UL)	One (D4240) per 36 months per quadrant. Minimum 4 teeth per quadrant.	Yes	Pre-op x-rays, narrative of medical necessity, photos optional	D4240
D4260	Osseous Surgery (Including Flap And Closure) - Four Or More Teeth	0-20	Quadrants (LL, LR, UR, UL)	One (D4260) per 36 months per quadrant. One to three teeth per quadrant.	Yes	Pre-op x-rays, narrative of medical necessity, photos optional	D4260
D4263	Bone Replacement Graft - First Site In Quadrant	0-20	All Permanent Teeth (Teeth 1 through 32)	One (D4263) per 36 months per tooth.	Yes	Pre-op x-rays, narrative of medical necessity, photos optional	D4263
D4264	Bone Replacement Graft - Each Additional Site In Quadrant	0-20	All Permanent Teeth (Teeth 1 through 32)	One (D4264) per 36 months per tooth.	Yes	Pre-op x-rays, narrative of medical necessity, photos optional	D4264
D4266	Guided Tissue Generation - Resorbable Barrier, Per Site	0-20	All Permanent Teeth (Teeth 1 through 32)	One (D4266) per 36 months per tooth.	Yes	Pre-op x-rays, narrative of medical necessity, photos optional	D4266
D4267	Guided Tissue Regeneration	0-20	All Permanent Teeth (Teeth 1 through 32)	One (D4267) per 36 months per tooth.	Yes	Pre-op x-rays, narrative of medical necessity, photos optional	D4267
D4270	Pedicle Soft Tissue Graft Procedure	0-20	All Permanent Teeth (Teeth 1 through 32)	One (D4270) per 36 months per tooth.	Yes	Pre-op x-rays, narrative of medical necessity, photos optional	D4270
D4273	Autogenous Connective Tissue Graft Proc, First Tooth, Implant Or Tooth Position	0-20	All Permanent Teeth (Teeth 1 through 32)	One (D4273) per 36 months per tooth.	Yes	Pre-op x-rays, narrative of medical necessity, photos optional	D4273

**Molina Healthcare New Mexico
Child (0-20) and Adult (21+)**

Code	Description	Ages	Covered Teeth/Quad/Arch	Limitations	Auth Req	Documentation Required	Code
D4274	Distal Or Proximal Wedge Procedure	0-20	All Permanent Teeth (Teeth 1 through 32)	One (D4274) per 36 months per tooth.	Yes	Pre-op x-rays, narrative of medical necessity, photos optional	D4274
D4277	Free Soft Tissue Graft Procedure (Including Donor Site Surgery) First	0-20	All Permanent Teeth (Teeth 1 through 32)	One (D4277) per 36 months per patient.	Yes	Pre-op x-rays, narrative of medical necessity, photos optional	D4277
D4278	Free Soft Tissue Graft Procedure (Including Donor Site Surgery) Each Additional	0-20	All Permanent Teeth (Teeth 1 through 32)	One (D4278) per 36 months per patient.	Yes	Pre-op x-rays, narrative of medical necessity, photos optional	D4278
D4320	Provisional Splinting - Intracoronal	0-20	Arches (UA, LA)		No		D4320
D4321	Provisional Splinting - Extracoronal	0-20	Arches (UA, LA)		No		D4321
D4341	Periodontal Scaling And Root Planing - Four Or More Teeth Per Quadrant	0-999	Quadrants (LL, LR, UR, UL)	One (D4341) per 24 months per quadrant. Minimum 4 teeth per quadrant. Not payable on same date of service as D1110 or D1120. Maximum two quadrants on the same date of service. Radiographs with authorization must indicate root calculus or noticeable loss of bone support and pocket depth of 4mm or greater.	Yes	periodontal charting and pre-op x-rays	D4341
D4910	Periodontal Maintenance	0-20		One (D4910) per 6 months per patient. Not covered within 90 days of active treatment. Dates of active therapy with claim.	Yes	date of previous periodontal surgical or S&C service	D4910
D5110	Complete Denture - Maxillary	0-999		One of (D5110, D5130) per 60 months per patient.	Yes	full mouth x-rays or panorex	D5110
D5120	Complete Denture - Mandibular	0-999		One of (D5120, D5140) per 60 months per patient.	Yes	full mouth x-rays or panorex	D5120
D5130	Immediate Denture - Maxillary	0-999		One of (D5110, D5130) per 60 months per patient.	Yes	full mouth x-rays or panorex	D5130
D5140	Immediate Denture - Mandibular	0-999		One of (D5120, D5140) per 60 months per patient.	Yes	full mouth x-rays or panorex	D5140
D5211	Maxillary Partial Denture - Resin Base	0-999		One of (D5211, D5213) per 60 months per patient. Pre-operative radiographs of adjacent and opposing teeth.	Yes	full mouth x-rays or panorex	D5211

