



**MARYLAND**  
**Healthy Smiles**  
DENTAL PROGRAM

# Provider Manual: Version 6

Maryland Children (Under Age 21)  
Maryland REM Children (Under Age 21)  
Maryland Pregnant Women (Age 21 and Over)  
Maryland REM Adults (Age 21 and Over)  
Maryland Former Foster Care (Age 21 to 25) *Eligible Effective: 1/1/17*

## Program Effective: January 1, 2016

Maryland Healthy Smiles Dental Program

Revision Effective: January 1, 2019



POWERING HEALTHCARE FOR THE DIGITAL AGE

# Table of Contents

- Quick Reference Guide..... 1**
  - Provider Web Portal: Online, All the Time..... 1**
  - When You Need Us – We’ll Be There! ..... 2**
- Welcome..... 6**
- Member Rights & Responsibilities..... 7**
  - Member Rights..... 7**
  - Member Responsibilities ..... 7**
- Provider Rights & Responsibilities ..... 8**
  - Provider Rights..... 8**
  - Provider Responsibilities ..... 8**
  - Provider Bill of Rights ..... 9**
  - Positive Provider Experience..... 9**
  - Flexible Participation Options ..... 9**
  - Consistent, Transparent Authorization Decisions ..... 9**
- Provider Web Portal..... 10**
  - Provider Web Portal Registration ..... 10**
- Electronic Payments..... 11**
  - Electronic Funds Transfer (EFT) ..... 11**
  - Electronic Remittance Reports..... 11**
- EFT Authorization Agreement ..... 12**
  - Electronic Funds Transfer (EFT) Authorization Agreement ..... 13**
- Eligibility & Member Services ..... 14**
  - Dental Home PCD Assignments..... 14**

|   |    |
|---|----|
| Dental Services for Pregnant Women .....                | 14 |
| Member ID Card .....                                    | 15 |
| Verifying Member Eligibility .....                      | 16 |
| Verifying Eligibility via Provider Web Portal .....     | 16 |
| Verifying Eligibility via IVR .....                     | 16 |
| Specialist Referrals .....                              | 17 |
| Appointment Availability Standards .....                | 17 |
| Summary: Appointment Availability Standards .....       | 17 |
| Missed Appointment Standards.....                       | 18 |
| Preventing Missed Appointments .....                    | 18 |
| Reporting Missed Appointments .....                     | 20 |
| Payment for Non-Covered Services.....                   | 20 |
| Liaison Services for Members .....                      | 21 |
| Transportation Benefits.....                            | 21 |
| Local Transportation Contacts .....                     | 22 |
| Prior Authorization & Documentation Requirements .....  | 24 |
| Prior Authorization for Treatment .....                 | 24 |
| Summary: Prior Authorization Timelines.....             | 25 |
| Authorization Submission Procedures .....               | 26 |
| Submitting Authorizations via Provider Web Portal ..... | 26 |
| Submitting Authorizations via 837D File.....            | 27 |
| Attaching Electronic Documents .....                    | 27 |
| Submitting Authorizations on Paper Forms .....          | 27 |
| Submitting Authorizations for Pregnant Women.....       | 28 |

|   |           |
|---|-----------|
| ADA Approved Dental Claim Form .....                  | 29        |
| ADA Approved Dental Claim Form (Cont.).....           | 30        |
| <b>Claim Submission Procedures .....</b>              | <b>31</b> |
| Submitting Claims via Provider Web Portal .....       | 31        |
| Submitting Claims via Clearinghouses .....            | 31        |
| Submitting Claims via HIPAA-Compliant 837D File.....  | 32        |
| Attaching Electronic Documents .....                  | 32        |
| Submitting Claims on Paper Forms.....                 | 32        |
| Submitting Claims for Pregnant Women .....            | 33        |
| Coordination of Benefits (COB) .....                  | 34        |
| Timely Filing Limits .....                            | 34        |
| Corrected Claim Process .....                         | 34        |
| Resubmitting a Denied Claim .....                     | 34        |
| Submitting a Corrected Claim .....                    | 35        |
| Receipt & Audit of Claims .....                       | 35        |
| Claims Adjudication & Payment.....                    | 35        |
| <b>Grievances &amp; Appeals.....</b>                  | <b>36</b> |
| Making a Grievance .....                              | 36        |
| Grievance Investigation & Resolution .....            | 37        |
| Appeals Investigation & Resolution .....              | 37        |
| Submitting Provider Appeals .....                     | 37        |
| Submitting Provider Appeals .....                     | 38        |
| Submitting Member Appeals .....                       | 38        |
| <b>Summary: Grievance &amp; Appeal Timelines.....</b> | <b>39</b> |

**Provider Credentialing..... 40**

**Health Insurance Portability and Accountability Act (HIPAA) ..... 41**

**National Provider Identifier (NPI) ..... 41**

**Utilization Management..... 42**

**Community Practice Patterns ..... 42**

**Evaluation ..... 42**

**Results ..... 42**

**Non-Incentivization Policy ..... 42**

**Fraud, Waste & Abuse ..... 43**

**Deficit Reduction Act: The False Claims Act ..... 44**

**Practice Guidelines..... 45**

**AAPD Periodicity Schedule ..... 46**

**Clinical Criteria ..... 48**

**Medical Necessity..... 48**

**Prior Authorization of Treatment..... 48**

**Dental Surgery Services ..... 48**

**Emergency Treatment ..... 49**

**Clinical Criteria Descriptions ..... 50**

**Request Form: Continuation of Care ..... 56**

**Non-Covered Services Agreement Form..... 58**

**HLD Index No. 4 | Handicapping ..... 60**

**Labio-Lingual Deviations Form..... 60**

**Facility Referral Form ..... 62**

**Confirmation of Medical Necessity ..... 63**

**Revision History: Version 6..... 64**

**CDT Codes Revisions: Version 6 ..... 64**

**Maryland Healthy Smiles Benefit Plan Details & Authorization Requirements..... 65**

**Plan Comparisons..... 65**

**Children/REM Children (under 21), Former Foster Care (21 to 25) ..... 66**

**Pregnant Women & REM Adults Age 21 and Over ..... 94**

# Quick Reference Guide

## Provider Web Portal: Online, All the Time

Getting paid for the high-quality care you've provided to patients should be quick, easy, and convenient. SKYGEN USA's user-friendly Provider Web Portal offers a full set of self-service tools that help you get more done, faster.

## Everything You Need - When You Need It - 24/7/365

Use the Provider Web Portal to:

- Check real-time eligibility for multiple patients—**at the same time**.
- Submit electronic authorization requests—**with attachments**.
- View a decision tree that shows you the same clinical guidelines our consultants use to evaluate your authorization requests.
- Use our claim estimator to find out in advance whether your claim will be paid or denied, and why—**before you render services**.
- Attach supporting documentation, such as EOBs and x-rays—**online, for no charge**.
- Submit **pre-filled** claim forms and review claim history—**with just a few clicks**.
- Check the real-time status of claims and authorizations—**no need to wait for paper letters to arrive by postal mail**.
- View and print provider manuals, remittance reports, and more.

**[www.provider.MDhealthysmiles.com](http://www.provider.MDhealthysmiles.com)**



## When You Need Us – We’ll Be There!

SKYGEN USA is committed to delivering world-class service to you and your patients. Our Maryland-based customer service teams will provide local service with the support of national resources. A dedicated provider relations representative will be available to answer your questions and arrange in-person visits. ***When you need us, we’ll be there!***

Contact us any time for assistance, training, or to arrange an onsite visit:

**Call Provider Services:** 844-275-8753

**Email:** [providerservices@skygenusa.com](mailto:providerservices@skygenusa.com)

| Quick Contacts                                |  |
|---|--|
| <b>Authorizations mailing address</b>         | Maryland Healthy Smiles: Authorizations<br>PO Box 422<br>Milwaukee WI 53201                                    |
| <b>Claims mailing address</b>                 | Maryland Healthy Smiles: Claims<br>PO Box 2186<br>Milwaukee WI 53201   |
| <b>Corrected Claims mailing address</b>       | Maryland Healthy Smiles: Corrected Claims<br>PO Box 541<br>Milwaukee WI 53201                                  |
| <b>Grievances and Appeals mailing address</b> | Maryland Healthy Smiles: Grievances/Appeals<br>PO Box 393<br>Milwaukee WI 53201                                |
| <b>Electronic Funds Transfer</b>              | Fax: 262-721-0722<br>Email: <a href="mailto:providerservices@skygenusa.com">providerservices@skygenusa.com</a> |
| <b>Electronic Outreach Team</b>               | 855-434-9239<br>Email: <a href="mailto:providerportal@skygenusa.com">providerportal@skygenusa.com</a>          |
| <b>Fraud &amp; Abuse Hotline</b>              | 877-378-5292   |
| <b>Provider Web Portal</b>                    | <a href="http://www.provider.MDhealthysmiles.com">www.provider.MDhealthysmiles.com</a>                         |

## Quick Reference to Common Questions

### Member Eligibility

To verify member eligibility, you can either:

- Log on to Provider Web Portal: [www.provider.MDhealthysmiles.com](http://www.provider.MDhealthysmiles.com)
- Call Interactive Voice Response (IVR) eligibility hotline: **844-275-8753**

### Authorization Submission

Submit authorizations in one of the following formats:

- Provider Web Portal: [www.provider.MDhealthysmiles.com](http://www.provider.MDhealthysmiles.com)
- Electronic submission via clearinghouse, Payer ID: **SCION**
- HIPAA-compliant 837D file
- Paper 2012 ADA Dental Claim Form, sent via postal mail:  
Maryland Healthy Smiles: Authorizations  
PO Box 422  
Milwaukee WI 53201

Providers are responsible for asking women if they are pregnant, and then submitting authorizations accordingly. See **Submitting Authorizations for Pregnant Women** in the Provider Manual.

For help submitting authorizations via Provider Web Portal, call the SKYGEN USA Electronic Outreach Team: **855-434-9239**.

### Claims Submission

The timely filing requirement is 12 months.

Submit claims in one of the following formats:

- Provider Web Portal: [www.provider.MDhealthysmiles.com](http://www.provider.MDhealthysmiles.com)
- Electronic submission via clearinghouse, Payer ID: **SCION**
- HIPAA-compliant 837D file
- Paper 2012 ADA Dental Claim Form, sent via postal mail:  
Maryland Healthy Smiles: Claims  
PO Box 2186  
Milwaukee WI 53201

Providers are responsible for asking women if they are pregnant, and then submitting claims accordingly. See **Submitting Claims for Pregnant Women** in the Provider Manual.

For help submitting claims via Provider Web Portal, call the SKYGEN USA Electronic Outreach Team: **855-434-9239**.

## Quick Reference to Common Questions

### Grievances and Appeals

To make a grievance or file an appeal, either:

- Write to:  
Maryland Healthy Smiles: Grievances/Appeals  
PO Box 393  
Milwaukee WI 53201
- Call Provider Services: **844-275-8753**

### Provider Appeals – Authorizations

Authorization Appeals must be filed within 30 days following the date the denial letter was mailed. SKYGEN USA issues a decision within 30 days of receiving an appeal request, unless an extension is granted. Expedited resolution is within 3 business days.

To request reconsideration of a denied authorization, write to:

Maryland Healthy Smiles: Grievances/Appeals  
PO Box 393  
Milwaukee WI 53201

### Provider Appeals – Claims

Claim Appeals must be filed within 30 days following the date the denial letter was mailed. SKYGEN USA issues a decision within 30 days of receiving an appeal request, unless an extension is granted.

To request reconsideration of a claims denial, write to:

Maryland Healthy Smiles: Grievances/Appeals  
PO Box 393  
Milwaukee WI 53201

### Member Appeals

To submit a written appeal on behalf of a member, write to:

Maryland Healthy Smiles: Grievances/Appeals  
PO Box 393  
Milwaukee WI 53201

## Quick Reference to Common Questions

### EFT (Direct Deposit) Enrollment

Send a completed EFT Authorization Agreement form and voided check by either fax or email:

- Fax: 262-721-0722
- Email: [providerservices@skygenusa.com](mailto:providerservices@skygenusa.com)

The EFT Authorization Agreement form is included in the Provider Manual and posted on the Provider Web Portal: [www.provider.MDhealthysmiles.com](http://www.provider.MDhealthysmiles.com).

### Provider Web Portal

For training or help registering for or using the Provider Web Portal, contact the SKYGEN USA Electronic Outreach Team:

- Email: [providerportal@skygenusa.com](mailto:providerportal@skygenusa.com)
- Call: 855-434-9239

### Additional Provider Resources

For information about additional provider resources:

- Log on to Provider Web Portal: [www.provider.MDhealthysmiles.com](http://www.provider.MDhealthysmiles.com)
- Send email to Provider Services: [providerservices@skygenusa.com](mailto:providerservices@skygenusa.com)
- Call Provider Services: **844-275-8753**
- Send email to Electronic Outreach Team: [providerportal@skygenusa.com](mailto:providerportal@skygenusa.com)
- Call Electronic Outreach Team: **855-434-9239**

## Quick Contacts for Credentialing

### Credentialing

*Effective 8/27/18 SKYGEN USA is no longer responsible for provider enrollment and credentialing.*

Please contact 1-844-463-7768 or visit [ePREP.health.maryland.gov](http://ePREP.health.maryland.gov), for Provider enrollment and credentialing related activities.

### Electronic Provider Revalidation and Enrollment Portal (ePrep)

Phone: 1-844-463-7768 or  
[ePREP.health.maryland.gov](http://ePREP.health.maryland.gov)

### Provider Services

844-275-8753  
Email: [providerservices@skygenusa.com](mailto:providerservices@skygenusa.com)

# Welcome

**Welcome to the Maryland Healthy Smiles Dental Program provider network!** We are committed to providing our members the best possible care – it's our reason for being here. We are pleased to welcome you to our team.

We are SKYGEN USA, a nationwide leader in managed benefits administration. The State of Maryland has chosen us to administer dental benefits for members enrolled in the Maryland Healthy Smiles Dental Program.

Throughout your ongoing relationship with SKYGEN USA, refer to this provider manual for quick answers and useful information, including how to contact us, how to submit claims and authorizations, and details regarding the benefit plans.

When you need answers, log on to [www.provider.MDhealthysmiles.com](http://www.provider.MDhealthysmiles.com), send an email message to [providerservices@skygenusa.com](mailto:providerservices@skygenusa.com), or call Provider Services: **844-275-8753**.

SKYGEN USA retains the right to add to, delete from, and otherwise modify this provider manual. Contracted providers must acknowledge this provider manual and any other written materials provided by SKYGEN USA as proprietary and confidential.

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To see an overview of the changes made in *Provider Manual: Version 6*, please see the history revision section.

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*This manual describes SKYGEN USA policies and procedures that govern our administration of dental benefits for the Maryland Department of Health (MDH). SKYGEN USA makes every effort to maintain accurate information in this manual; however, we will not be held liable for any damages due to unintentional errors. If you discover an error, please report it to us by calling 844-275-8753. If information in this manual differs from your Participating Agreement, the Participating Agreement takes precedence and shall control.*

*This document contains confidential and proprietary information and may not be disclosed to others without written permission from SKYGEN USA LLC © 2018 SKYGEN USA LLC all rights reserved.*

# Member Rights & Responsibilities

Members of the Maryland Healthy Smiles Dental Program have the following rights and responsibilities.

## Member Rights

The Maryland Healthy Smiles Dental Program/SKYGEN USA is committed to the following core concepts in our approach to member care:

- **Access** to providers and services.
- **Wellness** programs include member education and disease management initiatives.
- **Outreach** programs that educate members and give them the tools they need to make informed decisions about their dental care.
- **Feedback** that measures provider and member satisfaction.

We believe all members have the right to:

- **Privacy**, respectful treatment, and recognition of their dignity when receiving dental care.
- **Participate** fully with caregivers in making decisions about their health care.
- **Be fully informed** about the appropriate or medically necessary treatment options for any condition, regardless of the coverage or cost for the care discussed.
- **Voice a grievance** against the Maryland Healthy Smiles Dental Program/SKYGEN USA, or any of its participating dental offices, or any of the care provided by these groups or people, when their performance has not met the member's expectations.
- **Appeal** any decisions related to patient care and treatment.
- **Make recommendations** regarding our member rights and responsibilities policies.
- **Receive relevant, updated information** about Maryland Healthy Smiles Dental Program, the services provided, the participating dentists and dental offices, as well as member rights and responsibilities.

## Member Responsibilities

Along with rights, members have important responsibilities, including:

- Becoming familiar with benefit plan coverage and rules.
- Giving dental providers complete and accurate information they need to provide care.
- Following treatment plans and instructions received from dental providers.
- Supporting the care given to other patients and behaving in a way that helps the clinic, dental office, and other dental locations run smoothly.
- Notifying Customer Service of any questions, concerns, problems, or suggestions.

# Provider Rights & Responsibilities

The Maryland Healthy Smiles Dental Program/SKYGEN USA has established the following core concepts in our approach to a positive provider experience:

- **Access** to flexible participation options in provider networks.
- **Outreach** programs that lower provider participation costs.
- **Technology** tools that increase efficiency and lower administrative costs.
- **Feedback** that measures provider and member satisfaction.

## Provider Rights

Enrolled participating providers have the right to:

- **Communicate with patients** about dental treatment options.
- **Recommend a course of treatment** to a member, even if the treatment is not a covered benefit or approved by the Maryland Healthy Smiles Dental Program/SKYGEN USA.
- **File an appeal or grievance** about the procedures of the Maryland Healthy Smiles Dental Program/SKYGEN USA.
- **Supply accurate, relevant, and factual information** to a member in conjunction with an appeal or grievance filed by the member.
- **Object to policies, procedures, or decisions** made by the Maryland Healthy Smiles Dental Program/SKYGEN USA.
- **Discuss concerns and issues with members** by contacting their SKYGEN USA provider representative or the SKYGEN USA Call Center.

