Chapter 20

Dental Services

South Country Health Alliance (SCHA) uses Delta Dental of Minnesota as our third party dental administrator. 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 reviewers. For a complete list of services that require prior authorization, please refer to the Delta Dental Website.

Contact Delta Dental
www.deltadentalmn.org/providers
651-406-5907 or toll free 1-800-774-9049 TTY 711

Authorization requests may be mailed to:
Delta Dental Minnesota
PO Box 1328
Minneapolis, MN 55440-1328

Claim submission:
Delta Dental of Minnesota
PO Box 1328
Minneapolis, MN 55440-1328
Electronic Claims Submission – Payer ID 07000

Definitions
Crown: A restoration covering or replacing the major part of the whole portion of the tooth not covered by supporting tissues.

Dental Service: A diagnostic, preventive or restorative procedure furnished by or under the supervision of a dentist.

Dental Surgery: Services performed by a dentist are defined as surgery when related to the jaw or any structure contiguous to the jaw. “Structures contiguous to the jaw” include structures of the facial area and below the eyes (for example, mandible, teeth, gums, tongue, palate, salivary glands or sinuses). This includes reduction of any fracture of the jaw or any facial bone, including dental splints or other applications used for this purpose.

Emergency Services: A medical condition manifesting itself by acute symptoms of sufficient severity (including severe pain) such that a prudent layperson, who possesses average knowledge of health and medicine, could reasonably expect the absence of immediate medical attention to result in placing the health of the individual (or, with respect to a pregnant woman, the health of the woman or her unborn child) in serious jeopardy, serious impairment to bodily functions, or serious dysfunction of any bodily organ or part. SCHA guidelines provide that the
member must require immediate dental attention and is seen at the next available or the earliest opportunity.

**Fixed Partial Dentures, Fixed Cast Metal Restorations or Fixed Bridge:** A prosthetic replacement of one or more missing teeth that is cemented or attached to the abutment adjacent to the space filled by the prosthetic replacement and that cannot be removed by the patient.

**Implant:** Material inserted or grafted into tissue or bone; or a device specially designed to be placed surgically within or on the mandibular or maxillary bone as a means of providing for dental replacement.

**Medical and Surgical Services:** Medical and surgical services furnished by a Doctor of Dental Medicine or Dental Surgery if the services meet the following:

If furnished by a physician, would be considered physician’s services.

Under the law of the state where they are furnished, may be furnished either by a physician or Doctor of Dental Medicine or Dental Surgery.

Are furnished by a Doctor of Dental Medicine or Dental Surgery who is authorized to furnish those services in the state in which he or she furnished the services.

**Oral Hygiene Instruction:** An organized education program by or under the supervision of a dentist to instruct a patient about the care of the patient’s teeth.

**Rebase:** The process of refitting a denture by replacing the base material.

**Reline:** The process of resurfacing the tissue side of the denture with a new base material.

**Removable Prosthesis or Removable Dental Prosthesis:** Includes dentures and removable partial dentures. Any dental device or appliance replacing one or more missing teeth, including associated structures, if required, that is designed to be removed and reinserted by the patient.

**Billing for Dental Services**

Before providing dental services, verify member eligibility. This can be done using the Minnesota Information Transfer System (MN-ITS). Delta Dental of MN Customer Service (1-800-774-9049 or 1-651-496-5907) is available to assist with eligibility or benefits inquiries. This is not a guarantee that services provided will be covered. Refer to Covered Services to review member’s current coverage. Excess services or services noted as non-covered are the member’s responsibility. Providers must inform the recipient before providing a noncovered service for which the recipient is financially responsible using the [Advance Recipient Notice of Noncovered Service/Item (DHS-3640) (PDF)](#).

A non-par (non-participating) provider will be paid at approximately the DHS base rate for services rendered to a SCHA member. This payment will be payment in full. In compliance with MHCP rules, the provider is unable to balance bill the member. The check will be sent directly to the non-par provider.

**Covered Services for Non-Pregnant Adults**

Adults 21 and older, 19 and older for MinnesotaCare members, receive the following limited set of dental benefits.

