

## MOLINA-OH-D | Utilization Review Criteria – Preventative Services

### **Purpose**

To ensure consistent and equitable determination of coverage for Preventative 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.

### **Preventative Services**

#### **Dental prophylaxis, adult (14 or older), including necessary scaling or polishing to remove coronal plaque, calculus, and stains of transitional or permanent teeth and implants**

- Patient younger than 21: 1 per 180 days Patient 21 or older: 1 per 365 days
- No payment is made for prophylaxis performed in conjunction with gingivectomy, gingivoplasty, or scaling and root planing.
- Dental prophylaxis 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.

#### **Dental prophylaxis, child (younger than 14), including necessary scaling or polishing to remove coronal plaque, calculus, and stains of primary or transitional teeth and implants**

- 1 per 180 days
- No payment is made for prophylaxis performed in conjunction with gingivectomy, gingivoplasty, or scaling and root planing.

#### **Topical fluoride treatment, including sodium fluoride, stannous fluoride, or acid phosphate fluoride applied as a foam, gel, varnish, or in-office rinse. Topical application of fluoride varnish. Topical application of fluoride.**

- 1 per 180 days
- Coverage is limited to patients younger than 21.
- Use of a polishing compound that incorporates fluoride as part of prophylaxis is not considered to be a separate topical fluoride treatment.
- Topical application of fluoride to a tooth being prepared for restoration, application of fluoride by the patient, and application of sodium fluoride as a desensitizing agent are not covered fluoride treatments.

#### **Tobacco counseling for control and prevention of oral disease**

- 2 per 365 days
- Coverage is limited to patients with a history of tobacco use or exposure.
- This service may include counseling to the responsible adult present during counseling to a minor.
- Documentation of tobacco use or exposure, extent of counseling session, and provision of cessation assistance or referral must be maintained in the clinical record.

#### **Counseling for the control and prevention of adverse oral, and systemic health effects associated with high-risk substance use - includes ingesting, injecting, inhaling and vaping.**

- 2 per 365 days Coverage is limited to patients with a history or high risk of substance use or exposure.
- This service may include counseling to the responsible adult present during counseling to a minor and must be provided in conjunction with another dental service.
- Documentation of substance abuse, or high risk use or exposure, extent of counseling session, and provision of cessation assistance or referral must be maintained in the clinical record.

#### **Sealant- per tooth**

- 1 per 5 years per first or second molar per provider per patient.
- Coverage is limited to patients younger than 21.
- Pit and fissure sealant may be applied to previously unrestored areas of permanent first and second molars.

#### **Interim caries arresting medicament application**

- 4 times per tooth per lifetime.
- No payment is made in conjunction with a restoration or crown on the same tooth.
- Payment is limited to up to 4 teeth per date of service regardless of number of units billed or teeth treated.

#### **Space maintainer, fixed unilateral - per quadrant Space maintainer, fixed bilateral, maxillary Space maintainer, fixed bilateral, mandibular Space maintainer, removable unilateral - per quadrant Space maintainer, removable bilateral, maxillary Space maintainer, removable bilateral, mandibular**

- Coverage is limited to patients younger than 21.
- Payment may be made only for a passive type of space maintainer.