## Provider Responsibilities

Participating providers have the following responsibilities:

- Providers may not bill members for covered CDT codes and procedures covered under the Maryland Healthy Smiles Dental Program under any circumstance.
- If a recommended treatment plan is not covered (not approved by the Maryland Healthy Smiles Dental Program/SKYGEN USA), the participating dentist, if intending to charge the member for the non-covered services, must notify and obtain agreement from the member in advance. (See [Payment for Non-Covered Services section](#).)
- A provider wishing to terminate participation with the Maryland Healthy Smiles Dental Program provider network must follow the termination guidelines stipulated in the Medicaid provider agreement.
- A provider may not bill both medical codes and dental codes for the same procedure.
- The provider is responsible for making their patient records available for a chart review.
- Providers may not “balance bill” a member for any CDT code or procedure that is covered under the Maryland Healthy Smiles Dental Program.
- Any Medicaid providers that practice balance billing are in violation of their agreement with the State’s Medicaid Program and are subject to sanctions, including termination

from the Program.



- Provider Bill of Rights
- To be treated with respect
- To be paid accurately
- To be paid on time

## Positive Provider Experience

Committed dentists are essential to the success of every government-sponsored dental program. Our Maryland Healthy Smiles Dental Program provider network is structured to give dentists the flexibility they need to participate in dental programs on their own terms. At SKYGEN USA, we are not only the benefits management partner for the State of Maryland, we also consider ourselves to be **your partner** in patient care.

At SKYGEN USA, we consider ourselves allies of dental associations while maintaining flexibility within the changing political climate surrounding government-sponsored dental programs. We recognize the significant link between good dental care and overall patient health, and we advocate increasing provider funding while improving member education and outreach. We partner with thousands of providers across the country to deliver high-quality care to all members of government-sponsored dental programs.

## Flexible Participation Options

The Maryland Healthy Smiles Dental Program invites all licensed dentists to participate in our provider network. Providers can choose their own level of participation for each of their practice locations.

Providers can choose to:

- Be listed in a directory and accept appointments for all new patients.
- Be excluded from directories and accept appointments for only new patients directed to their office from the Maryland Healthy Smiles Dental Program/SKYGEN USA.
- Treat only emergencies or special needs cases on an individual basis.

## Consistent, Transparent Authorization Decisions

Trained paraprofessionals and dental consultants use predefined clinical guidelines to ensure a consistent approach for determining authorizations submitted for review.

When you submit an online authorization through the SKYGEN USA Provider Web Portal, you have the option of stepping through the guideline yourself, for a quick indication of whether your authorization request is likely to be approved. Authorization requirements are also outlined in this provider manual. (See [Benefit Plan Details & Authorization Requirements](#)).

In addition, when you submit an authorization through the Provider Web Portal, you can see at a glance whether documentation, such as x-rays or medical necessity narratives, are required. You can attach and send electronic documents as part of your online authorization request—saving you both time and money.

# Provider Web Portal

Our Provider Web Portal offers quick access to easy-to-use self-service tools for managing daily administration tasks. The Provider Web Portal offers you many benefits including:

- Lower administrative and participation costs, faster payment through streamlined claim and authorization submissions and real-time member eligibility verification.
- Immediate access to member information, claim and authorization history, and payment records at any time, 24 hours a day, 7 days a week.

A web browser, Internet connection, and a valid User ID and password are required for online access. From the Provider Web Portal, providers and authorized office staff can log in for secure access anytime from anywhere and handle a variety of day-to-day tasks, including:

- Verify eligibility for multiple members simultaneously, and review individual patient treatment history.
- Set up office appointment rosters that automatically verify eligibility and fill in claim forms for online submission.
- Submit claims and authorizations with pre-filled forms and data entry shortcuts.
- Step through clinical guidelines as part of submitting authorizations for a quick indication of whether a service request is likely to be approved.
- Attach and securely send supporting documents, such as digital X-rays, EOBs, and treatment plans, for no extra charge.
- Generate a pricing estimate before submitting a claim for a quick indication of whether a service may be denied, and if so, the reason why.
- Check real-time status of claims and authorizations, review historical payment records.
- Review provider clinical profiling data relative to your peers.

Online help is available from every page of the Provider Web Portal, offering quick answers, animated videos, and step-by-step instructions.

## Provider Web Portal Registration

The Provider Web Portal was designed to help you keep your administrative costs low, give you immediate access to real-time information, and make it fast and easy to submit claims and authorizations.

To register for our Provider Web Portal, visit [www.provider.MDhealthysmiles.com](http://www.provider.MDhealthysmiles.com) and click the provider login link. On the login page, click **Register Now** and register as a **Payee** so you have the option to view remittances and be paid electronically. Call the Electronic Outreach Team at **855-434-9239** to obtain your Payee ID.

As soon as you register, you can log in and start using the portal. Quick and easy online help is just a click away on every page in the portal. If you don't find answers to your questions, or if you want personalized training for yourself or your office staff, call the SKYGEN USA Electronic Outreach Team for assistance: **855-434-9239**.

# Electronic Payments

## Electronic Funds Transfer (EFT)

SKYGEN USA offers all providers the option of Electronic Funds Transfer (EFT) for claims payments. With EFT, we can pay claims more efficiently—and you can receive payments faster—because funds are deposited directly into payee bank accounts, eliminating the steps of printing and mailing paper checks.

To receive claims payments through the EFT program:

1. Complete and sign the **EFT Authorization Agreement**. The form is included in this manual and is also available from the Provider Web Portal: [www.provider.MDhealthysmiles.com](http://www.provider.MDhealthysmiles.com).
2. Include a voided check with the EFT Authorization Agreement. The transaction cannot be processed without a voided check.
3. Send the EFT Authorization Agreement form and voided check to SKYGEN USA by:
  - Fax: 262-721-0722 or Email: [providerservices@skygenusa.com](mailto:providerservices@skygenusa.com)

Allow up to six weeks for the EFT program to be implemented after we receive your completed paperwork. Once you are enrolled in the EFT program, you will no longer receive paper remittance statements through postal mail. Instead, your Remittance Reports will be posted online and made available from the Provider Web Portal as soon as your claims are paid: [www.provider.MDhealthysmiles.com](http://www.provider.MDhealthysmiles.com).

Once you are enrolled in the EFT program, notify SKYGEN USA of any changes to bank accounts, including changes in Routing Number or Account Number, or if you switch to a different bank. Use the EFT Authorization Agreement form to submit your changes. Allow up to three weeks for changes to be implemented after we receive your change request. SKYGEN USA is not responsible for delays in payment if we are not properly notified, in writing, of banking changes.

## Electronic Remittance Reports

If you enroll in the SKYGEN USA EFT program, your Remittance Reports will be made available automatically from the Provider Web Portal. For help registering for the portal or accessing your Remittance Reports, call the SKYGEN USA Electronic Outreach team: **855-434-9239**.

If you prefer to receive paper checks rather than electronic funds transfers, you can still eliminate paper Remittance Reports and access your payment reports online. To have quick, easy access to Remittance Reports as soon as your claims are paid, send an email message to Provider Services to request electronic remittances: [providerservices@skygenusa.com](mailto:providerservices@skygenusa.com).

As soon as the Provider Services team processes your request, paper Remittance Reports will no longer be mailed to you. Your Remittance Reports will be available online through the Provider Web Portal. For more information about electronic Remittance Reports, call the SKYGEN USA Electronic Outreach team: **855-434-9239**.

# EFT Authorization Agreement

A copy of the SKYGEN USA EFT Authorization Agreement form is included on the following page.

The form is also available for download from the Provider Web Portal:

[www.provider.MDhealthysmiles.com](http://www.provider.MDhealthysmiles.com).

*I agree to receive all vendor payments from SKYGEN USA by electronic funds transfer according to the terms of the EFT program. I agree to return to SKYGEN USA any EFT payment incorrectly disbursed by SKYGEN USA. I agree to hold harmless SKYGEN USA and its agencies and departments for any delays or errors caused by inaccurate or outdated registration information or by the financial institution listed above.*

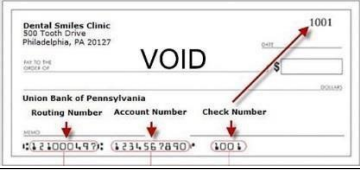
Be sure to include a voided check with the EFT Authorization Agreement. The transaction cannot be processed without a voided check.

Send the EFT Authorization Agreement form and voided check to SKYGEN USA by fax or email:

- Fax: 262-721-0722
- Email: [providerservices@skygenusa.com](mailto:providerservices@skygenusa.com)

## Electronic Funds Transfer (EFT) Authorization Agreement

Get your reimbursement faster and easier with EFT! To receive your payments by EFT, please complete this form and **return it with a scanned or faxed copy of a voided check.** (This Authorization Agreement will not be valid without a voided check.)

| Submission Options   |  |  |
|--|--|--|
| Send this completed form and voided check to SKYGEN USA via:   |  | Fax: 262-721-0722 or Email: <a href="mailto:providerservices@skygenusa.com">providerservices@skygenusa.com</a> |
| Submission Reason  |  |  |
| Select one checkbox.   | <input type="checkbox"/> New EFT Authorization   <input type="checkbox"/> Account or bank change to existing EFT Authorization         |  |
| Provider Information   |  |  |
| Provider Name (Include d/b/a, if any.)   | Taxpayer Identification Number   | Select one checkbox. <input type="checkbox"/> SSN   <input type="checkbox"/> EIN                               |
| Street Address   |  |  |
| City   | State  | Zip Code   |
| Phone Number Email Address   |  |  |
| Financial Institution Information  |  |  |
| Financial Institution Name   | Financial Institution Routing Number (Include 9 digits with any leading zeros.)  |  |
| Account Number (Include up to 10 digits with any leading zeros.)   | To indicate account type, select one checkbox.<br><input type="checkbox"/> Checking Account   <input type="checkbox"/> Savings Account |  |
| <b>Note: Please return this form with a voided check or the Authorization Agreement will not be valid.</b>   |  |                            |
| Authorization  |  |  |
| I agree to receive all vendor payments from SKYGEN USA LLC by electronic funds transfer according to the terms of the EFT program. I agree to return to SKYGEN USA any EFT payment incorrectly disbursed by SKYGEN USA I agree to hold harmless SKYGEN USA LLC and its agencies and departments for any delays or errors caused by inaccurate or outdated registration information or by the financial institution listed above. |  |  |
| Printed Name   | Title  |  |
| Authorized Signature   | Date   |  |

# Eligibility & Member Services

The Maryland Healthy Smiles Dental Program offers dental coverage for Maryland Medicaid participants including children under the age of 21, children enrolled in the Rare and Expensive Case Management (REM) Program, pregnant women, adults enrolled in the Rare and Expensive Case Management (REM) Program, and former foster care members ages 21 through 25. The Maryland Department of Health (MDH) determines member eligibility.

The Maryland Healthy Smiles Dental Program coverage groups include:

- Maryland Children (Under Age 21)
- Maryland REM Children (Under Age 21)
- Maryland REM Adults (Age 21 and Older)
- Maryland Pregnant Women (Age 21 and Older)
- Maryland Former Foster Care (Age 21 to 25) *Eligible Effective: 1/1/17*

If your patients have questions about how to enroll in the Maryland Healthy Smiles Dental Program, or if they have questions about loss of eligibility, refer them to their local health department, the Maryland Health Exchange, or ask them to call Member Services: **855-934-9812**.

**\*\*Please note that members whose eligibility indicates "Maryland NO DENTAL Adult Medicaid" have NO dental benefits or dental coverage. In addition, benefit coverage for the Maryland Former Foster Care plan ends on the member's 26th birthday.**

## Dental Home PCD Assignments

Members can be treated by any dentist even if they have been assigned to a specific Primary Care Dentist (PCD) as part of the Dental Home Program. If scheduling problems arise, please advise the member to contact the SKYGEN USA Member Services team at **855-934-9812** to update their PCD assignment.

For more information on tactics you can take to help prevent missed appointments, see [Preventing Missed Appointments](#)

## Dental Services for Pregnant Women

Women eligible for Maryland Medicaid benefits qualify for dental services while they are pregnant—until their delivery date. Dental benefits do not extend past the delivery date, even if the member's Medicaid eligibility continues past this date. For information about covered services, see the [Maryland Healthy Smiles Dental Program: Pregnant Women & REM Adults Age 21 and over section](#).

***Providers are responsible for asking women if they are pregnant, and then submitting claims or authorizations accordingly.*** Women who are eligible for benefits may or may not have a Maryland Healthy Smiles Dental Program Member ID card and may or may not be identified in SKYGEN USA's benefits management software system. See the sections on [Submitting Authorizations for](#)

**Pregnant Women and Submitting Claims for Pregnant Women.**

# Member ID Card

Members receive Maryland Healthy Smiles Dental Program Member ID cards from SKYGEN USA. Participating providers are responsible for verifying that members are eligible when services are rendered and for determining whether recipients have other health insurance. Because it is possible for a member’s eligibility status to change at any time without notice, presenting a Member ID card does not guarantee a member’s eligibility, nor does it guarantee provider payment.


SKYGEN USA recommends each dental office make a photocopy of the member’s identification card each time treatment is provided. Please be aware the identification card is not dated and does not need to be returned to SKYGEN USA should a member lose eligibility.

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Presenting a Member ID card **does not guarantee** that a person is currently eligible for benefits in the Maryland Healthy Smiles Dental Program.

---

## Sample Member ID Card

|   |  |
|---|--|
|  <p><b>Member Name:</b><br/><b>Date of Birth:</b><br/><b>Member ID:</b><br/><b>Dental Home:</b><br/><b>Dental Home Phone:</b></p> <p><b>Please check eligibility and benefits before each date of service.</b></p> | <p><b>If you have questions, a problem, or want to check eligibility, call Customer Service: 1-855-934-9812. (TDD for hearing impaired: 1-855-934-9816.)</b></p> <p><b>If you have an unresolved issue, call the State Enrollee Help Line: 1-800-284-4510.</b></p> <p><b>Maryland Healthy Smiles: Claims<br/>PO Box 2186<br/>Milwaukee, WI 53201</b></p> |
|---|--|



## Verifying Member Eligibility

To verify member eligibility, you can:

- Log on to Provider Web Portal: [www.provider.MDhealthysmiles.com](http://www.provider.MDhealthysmiles.com).
- Call Interactive Voice Response (IVR) eligibility line: **844-275-8753**.
- Check member eligibility and benefits on the **date of service**.

The Provider Web Portal and IVR system are both available 24 hours a day, 7 days a week — giving you quick access to information without requiring you to wait for an available Customer Service Representative during business hours.

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Because a member's eligibility can change at any time without prior notice, **verifying eligibility does not guarantee payment.**

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### Verifying Eligibility via Provider Web Portal

Our Provider Web Portal allows quick, accurate verification of a member's eligibility for covered benefits, as of the date of service. Log in using your User ID and password at [www.provider.MDhealthysmiles.com](http://www.provider.MDhealthysmiles.com). First-time users need to self-register by entering their Payee ID, office name, and office address.

For help registering or using the Provider Web Portal, call the SKYGEN USA Electronic Outreach Team: **855-434-9239**.

Once logged-in, you can quickly verify eligibility for an individual patient or for a group of patients, and you can print an online eligibility summary report for your records.

### Verifying Eligibility via IVR

Use our Interactive Voice Response (IVR) system to verify eligibility for an unlimited number of patients. Call **844-275-8753**. Follow the prompts to identify yourself and the patient whose eligibility you are verifying.

Our system analyzes the information entered and verifies the patient's eligibility. If the system cannot verify the member information, you will be transferred to a Customer Service Representative. You also have the option of transferring to a Customer Service Representative after completing eligibility checks, if you have other inquiries.

## Specialist Referrals

A patient who requires a referral to a dental specialist can be referred directly to any specialist contracted with the Maryland Healthy Smiles Dental Program provider network without authorization from SKYGEN USA. The dental specialist is responsible for obtaining prior authorization for services, as defined in the [Benefit Plan Details & Authorization Requirements](#) section of this provider manual.

If you are unfamiliar with the contracted specialty network for the Maryland Healthy Smiles Dental Program or need help locating a specialist provider, call Provider Services: **844-275-8753**.

## Appointment Availability Standards

The Maryland Healthy Smiles Dental Program has established appointment time requirements to ensure patients receive dental services within a time period appropriate to their health condition. We expect dental providers to meet these appointment standards for a number of important reasons, including:

- Ensure patients receive the care they need to protect their health.
- Maintain member satisfaction.
- Reduce unnecessary use of alternative services such as emergency room visits.

Dentists are expected to meet the following minimum standards for appointment availability:

- **Comprehensive assessment.** An initial, comprehensive assessment must be scheduled within 90 days of a patient's enrollment.
- **Routine appointments.** Routine preventive care and follow-up appointments must be scheduled within 60 days.
- **Specialist referrals.** Specialty care appointments must be scheduled within 60 days of initial authorization from the patient's Primary Care Dentist (PCD)—or more quickly, if deemed necessary by the PCD.
- **Emergency services.** Emergency services must be available within 48 hours.

SKYGEN USA will educate providers about appointment standards, monitor the adequacy of the process, and take corrective action if required.

## Summary: Appointment Availability Standards

| Appointment Type                     | Appointment Required...                    |
|--------------------------------------|--|
| Emergency services                   | Within 48 hours                            |
| Specialist referral                  | Within 60 days, or sooner, per PCD request |
| Routine preventive, follow-up visits | Within 60 days                             |
| Comprehensive assessment             | Within 90 days of patient enrollment       |

## Missed Appointment Standards

Providers who participate in the Maryland Healthy Smiles Dental Program are not allowed to charge members for missed appointments.

The Centers for Medicare & Medicaid Services (CMS) interpret federal law to prohibit a provider from billing any Medicaid Plan member for a missed appointment. In addition, your missed appointment policy for members enrolled in the Maryland Healthy Smiles Dental Program cannot be stricter than your policy for private or commercial patients.

If a Maryland Healthy Smiles Dental Program member exceeds your office policy for missed appointments and you choose to discontinue seeing the patient, ask the patient to contact Member Services for a referral to another Primary Care Dentist or Dental Home: **855-934-9812**.

## Preventing Missed Appointments

At SKYGEN USA, we understand the unnecessary costs and frustration that missed appointments cause a dental office. We also understand the health risks for patients who miss scheduled appointments.

We recommend a two-pronged approach to help reduce the number of missed appointments.

1. First, we recommend providers take active steps to help patients make—and keep—scheduled appointments. Consider implementing patient communication and scheduling tactics in your dental office that have proven to be successful in other practices.
2. Next, our Provider Services team partners with our Member Outreach team—and each dental office—to track missed appointments and personally follow up with members. When a Maryland Healthy Smiles Dental Program member misses an appointment, call Provider Services: **844-275-8753**. See the [Reporting Missed Appointments section](#).