All covered services must be medically necessary, appropriate and the most cost effective for the medical needs of the patient.
### Diagnostic Services

<table>
<thead>
<tr>
<th>Code</th>
<th>Description</th>
<th>Notes</th>
</tr>
</thead>
</table>
| D0120  | Periodic exam     | • Twice per calendar year  
• Cannot be performed on same date as limited or comprehensive evaluation |
| D0140  | Limited exam      | • One per day per facility  
• Cannot be performed on same date as periodic or comprehensive oral evaluation  
• Documentation must include notation of the specific oral health problem or complaint |
| D0150  | Comprehensive exam| • Once per five years  
• Cannot be performed on same date as periodic or limited evaluation |

### X-Rays

<table>
<thead>
<tr>
<th>Code</th>
<th>Description</th>
<th>Notes</th>
</tr>
</thead>
<tbody>
<tr>
<td>D0270, D0272, D0273, D0274, D0277</td>
<td>Bitewing x-rays</td>
<td>One series per calendar year</td>
</tr>
<tr>
<td>D0220, D0230</td>
<td>Periapical x-rays</td>
<td>Four per date of service</td>
</tr>
<tr>
<td>D0330</td>
<td>Panoramic x-ray</td>
<td>Once per five years except (1) when medically necessary for the diagnosis and follow up of oral and maxillofacial pathology and trauma or (2) once every two years for patients who cannot cooperate for intraoral film due to a developmental disability or medical condition that does not allow for intraoral film placement.</td>
</tr>
</tbody>
</table>
## Preventative Services

<table>
<thead>
<tr>
<th>Code</th>
<th>Service</th>
<th>Requirements</th>
</tr>
</thead>
<tbody>
<tr>
<td>D1110</td>
<td>Prophylaxis</td>
<td></td>
</tr>
<tr>
<td>D1206</td>
<td>Fluoride varnish</td>
<td>• Twice per calendar year</td>
</tr>
<tr>
<td></td>
<td></td>
<td>• Cannot be performed on same date as D9910</td>
</tr>
<tr>
<td>D1354</td>
<td>Interim Caries Arresting Medicament Application</td>
<td>• Cannot be performed on the same date as D1206 or D9910</td>
</tr>
</tbody>
</table>

## Restorative Services

<table>
<thead>
<tr>
<th>Code</th>
<th>Description</th>
<th>Requirements</th>
</tr>
</thead>
<tbody>
<tr>
<td>D2330, D2331, D2332, D2335</td>
<td>Anterior composite fillings</td>
<td></td>
</tr>
<tr>
<td>D2140, D2150, D2160, D2161; D2391, D2392, D2393, D2394</td>
<td>Posterior fillings (amalgam or composite)</td>
<td>• All reimbursed at amalgam rates</td>
</tr>
<tr>
<td></td>
<td></td>
<td>• SCHA prohibits balance billing posterior composites to the member</td>
</tr>
<tr>
<td>D2940</td>
<td>Sedative fillings</td>
<td>• Allowed only for relief of pain</td>
</tr>
<tr>
<td></td>
<td></td>
<td>• Cannot be performed on same date as D9110</td>
</tr>
</tbody>
</table>

## Endodontics

<table>
<thead>
<tr>
<th>Code</th>
<th>Description</th>
<th>Frequency</th>
</tr>
</thead>
<tbody>
<tr>
<td>D3310</td>
<td>Anterior</td>
<td>Once per tooth per lifetime</td>
</tr>
<tr>
<td>D3320</td>
<td>Premolar</td>
<td>Once per tooth per lifetime</td>
</tr>
</tbody>
</table>

## Periodontics

<table>
<thead>
<tr>
<th>Code</th>
<th>Description</th>
<th>Frequency</th>
</tr>
</thead>
<tbody>
<tr>
<td>D4355</td>
<td>Full mouth debridement</td>
<td>• Once per five years</td>
</tr>
<tr>
<td></td>
<td></td>
<td>• Claims processed for a combination D4355 and D1110 adult prophylaxis on the same date will deny</td>
</tr>
</tbody>
</table>
## Dentures