**Molina Healthcare New Mexico
Child (0-20) and Adult (21+)**

Code	Description	Ages	Covered Teeth/Quad/Arch	Limitations	Auth Req	Documentation Required	Code
D5212	Mandibular Partial Denture - Resin Base	0-999		One of (D5212, D5214) per 60 months per patient. Pre-operative radiographs of adjacent and opposing teeth.	Yes	full mouth x-rays or panorex	D5212
D5213	Maxillary Partial Denture - Cast Metal Framework With Resin Denture Bases	0-999		One of (D5211, D5213) per 60 months per patient. Pre-operative radiographs of adjacent and opposing teeth.	Yes	full mouth x-rays or panorex	D5213
D5214	Mandibular Partial Denture - Cast Metal Framework With Resin Denture Bases	0-999		One of (D5212, D5214) per 60 months per patient. Pre-operative radiographs of adjacent and opposing teeth.	Yes	full mouth x-rays or panorex	D5214
D5221	Maxillary Partial Denture - Resin Base	0-999		One of (D5221, D5223) per 60 months per patient.	Yes	full mouth x-rays or panorex	D5221
D5222	Mandibular Partial Denture - Resin Base	0-999		One of (D5222, D5224) per 60 months per patient.	Yes	full mouth x-rays or panorex	D5222
D5223	Maxillary Partial Denture - Cast Metal Framework With Resin Denture Bases	0-999		One of (D5221, D5223) per 60 months per patient.	Yes	full mouth x-rays or panorex	D5223
D5224	Mandibular Partial Denture - Cast Metal Framework With Resin Denture Bases	0-999		One of (D5222, D5224) per 60 months per patient.	Yes	full mouth x-rays or panorex	D5224
D5410	Adjust Complete Denture - Maxillary	0-999		Two (D5410) per 12 months per patient. Not covered within 6 months of placement.	No		D5410
D5411	Adjust Complete Denture - Mandibular	0-999		Two (D5411) per 12 months per patient. Not covered within 6 months of placement.	No		D5411
D5421	Adjust Partial Denture - Maxillary	0-999		Two (D5421) per 12 months per patient. Not covered within 6 months of placement.	No		D5421
D5422	Adjust Partial Denture - Mandibular	0-999		Two (D5422) per 12 months per patient. Not covered within 6 months of placement.	No		D5422
D5510	Repair Broken Complete Denture Base	0-999	Arches (UA, LA)	Two (D5510) per 12 months per patient.	No		D5510
D5520	Replace Missing Or Broken Teeth - Complete Denture (Each Tooth)	0-999	All Permanent Teeth (Teeth 1 through 32)	Two (D5520) per 12 months per patient.	No		D5520