### Tactics for Dental Offices: Patient Communication

To help patients keep their dental appointments, consider implementing patient communication activities into your daily office workflow. These tactics have helped reduce missed appointments in other practices. Consider implementing any of the following suggestions that might work well for your office staff and your patients.

**Get alternate phone numbers and email addresses.** Get as much contact information as you can from your patients, so that you have alternate ways of reaching them if their living situation changes. Ask for a home phone number, home address, cell phone number, and email address.

**Ask patients if they use public transportation.** For patients who rely on public transportation, remind them to make their appointments according to the transportation schedule.

**Repeat appointment date and time.** When a patient makes an appointment with your office, state the day of the week and the date, and then repeat the date and time during the conversation. For example, *“Thanks for making an appointment for Thursday, July XX, Jane. We’re looking forward to seeing you at 1:30 on July XX.”*

**Send patients appointment details.** As soon as you make an appointment with a patient, follow up with an email message that confirms the appointment date and time, your office address and phone number, and a link to your website. If you don't have an email address for a patient, follow up with an appointment postcard, or send a letter and enclose an appointment card.

**Offer patients options for appointment reminders.** Ask patients whether they prefer to receive appointment reminders via telephone call, email message, or text message. Consider implementing HIPAA-compliant email and/or text messages that not only remind patients of upcoming appointments, but also let them respond to the message and confirm they received the notification. For patients who prefer to be reminded of appointments by a telephone call, ask for alternate phone numbers and ask what time of day is best to call.

**Always confirm appointments.** Always remind patients in advance of their upcoming appointments—either by telephone call, email message, and/or text message.

**Motivate patients to keep appointments.** When confirming appointments, remind patients that visiting the dentist regularly is important to their health, and that you are concerned about helping them stay healthy.

**Always notify the dentist—and SKYGEN USA—of missed appointments.** Missing an appointment may jeopardize a patient's health. When a patient misses an appointment, have a standard procedure in place to always notify the dentist. You should also notify SKYGEN USA when an appointment is missed, so that our Member Outreach team can follow up with members in the Maryland Healthy Smiles Dental Program. To notify us, call Provider Services: **844-275-8753**. See [Reporting Missed Appointments](#).

## Tactics for Dental Offices: Patient Scheduling

When setting up patient scheduling, consider implementing the following proven tactics to help reduce missed appointments.

### Continuing care appointments

For patients who don't have a history of missed appointments, schedule continuing care visits with appointment dates three to six months in advance.

For patients who have history of missed appointments, send a postcard or email message asking them call your office to schedule an appointment a week or two before the next continuing care visit is due.

### Subsequent appointments for completing procedures

If a dental procedure requires a subsequent appointment for completion, talk with the patient personally about the importance of the next appointment. Reinforce the message by sending the patient home with written information that highlights the importance of the dental procedure, what will happen at the next appointment, and possible outcomes if the procedure isn't completed on time.

### Emergency appointments

After rendering emergency services, call the patient a few days later to schedule follow-up treatment.

## Flexible office hours

Daytime obligations, including work and childcare, are obstacles that can prevent patients from keeping appointments—or even making appointments in the first place. To help make it easier for patients to get the dental care they need, consider setting up an office schedule that includes extended hours on selected days of the week and/or occasional weekend hours.

## Reporting Missed Appointments

Implementing patient communication and scheduling tactics should help your practice reduce the number of missed appointments. But when a patient enrolled in the Maryland Healthy Smiles Dental Program doesn't keep an appointment, our Member Outreach team wants to know about it. To keep it quick and simple, when a Maryland Healthy Smiles Dental Program member misses an appointment, just call Provider Services: **844-275-8753**.

Our Provider Services team tracks missed appointments by logging them in our Customer Service system. These records are automatically forwarded to our Member Outreach team for follow-up. They contact members personally and work with them to reschedule dental visits and provide education about the importance of keeping scheduled appointments.

If your office sends letters or postcards to members who miss appointments, the following language may be helpful to include:

- “We noticed you missed your scheduled dental appointment. Regular checkups are needed to keep your teeth healthy. Call us to schedule another appointment.”
- “Call us to reschedule your missed appointment. If you cannot keep the appointment call us in advance to reschedule. Missed appointments are very costly to us. Thank you for your help.”

## Payment for Non-Covered Services

Enrolled participating providers shall hold members, the Maryland Healthy Smiles Dental Program and SKYGEN USA harmless for the payment of non-covered services except as provided in this paragraph. Providers may bill members for services that are not covered under the Maryland Healthy Smiles Dental Program if: (a) they inform the member that the service is not covered and (b) if the member agrees to have the service rendered and signs a **Non-Covered Services Agreement** form.

For members who are in the MD Child or MD REM Child (ages 0-20) benefit plan, if a service or CDT code is not listed, please submit an authorization with the EPSDT box checked along with a letter of medical necessity for review. If the authorization is approved, the claim must be submitted for reimbursement with the EPSDT box selected. If the authorization for the service under EPSDT guidelines is denied, the provider must then have the member or legal guardian complete and sign a Non-Covered Services Agreement in order to provide the services.

The written Non-Covered Service Agreement must:

- Be written in the member's native language.
- Specify exactly which service (CDT code) is to be performed and the cost of the service.
- Not have an open-ended explanation – it must specify the service(s) to be rendered.
- The Maryland Healthy Smiles Dental Program or SKYGEN USA will not pay for or be liable for these services; and state that the patient will be financially liable for such services.

## Liaison Services for Members

This highly successful program reduces administrative costs for dentists and routinely sends satisfied, eligible members directly to provider practice locations.

Our liaison services for members offers:

- Three-way appointment scheduling, when requested, whereby a Customer Service Representative helps a member select an appropriate dental provider and then initiates a three-way telephone call with the dental office to schedule an office visit.
- Geo-mapping capabilities that allow a Customer Service Representative to offer turn-by-turn navigation directions to dental offices.
- Information about transportation for non-emergency dental visits.

If your patients need help scheduling and keeping appointments, please ask them to call Member Services for assistance: **855-934-9812**.

## Transportation Benefits

If your patients have questions about arranging transportation for dental appointments, refer them to their local health department or transit company. A list of location transportation contacts is available on the Provider Web Portal and is also included in this manual. Participants can also call Member Services for help: **855- 934-9812**.

# Local Transportation Contacts

To set up a ride to a dental appointment, call the local health department or transit company in your county.

| County         | Transport Type         | Number to Call  | Call Hours                                    |
|----------------|------------------------|---|---|
| Allegany       | Ambulatory, Wheelchair | Van Trans Inc.: 301-722-2770<br>Allegany Ambulance: 301-689-1133                                | 8:00 AM-4:30 PM                               |
| Anne Arundel   | All                    | AAA Transport: 800-442-2858   | 9:00 AM-4:00 PM                               |
| Baltimore City | All                    | New clients: 410-396-7007<br>Established clients: 410-396-6422<br>Facilities only: 410-396-6665 | 7:30 AM-10:45 PM<br>Saturday: 6:00 AM-8:45 PM |
| Baltimore City | Ambulatory, Wheelchair | Veolia Transportation:<br>410-783-2465<br>410-887-2828  | 8:00 AM-5:00 PM<br>8:30 AM-3:45 PM            |
| Calvert        | All                    | AAA Transport: 800-577-1050   | 8:00 AM-5:00 PM                               |
| Caroline       | Ambulatory, Wheelchair | Bay Area Transportation:<br>800-987-9088<br>Best Care Ambulance: 410-476-3688                   | 7:00 AM-4:30 PM                               |
| Carroll        | All                    | Butler Medical Transport:<br>888-602-4007<br>410-602-4007                                       | 7:00 AM-5:00 PM                               |
| Cecil          | All                    | 410-996-5171  | 7:30 AM-4:00 PM                               |
| Charles        | All                    | 301-609-7917  | 8:00 AM-9:00 PM                               |
| Dorchester     | All                    | 410-901-2426  | 8:00 AM-12:00 PM &<br>1:00 PM-3:00 PM         |
| Frederick      | All                    | 301-600-1725  | 8:00 AM-4:00 PM                               |
| Garrett        | All                    | Garrett Community Action:<br>301-334-9431   | 7:30 AM-4:30 PM                               |
| Harford        | All                    | 410-638-1671  | 8:30 AM-2:00 PM                               |
| Howard         | All                    | AAA Transport: 800-577-1050   | 8:00 AM-5:00 PM                               |
| Kent           | All                    | 410-778-7025  | 8:00 AM-12:30 PM &<br>1:00 PM-3:00 PM         |

| County          | Transport Type         | Number to Call   | Call Hours       |
|-----------------|------------------------|--|------------------|
| Montgomery      | All                    | Montgomery Co Dept of Public Works & Transit: 240-777-5899                       | 8:30 AM-12:30 PM |
| Prince George's | All                    | 301-856-9555   | 8:30 AM-4:00 PM  |
| Queen Anne's    | All                    | QA Co Dept of Aging: 410-758-2357  | 7:00 AM-4:00 PM  |
| St. Mary's      | All                    | 301-475-4296   | 8:00 AM-5:00 PM  |
| Somerset        | Ambulatory, Wheelchair | Shore Transit: 443-260-2300<br>Lifestar: 410-546-0809                            | 8:00 AM-4:30 PM  |
| Talbot          | Ambulatory, Wheelchair | Bay Area Transportation:<br>800-987-9088<br>Best Care Ambulance:<br>410-476-3688 | 7:00 AM-4:30 PM  |
| Washington      | All                    | 240-313-3264   | 8:00 AM-4:15 PM  |
| Wicomico        | Ambulatory, Wheelchair | Shore Transit: 443-260-2300<br>Lifestar: 410-546-0809                            | 8:00 AM-4:30 PM  |
| Worcester       | All                    | 410-632-0092 or 0093   | 8:00 AM-4:00 PM  |



# Prior Authorization & Documentation Requirements

## Prior Authorization for Treatment

The Maryland Healthy Smiles Dental Program/SKYGEN USA has specific utilization criteria, as well as a prior authorization review process, to manage the utilization of services. Whether prior authorization is required for a particular service, and whether supporting documentation is also required, is defined in this provider manual in [Benefit Plan Details & Authorization Requirements section](#).

Non-emergency services requiring prior authorization should not be started until the authorization request is reviewed and approved by a SKYGEN USA consultant. Non-emergency treatment started prior to the determination of coverage will be performed at the financial risk of the dental office. If coverage is denied, the treating dentist will be financially responsible and may not balance bill the member, the Maryland Healthy Smiles Dental Program or SKYGEN USA LLC.

Should a procedure need to be initiated to relieve pain and suffering in an emergency situation, you are to provide treatment to alleviate the patient's condition. For more details regarding emergency services, see the [Emergency Treatment section in the manual](#).

Submit requests for prior authorization online through the Provider Web Portal ([www.provider.MDhealthysmiles.com](http://www.provider.MDhealthysmiles.com)), electronically in a HIPAA-compliant data file, or via postal mail on a paper 2012 ADA Dental Claim Form. (See [Authorization Submission Procedures section](#)). Any claims or authorizations submitted without the required documentation will be denied and must be resubmitted to obtain reimbursement.

SKYGEN USA will make a decision on a request for prior authorization within 2 business days from the date we receive the request, provided all information is complete.

SKYGEN USA will honor prior authorizations for 180 calendar days from the date they are determined. **An authorization does not guarantee payment.** The member must be eligible for benefits at the time services are provided.

SKYGEN USA reviewers and licensed dental consultants approve or deny authorization requests based on whether:

- The item or service is medically necessary.
- A less expensive service would adequately meet the member's needs.
- The proposed item or service conforms to commonly accepted standards in the dental community.

## Dental Surgery Services

Dental services that are to be performed outside your office, either in an outpatient department of a hospital or at an ASC, must be approved by SKYGEN USA to ensure the services meet the medical necessity criteria for services rendered in an outpatient facility (hospital or ASC). See the [Dental Surgery Services section](#).

## Appealing an Authorization Decision

If you have questions about a prior authorization decision or wish to speak to the dental reviewer, call Provider Services: **844-275-8753**. For more about appeals, see the [Grievances & Appeals section](#).

If SKYGEN USA denies approval for any requested service, the member will receive written notice of the reasons for each denial and will be notified of how to appeal the decision. The requesting provider will also receive notice of the decision.

To appeal an authorization decision, submit the appeal in writing along with any necessary documentation within 30 days of the original determination date to:

Maryland Healthy Smiles: Grievances/Appeals  
 PO Box 393  
 Milwaukee WI 53201

## Summary: Prior Authorization Timelines

| Authorization Request                       | Timeline  |
|---|---|
| Decision on authorization request           | SKYGEN USA approves or denies request within 2 business days.   |
| Prior authorization expiration              | SKYGEN USA honors approved prior authorizations for 180 calendar days from decision date.   |
| Appeal acknowledgement                      | SKYGEN USA acknowledges receipt of appeals within 5 business days.  |
| Authorization decision appeal—Members       | Members must appeal within 30 days of the original authorization denial date.   |
| Authorization decision appeal—Providers     | Providers must appeal within 30 days of the original authorization denial date. Providers must have the member’s written consent to appeal a decision on the member’s behalf. |
| Authorization appeal decision—Non-expedited | SKYGEN USA renders decision within 30 days of receiving the appeal.   |
| Authorization appeal decision—Expedited     | SKYGEN USA renders decision within 3 business days of receiving the expedited appeal.   |

# Authorization Submission Procedures

SKYGEN USA accepts authorizations submitted in any of the following formats:

- Provider Web Portal, [www.provider.MDhealthysmiles.com](http://www.provider.MDhealthysmiles.com)
- Electronic submission via clearinghouse, Payer ID: **SCION**
- HIPAA-compliant 837D file
- Paper 2012 ADA Dental Claim Form, available from the American Dental Association

## Submitting Authorizations via Provider Web Portal

Providers may submit authorizations along with any required treatment documentation directly to SKYGEN USA through our Provider Web Portal: [www.provider.MDhealthysmiles.com](http://www.provider.MDhealthysmiles.com).

Submitting authorizations via the web portal has several significant advantages:

- The online dental form has built-in features that automatically verify member eligibility, pre-fill the authorization form with member information, and make data entry quick and easy.
- The online authorization process steps you through clinical guidelines, when applicable, giving you a quick indication of how your authorization request will be evaluated and whether it's likely to be approved. (Successfully completing a clinical guideline does not guarantee payment.)
- The online authorization process indicates whether supporting documentation is required and allows you to attach and send documents as part of the authorization request—**for no charge**.
- Dental reviewers and consultants receive your authorization requests and supporting documentation as soon as you submit them online, meaning you'll receive decisions faster.
- As soon as an authorization is determined, its status is instantly updated online and available for review. You don't have to wait for a letter to find out whether your authorization request is approved.

If you have questions about submitting authorizations online, attaching electronic documents, or accessing the Provider Web Portal, call the Electronic Outreach Team: **855-434-9239**. Submitting Authorizations via Clearinghouses

Providers may submit electronic claims and authorizations to SKYGEN USA directly via the Change Healthcare (formerly Emdeon) or DentalXChange clearinghouses. If you use a different clearinghouse, your software vendor can provide you with information you may need to ensure electronic files are forwarded to SKYGEN USA. The SKYGEN USA Payer ID is SCION. For more information about Change Healthcare (formerly Emdeon) and DentalXChange, visit their websites: [www.changehealthcare.com](http://www.changehealthcare.com) and [www.dentalxchange.com](http://www.dentalxchange.com).

## Submitting Authorizations via 837D File

If you can't submit claims and authorizations electronically through the Provider Web Portal or a clearinghouse, SKYGEN USA will work with you individually to receive electronic files submitted using the HIPAA-Compliant 837D transaction set format. To inquire about this option, call Provider Services: **844-275-8753**.

## Attaching Electronic Documents

If you use the Provider Web Portal ([www.provider.MDhealthysmiles.com](http://www.provider.MDhealthysmiles.com)), you can quickly and easily send electronic documents as part of submitting a claim or authorization—**for no charge**.

SKYGEN USA also accepts dental radiographs and other documents electronically via Fast Attach™ for authorization requests. For more information, visit [www.nea-fast.com](http://www.nea-fast.com) or call NEA (National Electronic Attachment, Inc.): **800-782-5150**.

## Submitting Authorizations on Paper Forms

To ensure timely processing of submitted authorizations, the following information must be included on the paper 2012 ADA Dental Claim Form:

- Member Name
- Member Medicaid ID Number
- Member Date of Birth
- Provider Name
- Provider Location
- Billing Location
- Provider NPI
- Payee Tax Identification Number (TIN)

Use approved ADA dental codes, as published in the current CDT book or as defined in this manual, to identify all services. Include on the form: all quadrants, tooth numbers, and surfaces for dental codes that require identification (extractions, root canals, amalgams, and resin fillings).

SKYGEN USA recognizes tooth letters A through T for primary teeth and tooth numbers 1 to 32 for permanent teeth. Designate supernumerary teeth with codes AS through TS or 51 through 82. Designation of the tooth can be determined by using the nearest erupted tooth. If the tooth closest to the supernumerary tooth is 1, then chart the supernumerary tooth as 51. Likewise, if the nearest tooth is A, chart the supernumerary tooth as AS.

Missing, incorrect, or illegible information could result in the authorization being returned to the submitting provider's office, causing a delay in determination. Use the proper postage when mailing bulk documentation. Mail with postage due will be returned.

**X-Ray Return Policy.** To request that x-rays are returned, providers must include a self-addressed stamped envelope with x-rays. Otherwise, x-rays are shredded. Mail paper authorizations to:

Maryland Healthy Smiles: Authorizations  
PO Box 422  
Milwaukee WI 53201

## Submitting Authorizations for Pregnant Women

Pregnant women (age 21 or older) who are eligible for Maryland Medicaid benefits qualify for dental services while they are pregnant—until their delivery date. Dental benefits do not extend past the delivery date, even if the member’s Medicaid eligibility continues past this date.

For information about covered services, see the [Maryland Healthy Smiles Dental Program: Pregnant Women & REM Adults Age 21 and Over](#) section.

**Providers are responsible for asking women if they are pregnant, and then submitting authorizations accordingly.** Pregnant women (age 21 or older) who are eligible for dental benefits may or may not have a Maryland Healthy Smiles Dental Program Member ID card and may or may not be identified as eligible for dental benefits in SKYGEN USA’s benefits management software system.

