Chapter 20

Dental Services

DentaQuest of Minnesota, LLC (“DentaQuest”) is a third party dental administrator to whom SCHA has delegated the management of dental benefits for its members. The company was founded in 1993 and currently manages over 17 million members in 28 states and the District of Columbia. DentaQuest specializes in government dental program administration and is a leader in its field. DentaQuest's mission is to deliver value to its customers, employees, dentists and shareholders by providing superior dental benefit programs that improve the oral health of its members.

Contact DentaQuest
1-800-341-8478 or access their web site at www.dentaquestgov.com

SCHA and DentaQuest understand the unique challenges facing Minnesota’s Medicaid dental providers.

Providers receive the following benefits by working with DentaQuest
• Simplified administrative procedures, including minimal prior authorization requirements and benefit limitations
• Weekly claims payments
• Claim submissions on the ADA Claim form or a number of electronic claims options which are free of charge
• Knowledgeable provider relations staff

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 DentaQuest to discuss any dental utilization management denial, reduction or termination of services with DentaQuest’s Dental Director or other appropriate reviewer. For a complete list of services that require prior authorization, please refer to the Provider Office Reference Manual, which is accessible on DentaQuest’s website.

Claims should be submitted electronically to:

DentaQuest
Electronic Payer ID number CX014
Claims may be mailed to:

DentaQuest of MN
Attn: Claims
11100 West Liberty Drive
Milwaukee, MN 53224

Authorization requests may be mailed to:

DentaQuest of MN
Attn: Authorizations
11100 W. Liberty Drive
Milwaukee, WI 53224

Enhanced benefit for SCHA Adults
SCHA has added an additional benefit for SCHA adults age 21 and older. This benefit allows for two preventive visits per calendar year and includes adult prophylaxis and periodic oral evaluation.

Covered Services
This list of covered services is not all-inclusive. For specific covered benefits, please review the Provider Office Reference Manual (ORM) located on DentaQuest’s website 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 ORM for plan-specific coverage details)
- Fillings
- Fluoride treatment & varnish application (varnish application covered 1 per 6 months 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
• Palliative treatment of dental pain
• Panoramic film 1 per 5 years
• Prefabricated stainless steel or prefabricated resin crowns (Check ORM for plan-specific coverage details)
• Reline or rebase of a removable denture
• Removable dentures
• Removable partial dentures
• Sealants
• Space maintainer
• Teledentistry
• Therapeutic pulpotomy and pulpal debridement

Restorative Fillings
Expected to last a reasonable amount of time. Please review Office Reference Manual for frequencies.

Crowns
An individual crown must be made of prefabricated stainless steel, prefabricated resin, or laboratory resin.

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 under 21/pregnant

Periodontal maintenance criteria
Consult ORM for plan-specific coverage details.

**Complete and Partial Dentures**
Initial placement or replacement of a removable prosthesis is limited based upon a member’s program enrollment. Please contact DentaQuest 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 DentaQuest 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.