**Molina Healthcare New Mexico
Child (0-20) and Adult (21+)**

Code	Description	Ages	Covered Teeth/Quad/Arch	Limitations	Auth Req	Documentation Required	Code
D5610	Repair Resin Denture Base	0-999	Arches (UA, LA)	Two (D5610) per 12 months per patient.	No		D5610
D5620	Repair Cast Framework	0-999	Arches (UA, LA)	Two (D5620) per 12 months per patient.	No		D5620
D5630	Repair Or Replace Broken Clasp - Per Tooth	0-999	All Permanent Teeth (Teeth 1 through 32)	Two (D5630) per 12 months per patient.	No		D5630
D5640	Replace Broken Teeth - Per Tooth	0-999	All Permanent Teeth (Teeth 1 through 32)	Two (D5640) per 12 months per patient.	No		D5640
D5650	Add Tooth To Existing Partial Denture	0-999	All Permanent Teeth (Teeth 1 through 32)	Two (D5650) per 12 months per patient.	No		D5650
D5660	Add Clasp To Existing Partial Denture - Per Tooth	0-999	All Permanent Teeth (Teeth 1 through 32)	Two (D5660) per 12 months per patient.	No		D5660
D5750	Reline Complete Maxillary Denture (Laboratory)	0-999		One (D5750) per 36 months per patient. Not covered within 6 months of placement.	No		D5750
D5751	Reline Complete Mandibular Denture (Laboratory)	0-999		One (D5751) per 36 months per patient. Not covered within 6 months of placement.	No		D5751
D5760	Reline Maxillary Partial Denture (Laboratory)	0-999		One (D5760) per 36 months per patient. Not covered within 6 months of placement.	No		D5760
D5761	Reline Mandibular Partial Denture (Laboratory)	0-999		One (D5761) per 36 months per patient. Not covered within 6 months of placement.	No		D5761
D5850	Tissue Conditioning, Maxillary	0-999		Two (D5850) per 12 months per patient. Prior to impression for new denture.	No		D5850
D5851	Tissue Conditioning, Mandibular	0-999		Two (D5851) per 12 months per patient. Prior to impression for new denture.	No		D5851
D5863	Overdenture - Complete Maxillary	0-999	Arches (UA, LA)	One (D5863) per 60 months per patient per arch	Yes	pre-operative x-rays (excluding bitewings)	D5863
D5864	Overdenture - Partial Maxillary	0-999	Arches (UA, LA)	One (D5864) per 60 months per patient per arch	Yes	pre-operative x-rays (excluding bitewings)	D5864
D5865	Overdenture - Complete Mandibular	0-999	Arches (UA, LA)	One (D5865) per 60 months per patient per arch	Yes	pre-operative x-rays (excluding bitewings)	D5865
D5866	Overdenture - Partial Mandibular	0-999	Arches (UA, LA)	One (D5866) per 60 months per patient per arch	Yes	pre-operative x-rays (excluding bitewings)	D5866

**Molina Healthcare New Mexico
Child (0-20) and Adult (21+)**

Code	Description	Ages	Covered Teeth/Quad/Arch	Limitations	Auth Req	Documentation Required	Code
D5899	Unspecified Removable Prosthodontic Procedure - By Report	21-999	Arches (UA, LA)		Yes	description of proc and narrative of med necessity	D5899
D5911	Facial Moulage (Sectional)	0-999			Yes	narrative of medical necessity	D5911
D5912	Facial Moulage (Complete)	0-999			Yes	narrative of medical necessity	D5912
D5913	Nasal Prosthesis	0-999			Yes	narrative of medical necessity	D5913
D5914	Auricular Prosthesis	0-999			Yes	narrative of medical necessity	D5914
D5915	Orbital Prosthesis	0-999			Yes	narrative of medical necessity	D5915
D5916	Ocular Prosthesis	0-999			Yes	narrative of medical necessity	D5916
D5919	Facial Prosthesis	0-999			Yes	narrative of medical necessity	D5919
D5922	Nasal Septal Prosthesis	0-999			Yes	narrative of medical necessity	D5922
D5923	Ocular Prosthesis, Interim	0-999			Yes	narrative of medical necessity	D5923
D5924	Cranial Prosthesis	0-999			Yes	narrative of medical necessity	D5924
D5925	Facial Augmentation Implant Prosthesis	0-999			Yes	narrative of medical necessity	D5925
D5926	Nasal Posthesis, Replacement	0-999			Yes	narrative of medical necessity	D5926

**Molina Healthcare New Mexico
Child (0-20) and Adult (21+)**

Code	Description	Ages	Covered Teeth/Quad/Arch	Limitations	Auth Req	Documentation Required	Code
D5927	Auricular Prosthesis, Replacement	0-999			Yes	narrative of medical necessity	D5927
D5928	Orbital Prosthesis, Replacement	0-999			Yes	narrative of medical necessity	D5928
D5929	Facial Prosthesis, Replacement	0-999			Yes	narrative of medical necessity	D5929
D5931	Obturator Prosthesis, Surgical	0-999			Yes	narrative of medical necessity	D5931
D5932	Obturator Prosthesis, Definitive	0-999			Yes	narrative of medical necessity	D5932
D5933	Obturator Prosthesis, Modification	0-999			Yes	narrative of medical necessity	D5933
D5934	Mandibular Resection Prosthesis With Guide Flange	0-999			Yes	narrative of medical necessity	D5934
D5935	Mandibular Resection Prosthesis Without Guide Flange	0-999			Yes	narrative of medical necessity	D5935
D5936	Obturator Prosthesis, Interim	0-999			Yes	narrative of medical necessity	D5936
D5951	Feeding Aid	0-999			Yes	narrative of medical necessity	D5951
D5952	Speech Aid Prosthesis, Pediatric	0-999			Yes	narrative of medical necessity	D5952
D5953	Speech Aid Prosthesis, Adult	0-999			Yes	narrative of medical necessity	D5953
D5954	Palatal Augmentation Prosthesis	0-999			Yes	narrative of medical necessity	D5954