<table>
<thead>
<tr>
<th>Code</th>
<th>Description</th>
<th>Coverage Requirements</th>
</tr>
</thead>
<tbody>
<tr>
<td>D5110, D5120, D5130, D5140</td>
<td>Complete Denture</td>
<td>For each dental arch, removable prostheses are limited to one every six years. Service for 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. Document the instruction and the necessary adjustments, if any, in the member’s dental record. Lost, stolen or damaged and unrepairable appliances will be replaced only if replacement is needed due to circumstances beyond the member’s control. A pre-treatment estimate is recommended to ensure the replacement will be covered.</td>
</tr>
<tr>
<td>D5211, D5212, D5213, D5214, D5221, D5222, D5223, D5224, D5225, D5226, D5820, D5821</td>
<td>Partial Dentures</td>
<td>For each dental arch, removable prostheses are limited to one every six years. Service for 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. Document the instruction and the necessary adjustments, if any, in the member’s dental record. Lost, stolen or damaged and unrepairable appliances will be replaced only if replacement is needed due to circumstances beyond the member’s control. A pre-treatment estimate is recommended to ensure the replacement will be covered.</td>
</tr>
<tr>
<td>Code</td>
<td>Description</td>
<td>Notes</td>
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<tr>
<td>D5410, D5411, D5421, D5422, D5511, D5512, D5520, D5611, D5612, D5621, D5622, D5630, D5640, D5650, D5660, D5670, D5671, D5710, D5711, D5720, D5721, D5730, D5731, D5740, D5741, D5750, D5751, D5760, D5761</td>
<td>Denture adjustments, repairs, rebase and relines</td>
<td></td>
</tr>
<tr>
<td>D5850, D5851</td>
<td>Other removable prosthetic service</td>
<td>Tissue conditioning, limited to once per denture unit.</td>
</tr>
<tr>
<td>D5862, D5867, D5899</td>
<td>Other removable prosthetic service</td>
<td>These codes always require pre-treatment estimate to determine coverage.</td>
</tr>
</tbody>
</table>

**Oral Surgery**

<table>
<thead>
<tr>
<th>Code</th>
<th>Description</th>
<th>Notes</th>
</tr>
</thead>
<tbody>
<tr>
<td>D7111, D7140, D7210, D7220, D7230, D7240, D7241, D7250</td>
<td>Extractions</td>
<td>For all surgical extractions of impacted third molars the tooth must be symptomatic or show evidence of pathology to be covered. Authorization is required for removal of impacted wisdom teeth.</td>
</tr>
<tr>
<td>D7285, D7286</td>
<td>Biopsies</td>
<td>These codes always require pre-treatment estimate to determine coverage.</td>
</tr>
<tr>
<td>D7510, D7511, D7520, D7521</td>
<td>Incise and drain</td>
<td>Includes only those services defined by the most current edition of the CDT.</td>
</tr>
</tbody>
</table>

**Adjunctive Services**

<table>
<thead>
<tr>
<th>Code</th>
<th>Description</th>
<th>Notes</th>
</tr>
</thead>
<tbody>
<tr>
<td>D9110</td>
<td>Palliative treatment</td>
<td>Once per day. Not allowed on the same day as D2940.</td>
</tr>
</tbody>
</table>
| D9243 and D9248 | Oral and IV sedation | - Only if the covered dental service cannot be performed safely without it or would otherwise require the service to be performed under general anesthesia in a hospital or surgical center  
- Dentists must be certified by the MN Board of Dentistry to administer |
<table>
<thead>
<tr>
<th>Code</th>
<th>Service Description</th>
<th>Details</th>
</tr>
</thead>
</table>
| D9410 | House call or extended call  | • Only for onsite delivery of a covered non-pregnant adult service  
• House call or extended call is covered for fitting removable prosthesis; limited to up to five visits in a calendar year. Provider must bill house calls D9410 with D5992; D9410 will pay at current rate and D5992 will pay at zero. |
| D9920 | Behavioral management        | When additional staff time is required to accommodate behavioral challenges and sedation is not used. A narrative is required on the claim form stating why necessary.                                                                                                                                               |

**Outpatient Dental Surgery Services**

When it is medically necessary to provide outpatient dental surgery under general anesthesia, the following additional services may be provided in an outpatient hospital setting or freestanding ambulatory surgical center (ASC) setting as part of the outpatient dental surgery. Indicate the place of service code on the claims and the medical insurance must be billed for a facility fee on the same date of service.

