Chapter 20

Dental Services

Delta Dental of Minnesota is a third party dental administrator to whom SCHA has delegated the management of dental benefits for its members effective January 1st, 2018. Delta Dental of Minnesota is one of the largest providers of dental benefits in the Upper Midwest, serving more than 9,000 Minnesota- and North Dakota-based purchasing groups and 4.5 million members nationwide. Founded in 1969, the company is an independent, nonprofit health service plan corporation.

Contact Delta Dental

www.deltadentalmn.org/providers/

South Country Member Services- 1-866-567-7242

SCHA and Delta Dental of Minnesota understand the unique challenges facing Minnesota’s Medicaid dental providers.

Providers receive the following benefits by working with Delta Dental

Superior Customer Service—Dedicated professional services representatives are available to give you all the information about participating with each Delta Dental program, facilitate the contracting process, and assist you with Delta Dental claims administration.

Simplified Billing—With direct deposit and electronic claims processing, you will receive direct reimbursement from Delta Dental, reducing your collections issues.

Easy to Access Online Tools—We have the tools available to you to help you take the best care of your patients.

Dental services that require prior authorization are reviewed for medical appropriateness based on evidence based standards of care, medical necessity criteria, and the member’s benefit coverage. The attending or requesting dentist may contact Delta Dental of MN to discuss any dental utilization management denial, reduction or termination of services with Delta Dental’s Director or other appropriate reviewer. For a complete list of services that require prior authorization, please refer to the Delta Dental Website www.deltadentalmn.org/providers/.

Prior Authorization requests made in 2017 and approved by DentaQuest will be honored by Delta Dental throughout 2018. Prior Authorization requests made after January 1,
2018 should be sent directly to South Country until March 1, 2018 when they should be sent to Delta Dental.

**Authorization requests for Date of Service 1/1/18-2/28/18 may be mailed to:**

South Country Health Alliance  
Attn: Michele Grose  
2300 Park Drive Suite 100  
Owatonna, MN 55060  
Fax to: 507-431-6328

**Authorization requests after 3/1/18 may be mailed to:**

Delta Dental of Minnesota  
PO Box 1328  
Minneapolis, MN 55440-1328

**Claims submissions for Dates of Service 12/31/17 and earlier**

DentaQuest  
Attn: Claims  
11100 W. Liberty Drive  
Milwaukee, WI 53224-3626  
Electronic claims submission - Payer ID# CX014

**Claims submissions for Dates of Service after 1/1/18**

Delta Dental of Minnesota – (Hold claims until 3/1/18)  
PO Box 1328  
Minneapolis, MN 55440-1328  
Electronic claims submission Payer ID# 07000
Enhanced benefit for SCHA Adults

SCHA provides an additional benefit for SCHA adults age 21 and older. This benefit allows for two preventive visits per calendar year and includes adult prophylaxis, periodic oral evaluation, and fluoride varnish.

Covered Services

This list of covered services is not all-inclusive. For specific covered benefits, please review the Delta Dental website- www.deltadentalmn.org/providers/ and/or the (Minnesota Health Care Programs) MHCP manual on the MN DHS website. Covered benefits differ for age groups and SCHA product enrollment.

• Adjustment of removable denture

• Anesthesia and sedation that meet specifications of utilization review

• Behavior management (a documented service necessary to ensure a covered dental procedure is correctly and safely performed)

• Dental prophylaxis

• Dental x-rays

• Endodontic therapy and periodontal therapy (Check Delta Dental website- www.deltadentalmn.org/providers/ for plan-specific coverage details)

• Fillings

• Fluoride treatment & varnish application (varnish application covered two per calendar year for all ages, including adult)

• Full mouth debridement

• Interim caries arresting medicament application

• Interim dentures

• Laboratory resin crowns that meet the specifications of utilization review

• Oral evaluation

• Oral hygiene instruction (once per lifetime)

• Oral surgery and extractions

• Orthodontic treatment that meets the specifications of utilization criteria - for members 20 and under & MNCare members 18 and under
• Palliative treatment of dental pain

• Panoramic film (1 per 5 years for members 20 and under & MNCare members 18 and under)

• Prefabricated stainless steel or prefabricated resin crowns (Check Delta Dental website- www.deltadentalmn.org/providers/ for plan-specific coverage details)

• Reline or rebase of a removable denture

• Removable dentures

• Removable partial dentures

• Sealants - for members 20 and under & MNCare members 18 and under

• Space maintainer

• Teledentistry

• Therapeutic pulpotomy and pulpal debridement

Crowns

An individual crown must be made of prefabricated stainless steel, prefabricated resin, or laboratory resin. Covered only for members 20 and under or pregnant & MNCare members 18 and under

Periodontal Services

Oral cavity indicators should be used for periodontal services to designate the quadrants where the service was or will be provided.