**Molina Healthcare New Mexico
Child (0-20) and Adult (21+)**

Code	Description	Ages	Covered Teeth/Quad/Arch	Limitations	Auth Req	Documentation Required	Code
D5955	Palatal Lift Prosthesis, Definitive	0-999			Yes	narrative of medical necessity	D5955
D5958	Palatal Lift Prosthesis, Interim	0-999			Yes	narrative of medical necessity	D5958
D5959	Palatal Lift Prosthesis, Modification	0-999			Yes	narrative of medical necessity	D5959
D5960	Speech Aid Prosthesis, Modification	0-999			Yes	narrative of medical necessity	D5960
D5982	Surgical Stent	0-999			No		D5982
D5983	Radiation Carrier	0-999			Yes	narrative of medical necessity	D5983
D5984	Radiation Shield	21-999			Yes	narrative of medical necessity	D5984
D5985	Radiation Cone Locator	0-999			Yes	narrative of medical necessity	D5985
D5986	Fluoride Gel Carrier	0-999			Yes	narrative of medical necessity	D5986
D5987	Commissure Splint	0-999			Yes	narrative of medical necessity	D5987
D5988	Surgical Splint	0-999			No		D5988
D5999	Unspecified Maxillofacial Prosthesis, By Report	0-999			Yes	Description of procedure and narrative of medical necessity	D5999
D6930	Re-Cement Or Re-Bond Fixed Partial Denture	0-999	All Permanent Teeth (Teeth 1 through 32)	Limited to 1 per bridge.	No		D6930

**Molina Healthcare New Mexico
Child (0-20) and Adult (21+)**

Code	Description	Ages	Covered Teeth/Quad/Arch	Limitations	Auth Req	Documentation Required	Code
D7111	Extraction, Coronal Remnants - Deciduous Tooth	0-999	All Primary Teeth (A-T, AS- TS)		No		D7111
D7140	Extraction, Erupted Tooth Or Exposed Root	0-999	All Teeth (Teeth 1 through 32, A through T, SN)		No		D7140
D7210	Surgical Removal Of Erupted Tooth	0-999	All Teeth (Teeth 1 through 32, A through T, SN)	Includes cutting of gingiva and bone, removal of tooth structure and closure.	No		D7210
D7220	Removal Of Impacted Tooth - Soft Tissue	0-999	Teeth 1-32, 51-82	Removal of asymptomatic tooth not covered.	No		D7220
D7230	Removal Of Impacted Tooth - Partially Bony	0-999	Teeth 1-32, 51-82	Removal of asymptomatic tooth not covered.	No		D7230
D7240	Removal Of Impacted Tooth - Completely Bony	0-999	Teeth 1-32, 51-82	Removal of asymptomatic tooth not covered.	No		D7240
D7241	Removal Of Impacted Tooth - Completely Bony, Unusual Surgical Complications	0-999	All Teeth (Teeth 1 through 32, A through T, SN)	Removal of asymptomatic tooth not covered. Unusual complications such as a nerve dissection, separate closure of the maxillary sinus, or aberrant tooth position.	No		D7241
D7250	Surgical Removal Of Residual Tooth (Cutting Procedure)	0-999	All Teeth (Teeth 1 through 32, A through T, SN)	Removal of asymptomatic tooth not covered. Not payable to the dentist or group that removed the tooth.	No		D7250
D7260	Oroantral Fistula Closure	0-999			No		D7260
D7270	Reimplantation And/Or Stabilization Of Accidentally Evulsed / Displaced Tooth	0-999	All Permanent Teeth (Teeth 1 through 32)	Includes splinting and/or stabilization.	No		D7270
D7280	Surgical Access Of An Unerupted Tooth	0-999	Teeth 2 - 15, 18 - 31	Only payable in conjunction with an approved orthodontic treatment plan.	No		D7280
D7283	Placement Of Device To Facilitate Eruption Of Impacted Tooth	0-20	Teeth 2 - 15, 18 - 31	Only payable in conjunction with an approved orthodontic treatment plan.	Yes	pre-op x-rays and narrative of medical necessity	D7283