Please submit requests for authorizations and claims with the ICD-10-CM diagnostic code, **Z3A.00**, in **Box 29a and 34a of the 2012 ADA Dental Claim Form or the related fields in the Provider Web Portal**. Claims and authorizations submitted without the Z3A.00 diagnosis code will deny.

To verify eligibility, use either the Provider Web Portal or our IVR telephone system. If our software system indicates the individual is:

- Not found in our system, then the person is not enrolled in a Maryland Medicaid program and is not eligible for Healthy Smiles Dental Program dental benefits. Any authorizations submitted for “**member not found**” are automatically denied.
- Eligible for dental benefits in the Healthy Smiles Dental Program, you can submit either an electronic authorization or a paper authorization for services.
- An “**eligible member**” in the **MD Dental ONLYIF Pregnant – Paper Claims Only – Note Pregnancy on Claims/Auths** plan, then you must submit either an electronic authorization or a paper authorization.
- Providers will need to submit both claims and authorizations for members who are pregnant with the following Diagnosis Code: **Z3A.00** (Box 29a and Box 34a of ADA form).
- Providers will no longer need to write in the remarks field of the claim/authorization “member is pregnant and expected due date.”
- **Effective 4/1/16**. Claims and authorizations submitted for pregnant women without Diagnosis Code: **Z3A.00** after 4/1/16 will be denied.

Authorizations for patients identified in the **MD Dental ONLYIF Pregnant – Paper Claims Only – Note Pregnancy on Claims/Auths** plan require special handling because these members are enrolled in a Maryland Medicaid program, but they have not been previously identified as pregnant.

**X-Ray Return Policy.** To request that x-rays are returned, providers must include a self-addressed stamped envelope with x-rays. Otherwise, x-rays are shredded.

Mail paper authorizations to:

Maryland Healthy Smiles: Authorizations, Pregnant Women  
PO Box 422  
Milwaukee WI 53201

# ADA Approved Dental Claim Form

**ADA American Dental Association® Dental Claim Form**

**HEADER INFORMATION**

1. Type of Transaction (Mark all applicable boxes)  
 Statement of Actual Services     Request for Predetermination/Preauthorization  
 EPSDT/Title XIX

2. Predetermination/Preauthorization Number

**INSURANCE COMPANY/DENTAL BENEFIT PLAN INFORMATION**

3. Company/Plan Name, Address, City, State, Zip Code

**POLICYHOLDER/SUBSCRIBER INFORMATION** (For Insurance Company Named in #3)

12. Policyholder/Subscriber Name (Last, First, Middle Initial, Suffix), Address, City, State, Zip Code

13. Date of Birth (MM/DD/CCYY)    14. Gender  M  F    15. Policyholder/Subscriber ID (SSN or ID#)

16. Plan/Group Number    17. Employer Name

**PATIENT INFORMATION**

18. Relationship to Policyholder/Subscriber in #12 Above  
 Self     Spouse     Dependent Child     Other    19. Reserved for Future Use

20. Name (Last, First, Middle Initial, Suffix), Address, City, State, Zip Code

21. Date of Birth (MM/DD/CCYY)    22. Gender  M  F    23. Patient ID/Account # (Assigned by Dentist)

**OTHER COVERAGE** (Mark applicable box and complete items 5-11. If none, leave blank.)

4. Dental?     Medical?     (If both, complete 5-11 for dental only)

5. Name of Policyholder/Subscriber in #4 (Last, First, Middle Initial, Suffix)

6. Date of Birth (MM/DD/CCYY)    7. Gender  M  F    8. Policyholder/Subscriber ID (SSN or ID#)

9. Plan/Group Number    10. Patient's Relationship to Person named in #5  
 Self     Spouse     Dependent     Other

11. Other Insurance Company/Dental Benefit Plan Name, Address, City, State, Zip Code

**RECORD OF SERVICES PROVIDED**

|    | 24. Procedure Date (MM/DD/CCYY) | 25. Area of Oral Cavity | 26. Tooth System | 27. Tooth Number(s) or Letter(s) | 28. Tooth Surface | 29. Procedure Code | 29a. Diag. Pointer | 29b. Qty | 30. Description | 31. Fee |
|----|---------------------------------|-------------------------|------------------|----------------------------------|-------------------|--------------------|--------------------|----------|-----------------|---------|
| 1  |                                 |                         |                  |                                  |                   |                    |                    |          |                 |         |
| 2  |                                 |                         |                  |                                  |                   |                    |                    |          |                 |         |
| 3  |                                 |                         |                  |                                  |                   |                    |                    |          |                 |         |
| 4  |                                 |                         |                  |                                  |                   |                    |                    |          |                 |         |
| 5  |                                 |                         |                  |                                  |                   |                    |                    |          |                 |         |
| 6  |                                 |                         |                  |                                  |                   |                    |                    |          |                 |         |
| 7  |                                 |                         |                  |                                  |                   |                    |                    |          |                 |         |
| 8  |                                 |                         |                  |                                  |                   |                    |                    |          |                 |         |
| 9  |                                 |                         |                  |                                  |                   |                    |                    |          |                 |         |
| 10 |                                 |                         |                  |                                  |                   |                    |                    |          |                 |         |

33. Missing Teeth Information (Place an "X" on each missing tooth.)

|   |   |   |   |   |   |   |   |   |    |    |    |    |    |    |    |
|---|---|---|---|---|---|---|---|---|----|----|----|----|----|----|----|
| 1 | 2 | 3 | 4 | 5 | 6 | 7 | 8 | 9 | 10 | 11 | 12 | 13 | 14 | 15 | 16 |
|   |   |   |   |   |   |   |   |   |    |    |    |    |    |    |    |

34. Diagnosis Code List Qualifier  (ICD-9 = B; ICD-10 = AB)

34a. Diagnosis Code(s)  
 A \_\_\_\_\_ C \_\_\_\_\_  
 B \_\_\_\_\_ D \_\_\_\_\_  
 (Primary diagnosis in "A")

31a. Other Fee(s) \_\_\_\_\_  
 32. Total Fee \_\_\_\_\_

35. Remarks

**AUTHORIZATIONS**

36. I have been informed of the treatment plan and associated fees. I agree to be responsible for all charges for dental services and materials not paid by my dental benefit plan, unless prohibited by law, or the treating dentist or dental practice has a contractual agreement with my plan prohibiting all or a portion of such charges. To the extent permitted by law, I consent to your use and disclosure of my protected health information to carry out payment activities in connection with this claim.

X Patient/Guardian Signature \_\_\_\_\_ Date \_\_\_\_\_

37. I hereby authorize and direct payment of the dental benefits otherwise payable to me, directly to the below named dentist or dental entity.

X Subscriber Signature \_\_\_\_\_ Date \_\_\_\_\_

**ANCILLARY CLAIM/TREATMENT INFORMATION**

38. Place of Treatment:  (e.g. 11=office; 22=OP Hospital)    39. Enclosures (Y or N)

(Use "Place of Service Codes for Professional Claims")

40. Is Treatment for Orthodontics?  
 No (Skip 41-42)     Yes (Complete 41-42)

41. Date Appliance Placed (MM/DD/CCYY)

42. Months of Treatment    43. Replacement of Prosthesis:  No     Yes (Complete 44)

44. Date of Prior Placement (MM/DD/CCYY)

45. Treatment Resulting from  
 Occupational illness/injury     Auto accident     Other accident

46. Date of Accident (MM/DD/CCYY)    47. Auto Accident State

**BILLING DENTIST OR DENTAL ENTITY** (Leave blank if dentist or dental entity is not submitting claim on behalf of the patient or insured/subscriber.)

48. Name, Address, City, State, Zip Code

49. NPI    50. License Number    51. SSN or TIN

52. Phone Number ( ) -    52a. Additional Provider ID

**TREATING DENTIST AND TREATMENT LOCATION INFORMATION**

53. I hereby certify that the procedures as indicated by date are in progress (for procedures that require multiple visits) or have been completed.

X \_\_\_\_\_  
 Signed (Treating Dentist) \_\_\_\_\_ Date \_\_\_\_\_

54. NPI    55. License Number

56. Address, City, State, Zip Code    56a. Provider Specialty Code

57. Phone Number ( ) -    58. Additional Provider ID

©2012 American Dental Association  
 J430D (Same as ADA Dental Claim Form – J430, J431, J432, J433, J434)

To reorder call 800.947.4746  
 or go online at adacatalog.org

# ADA Approved Dental Claim Form (Cont.)

## ADA American Dental Association®

America's leading advocate for oral health

The following information highlights certain form completion instructions. Comprehensive ADA Dental Claim Form completion instructions are printed in the CDT manual. Any updates to these instructions will be posted on the ADA's web site (ADA.org).

### GENERAL INSTRUCTIONS

- A. The form is designed so that the name and address (Item 3) of the third-party payer receiving the claim (insurance company/dental benefit plan) is visible in a standard #9 window envelope (window to the left). Please fold the form using the 'tick-marks' printed in the margin.
- B. Complete all items unless noted otherwise on the form or in the CDT manual's instructions.
- C. Enter the full name of an individual or a full business name, address and zip code when a name and address field is required.
- D. All dates must include the four-digit year.
- E. If the number of procedures reported exceeds the number of lines available on one claim form, list the remaining procedures on a separate, fully completed claim form.

### COORDINATION OF BENEFITS (COB)

When a claim is being submitted to the secondary payer, complete the entire form and attach the primary payer's Explanation of Benefits (EOB) showing the amount paid by the primary payer. You may also note the primary carrier paid amount in the "Remarks" field (Item 35). There are additional detailed completion instructions in the CDT manual.

### DIAGNOSIS CODING

The form supports reporting up to four diagnosis codes per dental procedure. This information is required when the diagnosis may affect claim adjudication when specific dental procedures may minimize the risks associated with the connection between the patient's oral and systemic health conditions. Diagnosis codes are linked to procedures using the following fields:

- Item 29a – Diagnosis Code Pointer ("A" through "D" as applicable from Item 34a)
- Item 34 – Diagnosis Code List Qualifier (B for ICD-9-CM; AB for ICD-10-CM)
- Item 34a – Diagnosis Code(s) / A, B, C, D (up to four, with the primary adjacent to the letter "A")

### PLACE OF TREATMENT

Enter the 2-digit Place of Service Code for Professional Claims, a HIPAA standard maintained by the Centers for Medicare and Medicaid Services. Frequently used codes are:

- 11 = Office; 12 = Home; 21 = Inpatient Hospital; 22 = Outpatient Hospital; 31 = Skilled Nursing Facility; 32 = Nursing Facility

The full list is available online at "[www.cms.gov/PhysicianFeeSched/Downloads/Website\\_POS\\_database.pdf](http://www.cms.gov/PhysicianFeeSched/Downloads/Website_POS_database.pdf)"

### PROVIDER SPECIALTY

This code is entered in Item 56a and indicates the type of dental professional who delivered the treatment. The general code listed as "Dentist" may be used instead of any of the other codes.

| Category / Description Code   | Code       |
|---|------------|
| <b>Dentist</b><br>A dentist is a person qualified by a doctorate in dental surgery (D.D.S.) or dental medicine (D.M.D.) licensed by the state to practice dentistry, and practicing within the scope of that license. | 122300000X |
| <b>General Practice</b>   | 1223G0001X |
| <b>Dental Specialty</b> (see following list)  | Various    |
| Dental Public Health  | 1223D0001X |
| Endodontics   | 1223E0200X |
| Orthodontics  | 1223X0400X |
| Pediatric Dentistry   | 1223P0221X |
| Periodontics  | 1223P0300X |
| Prosthodontics  | 1223P0700X |
| Oral & Maxillofacial Pathology  | 1223P0106X |
| Oral & Maxillofacial Radiology  | 1223D0008X |
| Oral & Maxillofacial Surgery  | 1223S0112X |

Provider taxonomy codes listed above are a subset of the full code set that is posted at "[www.wpc-edi.com/codes/taxonomy](http://www.wpc-edi.com/codes/taxonomy)"

# Claim Submission Procedures

SKYGEN USA accepts claims submitted in any of the following formats:

- Provider Web Portal, [www.provider.MDhealthysmiles.com](http://www.provider.MDhealthysmiles.com)
- Electronic submission via clearinghouse, Payer ID: **SCION**
- HIPAA-compliant 837D file
- Paper 2012 ADA Dental Claim Form, available from the American Dental Association

## Submitting Claims via Provider Web Portal

Providers may submit claims directly to SKYGEN USA through our Provider Web Portal: [www.provider.MDhealthysmiles.com](http://www.provider.MDhealthysmiles.com).

Submitting claims via the web portal has several significant advantages:

- The online dental form has built-in features that automatically verify member eligibility, pre-fill the claim form with member information, and make data entry quick and easy.
- The online process allows you to attach and send electronic documents as part of submitting a claim—**for no charge**.
- Before submitting a claim—or before rendering services—you can generate an online claim estimate to find out how much you are likely to be paid or whether your claim will be denied—and the reasons why.
- Claims enter our benefits administration system faster—which means you receive payment faster.
- As soon as a claim is paid, its status is instantly updated online, and a Remittance Report is available for review.

If you have questions about submitting claims online, attaching electronic documents, or accessing the Provider Web Portal, call the Electronic Outreach Team: **855-434-9239**.

## Submitting Claims via Clearinghouses

Providers may submit electronic claims and authorizations to SKYGEN USA directly via the Change Healthcare (formerly Emdeon) or DentalXChange clearinghouses. If you use a different clearinghouse, your software vendor can provide you with information you may need to ensure electronic files are forwarded to SKYGEN USA.

The SKYGEN USA Payer ID is **SCION**. By using this unique Payer ID with electronic files, Change Healthcare (formerly Emdeon) and DentalXChange can ensure that claims and authorizations are submitted successfully to SKYGEN USA.

For more information about Change Healthcare (formerly Emdeon) and DentalXChange, visit their websites: [www.changehealthcare.com](http://www.changehealthcare.com) and [www.dentalxchange.com](http://www.dentalxchange.com).



## Submitting Claims via HIPAA-Compliant 837D File

If you can't submit claims and authorizations electronically through the Provider Web Portal or a clearinghouse, SKYGEN USA will work with you individually to receive electronic files submitted using the HIPAA-Compliant 837D transaction set format. To inquire about this option, call Provider Services: **844-275-8753**.

## Attaching Electronic Documents

If you use the Provider Web Portal ([www.provider.MDhealthysmiles.com](http://www.provider.MDhealthysmiles.com)), you can quickly and easily send electronic documents as part of submitting a claim or authorization—**for no charge**. SKYGEN USA, in conjunction with NEA (National Electronic Attachment, Inc.), also allows enrolled providers to submit documents electronically via FastAttach™. This program allows secure transmissions of radiographs, periodontics charts, intraoral pictures, narratives, and Explanation of Benefits (EOBs).

FastAttach™ is compatible with most claims clearinghouses and practice management systems. For more information, visit <http://www.nea-fast.com> or call NEA at **800-782-5150**.

## Submitting Claims on Paper Forms

To ensure timely processing of paper claims, the following information must be included on the paper 2012 ADA Dental Claim Form:

- Member Name
- Member Medicaid ID Number
- Member Date of Birth
- Provider Name
- Provider Location
- Billing Location
- Provider NPI
- Payee Tax Identification Number (TIN)
- Date of Service for each service line

Use approved ADA dental codes, as published in the current CDT book or as defined in this manual, to identify all services. Include on the form: all quadrants, tooth numbers, and surfaces for dental codes that require identification (extractions, root canals, amalgams and resin fillings).

SKYGEN USA recognizes tooth letters A through T for primary teeth and tooth numbers 1 to 32 for permanent teeth. Designate supernumerary teeth with codes AS through TS or 51 through 82. Designation of the tooth can be determined by using the nearest erupted tooth. If the tooth closest to the supernumerary tooth is 1, then chart the supernumerary tooth as 51. Likewise, if the nearest tooth is A, chart the supernumerary tooth as AS.

Missing, incorrect, or illegible information could result in the claim being returned to the submitting provider's office, causing a delay in payment. Use the proper postage when mailing bulk documentation. Mail with postage due will be returned. Mail paper claims to:

Maryland Healthy Smiles: Claims  
PO Box 2186  
Milwaukee WI 53201

## Submitting Claims for Pregnant Women

Pregnant women (age 21 or older) who are eligible for Maryland Medicaid benefits qualify for dental services while they are pregnant—until their delivery date. Dental benefits do not extend past the delivery date, even if the member’s Medicaid eligibility continues past this date.

For information about covered services, see the [Maryland Healthy Smiles Dental Program: Pregnant Women & REM Adults Age 21 and Over](#) section.

**Providers are responsible for asking women if they are pregnant, and then submitting claims accordingly.** Pregnant women (age 21 or older) who are eligible for dental benefits may or may not have a Maryland Healthy Smiles Dental Program Member ID card and may or may not be identified as eligible for dental benefits in SKYGEN USA’s benefits management software system.

To verify eligibility, use either the Provider Web Portal or our IVR telephone system. If our software system indicates the individual is:

- Not found in our system, then the person is not enrolled in a Maryland Medicaid program and is not eligible for Maryland Healthy Smiles Dental Program dental benefits. Any claims submitted for “**member not found**” are automatically denied.
- Eligible for dental benefits in the Maryland Healthy Smiles Dental Program, you can submit either an electronic claim or a paper claim for services.
- An “**eligible member**” in the **MD Dental ONLY IF Pregnant – Paper Claims Only – Note Pregnancy on Claims/Auths** plan, then you must submit a paper claim for services **for each visit**.
- Providers will need to submit both claims and authorizations for members who are pregnant with the following Diagnosis Code: **Z3A.00** (Box 29a and Box 34a of ADA form)
- Providers will no longer need to write in the remarks field of the claim/authorization “member is pregnant and expected due date.”
- **Grace Period End: 4/1/16.** Claims and authorizations submitted without Diagnosis Code: **Z3A.00** after 4/1/16 will be denied.

Claims for patients identified in the **MD Dental ONLY IF Pregnant – Paper Claims Only – Note Pregnancy on Claims/Auths** plan require special handling because these members are enrolled in a Maryland Medicaid program, but they have not been previously identified as pregnant.

