

MOLINA-OH-D | Utilization Review Criteria – Preventative Services

Purpose

To ensure consistent and equitable determination of coverage for Preventative dental services, following ODM Appendix A to rule 5160 and Molina Healthcare of Ohio Dental Provider Manual Clinical Criteria.

Policy

It is expected that procedures performed will comply with these guidelines and exceptions are minimal. SKYGEN USA, LLC utilizes Ohio 5160-5-01, Molina Ohio Clinical Criteria, and EPSDT standards for members under 21.

Preventative Services

Dental prophylaxis, adult (14 or older), including necessary scaling or polishing to remove coronal plaque, calculus, and stains of transitional or permanent teeth and implants

- Patient younger than 21: 1 per 180 days Patient 21 or older: 1 per 365 days
- No payment is made for prophylaxis performed in conjunction with gingivectomy, gingivoplasty, or scaling and root planing.
- Dental prophylaxis are covered 1 per 180 days for pregnant women and several special groups such as foster children and employed individuals with disabilities regardless of their age.

Dental prophylaxis, child (younger than 14), including necessary scaling or polishing to remove coronal plaque, calculus, and stains of primary or transitional teeth and implants

- 1 per 180 days
- No payment is made for prophylaxis performed in conjunction with gingivectomy, gingivoplasty, or scaling and root planing.

Topical fluoride treatment, including sodium fluoride, stannous fluoride, or acid phosphate fluoride applied as a foam, gel, varnish, or in-office rinse. Topical application of fluoride varnish. Topical application of fluoride.

- 1 per 180 days
- Coverage is limited to patients younger than 21.
- Use of a polishing compound that incorporates fluoride as part of prophylaxis is not considered to be a separate topical fluoride treatment.
- Topical application of fluoride to a tooth being prepared for restoration, application of fluoride by the patient, and application of sodium fluoride as a desensitizing agent are not covered fluoride treatments.

Tobacco counseling for control and prevention of oral disease

- 2 per 365 days
- Coverage is limited to patients with a history of tobacco use or exposure.
- This service may include counseling to the responsible adult present during counseling to a minor.
- Documentation of tobacco use or exposure, extent of counseling session, and provision of cessation assistance or referral must be maintained in the clinical record.

Counseling for the control and prevention of adverse oral, and systemic health effects associated with high-risk substance use - includes ingesting, injecting, inhaling and vaping.

- 2 per 365 days Coverage is limited to patients with a history or high risk of substance use or exposure.
- This service may include counseling to the responsible adult present during counseling to a minor and must be provided in conjunction with another dental service.
- Documentation of substance abuse, or high risk use or exposure, extent of counseling session, and provision of cessation assistance or referral must be maintained in the clinical record.

Sealant- per tooth

- 1 per 5 years per first or second molar per provider per patient.
- Coverage is limited to patients younger than 21.
- Pit and fissure sealant may be applied to previously unrestored areas of permanent first and second molars.

Interim caries arresting medicament application

- 4 times per tooth per lifetime.
- No payment is made in conjunction with a restoration or crown on the same tooth.
- Payment is limited to up to 4 teeth per date of service regardless of number of units billed or teeth treated.

Space maintainer, fixed unilateral - per quadrant Space maintainer, fixed bilateral, maxillary Space maintainer, fixed bilateral, mandibular Space maintainer, removable unilateral - per quadrant Space maintainer, removable bilateral, maxillary Space maintainer, removable bilateral, mandibular

- Coverage is limited to patients younger than 21.
- Payment may be made only for a passive type of space maintainer.