**Diagnostic Services for Outpatient Dental Surgery**

<table>
<thead>
<tr>
<th>Code</th>
<th>Service Description</th>
<th>Details</th>
</tr>
</thead>
</table>
| D0210 | Intraoral complete series    | • Once per five years  
• Must be performed in outpatient hospital or freestanding ASC  
• Must indicate the Health Care Service Location Information or place of service code on the claim                                                                                                                                  |

**Periodontics**

<table>
<thead>
<tr>
<th>Code</th>
<th>Service Description</th>
<th>Details</th>
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</thead>
</table>
| D4341-D4342 | Scaling and root planing | • Once every two years  
• Must be performed in outpatient hospital or freestanding ASC.                                                                                                                                                                                                                                                                 |


Authorization is not required; however, this procedure cannot be performed in office settings for non-pregnant adults

- Must indicate the Health Care Service Location Information or place or service code on the claim

Document periodontal scaling and root planing criteria in the recipient’s record to be eligible for SCHA reimbursement:

- Evidence of bone loss must be present on the current radiographs – panoramic, full mouth series or bitewings – 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 or gross debridement cannot be performed on the same day

Adjunctive Services

<table>
<thead>
<tr>
<th>Code</th>
<th>Description</th>
<th>Note</th>
</tr>
</thead>
<tbody>
<tr>
<td>D9222-D9223</td>
<td>General anesthesia</td>
<td>When done in an outpatient setting, this</td>
</tr>
</tbody>
</table>
Covered Services for Children and Pregnant Women

The following benefit set is for children under the age of 21, under the age of 19 for MnCare members, and pregnant women. This list is not all-inclusive. Please contact Delta Dental Customer Service (1-800-774-9049) for plan specific information.

As required by the Centers for Medicare & Medicaid Services (CMS), the Minnesota Child and Teen Checkups (C&TC) Schedule of Age-Related Dental Standards (DHS-5544) (PDF) was developed. Both primary care and dental providers must use this schedule, which is in keeping with recommendations of the American Academy of Pediatric Dentistry. There is a separate C&TC Dental Periodicity Schedule for dental providers.

Diagnostic Services

- Periodic oral evaluation
- Limited oral evaluation: Documentation must include notation of the specific oral health problem or complaint
- Oral evaluation for a patient under three years of age and counseling with a primary caregiver
- Comprehensive oral evaluation

*Limit of one oral evaluation service per day

X-rays

- Full mouth intraoral complete series
- Intraoral periapical or occlusal x-rays, as medically necessary
- Bitewing x-rays
- Panoramic radiographic image
- Cephalometric film: One per five years

Preventive Services

- Dental prophylaxis
- Topical application of fluoride varnish, topical application of fluoride-excluding varnish: Two per calendar year
• Oral hygiene instruction: One per lifetime
• Sealants: One per five years per permanent molar
• Interim caries arresting medicament application
• Space Maintainers

**Restorative Services**

• Amalgam and composite fillings
• Laboratory resin crowns that meet the specifications of utilization review
• Prefabricated stainless steel or resin crowns
• Sedative fillings: Cannot be performed on the same date as D9110

**Endodontics**

• Endodontic treatment is covered once per tooth per lifetime

**Periodontics**

• Scaling and root planing that meets the utilization review criteria
• Full mouth debridement

Use oral cavity indicators only for periodontal services to designate the quadrants where the service was or will be provided. Bill using the appropriate numeric oral cavity designation code: 10, 20, 30 or 40.

**Prosthodontics**

• Removable full and partial dentures
  
  o Initial placement or replacement of a removable prosthesis is limited to once every three years per member unless the replacement is necessary because it was misplaced, stolen, or damaged due to circumstances beyond the member’s control. When applicable, providers must consider the member’s degree of physical and mental impairment in determining whether circumstances were beyond a member's control.
  
  o Replacement of a partial denture is eligible for payment if the existing partial cannot be modified or altered to meet the member’s dental needs.
  
  o Pre-treatment estimate is recommended to ensure that a replacement denture will be covered.
  
  o Service for a denture 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 denture. Document the instruction and the necessary adjustments, if any, in the member’s dental record.
  
  o Bill denture identification only for dentures previously made without ID markers. Denture identification for new dentures or partials will deny.
  
  o Replacement of missing or broken teeth allows for a maximum number of five teeth.
Dental Implants

Authorization is always required.