**Molina Healthcare New Mexico
Child (0-20) and Adult (21+)**

Code	Description	Ages	Covered Teeth/Quad/Arch	Limitations	Auth Req	Documentation Required	Code
D7285	Incisional Biopsy Of Oral Tissue - Hard (Bone, Tooth)	0-999			No		D7285
D7286	Incisional Biopsy Of Oral Tissue - Soft	0-999			No		D7286
D7290	Surgical Repositioning Of Teeth	0-999	All Permanent Teeth (Teeth 1 through 32)		No		D7290
D7291	Transseptal Fiberotomy/Supra Crestal Fiberotomy, By Report	0-20	All Permanent Teeth (Teeth 1 through 32)	Only payable in conjunction with an approved orthodontic treatment plan.	No		D7291
D7310	Alveoloplasty In Conjunction With Extractions - Four Or More Teeth	0-999	Quadrants (LL, LR, UR, UL)	One (D7310) per lifetime per quadrant. Alveoloplasty with extraction.	No		D7310
D7320	Alveoloplasty Not In Conjunction With Extractions - Four Or More Teeth	0-999	Quadrants (LL, LR, UR, UL)	One (D7320) per lifetime per quadrant. No extractions performed in the edentulous area. Limited to when protuberances are present that prevent the insertion of a denture or retard healings.	No		D7320
D7340	Vestibuloplasty - Ridge Extension (Secondary Epithelialization)	0-999	Quadrants (LL, LR, UR, UL)	Limited to when necessary to extend the ridge surgically.	No		D7340
D7350	Vesibuloplasty - Ridge Extension (Including Soft Tissue Grafts)	0-999	Quadrants (LL, LR, UR, UL)	Limited to when necessary to extend the ridge surgically.	No		D7350
D7410	Excision Of Benign Lesion Up To 1.25 Cm	0-999			No		D7410
D7411	Excision Of Benign Lesion Greater Than 1.25 Cm	0-999			No		D7411
D7412	Excision Of Benign Lesion, Complicated	0-999			No		D7412
D7414	Excision Of Malignant Lesion Greater Than 1.25 Cm	0-999			No		D7414

**Molina Healthcare New Mexico
Child (0-20) and Adult (21+)**

Code	Description	Ages	Covered Teeth/Quad/Arch	Limitations	Auth Req	Documentation Required	Code
D7440	Excision Of Malignant Tumor - Lesion Diameter Up To 1.25 Cm	0-999			No		D7440
D7441	Excision Of Malignant Tumor - Lesion Diameter Greater Than 1.25 Cm	0-999			No		D7441
D7450	Removal Of Benign Odontogenic Cyst Or Tumor - Dia Up To 1.25 Cm	0-999			No		D7450
D7451	Removal Of Benign Odontogenic Cyst Or Tumor - Dia Greater Than 1.25 Cm	0-999			No		D7451
D7460	Removal Of Benign Nonodontogenic Cyst Or Tumor - Dia Up To 1.25 Cm	0-999			No		D7460
D7461	Removal Of Benign Nonodontogenic Cyst Or Tumor - Dia Greater Than 1.25 Cm	0-999			No		D7461
D7465	Destruction Of Lesion(S) By Physical Or Chemical Method, By Report	0-999			No		D7465
D7471	Removal Of Lateral Exostosis (Maxilla Or Mandible)	0-999	Arches (UA, LA)	Limited to the removal of exostosis, including the removal of tori, osseous, tuberosities, and other osseous protuberances, when the mass prevents the seating of denture and does not allow denture seal.	No		D7471
D7490	Radical Resection Of Maxilla Or Mandible	0-999		Limited to when necessary to correct defects resulting from infection, trauma, or excision of neoplastic disease.	No		D7490
D7510	Incision And Drainage Of Abscess - Intraoral Soft Tissue	0-999			No		D7510
D7520	Incision And Drainage Of Abscess - Extraoral Soft Tissue	0-999			No		D7520
D7530	Removal Of Foreign Body From Mucosa	0-999			No		D7530