Mail paper claims for each visit to:

Maryland Healthy Smiles: Claims, Pregnant Women  
PO Box 2186  
Milwaukee WI 53201

## Coordination of Benefits (COB)

The Maryland Healthy Smiles Dental Program/SKYGEN USA is the payer of last resort. When a participant arrives for an appointment, always ask if they have other dental insurance coverage. When the Maryland Healthy Smiles Dental Program/SKYGEN USA is the secondary insurance carrier, submit a copy of the primary carrier's Explanation of Benefits (EOB) with the claim. For electronic claim submissions, indicate the payment made by the primary carrier in the appropriate Coordination of Benefits (COB) field. When a primary carrier's payment meets or exceeds a provider's contracted rate or fee schedule, the Maryland Healthy Smiles Dental Program/SKYGEN USA will consider the claim paid in full and no further payment will be made on the claim.

## Timely Filing Limits

SKYGEN USA must receive claims requesting payment within 12 months from the date of service. Claims submitted more than 12 months from the date of service will be denied for "untimely filing." If a claim is denied for untimely filing, you may not bill the member. If the Maryland Healthy Smiles Dental Program/SKYGEN USA is not the primary carrier, the claim still must be received within 365 days from the **date of service**.

## Corrected Claim Process

If a claim or a service line is denied because information was missing from the submitted claim, or if you have additional information or documentation that you believe may change the payment decision, simply resubmit the claim and include the missing information. For example, resubmit a claim with additional information if a service was denied because of a missing tooth number or surface, or if a claim was denied because documentation showing medical necessity was not originally submitted.

However, if a service line on a claim was paid that should not have been paid—or if a claim was paid to the wrong payee or on behalf of the wrong member, then submit a new "Corrected" claim to reverse the incorrect payment and reprocess the claim with the corrected information.

For example, if a claim is submitted and paid with the wrong provider NPI or clinic location, incorrect payee Tax ID, wrong member, incorrect procedure code, etc., then the paid claim must be corrected and reprocessed.

## Resubmitting a Denied Claim

To resubmit a claim that has been denied with additional information, follow the standard [Claim Submission Procedures section](#) of this provider manual. Timely filing limitations apply when a claim is resubmitted for reprocessing.

For example, resubmit a claim with additional information if a service was denied because of a missing tooth number or surface, or if a claim was denied because documentation showing medical necessity was not originally submitted.

However, if a service line on a claim was paid that should not have been paid—or if a claim was paid to the wrong payee or on behalf of the wrong member, then submit a new "Corrected" claim to reverse the incorrect payment and reprocess the claim with the corrected information.

For example, if a claim is submitted and paid with the wrong provider NPI or clinic location, incorrect payee Tax ID, wrong member, incorrect procedure code, etc., then the paid claim must be corrected and reprocessed.

## Submitting a Corrected Claim

To reverse and correct a payment that should not have been made, submit a corrected claim on the paper 2012 ADA Dental Claim Form via postal mail.

- Identify the claim as **Corrected** by writing “**Corrected**” across the top of a paper claim form.
- Identify the original Claim/Encounter Number by writing it in the **Remarks** section (Box 35) on a paper ADA form.
- Attach supporting documentation, and send documentation in the same package with the paper claim form.

Send paper forms and documents to:

Maryland Healthy Smiles: Corrected Claims  
PO Box 541  
Milwaukee WI 53201

## Receipt & Audit of Claims

To ensure timely, accurate payment to each participating provider, SKYGEN USA audits claims for completeness as they are received. This audit validates member eligibility, procedure codes, and provider identification information. A Dental Reimbursement Analyst reviews any claim conditions that would result in nonpayment. When potential problems are identified, your office may be asked to help resolve the issue. For questions about claims submission or remittances, call Provider Services: **844-275-8753**.

## Claims Adjudication & Payment

The SKYGEN USA benefits administration software system imports claim and authorization data, evaluates and edits the data for completeness and correctness, analyzes the data for clinical appropriateness and coding correctness, audits against plan and benefit limits, calculates the appropriate payment amounts, and generates payments and remittance summaries. The system also evaluates and automatically matches claims and services that require prior authorizations and matches the claims and services to the appropriate member record for efficient and accurate claims processing.

As soon as the system prices and pays claims, checks and electronic payments are generated, and remittance summaries are posted and available for online review from the Provider Web Portal: [www.provider.MDhealthysmiles.com](http://www.provider.MDhealthysmiles.com).

To appeal a reimbursement decision, submit the appeal in writing within 30 days of the decision date, along with any necessary documentation to:

Maryland Healthy Smiles: Grievances/Appeals  
PO Box 393  
Milwaukee WI 53201

# Grievances & Appeals

The Maryland Healthy Smiles Dental Program and SKYGEN USA are committed to providing high-quality dental services to all members. As part of that commitment, we work to ensure all members and providers have every opportunity to exercise their rights to a fair and timely resolution to any grievances and appeals.

Our procedures for handling and resolving grievances (complaints) and appeals are designed to:

- Ensure fair, just, and speedy resolutions by working cooperatively with providers and supplying any documentation related to grievances and/or appeals, upon request.
- Treat providers and members with dignity and respect at all levels of the grievances and appeals resolution process.
- Inform providers and members of their full rights as they relate to grievance and appeal resolutions, including their rights of appeal at each step in the process.
- Resolve grievances and appeals in a satisfactory and acceptable manner within the Maryland Healthy Smiles Dental Program/SKYGEN USA protocol.
- Comply with all regulatory guidelines and policies with respect to grievances (complaints) and appeals.
- Efficiently monitor the resolution of grievances, to allow for tracking and identifying unacceptable patterns of care over time.

Differences sometimes arise between dental providers and insurers or their benefit administrators regarding prior authorization determinations and payment decisions. Since many of these issues result from misunderstanding of service coverage, processing policy, or payment levels, we encourage providers to contact us for explanations and education. For assistance, call Provider Services: **844-275-8753**.

A designated SKYGEN USA Appeals Specialist is dedicated to the expedient, satisfactory resolution of both provider and member grievances and appeals.

## Making a Grievance

SKYGEN USA takes an active role assisting providers and members who have grievances.

If you have a grievance, you can either:

- Send a written grievance to:  
Maryland Healthy Smiles: Grievances/Appeals  
PO Box 393  
Milwaukee WI 53201; or
- Call Provider Services: 844-275-8753.

## Grievance Investigation & Resolution

SKYGEN USA logs all grievances we receive, whether received verbally or in writing, in our Customer Service system. The system automatically routes all grievances to our Appeals department for review and resolution.

SKYGEN USA investigates and resolves grievances within the following time frames:

- **Emergency, clinical issues:** within 24 hours of receipt or by close of the next business day.
- **Non-emergency clinical issues:** within 5 days of receipt.
- **Non-clinical issues:** within 30 days of receipt.

A licensed Dental Consultant reviews and resolves any quality of care issue that is related to a clinical issue. For all inquiries that are clinical in nature, the Appeals Specialist gathers clinical documentation and routes it to a licensed Dental Consultant for review and determination. To handle emergency clinical situations, the Appeals Specialist follows department protocol to expedite the resolution, which includes immediately notifying an on-call Dental Consultant.

All clinical documentation is available for Dental Consultants to review online through our web-based benefits management system. Electronic copies of clinical documents are attached to the inquiry in the Customer Service system and to any related authorization records in the integrated Authorization Determination system.

To ensure Dental Consultants have the information they need to make complete and fair determinations, the Appeals staff works closely with the Provider Relations team to obtain necessary information and clarifications from providers.

## Appeals Investigation & Resolution

The SKYGEN USA Appeals department is dedicated to identifying and promptly resolving member and provider appeals. Appeals are available to any member or provider who disagrees with a decision to deny services or payment for services. Appeals can also be requested by representatives who are authorized to appeal on behalf of a member, such as a lawyer, parent or guardian, dental provider, etc. SKYGEN USA provides both the member and the provider a copy of their appeal rights with each pre- or post-service denial.

## Submitting Provider Appeals

Participating providers who disagree with claim payment decisions or authorization decisions made by SKYGEN USA reviewers or dental consultants may submit a written appeal within 30 days of the original denial date.

As a provider, you may file an authorization appeal on a member's behalf, with their written consent. When submitting a written appeal, include your name and your clinic address, member's name and Member ID, reasons you disagree with the decision, and additional documentation that supports your appeal, such as x-rays, treatment plans, medical records, etc.

Send written appeals to:

Maryland Healthy Smiles: Grievances/Appeals  
PO Box 393  
Milwaukee WI 53201

## Submitting Provider Appeals

Participating providers who disagree with claim payment decisions or authorization decisions made by SKYGEN USA reviewers or dental consultants may submit a written appeal within 30 days of the original denial date.

As a provider, you may file an authorization appeal on a member's behalf, with their written consent. When submitting a written appeal, include your name and clinic address, member's name and Member ID, reasons you disagree with the decision, and additional documentation that supports your appeal (x-rays, treatment plans, and medical records). Send written appeals to:

Maryland Healthy Smiles: Grievances/Appeals  
PO Box 393  
Milwaukee WI 53201

## Submitting Member Appeals

A member may appeal any SKYGEN USA decision which denies or reduces services. Member appeals are reviewed under our administrative appeal procedure. Appeals regarding authorization determinations must be filed within 30 days of the authorization denial date. SKYGEN USA will review the appeal and render a decision within 30 days if an extension (of up to 14 days) is not requested and granted. SKYGEN USA will deliver expedited resolutions within 3 business days. Send written member appeals to:

Maryland Healthy Smiles: Grievances/Appeals  
PO Box 393  
Milwaukee WI 53201

## Summary: Grievance & Appeal Timelines

| Grievance/Appeal Action                           | Timeline   |
|---|--|
| Grievance related to clinical issue—emergency     | SKYGEN USA investigates and resolves within 24 hours of receipt or by close of the next business day.  |
| Grievance related to clinical issue—non-emergency | SKYGEN USA investigates and resolves within 5 days of receipt.   |
| Grievance related to non-clinical issue           | SKYGEN USA investigates and resolves within 30 days of receipt.  |
| Appeal acknowledgement                            | SKYGEN USA acknowledges receipt of appeal within 5 business days.  |
| Authorization decision appeal—Members             | Members must appeal within 30 days of the original authorization denial date.  |
| Authorization decision appeal—Providers           | Providers must appeal within 30 days of the original authorization denial date.<br>Providers must have the member’s written consent to appeal a decision on the member’s behalf. |
| Authorization appeal decision—Non-expedited       | SKYGEN USA renders decision within 30 days of receiving the appeal.  |
| Authorization appeal decision—Expedited           | SKYGEN USA renders decision within 3 business days of receiving the expedited appeal.  |
| Claim appeal                                      | Providers must appeal within 30 days of the notice of decision.<br>SKYGEN USA renders decision within 30 days of receiving the appeal.   |



# Provider Credentialing and Enrollment

Effective 8/27/18, SKYGEN USA is no longer responsible for enrollment, revalidation or credentialing of dental providers in the Maryland Health Smiles provider network. All Medicaid credentialing, enrollment and revalidation activities are now required to be completed in ePREP, Maryland's electronic Provider Revalidation and Enrollment Portal. Please note that all applications for enrollment, re-enrollment, revalidation, additional locations, demographic changes, license renewal and affiliation of a rendering provider to a group will be required to be submitted in ePREP.

For more information about ePREP please visit: <https://mmcp.health.maryland.gov/Pages/ePREP.aspx>.

You may also contact the ePREP call center at 1-844-4MD-PROV (1-844-463-7768) if you have any questions concerning your enrollment, credentialing or revalidation.

Please note that while SKYGEN USA is not affiliated with ePREP, we are still available for assisting Maryland Health Smiles dental providers with other provider related issues or questions. For assistance please call SKYGEN USA's Provider Services department at 844-275-8753.

# Health Insurance Portability and Accountability Act (HIPAA)

As a healthcare provider, if you transmit any health information electronically, your office is required to comply with all aspects of the Health Insurance Portability and Accountability Act (HIPAA) regulations that have gone/will go into effect as indicated in the final publications of the various rules covered by HIPAA.

SKYGEN USA has implemented numerous operational policies and procedures to ensure we comply with all HIPAA Privacy Standards, and we intend to comply with all Administrative Simplification and Security Standards by their compliance dates. We also expect all providers in our networks to work cooperatively with us to ensure compliance with all HIPAA regulations.

Together, you (the provider) and SKYGEN USA agree to conduct our respective activities in accordance with the applicable provisions of HIPAA and such implementing regulations.

When you contact Provider Services, you will be asked to supply your Tax ID or NPI number. When you call regarding member inquiries, you will be asked to supply specific member identification such as Member ID or Social Security Number, date of birth, name, and/or address.

As regulated by the Administrative Simplification Standards, the benefit tables included in this provider manual reflect the most current CDT coding standards recognized by the American Dental Association (ADA). Effective as of the date of this manual, the Maryland Healthy Smiles Dental Program/SKYGEN USA require providers to submit all claims with the proper CDT codes listed in this manual. In addition, all paper claims must be submitted on the paper 2012 ADA Dental Claim Form.

To request copies of SKYGEN USA HIPAA policies, call Provider Services or send an email to [providerservices@skygenusa.com](mailto:providerservices@skygenusa.com). To report a potential security issue, call our Hotline: **877-378-5292**.

## National Provider Identifier (NPI)

The Health Insurance Portability and Accountability Act (HIPAA) of 1996 required the adoption of a standard unique provider identifier for healthcare providers.

An NPI number is required for all claims submitted to SKYGEN USA for payment. All providers must register as an individual practitioner and get an individual NPI.

If you own and operate a group practice, you must also register as a group and obtain a group or organizational NPI.

To apply for an NPI, do one of the following:

- Complete the application online at <https://nppes.cms.hhs.gov>.
- Download and complete a paper copy from <https://nppes.cms.hhs.gov>.
- Call **800-465-3203** to request an application.

# Utilization Management

## Community Practice Patterns

To ensure fair and appropriate reimbursement, the SKYGEN USA Utilization Management philosophy recognizes the relationships between the dentist's treatment planning, treatment costs, and outcomes. The dynamics of these relationships are typically influenced by community practice patterns. With this in mind, our Utilization Management guidelines are designed to ensure healthcare dollars are distributed fairly and appropriately, as defined by the regionally based community practice patterns of local dentists and their peers.

All Utilization Management analysis, evaluations, and outcomes are related to these community practice patterns. SKYGEN USA Utilization Management recognizes individual dentist variance within these patterns among a community of dentists and accounts for such variance. To ensure fair comparisons within peer groups, our Utilization Management evaluates specialty dentists as a separate group and not with general dentists, since the types and nature of treatment may differ.

## Evaluation

SKYGEN USA's Utilization Management evaluates claims submissions in such areas as:

- Diagnostic and preventive treatment.
- Patient treatment planning and sequencing.
- Types of treatment.
- Treatment outcomes.
- Treatment cost effectiveness.

## Results

With the objective of ensuring fair and appropriate reimbursement to providers, SKYGEN USA's Utilization Management helps identify providers whose treatment patterns show significant deviation from the normal practice patterns of the community of their peers (typically less than 5% of all dentists). SKYGEN USA is contractually obligated to report suspected fraud, waste, abuse, or misuse by members and participating dental providers to the Maryland Department of Health.

## Non-Incentivization Policy

It is SKYGEN USA's practice to ensure our contracted providers make treatment decisions based on medical necessity for individual members. Providers are never offered, nor shall they ever accept, any kind of financial incentives or any other encouragement to influence their treatment decisions.

The SKYGEN USA Utilization Management team bases their decisions on only appropriateness of care, service, and existence of coverage. SKYGEN USA does not specifically reward practitioners or other individuals for issuing denials of coverage or care. If financial incentives exist for Utilization Management decision makers, they do not include or encourage decisions which result in underutilization.

## Fraud, Waste & Abuse

SKYGEN USA conducts our business operations in compliance with ethical standards, contractual obligations, and all applicable federal and state statutes, regulations, and rules. We are committed to detecting, reporting, and preventing potential fraud, waste, and abuse, and we look to our providers to assist us. We expect our dental partners to share this same commitment, conduct their businesses similarly, and report suspected noncompliance, fraud, waste or abuse.

### Definitions

Fraud, waste, and abuse are defined as:

**Fraud.** Fraud is intentional deception or misrepresentation made by a person with knowledge the deception could result in some unauthorized benefit to themselves or some other person or entity. It includes any act which constitutes fraud under federal or state law.

**Waste.** Waste is the unintentional, thoughtless, or careless expenditures, consumption, mismanagement, use, or squandering of federal or state resources. Waste also includes incurring unnecessary costs as a result of inefficient or ineffective practices, systems, or controls.

**Abuse.** Abuse is defined as practices that are inconsistent with sound fiscal, business, or medical practices, and that result in the unnecessary cost to the government healthcare program or in reimbursement for services medically unnecessary or that fail to meet professionally recognized standards for health care. Abuse includes intentional infliction of physical harm, injury caused by negligent acts, or omissions, unreasonable confinement, sexual abuse, or sexual assault. Abuse also includes beneficiary practices that result in unnecessary costs to the healthcare program.

**Provider Fraud.** Provider fraud is any deception or misrepresentation committed intentionally, or through willful ignorance or reckless disregard, by a person or entity in order to receive benefits or funds to which they are not entitled. This may include deception by improper coding or other false statements by providers seeking reimbursement or false representations or other violations of federal healthcare program requirements, its associates, or contractors.

### Reporting suspected fraud, waste, or abuse

To report a suspected case of noncompliance, fraud, waste, or abuse, call the SKYGEN USA Fraud and Abuse hotline: **877-378-5292** or write to:

SKYGEN USA  
Attention: Fraud and Abuse  
10201 N Port Washington Rd  
Mequon WI 53092

## Deficit Reduction Act: The False Claims Act

Section 6034 of the Deficit Reduction Act of 2005 signed into law in 2006 established the Medicaid Integrity Program in section 1936 of the Social Security Act. The legislation directed the Secretary of the United States Department of Health and Human Services (HHS) to establish a comprehensive plan to combat provider fraud, waste, and abuse in the Medicaid program, beginning in 2006. The Comprehensive Medicaid Integrity Plan is issued for successive five-year periods.

Under the False Claims Act, those who knowingly submit or cause another person to submit false claims for payment of government funds are liable for up to three times the government's damages plus civil penalties of \$5,500 to \$11,000 for each false claim.