Requests for authorization for dental implants must be submitted with the following dental history, case information, and documentation:

- Medical and dental history that supports the medical necessity
- Copies of current radiographs that show the current dental condition
- Complete treatment plan, including prosthesis and all related services
- The Dental Implants Authorization Form (DHS-3538) (PDF) must be completed and included with the necessary documentation requirements sent to Delta Dental.

The following criteria must be met to receive payment for dental implants and related services:

- Bone and tooth loss that compromises chewing or breathing
- The implants must be medically necessary and cost-effective
- A complete treatment plan, including prosthesis and all related services, must be approved prior to the start of treatment

Oral Surgery

- Oral surgery services are covered including extractions and incise and drain
  - Authorization is always required for removal of impacted teeth. Submit requests for authorization with documentation of any of the following for each tooth to be extracted:
    - Documentation that third molar extractions are symptomatic or show evidence of pathology
    - Presence of severe pain or swelling
    - Documented recurrent episodes of pericoronitis
    - An episode of cellulitis
    - An episode of abscess formation or untreatable pulpal or periapical pathology
    - Active current periodontal disease due to the position of the third molar and its association with the second molar, periodontal charting required
    - External resorption of the third molar or of the second molar where this would reasonably appear to be caused by the third molar
    - A non-restorable carious lesion on a partially erupted third molar or a carious lesion on the distal of the second molar due to the position of the third molar
    - A pathological condition such as a dentigerous cyst or other related pathology
Orthodontic Treatment

SCHA covers orthodontic treatment that meets the specifications of utilization criteria for children through the age of 20 and for those 18 and under on MinnesotaCare. All orthodontic treatment requires prior authorization review for medical necessity.

When submitting an authorization, the following documentation must be included:

- Description of classification of occlusion (e.g., angle class, arch crowding or spacing, etc.)
- Functional problems (e.g., overbite, overjet, cross bites, etc.)
- Disfiguring characteristics (e.g., facial asymmetry, etc.)
- Contributing factors (e.g., missing teeth, impacted teeth, etc.)
- Specific treatment plan and appliances (enter the appropriate procedure code)
- Five intraoral photographs; upper and lower occlusal. Prints or mounted slides are acceptable. Include profile photos
- Appropriate radiographs (panorex or full mouth and cephalometric)

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

If one of the criteria immediately above is not met, one of the following criteria must be met and demonstrated functional impairment must be present:

- Impeded eruption of teeth (with the exception of third molars) due to crowding, displacement, the presence of supernumerary teeth, retained deciduous teeth or 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

Orthodontic care usually requires lengthy treatment. SCHA recommends 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 member’s eligibility can terminate or may go from fee-for-service to a managed care organization on a month-to-month basis.

Providers are encouraged to consult with parents or guardian regarding noncompliance and disregard for instructions. Providers may terminate treatment if not compliant with instructions.

For comprehensive orthodontic treatment:
• Use D8999 for initial banding and write “initial banding” in the narrative
• Bill adjustments utilizing the appropriate comprehensive code (D8070, D8080, D8090)

For noncomprehensive orthodontic treatment, SCHA does not authorize or reimburse for initial banding. Request limited and interceptive treatment based on the number of expected visits utilizing either of the following:
• The appropriate limited orthodontic treatment code
• The appropriate interceptive orthodontic treatment code

Replacement or re-cementing of one or two brackets due to reasonable wear and tear is considered a part of the total orthodontic treatment. Re-cementing of brackets due to a failure of the patient to comply the provider instructions is noncovered service and the provider may bill the member for the cost. Since re-cementation of brackets is not a covered service, the provider is not required to submit charges to SCHA.

The retention phase of orthodontic treatment is a component of the total orthodontic care for which the provider is reimbursed. The type of retention is a choice made by the provider. Do not bill the member.