**Molina Healthcare New Mexico
Child (0-20) and Adult (21+)**

Code	Description	Ages	Covered Teeth/Quad/Arch	Limitations	Auth Req	Documentation Required	Code
D7540	Removal Of Reaction Producing Foreign Bodies	0-999			No		D7540
D7550	Partial Ostectomy/Sequestrectomy For Removal Of Non-Vital Bone	0-999	Quadrants (LL, LR, UR, UL)		No		D7550
D7560	Maxillary Sinusotomy For Removal Of Tooth Fragment Or Foreign Body	0-999			No		D7560
D7610	Maxilla - Open Reduction (Teeth Immobilized, If Present)	0-999			No		D7610
D7620	Maxilla - Closed Reduction (Teeth Immobilized, If Present)	0-999			No		D7620
D7630	Mandible - Open Reduction (Teeth Immobilized, If Present)	0-999			No		D7630
D7640	Mandible - Closed Reduction (Teeth Immobilized, If Present)	0-999			No		D7640
D7650	Malar And/Or Zygomatic Arch - Open Reduction	0-999			No		D7650
D7660	Malar And/Or Zygomatic Arch - Closed Reduction	0-999			No		D7660
D7670	Alveolus - Closed Reduction, May Include Stabilization Of Teeth	0-999			No		D7670
D7680	Facial Bones - Complicated Reduction With Fixation And Multiple Surgical	0-999			No		D7680
D7710	Maxilla - Open Reduction	0-999			No		D7710
D7720	Maxilla - Closed Reduction	0-999			No		D7720

**Molina Healthcare New Mexico
Child (0-20) and Adult (21+)**

Code	Description	Ages	Covered Teeth/Quad/Arch	Limitations	Auth Req	Documentation Required	Code
D7730	Mandible - Open Reduction	0-999			No		D7730
D7740	Mandible - Closed Reduction	0-999			No		D7740
D7750	Malar And/Or Zygomatic Arch - Open Reduction	0-999			No		D7750
D7760	Malar And/Or Zygomatic Arch - Closed Reduction	0-999			No		D7760
D7770	Alveolus - Open Reduction Stabilization Of Teeth	0-999			No		D7770
D7780	Facial Bones - Complicated Reduction With Fixation And Multiple Surgical	0-999			No		D7780
D7910	Suture Of Recent Small Wounds Up To 5 Cm	0-999			No		D7910
D7911	Complicated Suture - Up To 5 Cm	0-999			No		D7911
D7912	Complicated Suture - Greater Than 5 Cm	0-999			No		D7912
D7920	Skin Graft (Identify Defect Covered, Location And Type Of Graft)	0-999			No		D7920
D7940	Osteoplasty - For Orthognathic Deformities	0-999			Yes	narrative of medical necessity, x-rays or photos optional	D7940
D7941	Osteotomy - Mandibular Rami	0-999			Yes	narrative of medical necessity, x-rays or photos optional	D7941
D7943	Osteotomy - Mandibular Rami With Bone Graft: Includes Obtaining The Graft	0-999			Yes	narrative of medical necessity, x-rays or photos optional	D7943
D7944	Osteotomy - Segmented Or Subapical	0-999	Quadrants (LL, LR, UR, UL)		Yes	narrative of medical necessity, x-rays or photos optional	D7944

**Molina Healthcare New Mexico
Child (0-20) and Adult (21+)**

Code	Description	Ages	Covered Teeth/Quad/Arch	Limitations	Auth Req	Documentation Required	Code
D7945	Osteotomy - Body Of Mandible	0-999			Yes	narrative of medical necessity, x-rays or photos optional	D7945
D7946	Lefort I - (Maxilla - Total)	0-999			Yes	narrative of medical necessity, x-rays or photos optional	D7946
D7947	Lefort I - (Maxilla - Segmented)	0-999			Yes	narrative of medical necessity, x-rays or photos optional	D7947
D7948	Lefort Ii Or Lefort Iii (Osteoplasty Of Facial Bones) - Without Bone Graft	0-999			Yes	narrative of medical necessity, x-rays or photos optional	D7948
D7949	Lefort Ii Or Lefort Iii - With Bone Graft	0-999			Yes	narrative of medical necessity, x-rays or photos optional	D7949
D7950	Osseous, Osteoperiosteal, Or Cartilage Graft Of The Mandible Or Maxilla	0-999			Yes	narrative of medical necessity, x-rays or photos optional	D7950
D7955	Repair Of Maxillofacial Soft And/Or Hard Tissue Defect	0-999			Yes	narrative of medical necessity, x-rays or photos optional	D7955
D7960	Frenulectomy - Also Known As Frenectomy Or Frenotomy - Separate Procedure	0-999			No		D7960
D7970	Excision Of Hyperplastic Tissue - Per Arch	0-999	Arches (UA, LA)		No		D7970
D7971	Excision Of Pericoronal Gingiva	0-999	All Permanent Teeth (Teeth 1 through 32)		No		D7971
D7980	Sialolithotomy	0-999			No		D7980
D7981	Excision Of Salivary Gland, By Report	0-999			No		D7981
D7982	Sialodochoplasty	0-999			No		D7982