Periodontal Scaling and Root Planing

Periodontal scaling and root planing criteria must be documented in the recipient’s record to be eligible for MHCP reimbursement:

Evidence of bone loss must be present on the current radiographs - panoramic, full mouth series or bitewing - to support the diagnosis of periodontitis

There must be current periodontal charting with six point and mobility noted, including presence of pathology and periodontal prognosis

The pocket depths must be greater than four millimeters

Classification of the periodontology case type must be in accordance with documentation established by the American Academy of Periodontology
Prophylaxis and periodontal treatment cannot be performed on the same day
Must take place in outpatient facility or free-standing ambulatory surgery center unless 20 years of age and under, pregnant, or for MNCare members 18 and under

Periodontal maintenance criteria covered only for members 20 and under or pregnant & MNCare members 18 and under

**Complete and Partial Dentures**

Initial placement or replacement of a removable prosthesis is limited based upon a member’s program enrollment. Please contact Provider Services at 1-866-567-7242 for clarification. Non-pregnant adult members generally may receive one denture per 6 years.

Service for a removable prosthesis must include instruction in the use and care of the prosthesis and any adjustment necessary to achieve a proper fit during the six months immediately following the provision of the prosthesis. The dentist must document the instruction and the necessary adjustments, if any, in the recipient’s dental record.

Lost, stolen, or damaged and un-repairable appliances will be replaced only if replacement is needed due to circumstances beyond the recipient’s control.

**Oral Surgery**

The primary services/procedures must be covered services under SCHA for ancillary services to be covered. If the primary procedure is not a covered service, regardless of the complexity or difficulty, coverage of services such as the administration of anesthesia, diagnostic x-rays, and other related procedures will not be covered.

**Orthodontic Treatment**

Orthodontic care usually requires lengthy treatment. It is recommended that the provider discuss the expected eligibility period with the family and the county human services agency before initiating treatment. This will clarify the eligibility policies and help reduce denial of payment, due to subsequent ineligibility. A recipient’s eligibility can terminate or may go from fee-for-service to SCHA on a month to month basis.

All orthodontic services must be prior authorized by a Delta Dental Dental Consultant.

Comprehensive orthodontic treatment is considered medically necessary when adequate corrective treatment is not achievable with less extensive means, and one of the following criteria is met:

- Dentition affected by significant cleft palate, craniofacial or other congenital or developmental disorder
• Significant skeletal disharmony requiring combination of orthodontic treatment and orthognathic surgery for correction
• Overjet greater than 9mm or reverse overjet greater than 3.5mm

• Anterior openbite greater than 4mm

Or one of the following criteria is met and demonstrated functional impairment is present:

• Impeded eruption of teeth (with the exception of third molars) due to crowding, displacement, the presence of supernumerary teeth, retained deciduous teeth or other pathological cause, where conservative removal of the ectopic tooth would create a significant functional deficit in biting or chewing

• Severe crowding of greater than 7mm in either the maxillary or mandibular arch

• Extensive hypodontia requiring pre-restorative orthodontics or orthodontic space closure to obviate the need for prosthetic treatment Significant posterior openbite (not involving partially erupted teeth or teeth slightly out of occlusion;

• Anterior crossbite involving permanent incisors or canines creating a functional interference and a resulting functional shift, or gingival stripping

• Posterior transverse discrepancies causing buccal or lingual crossbite involving permanent molar teeth and creating a functional interference and a resulting functional shift;

• Deep anterior overbite of multiple incisors resulting in soft tissue impingement or trauma

• Overjet greater than 6mm or reverse overjet greater than 1mm

• Other conditions as deemed medically necessary

Use D8660 pre-orthodontic treatment visit to report orthodontic full case study.

Temporomandibular Joint Disorder (TMD)

TMD treatment can be considered a medical service or dental service depending on the underlying cause.

The dentist must determine the underlying cause in order to accurately bill TMD services.

Treatment for TMD is considered a medical service when the underlying pain and dysfunction is caused by 1) pain related TMD including myalgia, myofascial pain, arthralgia, arthritis or headache attributed to TMD or 2) Temporomandibular Joint intra-articular disorders, including disk displacement with and without reduction, degenerative joint disease, osteoarthritis or subluxation. Document that the history and physical exam support the diagnosis.
Medical authorizations must be submitted. The ICD diagnosis code and the associated CPT code for the occlusal orthotic device (41899 unlisted procedure, dentoalveolar structures) must be included on the authorization request.

• If dental in nature, the dentist must bill CDT procedure codes

• If medical in nature, bill medical CPT procedure codes

Non-Covered Services

The following services are not covered. Separate billing, either to SCHA or the recipient/enrollee for these services is prohibited. This is not an all-inclusive list.

• Barriers

• Disposable equipment/supplies

• Drapes

• Eye protection

• Fluoride trays or rinses

• Gauze/sterile packing

• Gloves

• Infection control procedures

• MinnesotaCare tax

• Needles

• Periodontal charting (separate from codes D0150 or D0180)

• Prescriptions dispensed in office

• Prosthetic cleaning

• Sterilization solutions/equipment

• Suture material

• Syringes

• Treatment deemed to be cosmetic or for aesthetic reasons.