

## MOLINA-OH-D | Dental Utilization Review Policy – Diagnostic Services

### Purpose

To ensure consistent and equitable determination of coverage for Diagnostic 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.

### Diagnostic Procedures

#### CLINICAL ORAL EXAMINATION

**Comprehensive oral evaluation** – A thorough evaluation and recording of the extraoral and intraoral hard and soft tissues, it includes a dental and medical history, cancer evaluation and a general health assessment. It may encompass such matters as dental caries, missing or unerupted teeth, restorations, occlusal relationships, periodontal conditions, periodontal charting, tissue anomalies, and oral cancer screening. A treatment plan is formulated and discussed with the patient, as indicated, based on the clinical findings. Interpretation of information may require additional diagnostic procedures, which should be reported separately.

- 1 per 5 years per provider per patient.
- No payment is made for a comprehensive oral evaluation performed in conjunction with a periodic oral evaluation.

**Periodic oral evaluation** – An evaluation performed to determine any changes in dental and medical health since a previous comprehensive or periodic evaluation, it may include, cancer evaluation, periodontal screening. Interpretation of information may require additional diagnostic procedures, which should be reported separately.

- Patient younger than 21: 1 per 180 days Patient 21 or older: 1 per 365 days.
- No payment is made for a periodic oral evaluation performed in conjunction with a comprehensive oral evaluation nor within 180 days after a comprehensive oral evaluation.
- Dental evaluations 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.

**Limited oral evaluation, problem-focused** – An evaluation limited to a specific oral health problem or complaint, it includes any necessary palliative treatment. Not to be used for a teledental encounter when the level of information available is not equivalent to that obtained in an in-office environment. Interpretation of information may require additional diagnostic procedures, which should be reported separately.

- No payment is made if the evaluation is performed solely for the purpose of adjusting dentures, except as specified in Chapter 5160-28 of the Administrative Code.
- No payment is made for a limited oral evaluation performed in conjunction with either a comprehensive oral evaluation, periodic oral evaluation, or periodontal evaluation.

**Comprehensive periodontal evaluation, new or established patient** – Procedure indicate for patients showing signs or symptoms of periodontal disease and for patients with risk factors such as smoking or diabetes.

- 1 per 365 days
- No payment is made for a comprehensive periodontal evaluation performed in conjunction with either a comprehensive oral evaluation or a periodic oral evaluation.

#### **DIAGNOSTIC IMAGING, INCLUDING INTERPRETATION**

A diagnostic image may be submitted either as a tangible object or as a digital representation. All images must be of diagnostic quality, properly exposed, clearly focused, clearly readable, properly mounted (if applicable), and free from defect for the relevant area of the mouth. Each image submitted must bear the name of the patient, the date on which the image was taken, and the name of the provider or of the provider's office. A periapical image must completely show the periodontal ligament, the crown, and the root structure in its entirety. A bitewing image must completely show the crowns with little or no overlapping. A bitewing image cannot be substituted for a periapical image when endodontic treatment is necessary. A panoramic image must completely show the crowns with little or no overlapping, the roots, the bony tissues, and the soft tissues in both arches.

#### **Intraoral images, complete series (including bitewings)**

- 1 per 5 years per provider
- Consisting of at least 12 images, the series must include all periapical, bitewing, and occlusal images necessary for diagnosis
- Frequency greater than 1 per 5 years prior authorization required

#### **Intraoral periapical image, first**

- 12 per 12 months per provider

#### **Intraoral periapical image, each additional**

- 8 per 12 months per provider

#### **Intraoral occlusal image**

- 4 per 12 months per provider

#### **Extraoral image**

- An extraoral image is allowed as an adjunct to complex treatment.

#### **Bitewing images, two Bitewing images, three Bitewing images, complete series (at least four images)**

- 1 per 6 months (recommended interval from 6 to 24 months for a complete series)
- Payment may be made only if permanent second molars have erupted.
- No payment is made for multiple bitewing images taken in conjunction with a panoramic image or complete series of images.

#### **Panoramic image**

- Patient younger than 6 prior authorization required
- Patient 6 or older: 1 per 5 years
- No payment is made for a panoramic image taken in conjunction with a complete series of images nor within 5 years after a complete series of images.
- Frequency greater than 1 per 5 years prior authorization required
- Provision within 5 years after a complete series of images

**Cephalometric image**

**Cone beam CT view both jaws w/without cranium**

- 1 per 5 years per provider
- No payment is made for a cone beam CT taken in conjunction with a panoramic or complete series of images nor within 5 years after a panoramic or complete series of images.
- Prior authorization required for provision within 5 years after a panoramic or complete series of images

**Diagnostic image in conjunction with orthodontic treatment**

- 1 per 2 years per provider

**Temporomandibular joint images, four to six images, including submission of patient history and treatment plan**