**Third Party Liability (TPL) or other insurance information for billing for orthodontics**

When SCHA authorization approves an initial appliance placement and subsequent monthly adjustments:

Then bill TPL or other insurance following whichever of these instructions apply based on whether the TPL or insurance pays an initial down payment or pays over the entire course of the orthodontic treatment:
• When TPL or other insurance pays an initial down payment and subsequent payments over the course of the treatment (monthly, quarterly, semi-annual or annual payments):
  o Bill the approved initial appliance placement code and indicate the TPL or other insurance initial down payment amount on the claim
  o Bill monthly adjustments (one month at a time) indicating the TPL or other insurance actual monthly payment or the prorated monthly amount based on the total remaining TPL or other insurance payment expected, divided by the total months of orthodontic treatment
When TPL or other insurance pays over the entire course of the orthodontic treatment (monthly, quarterly, semi-annual, annual or lump sum payments):
  o Bill the approved initial appliance placement code and monthly adjustments (one month at a time)
  o Indicate the actual TPL or other insurance monthly payment or the prorated monthly amount based on the total TPL or other insurance payment expected, divided by the total months of orthodontic treatment

Other Services

• Palliative care for the relief of pain
• Anesthesia, which includes the following:
  o Deep sedation or general anesthesia. Regardless of the age of the child, the determination of medical necessity for general anesthesia in conjunction with dental service must consider the information related to general anesthesia established by the American Academy of Pediatric Dentistry
  o Intravenous conscious sedation or analgesia
  o Nitrous oxide analgesia, anxiolysis
• House or extended-care facility call. Extended care facilities are long-term care facilities. These include: nursing facilities, skilled nursing facilities, boarding care homes, IMDs, ICF/DDs, hospices, and swing beds. Services performed in a school or Head Start program are considered house calls
  o Billing house calls or extended-care facility calls must be reported along with the appropriate code(s) for the actual service(s) performed and can only be billed for on-sight delivery of covered services
• Behavior management that is documented as a service necessary to ensure that a covered dental procedure is correctly and safely performed
• Therapeutic parenteral drugs
• Occlusal adjustment limited to once per day and includes only those services defined by the most current edition of the CDT
• Drugs (D9610, D9612 and D9630): enter additional information in the notes section of the claim form, including:
  o Name of drug
  o NDC of drug
  o Dosage

Fluoride Varnish Application (FVA)

Fluoride varnish application is now required at all C&TC visits, starting at the eruption of the first tooth or no later than 12 months of age, and continuing through 5 years of age. This can be done as often as 4 times per year in the clinic setting. SCHA provides reimbursement for FVA during a C&TC visit on children from birth to 21 years of age. Providers must be qualified health care professionals or clinical staff who are trained and successfully completed the free online training from the Smiles for Life: Module 6 Caries Risk Assessment, Fluoride Varnish and
Counseling on oral screenings, fluoride varnish indications and application, and office implementation. Additional training resources are available through Oral Health Initiative, a program of the American Academy of Pediatrics (AAP). AAP oral health training activities offer Continuing Medical Education (CME) credits.

Head start agencies, WIC programs, public health agencies and dental providers may bill for FVA after fulfilling the training requirement above.

SCHA covers fluoride varnish application for children in primary care settings from birth to age 21 for up to four times per year. Qualified health care professionals and trained clinical staff must bill using the CPT code 99188. This code replaces HCPS Code D1206. You may bill FVA at three to six-month intervals.

Dental providers must bill using CDT code D1206. You may bill SCHA twice per calendar year.

Teledentistry

Teledentistry is the delivery of dental care services or consultations while the patient is at an originating site and the dentist is at a distant site.

SCHA allows payment for teledentistry services. Payment is allowed for interactive audio and video telecommunications that permit both real-time and “store and forward” communication between the distant site dentist or practitioner and the member. “Store and forward” is when the electronic transmission of medical information through secure transmission lacks direct or dedicated connections and is stored in an intermediary device before being transmitted to the final destination. The services must be of sufficient audio and visual fidelity and clarity as to be functionally equivalent to a face-to-face encounter. Reimbursement for teledentistry is the same as face-to-face encounters and only a distant site can bill for services.

