

## 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.