

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

Purpose

To ensure consistent and equitable determination of coverage for Other covered 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.

OTHER SERVICES

Therapeutic drug injection, single administration, therapeutic drug injection, two or more administrations, different medications

Temporomandibular joint therapy, unspecified TMD therapy

- Panoramic images, diagnostic casts, and a report of the clinical findings and symptoms must be submitted with each PA request.
- Payment includes follow-up adjustments for six months.

Maxillofacial prosthetics

- A detailed treatment plan
- full mouth images
- hospital operative report (if applicable) must be submitted with each PA request.
- Occlusal guard – hard appliance, full arch,

Occlusal guard – soft appliance, full arch

Occlusal guard – hard appliance, partial arch

Removable dental appliance to minimize effects of bruxism or other occlusal factors.

- Not to be used for any type of sleep apnea, snoring or TMD appliance.

Teledentistry, synchronous: real-time encounter

- Reported in addition to other procedures (e.g. diagnostic) delivered to the patient through teledentistry on the date of service.
- Teledentistry services are to be provided in accordance with Chapter 4715. of the Revised Code and Chapter 4715-23 of the Administrative Code.

Unspecified adjunctive procedure

- This service entails unusual or specialized treatment required to safeguard the health and welfare of the patient.
- Detailed information on the difficulty and complications of the service
- Complete images of the mouth (if indicated)
- Estimate of the usual fee charged for the service must be submitted with each PA request.

Additional Clinical Criteria:

Unspecified procedures, by report

- Procedure cannot be adequately described by an existing code
- Temporomandibular Joint Disorder (TMJ) therapy requires additional diagnosis and cannot solely be bruxism

Operating room (hospital operating room or outpatient facility) request – use D9999

- Patient under six years of age with extensive treatment needed.
- Documentation supports indication of patient with a medical condition (cardiac, cerebral palsy, epilepsy) or other condition that would render the patient noncompliant.

Occlusal Guard

- Removable dental appliance to minimize effects of bruxism or other occlusal factors.
- Not to be used for any type of sleep apnea, snoring or TMD appliance.