**Molina Healthcare New Mexico
Child (0-20) and Adult (21+)**

Code	Description	Ages	Covered Teeth/Quad/Arch	Limitations	Auth Req	Documentation Required	Code
D7983	Closure Of Salivary Fistula	0-999			No		D7983
D7990	Emergency Tracheotomy	0-999			No		D7990
D7991	Coronoidectomy	0-999			Yes	narrative of medical necessity, x-rays or photos optional	D7991
D7995	Synthetic Graft - Mandible Or Facial Bones, By Report	0-999			Yes	narrative of medical necessity, x-rays or photos optional	D7995
D7996	Implant - Mandible For Augmentation Purposes (Exc Alveolar Ridge)	0-999			Yes	narrative of medical necessity, x-rays or photos optional	D7996
D7999	Unspecified Oral Surgery Procedure, By Report	21-999			Yes	description of procedure and narrative of medical necessity	D7999
D8070	Comprehensive Orthodontic Treatment Of The Transitional Dentition	0-20			Yes	panorex or fmx, ceph, diagnostic quality photos (5-7), HLD screening form	D8070
D8080	Comprehensive Orthodontic Treatment Of The Adolescent Dentition	0-20			Yes	panorex or fmx, ceph, diagnostic quality photos (5-7), HLD screening form	D8080
D8090	Comprehensive Orthodontic Treatment Of The Adult Dentition	0-20			Yes	panorex or fmx, ceph, diagnostic quality photos (5-7), HLD screening form	D8090
D8210	Removable Appliance Therapy	0-20			Yes	panoramic and/or cephalometric x-ray, narrative of medical necessity	D8210
D8220	Fixed Appliance Therapy	0-20			Yes	panoramic and/or cephalometric x-ray, narrative of medical necessity	D8220
D8660	Pre-Orthodontic Treatment Examination To Monitor Growth And Development	0-20		One (D8660) per 6 months per patient. Used to pay for records only on denied cases.	No		D8660
D9110	Palliative (Emergency) Treatment Of Dental Pain - Minor Procedure	0-999		Not payable with any other services except radiographs.	No		D9110

**Molina Healthcare New Mexico
Child (0-20) and Adult (21+)**

Code	Description	Ages	Covered Teeth/Quad/Arch	Limitations	Auth Req	Documentation Required	Code
D9210	Local Anesthesia Not In Conjunction With Operative or Surgical Procedure	21-999		Not payable on same date of service as D9610.	No		D9210
D9223	Deep Sedation / General Anesthesia - Each 15 Minute Increment	0-999		Four (D9223) per day per patient (one hour). Bill as a single service with quantity of 1 - 4 . Not payable on same date of service as D9610.	No		D9223
D9230	Inhalation Of Nitrous/Analgesia, Anxiolysis	0-20			No		D9230
D9243	Intravenous Moderate (Conscious) Sedation/Analgesia - Each 15 Minute Increment	0-999		Six (D9243) per day per patient (90 minutes). Bill as a single service with quantity of 1 - 6. Not payable on same date of service as D9610, D9223 or D9248)	No		D9243
D9248	Non-Intravenous Conscious Sedation	0-20		One (D9248) per day per patient.	No		D9248
D9410	House/Extended Care Facility Call	0-999		Use to bill for visits to nursing homes, long-term care facilities, hospice sites and institutions. One (D9410) per site, maximum three per day.	No		D9410
D9420	Hospital Or Ambulatory Surgical Center Call	0-999			No		D9420
D9610	Therapeutic Parenteral Drug, Single Administration	0-999		Not payable on same date of service as D9243.	No		D9610