The False Claims Act allows private persons to bring a civil action against those who knowingly submit false claims. If there is a recovery in the case brought under the False Claims Act, the person bringing the suit may receive a percentage of the recovered funds.

For the party found responsible for the false claim, the government may exclude them from future participation in federal healthcare programs or impose additional obligations against the individual.

The False Claims Act is the most effective tool U.S. taxpayers have to recover the billions of dollars stolen through fraud every year. Billions of dollars in healthcare fraud have been exposed, largely through the efforts of whistleblowers acting under federal and state false claims acts.

For more information about the False Claims Act visit [www.TAF.org](http://www.TAF.org).

### Whistleblower Protection

The False Claims Act (FCA) provides protection to qui tam relators who are discharged, demoted, suspended, threatened, harassed, or in any other manner discriminated against in the terms and conditions of their employment as a result of their furtherance of an action under the FCA 31 U.S.C. § 3730(h). Remedies include reinstatement with comparable seniority as the qui tam relator would have had but for the discrimination, two times the amount of any back pay, interest on any back pay, and compensation for any special damages sustained as a result of the discrimination, including litigation costs and reasonable attorneys' fees.

### Fraud and Abuse Hotlines

SKYGEN USA Fraud and Abuse Hotline: **877-378-5292**

Agency for Health Care Administration: **888-419-3456**

# Practice Guidelines

The State of Maryland accepts the dental periodicity schedule developed by the American Academy of Pediatric Dentistry (AAPD) as the dental schedule for the Maryland Healthy Smiles Dental Program.

The EPSDT (Early and Periodic Screening, Diagnostic, and Treatment) program is a federally mandated program for children from birth through 20 years that emphasizes the importance of prevention, early detection, risk assessment, and timely treatment of conditions identified as a result of dental screening. Children enrolled in Medicaid or CHIP are eligible for full EPSDT benefits in Maryland. Participants have coverage under the program through the end of the month that they turn 21.

All EPSDT services provided to children enrolled in the Maryland Healthy Smiles Dental Program must be medically necessary. These include:

- **Early.** A child's dental health is assessed as early as possible in the child's life by the Primary Care Dentist (PCD) in order to prevent or find potential diseases and/or disabilities in their early stages, when they are most effectively treated.
- **Periodic.** The PCD will assess a child's dental health at regularly scheduled intervals to assure that a condition, illness, or injury is not incipient or present.
- **Screening.** A dental health assessment to determine if a child is at risk and/or has a condition, illness, or injury that requires more definitive evaluation and/or treatment.
- **Diagnosis.** The definitive evaluation by appropriate dental practitioners to determine the nature, extent or cause of a condition, illness, or injury.
- **Treatment.** The dental services determined to be medically necessary for problems identified during screening or diagnostic evaluations.

Dental services should be provided at intervals that meet reasonable standards of dental practice.

## AAPD Periodicity Schedule

| Service   | 6—12 months | 12—24 months | 2—6 years      | 6—12 years     | 12+ years |
|---|-------------|--------------|----------------|----------------|-----------|
| Clinical oral examination (1, 2)                    | ●           | ●            | ●              | ●              | ●         |
| Assess oral growth (3)                              | ●           | ●            | ●              | ●              | ●         |
| Caries risk assessment (4)                          | ●           | ●            | ●              | ●              | ●         |
| Radiographic assessment (5)                         | ●           | ●            | ●              | ●              | ●         |
| Prophylaxis and topical fluoride (4, 5)             | ●           | ●            | ●              | ●              | ●         |
| Fluoride supplementation (6, 7)                     | ●           | ●            | ●              | ●              | ●         |
| Anticipatory counseling                             | ●           | ●            | ●              | ●              | ●         |
| Oral hygiene counseling (9)                         | Parent      | Parent       | Patient/parent | Patient/parent | Patient   |
| Dietary counseling (10)                             | ●           | ●            | ●              | ●              | ●         |
| Injury prevention counseling (11)                   | ●           | ●            | ●              | ●              | ●         |
| Counseling for nonnutritive habits (12)             | ●           | ●            | ●              | ●              | ●         |
| Counseling for speech/language development          | ●           | ●            | ●              |                |           |
| Substance abuse counseling                          |             |              |                | ●              | ●         |
| Counseling for oral piercing                        |             |              |                | ●              | ●         |
| Assessment and treatment of developing malocclusion |             |              | ●              | ●              | ●         |
| Assessment for pit and fissure sealants (13)        |             |              | ●              | ●              | ●         |
| Assessment and/or removal of third molars           |             |              |                |                | ●         |
| Transition to adult dental care                     |             |              |                |                | ●         |

- (1) First examination at the eruption of the first tooth and no later than 12 months. Repeat every 6 months or as indicated by child's risk status/susceptibility to disease. Includes assessment of pathology and injuries.
- (2) By clinical examination.
- (3) Must be repeated regularly and frequently to maximize effectiveness.
- (4) Timing, selection, and frequency determined by child's history, clinical findings, and susceptibility to oral disease.
- (5) Consider when systemic fluoride exposure is suboptimal. Up to at least 16 years.
- (6) Appropriate discussion and counseling should be an integral part of each visit for care.
- (7) Initially, responsibility of parent; as child matures, jointly with parent; then, when indicated, only child.

- (8) At every appointment; initially discuss appropriate feeding practices, then the role of refined carbohydrates and frequency of snacking in caries development and childhood obesity.
- (9) Initially play objects, pacifiers, car seats; when learning to walk; then with sports and routine playing, including the importance of mouth-guards.
- (10) At first, discuss the need for additional sucking: digits vs pacifiers; then the need to wean from the habit before malocclusion or skeletal dysplasia occurs. For school-aged children and adolescent patients, counsel regarding any existing habits such as fingernail biting, clenching, or bruxism.
- (11) For caries-susceptible primary molars, permanent molars, premolars, and anterior teeth with deep pits and fissures; placed as soon as possible after eruption.



# Clinical Criteria

## Medical Necessity

SKYGEN USA defines medical necessity as accepted healthcare services and supplies provided by healthcare entities appropriate to the evaluation and treatment of a disease, condition, illness, or injury and consistent with the applicable standard of care.

Dental care is medically necessary to prevent and eliminate orofacial disease, infection, and pain, to restore form and function to the dentition, and to correct facial disfiguration or dysfunction.

Medical necessity is the reason why a test, a procedure, or an instruction is performed.

Medical necessity is different for each person and changes as the individual changes. The dental team must provide consistent methodical documentation of medical necessity for coding.

## Prior Authorization of Treatment

Some procedures require prior authorization before treatment can begin. When submitting these procedures for review, also submit supporting documentation, if required. Prior authorization requirements and documentation requirements are summarized in the [Benefit Plan Details & Authorization Requirements](#) section of this provider manual. For information about submitting prior authorizations and required documentation, see the [Authorization Submission Procedures section](#).

## Dental Surgery Services

Reimbursement of the facility charges for dental services performed in the outpatient department of a hospital or at an ambulatory surgical center (ASC) are part of the dental carve out and will be covered by the Maryland Medicaid Program.

The anesthesiologist services related to those dental services are also part of the dental carve out and will be covered and reimbursed by the Maryland Medicaid Program.

The Medicaid Program does not require preauthorization for services rendered in the outpatient department of a hospital or in an ASC. Additionally, there are no anesthesiology procedure codes that must be preauthorized.

However, dental services that are to be performed outside your office, either in an outpatient department of a hospital or at an ASC, must be approved by SKYGEN USA to ensure the services meet the medical necessity criteria for services rendered in an outpatient facility (hospital or ASC).

## Submitting an Authorization for Dental Surgery Services

To ensure services rendered in a hospital operating room or outpatient facility meet the criteria for medical necessity, submit an authorization for procedure code D9999 and include the following required documentation:

- Completed Facility Referral Form: Confirmation of Medical Necessity.
- Narrative describing the health complication or conduct disorder identified on the Facility Referral Form.
- Treatment plan supporting the health complication or conduct disorder identified on the Facility Referral Form (if applicable).
- Documentation supporting the treatment plan (x-rays, photographs, etc.), if available.

Providers may submit authorizations along with any required documentation directly to SKYGEN USA through our Provider Web Portal: [www.provider.MDhealthysmiles.com](http://www.provider.MDhealthysmiles.com).

Alternately, mail paper authorizations along with all required documentation to:

Maryland Healthy Smiles: Authorizations  
PO Box 422  
Milwaukee WI 53201

In an emergency, fax the authorization request for D9999 (submitted on a paper 2012 ADA Dental Claim Form), along with all required documentation to: **877-276-1336**.

## Emergency Treatment

Should a procedure need to be initiated to relieve pain and suffering in an emergency situation, you are to provide treatment to alleviate the patient's condition. To receive reimbursement for emergency treatment, submit all required documentation along with the claim for services rendered. SKYGEN USA uses the same clinical criteria (and requires the same supporting documentation) for claims submitted after emergency treatment as it would have used to determine prior authorizations for the same services.

## Clinical Criteria Descriptions

SKYGEN USA criteria and guidelines for determining medical necessity were developed from information collected from American Dental Association's Code Manuals, clinical articles and guidelines, as well as dental schools, practicing dentists, insurance companies, other dental related organizations, and local state or health plan requirements. A number of procedures require prior authorization before initiating treatment. When submitting authorization requests for these procedures, please note the documentation requirements, and include required documentation when submitting authorizations to SKYGEN USA.

### Diagnostic Imaging (D0340)

- Documentation describes medical necessity for non-orthodontic purposes

### Crowns/onlays/coping (D2721, D2740-D2752, D2780-D2783, D2790-D2794)

- Root canals
  - Clinically acceptable RCT
  - Minimum 50% bone support
  - No periodontal furcation
  - No subcrestal caries
- Non-root canals
  - Anterior – 50% incisal edge/4+ surfaces involved
  - Bicuspid – 1 cusp/3+ surfaces involved
  - Molar – 2 cusps/4+ surfaces involved
  - Minimum 50% bone support
  - No periodontal furcation
  - No subcrestal caries
- Pre-operative x-ray showing apex of tooth

### Post removal (D2955)

- Presence of post on pre-operative x-ray

### Root canal retreatment (D3346-D3348)

- Minimum 50% bone support
- No periodontal furcation
- No subcrestal caries
- Evidence of apical pathology/fistula
- Pain from percussion/temp

### **Apicoectomy / periradicular surgery / retrograde filling / root amputation (D3410, D3421, D3425, D3426, D3430, D3450)**

- Minimum 50% bone support
- No caries below bone level
- Repair of root perforation or resorptive defect
- Exploratory curettage for root fractures
- Removal of extruded filling materials or instruments
- Removal of broken tooth fragments
- Sealing of accessory canals, etc.

### **Intentional reimplantation (D3470)**

- Documentation supports procedure

### **Hemisection (D3920)**

- Documentation supports procedure

### **Gingivectomy or gingivoplasty (D4210, D4211)**

- Hyperplasia or hypertrophy from drug therapy, hormonal disturbances or congenital defects
- Generalized 5 mm or more pocketing indicated on the perio charting

### **Anatomical crown exposure (D4230, D4231)**

- Documentation supports procedure, need to remove tissue/bone to provide anatomically correct gingival relationship

### **Gingival flap procedure (D4240, D4241)**

- Perio classification of Type III or IV
- Lack of attached gingiva

### **Crown lengthening (D4249)**

- Documentation supports procedure
- Greater than 50% bone support after surgery due to coronal fracture/caries
- Not on same day as restoration preparation

### **Osseous surgery (D4260, D4261)**

- History of periodontal scaling and root planing
- No previous recent history of osseous surgery
- Perio classification of Type III or IV

### **Provisional splinting (D4320, D4321)**

- Documentation indicates periodontal mobility Type III or IV
- Documentation shows treatment plan of planned or completed periodontal therapy

### **Scaling and root planing (D4341, D4342)**

- D4341
  - Four or more teeth in the quadrant
  - 5 mm or more pocketing on 2 or more teeth indicated on the perio chart and
  - Presence of root surface calculus and/or noticeable loss of bone support on x-rays
- D4342
  - One to three teeth in the quadrant
  - 5 mm or more pocketing on 1 or more teeth indicated on the perio charting and
  - Presence of root surface calculus and/or noticeable loss of bone support on x-rays

### **Periodontal maintenance (D4910)**

- Periodontal surgical or scaling and root planing procedure more than 90 days previous

### **Unscheduled dressing change (D4920)**

- Documentation describes medical necessity

### **Full dentures (D5110, D5120)**

- Existing denture greater than 5 years old and unserviceable
- Remaining teeth do not have adequate bone support or are not restorable

### **Partial dentures (D5211, D5212, D5225, D5226)**

- Replacing one or more anterior teeth
- Replacing three or more posterior teeth (excluding 3<sup>rd</sup> molars)
- Existing partial denture greater than 5 years old and unserviceable
- Remaining teeth have greater than 50% bone support and are restorable

### **Overdenture (D5863-D5866)**

- Remaining tooth roots supporting overdenture have healthy bone and periodontal support

### **Maxillofacial prosthetics (D5992, D5993)**

- Documentation describes accident, facial trauma, disease, facial reconstruction, or other medical necessity needed

### **Impacted teeth – (asymptomatic impactions will not be approved (D7241))**

- Documentation describes pain, swelling, etc. around tooth (must be symptomatic) and documentation noted in patient record
- Tooth impinges on the root of an adjacent tooth, is horizontal impacted, or shows a documented enlarged tooth follicle or potential cystic formation
- Documentation supports procedure for unusual surgical complications
- X-rays match type of impaction code described

**Surgical removal of residual tooth roots (D7250)**

- Tooth root is completely covered by tissue on x-ray and/or documentation indicates cutting of soft tissue and bone, removal of tooth structures and closure

**Coronectomy (D7251)**

- Documentation describes neurovascular complication if entire impacted tooth is removed

**Oroantral fistula closure / sinus perforation (D7260)**

- Due to extraction, oral infection, or sinus infection

**Tooth reimplantation / transplantation (D7270, D7272)**

- Documentation describes accident and/or medical necessity

**Surgical access of an unerupted tooth (D7280)**

- Documentation supports impacted/unerupted tooth
- Tooth is beyond one year of normal eruption pattern

**Biopsy / exfoliative cytological sample collection (D7285, D7286)**

- Copy of pathology report or test results

**Surgical repositioning of teeth (D7290)**

- Documentation supports need for procedure

**Alveoplasty with extractions (D7310, D7311)**

- In preparation for a prosthesis
- Other treatments such as radiation therapy and transplant surgery

**Alveoplasty without extractions (D7320, D7321)**

- In preparation for a prosthesis
- Other treatments such as radiation therapy and transplant surgery

**Vestibuloplasty (D7340, D7350)**

- Documentation supports lack of ridge for denture placement

**Exision of lesion / tumor (D7410, D7440, D7450, D7461)**

- Copy of pathology report

**Exision of bone tissue (D7471-D7473)**

- Necessary for fabrication of a prosthesis

**Frenulectomy (D7960)**

- Documentation describes removal or release of mucosal and muscle of a buccal, labial or lingual frenum to treat such conditions as tongue-tied, diastema, tissue pull condition, etc.

### **Pre-orthodontic treatment examination to monitor growth and development (D8660)**

- One of (D8660) per 12 months per patient
- D8660 will be denied if billed without D8080
- D8660 will be denied when a D8080 is not approved due to mixed dentition (with the exception of a cleft palate or evidence of congenitally missing permanent dentition)
- Once D8080 and D8660 are approved, no additional D8660 will approve thereafter
- Documentation must show a fully erupted set of permanent teeth
- Documentation must show a mixed dentition and cleft palate or severe traumatic deviation
- D8660 must include a D8670 on the Pre-Authorization as well

### **Orthodontic Continuation of Care (D8999)**

- Completed Request Form: Continuation of Care
- The provider submitting for continuation of care must be different than the provider who originally banded the member
- A provider may not bill for broken brackets, wires, or additional adjustments beyond the maximum of 24
- Providers may not characterize adjustments beyond the maximum of 24 as “cosmetic” services in order to bill the recipient for additional adjustments. Billing for such adjustments constitutes balance billing and MAY NOT be done
- Member in treatment moving to Maryland from out-of-state
- Member in treatment moving within Maryland such distance where impractical to continue treatment with previous provider
- Exceptional conditions where current provider is unable to complete treatment
- Cumulative D8670 payments benefitted from the State of Maryland program will be limited to a cumulative maximum of 24 payments regardless of the number of providers rendering treatment; if it is deemed original State of Maryland contracted provider received D8670 payments in excess of expected treatment progress, payment recoupment may occur

### **Comprehensive orthodontic treatment (HLD Score) (D8080, D8090)**

- D8080 is inclusive of banding, debanding, and retention
- Documentation shows current / historical cleft palate condition with treatment recommendation in either mixed or full dentition
- Documentation shows severe traumatic deviations caused by facial accidents rather than congenital deformity and does not include traumatic occlusions or crossbites
- If there is planned use of self-ligating braces, D8090 MUST be submitted with an authorization request for D8080
- Documentation supports HLD Index Form score sheet total of 15 points or greater
- Approved D8080 / D8090 Comprehensive Orthodontic Treatment cases are based on the member's dentition and include all necessary treatment at the time, and providers should not request or bill for any additional treatment services
- A provider may not bill for broken brackets, wires, or additional adjustments beyond the maximum of 24
- Providers may not characterize adjustments beyond the maximum of 24 as "cosmetic" services in order to bill the recipient for additional adjustments; billing for such adjustments constitutes balance billing and MAY NOT be done
- Maximum of 24 D8670's for comprehensive Orthodontic treatments, Maximum of 12 D8670's for Self-Ligating Orthodontic treatments per member per lifetime
- D8080 is comprehensive and includes treatment for broken, repaired, or replacement of brackets or wires (Members may not be billed for this treatment)
- If a member's pre-authorization is denied for orthodontic services based on medical necessity criteria (COMAR 10.09.05.04)—a score of at least 15 points on the Handicapping Labio-Lingual Deviations Index (HLD)—the service is deemed not medically necessary, and therefore, a non-covered service

### **Orthodontic retention (D8680)**

- Debanding by a provider / location other than the provider / location that was paid for initial banding (D8080, D8090)
- Only payable when original provider differs from the provider performing the continuation of care for de-banding and retention

### **Orthodontic repair / replacement of lost or broken retainer / re-bonding or re-cementation / repair of fixed retainer (D8692)**

- Narrative of active ortho case

### **Hospital operating room or outpatient facility request (D9999)**

- Completed Facility Referral Form: Confirmation of Medical Necessity
- Narrative describing the health complication or conduct disorder (See the Facility Referral Form for details)
- Treatment plan or narrative if uncertain
- Documentation (x-rays, photographs, etc.) supporting the treatment plan (if applicable)
- **D9999** entered on the claim form
- Not covered for Pregnant Women 21 & Over



# Request Form: Continuation of Care

To transition a member's benefits to the Maryland Healthy Smiles Dental Program, SKYGEN USA requires a Request Form: Continuation of Care to request reimbursement. Please submit all required supporting documentation along with the completed form.