To be eligible for reimbursement, providers must self-attest that they meet all of the conditions of the MHCP telemedicine policy by completing the Provider Assurance Statement for Telemedicine (DHS-6806).

Originating Sites for Teledentistry

The originating site is the location of an eligible SCHA member at the time the service is being furnished via a telecommunication system. Authorized originating sites are listed as follows:

- Health care facility
- Long-term care facility
- Public health agency or institution
- Public or private school authority
- Private non-profit or charitable organizations
- Social services agency or program
- Residential setting in the presence of licensed healthcare providers

Affiliate practice or originator within Minnesota Board of Dentistry defined scope of practice must be present at origination site:

- Dentist
- Advanced dental therapists
- Dental therapists
List of Teledentistry Services

Beginning January 1, 2016 SCHA will cover teledentistry claims for diagnostic services. Coverage is limited to children, pregnant woman and limited adult benefits as specified in Minnesota Statutes 256B.0625, subd 9 (covered services).

SCHA allows the following CDT codes for these diagnostic services when performed via teledentistry:

- D0120: Periodic oral evaluation – established patient
- D0140: Limited oral exam
- D0145: Oral evaluation for patient under three years of age
- D0150: Comprehensive oral evaluation – new or established patient
- D0210: Intraoral – complete series of radiographic images
- D0220: Intraoral – periapical first radiographic image
- D0230: Intraoral – periapical each additional radiographic image
- D0270: Bitewing – single radiographic image
- D0272: Bitewings – two radiographic images
- D0274: Bitewings – four radiographic images
- D0240: Intraoral – occlusal radiographic image
- D0330: Panoramic radiographic image
- D9310: Medical dental consultation

Documentation Requirements for Teledentistry

As a condition of payment, each occurrence of a teledentistry service must include the following documentation in the patient’s file:

- The type of service provided
- The time the service began and the time the service ended
- A description of the provider’s basis for determining that teledentistry is an apportioned and effective means for delivering service to the member
- The mode of transmission of the teledentistry service
- The location of the originating and distant site

Billing Teledentistry Services

SCHA dental providers who self-attest that they meet all of the conditions of the MHCP telemedicine policy by completing the Provider Assurance Statement for Telemedicine (DHS-6806) can submit claims for teledentistry services using the CDT code that describes the services rendered with place of service (POS) 02 for dates of service on or after January 1, 2017. By using the POS you are certifying that you are rendering services to a patient located in an eligible originating site via an interactive audio and visual telecommunications system. The following limitations apply:
• Payment for teledentistry services is limited to three per week per member
• Payment will be made for only one reading or interpretation of diagnostic tests such as x-rays, lab tests and diagnostic assessment
• Payment is not available for providers for sending materials
• Out-of-state coverage policy applies for services provided via teledentistry
• Consultations performed by providers who are not located in Minnesota and contiguous counties, require prior authorization prior to the service being provided.

Noncovered Services and Coverage Limitations for Teledentistry

The following are not covered under teledentistry:

• Electronic connections that are not conducted over a secure encrypted website as specified by the Health Insurance Portability & Accountability Act of 1996 Privacy & Security rules (for example, Skype).
• Prescription renewals
• Scheduling appointments
• Clarification of issues from a previous visit
• Reporting diagnostic results
• Non-clinical communication
• Communication via telephone, email or fax

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.

Providers should submit a medical prior authorization via the medical provider portal. 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. To fax authorizations, the Service Authorization form is located on the medical provider portal. Fax directly to SCHA Utilization Management at 1-888-633-4052.

Alveoloplasty or Gingivectomy

Report medical procedure codes 41820, 41828, 41872 and 41874 with the appropriate oral cavity designation code as required by the Minnesota Administrative Uniformity Committee (AUC).

Alveoloplasty services do not require a denial from Medicare before billing SCHA. Use Physician’s Current Procedural Terminology (CPT) procedure codes when billing complex oral
surgery, including alveoloplasty. To receive reimbursement for CPT procedure codes, you must be individually enrolled with SCHA.

Non-Covered Services

The following services are not covered. Separate billing either to SCHA or the member/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