Appendix- Attachments

Appendix A – Orthodontic Continuation of Care Form



Orthodontic Continuation of Care Request Form

Date_____

Member Name_____

Member ID_____ Date of Birth_____

Banding Date_____ Total Dollars Paid to Date for Existing Case_____

Remaining Monthly Visits_____

Balance Expected for Future Dates of Service_____

Previous Carrier or Managed Care Organization (or private pay)_____

Provider Name_____ Provider NPI_____

Provider Address_____ City, State, Zip_____

Procedure	Required Documentation
<ol style="list-style-type: none">1. Complete this form to transition the above listed member's benefits to the Molina Healthcare program2. Submit this form and all required documentation to Scion Dental.3. Send all documents to the following address to avoid any disruption in compensation: Molina Healthcare: Continuation of Care PO Box 649 Milwaukee, WI 53201	<p>Submit documentation with the following information for your reimbursement.</p> <ul style="list-style-type: none"><input type="checkbox"/> A copy of Member's prior approval including the total approved case fee, banding fee, and periodic orthodontic treatment fees.<input type="checkbox"/> If the member is private pay or transferring from a commercial insurance program: Original diagnostic models (or OrthoCad equivalent), radiographs (optional).<input type="checkbox"/> If the Member started treatment under commercial insurance or fee for service, we must receive the ORIGINAL diagnostic models (or OrthoCad), or radiographs (optional), banding date, and a detailed payment history.<input type="checkbox"/> Completed 2012 ADA claim form listing services to be rendered

Notes:_____

Appendix B – Handicapping Labio-Lingual Deviations

First Review _____
Second Review _____

Models _____
Orthocad _____
Ceph Films _____
X-Rays _____
Photos _____
Narrative _____

HANDICAPPING LABIO-LINGUAL DEVIATIONS (The HLD Index No. 4)

You will need this score sheet and a Boley Gauge.

Procedure:

1. Occlude patient or models in centric position.
2. Record all measurements in the order given, and rounded off to the nearest millimeter.
3. ENTER SCORE "O" IF CONDITION IS ABSENT.
4. Start by measuring OVERJET of the most protruding incisor.
5. Measure OVERBITE from the labio-incisal edge of overlapped front tooth or teeth to point of maximum coverage.
6. Score all other conditions listed.
7. ECTOPIC ERUPTION and ANTERIOR CROWDING¹: DO NOT DOUBLE SCORE. Record the more serious condition and follow your first impression.
8. The use of a recorder (hygienist, assistant) is recommended.

PRINT:

Patient's Name: _____ Examiner: _____
Recorder: _____

Address: _____
Street City County State Zip Code

CONDITIONS OBSERVED

HLD SCORE

Cleft Palate	Score "X"	_____
Greater than 9 MM Overjet	Score "X"	_____
Impacted Cuspids	Score "X"	_____
Deep Impinging Overbite	Score "X"	_____
Crossbite of 3 or more individual anterior teeth causing impingement	Score "X"	_____
Severe traumatic deviations	Score 15	_____
Overjet in mm	X1	_____
Overbite in mm	X1	_____
Mandibular protrusion in mm	X5	_____
Open bite in mm	X4	_____
Ectopic eruption, (# of teeth, excluding third molars) ¹	X3	_____
Anterior Crowding ¹ : Maxilla: _____ Mandible: _____	X5 ea.	_____
Labio-Lingual Spread, in mm (anterior spacing)	X1	_____
Posterior Unilateral Crossbite	Score 4	_____
	TOTAL:	_____

A score of 30 and over constitutes a PHYSICAL HANDICAP.

Diagnosis: _____ Authorization No: _____

Orthodontic Provider's Signature: _____ Date _____

Appendix C – Non-Service Agreement



Non-Covered Services Agreement

Provider _____
Address _____ City, State, Zip _____
Telephone _____ Fax _____
Email _____ Website _____
Provider MA# _____

I, _____, understand that the following procedures are excluded under the Molina Healthcare program. I further understand that by signing this agreement, I am agreeing in advance, in writing, to accept full financial responsibility for all costs associated with these non-covered dental services.

Date of Service	Code	Description of Service	Cost
Total Amount Due by Recipient			

_____/_____
Patient Name/Patient MA#

Patient/Guardian/Beneficiary Name – Relationship to Patient

Patient/Guardian/Beneficiary Signature Date

Dentist Name

Dentist Signature Date

This form must be kept on file and a copy of which available upon request.