A copy of the Request Form: Continuation of Care for the Maryland Healthy Smiles Dental Program is included on the following page of this provider manual. You can also download an electronic copy of the form from the Provider Web Portal: [www.provider.MDhealthysmiles.com](http://www.provider.MDhealthysmiles.com).

## Request Form - Continuation of Care

**Member Name** \_\_\_\_\_

**Member ID** \_\_\_\_\_

**Member Date of Birth** \_\_\_\_\_

**Banding Date** \_\_\_\_\_

**Total Dollars Paid to Date for Existing Case** \_\_\_\_\_

**Remaining Monthly Visits** \_\_\_\_\_

**Previous Carrier or Managed Care Organization** \_\_\_\_\_

**Provider Name** \_\_\_\_\_

**Provider NPI** \_\_\_\_\_

**Provider Address** \_\_\_\_\_ **City, State, Zip** \_\_\_\_\_

### Procedure

1. Complete this form to transition the above listed member's benefits to the Maryland HealthySmiles Dental Program.
2. Submit this form and all required documentation, along with a claim form noting CDT Code D8999 (request form) to SKYGEN USA.
3. Send all documents to the following address to avoid any disruption in compensation:

Maryland Healthy Smiles: Continuation of Care  
 PO Box 422  
 Milwaukee, WI 53201

### Required Documentation

Submit documentation with the following information for your reimbursement.

- 6–8 Diagnostic quality extra-oral/intra-oral photos
- Name and address of previous dentist
- Reason for COC request
- Additional number of months that D8670 is requested

**Notes** \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

# Non-Covered Services Agreement Form

For the Maryland Healthy Smiles Dental Program, a provider may bill a patient for non-covered services if the provider obtains written agreement from the patient in advance, before rendering the service.

A copy of the Non-Covered Services Agreement form for the Maryland Healthy Smiles Dental Program is included on the following page of this provider manual. You can also download an electronic copy of the form from the Provider Web Portal: [www.provider.MDhealthysmiles.com](http://www.provider.MDhealthysmiles.com).



# Non-Covered Services Agreement

Provider \_\_\_\_\_

Address \_\_\_\_\_ City, State, Zip \_\_\_\_\_

Telephone \_\_\_\_\_ Fax \_\_\_\_\_

Email \_\_\_\_\_ Website \_\_\_\_\_

Provider MA# \_\_\_\_\_

I, \_\_\_\_\_, understand that the following procedures are excluded under the Maryland Healthy Smiles Dental Program. I further understand that by signing this agreement, I am agreeing in advance, in writing, to accept full financial responsibility for all costs associated with these non-covered dental services.

| Date of Service                      | Code | Description of Service | Cost |
|--------------------------------------|------|------------------------|------|
|                                      |      |                        |      |
|                                      |      |                        |      |
|                                      |      |                        |      |
|                                      |      |                        |      |
|                                      |      |                        |      |
| <b>Total Amount Due by Recipient</b> |      |                        |      |

\_\_\_\_\_/\_\_\_\_\_  
**Patient Name/Patient MA#**

\_\_\_\_\_  
**Patient/Guardian/Beneficiary Name – Relationship to Patient**

\_\_\_\_\_  
**Patient/Guardian/Beneficiary Signature** **Date**

\_\_\_\_\_  
**Dentist Name**

\_\_\_\_\_  
**Dentist Signature** **Date**

This form must be kept on file and a copy of which available upon request.  
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# HLD Index No. 4 | Handicapping Labio-Lingual Deviations Form

For the Maryland Healthy Smiles Dental Program, SKYGEN USA's clinical criteria for comprehensive orthodontics requires documentation on an HLD Index Form, with a total score of 15 points or higher. Please submit all required supporting documentation along with the completed form.

A copy of the HLD Index No. 4 form for the Maryland Healthy Smiles Dental Program is included on the following page of this provider manual. You can also download an electronic copy of the form from the Provider Web Portal: [www.provider.MDhealthysmiles.com](http://www.provider.MDhealthysmiles.com).

# HLD Index No. 4 | Handicapping Labio -Lingual Deviations Form

Patient Name: \_\_\_\_\_

ID Number: \_\_\_\_\_

Treating Dentist (Signature) / Date \_\_\_\_\_ / \_\_\_\_\_

### Procedure

1. Occlude patient or models in centric position.
2. Record all measurements in the order given, rounded off to nearest millimeter.
3. If condition is absent, enter score of "0."
4. Start by measuring overjet of the most protruding incisor.
5. Measure overbite from the labio-incisal edge of the overlapped front tooth (or teeth) to the point of maximum coverage.
6. Do not double-score ectopic eruption and anterior crowding. Record only the more serious condition.

### Required Documents

Submit all required documents with this form.

- Ceph films
- Panorex/FMX x-rays
- 6-8 diagnostic quality extra-oral/intra-oral photos
- Narratives (clinical summary with diagnosis, treatment plan, etc.)

| Conditions Observed   | HLD Score        |             |             |
|---|------------------|-------------|-------------|
|   | Treating Dentist | 1st Review* | 2nd Review* |
| <b>Cleft palate.</b> Submit a cleft palate in mixed dentition only if you can justify in a report why a child should be treated before full dentition. Will intermittent treatment be required? <b>Score 15</b>   |                  |             |             |
| <b>Severe traumatic deviations.</b> Refers to facial accidents, not congenital deformity (does not include traumatic occlusions or crossbites). <b>Score 15</b>   |                  |             |             |
| <b>Overjet.</b> Measure overjet in millimeters and subtract 2mm from your score. Two millimeters of overjet considered normal. <b>Overjet _____ minus 2 mm</b>  |                  |             |             |
| <b>Overbite.</b> Measure overbite in millimeters and subtract 3 mm from your score. Three millimeters of overbite considered normal. <b>Overbite _____ minus 3 mm</b>   |                  |             |             |
| <b>Mandibular protrusion.</b> Measure in millimeters, multiply by 5. <b>Protrusion _____ x 5</b>  |                  |             |             |
| <b>Open bite.</b> Measure opening between maxillary and mandibular incisors in millimeters, multiply by 4. <b>Opening _____ x 4</b>   |                  |             |             |
| <b>Labio-lingual spread.</b> Measure total spacing between anterior teeth in millimeters.   |                  |             |             |
| <b>Anterior crowding.</b> Anteriors so crowded that extractions are prerequisite to treatment. Arch length insufficiency must exceed 3.5 mm to score points. If crowding exceeds 3.5 mm in an arch, score 5 for the arch. <b>Maxilla _____ Mandibular _____</b> |                  |             |             |
| <b>Ectopic eruption.</b> Unusual pattern of eruption, such as high labial cuspids. Do not score if teeth are scored under anterior crowding. Multiply teeth by 3. <b>Teeth _____ x 3</b>  |                  |             |             |
| <b>Posterior crossbite.</b> Score 5 points for left or right posterior crossbite. <b>Max score 5</b>  |                  |             |             |
| <b>A score of 15 or higher indicates a physical handicap.</b> <b>TOTAL</b>  |                  |             |             |

SKYGEN USA Internal Use Only | \* HLD Reviewers

1st Reviewer Signature / Date \_\_\_\_\_ / \_\_\_\_\_  Approved |  Denied

Comments \_\_\_\_\_

2nd Reviewer Signature / Date \_\_\_\_\_ / \_\_\_\_\_  Approved |  Denied

Comments \_\_\_\_\_

# Facility Referral Form: Confirmation of Medical Necessity

Dental services that are to be performed outside your office, either in an outpatient department of a hospital or at an ASC, must be approved by SKYGEN USA to ensure the services meet the medical necessity criteria for services rendered in an outpatient facility (hospital or ASC).

A copy of the Facility Referral Form for the Maryland Healthy Smiles Dental Program is included on the following page of this provider manual. You can also download an electronic copy of the form from the Provider Web Portal: [www.provider.MDhealthysmiles.com](http://www.provider.MDhealthysmiles.com).



# Facility Referral Form

## Confirmation of Medical Necessity

Member Name \_\_\_\_\_ Member ID \_\_\_\_\_

Treating Provider Name/NPI \_\_\_\_\_ / \_\_\_\_\_

Provider Contact Person Name/Phone \_\_\_\_\_ / \_\_\_\_\_

### Procedure

1. Complete this form to indicate why it is medically necessary for dental services to be performed in a hospital operating room or other outpatient facility.
2. Submit this form and all required documentation, along with an authorization for procedure code D9999 (facility referral), to SKYGEN USA for review and determination.
3. Send all documentation via the Provider Web Portal at [www.provider.MDhealthysmiles.com](http://www.provider.MDhealthysmiles.com) or mail to:  
Maryland Healthy Smiles: Authorizations  
PO Box 422  
Milwaukee, WI 53201

### Required Documentation

Submit documentation that confirms in-office treatment is not appropriate for the patient.

- Narrative describing health complication or conduct disorder (If option #1 is checked below, this documentation is required for ages 6 and older; for options #2–6, it is always required.)
- Treatment plan (always required)
- Documentation that supports the treatment plan (x-rays, photographs, etc.), if available

### Medically necessary reasons for dental treatment in a hospital or outpatient facility

SKYGEN USA considers the use of hospital or outpatient facilities during the delivery of dental services to be medically necessary when documentation (including narrative, radiographs, etc.) demonstrates the presence of any one of the following health complications or conduct disorders.

### Select the qualifying health complication or conduct disorder that applies to this patient

- |   |                          |
|---|--------------------------|
| 1. Young children requiring extensive operative procedures such as multiple restorations, treatment of abscesses and/or oral surgical procedures, if authorization documentation indicates that in-office treatment (nitrous oxide, conscious sedation, or IV sedation) is not appropriate and hospitalization is not solely based upon reducing, avoiding or controlling apprehension, or upon provider or member convenience (Please review <i>Required Documentation</i> above.) | <input type="checkbox"/> |
| 2. Patients requiring extensive dental procedures and classified by the American Society of Anesthesiologists (ASA) as class III or class IV (Class III – patients with uncontrolled disease or significant systemic disease; for recent MI, recent stroke, new chest pain, etc. Class IV – patients with severe systemic disease that is a constant threat to life)  | <input type="checkbox"/> |
| 3. Medically compromised patients whose medical history indicates that the monitoring of vital signs or the availability of resuscitative equipment is necessary during extensive dental procedures   | <input type="checkbox"/> |
| 4. Patients requiring extensive dental procedures with a medical history of uncontrolled bleeding, severe cerebral palsy, or other medical condition that renders in-office treatment not medically appropriate   | <input type="checkbox"/> |
| 5. Patients requiring extensive dental procedures who have documentation of psychosomatic disorders that require special treatment  | <input type="checkbox"/> |
| 6. Cognitively disabled individuals requiring extensive dental procedures whose prior history indicates hospitalization is appropriate  | <input type="checkbox"/> |

*Diagnostic-quality preoperative radiographs and/or photographs taken before the patient is admitted to the hospital or outpatient facility or before treatment begins must be present in the patient's chart. Documentation examined as part of a retrospective review must substantiate the treatment rendered. If treatment cannot be confirmed as medically necessary during an audit, paid claims may be recouped.*





# Revision History: Version 6

## CDT Codes Revisions: Version 6

Please see the corresponding codes in **Benefit Plan Details & Authorization Requirements**.

### CDT Code Revisions (NEW)

| Updated CDT Codes | Version 6 Revisions                                 | Revision Effective Date |
|-------------------|---|-------------------------|
| <b>D1516</b>      | space maintainer – fixed – bilateral, maxillary     | 1/01/2019               |
| <b>D1517</b>      | space maintainer – fixed – bilateral, mandibular    | 1/01/2019               |
| <b>D1526</b>      | space maintainer – removable– bilateral, maxillary  | 1/01/2019               |
| <b>D1527</b>      | space maintainer – removable– bilateral, mandibular | 1/01/2019               |
| <b>D9944</b>      | occlusal guard – hard appliance, full arch          | 1/01/2019               |
| <b>D9945</b>      | occlusal guard – soft appliance, full arch          | 1/01/2019               |
| <b>D9946</b>      | occlusal guard – hard appliance, partial arch       | 1/01/2019               |

# Maryland Healthy Smiles Benefit Plan Details & Authorization Requirements

The following benefit plan details and related authorization requirements apply to the Maryland Healthy Smiles Dental Program benefit plans:

- Maryland Children (Under Age 21)
- Maryland REM Children (Under Age 21)
- Maryland REM Adults (Age 21 and Older)
- Maryland Pregnant Women (Age 21 and Older)
- Maryland Former Foster Care (Age 21 to 25) *Eligible Effective: 1/1/17*

**Note:** If **\*update** appears beneath a code number in the table, the code is revised. The revision and effective date are available in the “CDT Code Revisions” table in the **Revision History: Version 6** section.

\*\*Please note that members whose eligibility indicates "Maryland NO DENTAL Adult Medicaid" have NO dental benefits or dental coverage. In addition, benefit coverage for the Maryland Former Foster Care plan ends on the member’s 26th birthday.

## Plan Comparisons

For children under age 21, the benefits, limitations, and authorization requirements are identical between the two plans, except the REM plan for children allows for more frequent prophylaxis, fluoride, and debridement. For adults age 21 and over, the benefits, limitations, and authorization requirements are identical between the two plans, except the REM plan for adults allows for more frequent prophylaxis, debridement, and fluoride application and two bitewings. For authorizations requiring a biopsy report as the clinical criteria documentation, a post authorization (known as a “P” authorization) must be submitted after the service is rendered along with the biopsy report and claim.

In the following tables, if **Yes** is indicated in the **Auth Req** column, then a service requires a prior authorization. If documentation is indicated in the **Requirement** column, then supporting documentation is required before the authorization can be approved or the claim can be paid. When a prior authorization is required, submit it (along with any required documentation) to SKYGEN USA for approval before beginning non-emergency or routine treatment. If immediate treatment is required in an emergency situation, submit required documentation after treatment with the claim.

## Children/REM Children (under 21), Former Foster Care (21 to 25)

For children under age 21, the benefits, limitations, and authorization requirements are identical between the Medicaid and REM plans, except the REM plan for children allows for more frequent prophylaxis, fluoride, and debridement.

| Code         | Description  | Age  | Tooth /<br>Quad / Arch | Limitations   | Auth<br>Req | Requirement |
|--------------|--|------|------------------------|---|-------------|-------------|
| <b>D0120</b> | Periodic oral evaluation-established patient   | 0-25 |                        | One of (D0120) per 6 months per provider OR location.<br><br>One of (D0120, D0145, D0150, D0160) per 6 months per provider OR location.   | No          |             |
| <b>D0140</b> | Limited oral evaluation-problem focused  | 0-25 |                        | Not reimbursable on the same day as D0120, D0150 or D0160.<br><br>Not allowed with Routine Services.                                      | No          |             |
| <b>D0145</b> | Oral evaluation for a patient under three years of age and counseling with primary caregiver | 0-2  |                        | One of (D0145) per 6 months per provider OR location.<br><br>One of (D0120, D0145, D0150, D0160) per 6 months per provider OR location.   | No          |             |
| <b>D0150</b> | Comprehensive oral evaluation-new or established patient                                     | 0-25 |                        | One of (D0150) per 1 lifetime per provider OR location.<br><br>One of (D0120, D0145, D0150, D0160) per 6 months per provider OR location. | No          |             |
| <b>D0160</b> | Detailed and extensive oral evaluation-problem focused, by report                            | 0-25 |                        | One of (D0160) per 1 lifetime per provider OR location.<br><br>One of (D0120, D0145, D0150, D0160) per 6 months per provider OR location. | No          |             |
| <b>D0210</b> | Intraoral-complete series of radiographic images* <b>update</b>                              | 6-25 |                        | One of (D0210) per 36 months per provider OR location.  | No          |             |

| Code  | Description   | Age   | Tooth /<br>Quad / Arch | Limitations   | Auth<br>Req | Requirement                    |
|-------|---|-------|------------------------|---|-------------|--------------------------------|
| D0220 | Intraoral-periapical first radiographic image           | 0-25  |                        |   | No          |                                |
| D0230 | Intraoral-periapical each additional radiographic image | 0-25  |                        |   | No          |                                |
| D0240 | Intraoral-occlusal radiographic image                   | 0-25  |                        | Two of (D0240) per 12 months per patient.   | No          |                                |
| D0250 | Extraoral-first radiographic image                      | 0-25  |                        |   | No          |                                |
| D0270 | Bitewing-single radiographic image                      | 2-25  |                        |   | No          |                                |
| D0272 | Bitewings-two radiographic images                       | 2-25  |                        | One of (D0272, D0273, D0274) per 6 months per provider.   | No          |                                |
| D0273 | Bitewings-three radiographic images                     | 10-25 |                        | One of (D0272, D0273, D0274) per 6 months per provider.   | No          |                                |
| D0274 | Bitewings-four radiographic images                      | 10-25 |                        | One of (D0272, D0273, D0274) per 6 months per provider.   | No          |                                |
| D0310 | Sialography   | 0-25  |                        |   | No          |                                |
| D0320 | Temporomandibular joint arthogram, including injection  | 0-25  |                        |   | No          |                                |
| D0321 | Other temporomandibular joint films, by report          | 0-25  |                        |   | No          |                                |
| D0330 | Panoramic radiographic image                            | 6-25  |                        | One of (D0330) per 36 months per provider OR location.<br>One of (D0210, D0330) per 36 months per provider. | No          |                                |
| D0340 | Cephalometric radiographic image                        | 0-25  |                        | One of (D0340, D8660) per 36 months per patient.<br>Non orthodontic cases.                                  | Yes         | Narrative of medical necessity |

| Code         | Description  | Age            | Tooth /<br>Quad / Arch | Limitations  | Auth<br>Req | Requirement  |
|--------------|--|----------------|------------------------|--|-------------|--|
| <b>D0431</b> | Adjunctive pre-diagnostic test that: aids in detection of mucosal abnormalities including premalignant and malignant lesions, not to include cytology or biopsy procedures | 0-20           |                        | One D0431 per 12 months per patient.<br><b>Note:</b> D0431 will not be approved if the accompanying documentation is not included.<br>The 2012 ADA claim form with D0431 rendered must be submitted and accompanied with a copy of: Lab results/pathology report, or narrative of medical necessity. | No          | Lab results/pathology report<br><br>Narrative of medical necessity |
| <b>D0460</b> | Pulp vitality tests  | 0-25           |                        | One per visit. Includes multiple teeth and contralateral comparison(s), as indicated.  | No          |  |
| <b>D1110</b> | Prophylaxis-adult  | 14-25          |                        | One of (D1110, D1120) per 3 months per patient only for REM Children Under 21.<br>One of (D1110, D1120) per 6 months per patient for all other Children Under 21.<br>Includes scaling and polishing procedures to remove coronal plaque, calculus and stains.  | No          |  |
| <b>D1120</b> | Prophylaxis-child  | 0-13           |                        | One of (D1110, D1120) per 3 months per patient only for REM Children Under 21.<br>One of (D1110, D1120) per 6 months per patient for all other Children Under 21.<br>Includes scaling and polishing procedures to remove coronal plaque, calculus and stains.  | No          |  |
| <b>D1206</b> | Topical application of fluoride varnish  | 0-3<br><br>0-5 |                        | Four of (D1206) per 12 months per patient per provider.<br><br>Maximum eight of (D1206) per 12 months per patient regardless of provider.<br><br>Minimum of 30 days required between applications.   | No          |  |

| Code         | Description   | Age          | Tooth /<br>Quad / Arch      | Limitations   | Auth<br>Req | Requirement |
|--------------|---|--------------|-----------------------------|---|-------------|-------------|
| <b>D1206</b> | Topical application of fluoride varnish                           | 4-25<br>6-25 |                             | Four of (D1206) per 12 months per patient.<br><br>Minimum of 30 days required between applications.   | No          |             |
| <b>D1208</b> | Topical application of fluoride-excluding varnish                 | 0-25         |                             | One of (D1208) per 3 months per patient for REM Children Under 21 only.<br><br>One of (D1208) per 6 months per patient for all other Children Under 21.               | No          |             |
| <b>D1330</b> | Oral hygiene instructions   | 0-25         |                             | One of (D1330) per 12 months per patient.   | No          |             |
| <b>D1351</b> | Sealant-per tooth   | 0-25         | 2-5, 12-15,<br>18-21, 28-31 | One of (D1351, D1352) per 1 lifetime per patient per tooth.<br><br>Covered only for the occlusal surfaces of posterior permanent teeth without restorations or decay. | No          |             |
| <b>D1352</b> | Preventive resin restoration                                      | 0-25         | 2-5, 12-15,<br>18-21, 28-31 | One of (D1351, D1352) per 1 lifetime per patient per tooth.<br><br>Covered only for the occlusal surfaces of posterior permanent teeth without restorations or decay. | No          |             |
| <b>D1510</b> | Space maintainer-fixed-unilateral                                 | 0-25         | 2-15, 18-31,<br>A-T         | One of (D1510) per 24 months per patient per tooth.   | No          |             |
| <b>D1516</b> | Space maintainer – fixed – bilateral, maxillary <b>*update</b>    | 0-25         |                             | One per 24 months for D1516 or D1526  | No          |             |
| <b>D1517</b> | Space maintainer – fixed – bilateral, mandibular <b>*update</b>   | 0-25         |                             | One per 24 months for D1517 or D1527  | No          |             |
| <b>D1520</b> | Space maintainer-removable-unilateral                             | 0-25         | 2-15, 18-31,<br>A-T         | One of (D1520) per 24 months per patient per tooth.   | No          |             |
| <b>D1526</b> | Space maintainer – removable–bilateral, maxillary <b>*update</b>  | 0-25         |                             | One per 24 months for D1516 or D1526  | No          |             |
| <b>D1527</b> | Space maintainer – removable–bilateral, mandibular <b>*update</b> | 0-25         |                             | One per 24 months for D1517 or D1527  | No          |             |
| <b>D1550</b> | Re-cement or re-bond space maintainer                             | 0-25         |                             | Not covered within 6 months of initial placement.   | No          |             |

| Code         | Description   | Age  | Tooth /<br>Quad / Arch | Limitations   | Auth<br>Req | Requirement |
|--------------|---|------|------------------------|---|-------------|-------------|
| <b>D1555</b> | Removal of fixed space maintainer                   | 0-25 |                        | Not allowed by dental office that provided initial placement.   | No          |             |
| <b>D2140</b> | Amalgam-one surface, primary or permanent           | 0-25 | 1-32, A-T              | One of (D2140, D2150, D2160, D2161, D2330, D2331, D2332, D2335, D2391, D2392, D2393, D2394) per 36 months per patient per tooth, per surface. | No          |             |
| <b>D2150</b> | Amalgam - two surfaces, primary or permanent        | 0-25 | 1-32, A-T              | One of (D2140, D2150, D2160, D2161, D2330, D2331, D2332, D2335, D2391, D2392, D2393, D2394) per 36 months per patient per tooth, per surface. | No          |             |
| <b>D2160</b> | Amalgam-three surfaces, primary or permanent        | 0-25 | 1-32, A-T              | One of (D2140, D2150, D2160, D2161, D2330, D2331, D2332, D2335, D2391, D2392, D2393, D2394) per 36 months per patient per tooth, per surface. | No          |             |
| <b>D2161</b> | Amalgam-four or more surfaces, primary or permanent | 0-25 | 1-32, A-T              | One of (D2140, D2150, D2160, D2161, D2330, D2331, D2332, D2335, D2391, D2392, D2393, D2394) per 36 months per patient per tooth, per surface. | No          |             |
| <b>D2330</b> | Resin-based composite-one surface, anterior         | 0-25 | 6-11, 22-27, C-H, M-R  | One of (D2140, D2150, D2160, D2161, D2330, D2331, D2332, D2335, D2391, D2392, D2393, D2394) per 36 months per patient per tooth, per surface. | No          |             |
| <b>D2331</b> | Resin-based composite-two surfaces, anterior        | 0-25 | 6-11, 22-27, C-H, M-R  | One of (D2140, D2150, D2160, D2161, D2330, D2331, D2332, D2335, D2391, D2392, D2393, D2394) per 36 months per patient per tooth, per surface. | No          |             |
| <b>D2332</b> | Resin-based composite-three surfaces, anterior      | 0-25 | 6-11, 22-27, C-H, M-R  | One of (D2140, D2150, D2160, D2161, D2330, D2331, D2332, D2335, D2391, D2392, D2393, D2394) per 36 months per patient per tooth, per surface. | No          |             |

| Code         | Description   | Age  | Tooth / Quad / Arch                | Limitations   | Auth Req   | Requirement                               |
|--------------|---|------|------------------------------------|---|------------|---|
| <b>D2335</b> | Resin-based composite-four or more surfaces or involving incisal angle (anterior) | 0-25 | 6-11, 22-27, C-H, M-R              | One of (D2140, D2150, D2160, D2161, D2330, D2331, D2332, D2335, D2391, D2392, D2393, D2394) per 36 months per patient per tooth, per surface. | No         |   |
| <b>D2390</b> | Resin-based composite crown, anterior   | 0-25 | 6-11, 22-27, C-H, M-R              | Not payable on the same day of service as D3310-D3348.  | No         |   |
| <b>D2391</b> | Resin-based composite-one surface, posterior                                      | 0-25 | 1-5, 12-21, 28-32, A, B, I-L, S, T | One of (D2140, D2150, D2160, D2161, D2330, D2331, D2332, D2335, D2391, D2392, D2393, D2394) per 36 months per patient per tooth, per surface. | No         |   |
| <b>D2392</b> | Resin-based composite-two surfaces, posterior                                     | 0-25 | 1-5, 12-21, 28-32, A, B, I-L, S, T | One of (D2140, D2150, D2160, D2161, D2330, D2331, D2332, D2335, D2391, D2392, D2393, D2394) per 36 months per patient per tooth, per surface. | No         |   |
| <b>D2393</b> | Resin-based composite-three surfaces, posterior                                   | 0-25 | 1-5, 12-21, 28-32, A, B, I-L, S, T | One of (D2140, D2150, D2160, D2161, D2330, D2331, D2332, D2335, D2391, D2392, D2393, D2394) per 36 months per patient per tooth, per surface. | No         |   |
| <b>D2394</b> | Resin-based composite-four or more surfaces, posterior                            | 0-25 | 1-5, 12-21, 28-32, A, B, I-L, S, T | One of (D2140, D2150, D2160, D2161, D2330, D2331, D2332, D2335, D2391, D2392, D2393, D2394) per 36 months per patient per tooth, per surface. | No         |   |
| <b>D2721</b> | Crown-resin with predominantly base metal   | 0-25 | 1-32                               | One of (D2721) per 60 months per patient per tooth.<br><br>Not payable on the same day of service as D3310-D3348.                             | <b>Yes</b> | Pre-operative x-ray showing apex of tooth |
| <b>D2740</b> | Crown-porcelain/ceramic substrate   | 0-25 | 1-32                               | One of (D2740) per 60 months per patient per tooth.<br><br>Not payable on the same day of service as D3310-D3348.                             | <b>Yes</b> | Pre-operative x-ray showing apex of tooth |



| Code         | Description                                       | Age  | Tooth /<br>Quad / Arch | Limitations   | Auth<br>Req | Requirement                               |
|--------------|---|------|------------------------|---|-------------|---|
| <b>D2750</b> | Crown-porcelain fused to high noble metal         | 0-25 | 1-32                   | One of (D2750) per 60 months per patient per tooth.<br><br>Not payable on the same day of service as D3310-D3348. | <b>Yes</b>  | Pre-operative x-ray showing apex of tooth |
| <b>D2751</b> | Crown-porcelain fused to predominantly base metal | 0-25 | 1-32                   | One of (D2751) per 60 months per patient per tooth.<br><br>Not payable on the same day of service as D3310-D3348. | <b>Yes</b>  | Pre-operative x-ray showing apex of tooth |
| <b>D2752</b> | Crown-porcelain fused to noble metal              | 0-25 | 1-32                   | One of (D2752) per 60 months per patient per tooth.<br><br>Not payable on the same day of service as D3310-D3348. | <b>Yes</b>  | Pre-operative x-ray showing apex of tooth |
| <b>D2780</b> | Crown-¾ cast high noble metal                     | 0-25 | 1-32                   | One of (D2780) per 60 months per patient per tooth.<br><br>Not payable on the same day of service as D3310-D3348. | <b>Yes</b>  | Pre-operative x-ray showing apex of tooth |
| <b>D2781</b> | Crown-¾ cast predominantly base metal             | 0-25 | 1-32                   | One of (D2781) per 60 months per patient per tooth.<br><br>Not payable on the same day of service as D3310-D3348. | <b>Yes</b>  | Pre-operative x-ray showing apex of tooth |
| <b>D2782</b> | Crown-¾ cast noble metal                          | 0-25 | 1-32                   | One of (D2782) per 60 months per patient per tooth.<br><br>Not payable on the same day of service as D3310-D3348. | <b>Yes</b>  | Pre-operative x-ray showing apex of tooth |
| <b>D2783</b> | Crown-¾ porcelain/ceramic                         | 0-25 | 1-32                   | One of (D2783) per 60 months per patient per tooth.<br><br>Not payable on the same day of service as D3310-D3348. | <b>Yes</b>  | Pre-operative x-ray showing apex of tooth |

| Code         | Description   | Age  | Tooth /<br>Quad / Arch | Limitations   | Auth<br>Req | Requirement                               |
|--------------|---|------|------------------------|---|-------------|---|
| <b>D2790</b> | Crown-full cast high noble metal  | 0-25 | 1-32                   | One of (D2790) per 60 months per patient per tooth.<br>Not payable on the same day of service as D3310-D3348. | <b>Yes</b>  | Pre-operative x-ray showing apex of tooth |
| <b>D2791</b> | Crown-full cast predominantly base metal                                  | 0-25 | 1-32                   | One of (D2791) per 60 months per patient per tooth.<br>Not payable on the same day of service as D3310-D3348. | <b>Yes</b>  | Pre-operative x-ray showing apex of tooth |
| <b>D2792</b> | Crown-full cast noble metal   | 0-25 | 1-32                   | One of (D2792) per 60 months per patient per tooth.<br>Not payable on the same day of service as D3310-D3348. | <b>Yes</b>  | Pre-operative x-ray showing apex of tooth |
| <b>D2794</b> | Crown-titanium  | 0-25 | 1-32                   | One of (D2794) per 60 months per patient per tooth.<br>Not payable on the same day of service as D3310-D3348. | <b>Yes</b>  | Pre-operative x-ray showing apex of tooth |
| <b>D2910</b> | Re-cement or re-bond inlay, onlay, veneer or partial coverage restoration | 0-25 | 1-32                   |   | No          |   |
| <b>D2920</b> | Re-cement or re-bond crown  | 0-25 | 1-32, A-T              | Not allowed within 6 months of initial placements.  | No          |   |
| <b>D2929</b> | Prefabricated porcelain/ceramic crown-primary tooth                       | 0-25 | C-H, M-R               | One of (D2929) per 36 months per patient per tooth.<br>Not payable on the same day of service as D3310-D3348. |             |   |
| <b>D2930</b> | Prefabricated stainless steel crown -primary tooth                        | 0-25 | A-T                    | One of (D2930) per 36 months per patient per tooth.<br>Not payable on the same day of service as D3310-D3348. | No          |   |

| Code         | Description   | Age  | Tooth /<br>Quad / Arch   | Limitations  | Auth<br>Req | Requirement |
|--------------|---|------|--------------------------|--|-------------|-------------|
| <b>D2931</b> | Prefabricated stainless steel crown-permanent tooth               | 0-25 | 1-32                     | One of (D2931) per 60 months per patient per tooth.<br>Not payable on the same day of service as D3310-D3348.  | No          |             |
| <b>D2932</b> | Prefabricated resin crown   | 0-25 | 6-11, 22-27,<br>C-H, M-R | One of (D2932) per 36 months per patient per tooth.<br>Not payable on the same day of service as D3310-D3348.  | No          |             |
| <b>D2933</b> | Prefabricated stainless steel crown with resin window             | 0-25 | 6-11, 22-27,<br>C-H, M-R | One of (D2933) per 36 months per patient per tooth.<br>Not payable on the same day of service as D3310-D3348.  | No          |             |
| <b>D2934</b> | Prefabricated esthetic coated stainless steel crown-primary tooth | 0-25 | A-T                      | One of (D2934) per 36 months per patient per tooth.<br>Not payable on the same day of service as D3310-D3348.  | No          |             |
| <b>D2940</b> | Protective restoration  | 0-25 | 1-32, A-T                | Temporary restoration intended to relieve pain. Not to be used as a base or liner under a restoration.   | No          |             |
| <b>D2950</b> | Core buildup, including any pins when required                    | 0-25 | 1-32                     | One of (D2950) per 60 months per patient per tooth.<br>One of (D2950, D2952, D2954) per 60 months per patient per tooth.<br>Refers to building up of anatomical crown when restorative crown will be placed.<br>Not payable on the same day of service as D3310-D3348. | No          |             |
| <b>D2951</b> | Pin retention-per tooth, in addition to restoration               | 0-25 | 1-32                     |  | No          |             |

| Code         | Description   | Age  | Tooth /<br>Quad / Arch | Limitations  | Auth<br>Req | Requirement          |
|--------------|---|------|------------------------|--|-------------|----------------------|
| <b>D2952</b> | Cast post and core in addition to crown                   | 0-25 | 1-32                   | One of (D2952) per 60 months per patient per tooth.<br><br>One of (D2950, D2952, D2954) per 60 months per patient per tooth.<br><br>Not payable on the same day of service as D3310-D3348. | No          |                      |
| <b>D2954</b> | Prefabricated post and core in addition to crown          | 0-25 | 1-32                   | One of (D2954) per 60 months per patient per tooth.<br><br>One of (D2950, D2952, D2954) per 60 months per patient per tooth.<br><br>Not payable on the same day of service as D3310-D3348. | No          |                      |
| <b>D2955</b> | Post removal (not in conjunction with endodontic therapy) | 0-25 | 1-32                   | Not covered with D3346, or D3347, or D3348 on same day of service.   | <b>Yes</b>  | Pre-operative x-rays |
| <b>D2960</b> | Labial veneer (lamine)-chair                              | 0-25 | 6-11                   | One of (D2960) per 60 months per patient per tooth.  | No          |                      |
| <b>D2961</b> | Labial veneer (resin laminate)-laboratory                 | 0-25 | 6-11                   | One of (D2961) per 60 months per patient per tooth.  | No          |                      |
| <b>D2962</b> | Labial veneer (porcelain laminate)-laboratory             | 0-25 | 6-11                   | One of (D2962) per 60 months per patient per tooth.  | No          |                      |
| <b>D2980</b> | Crown repair, by report                                   | 0-25 | 1-32                   |  | No          |                      |
| <b>D3110</b> | Pulp cap-direct (excluding final restoration)             | 0-25 | 1-32                   |  | No          |                      |
| <b>D3120</b> | Pulp cap-indirect (excluding final restoration)           | 0-25 | 1-32, A-T              |  | No          |                      |

| Code         | Description   | Age  | Tooth / Quad / Arch          | Limitations  | Auth Req | Requirement |
|--------------|---|------|------------------------------|--|----------|-------------|
| <b>D3220</b> | Therapeutic pulpotomy (excluding final restoration)-removal of pulp coronal to the dentinocemental junction and application of medicament | 0-25 | 1-32, A-T                    |  | No       |             |
| <b>D3221</b> | Pulpal debridement, primary and permanent teeth   | 0-25 | 1-32, A-T                    |  | No       |             |
| <b>D3230</b> | Pulpal therapy (resorbable filling)-anterior, primary tooth (excluding final restoration)   | 0-25 | C-H, M-R                     | One of (D3230) per 1 lifetime per patient per tooth.   | No       |             |
| <b>D3240</b> | Pulpal therapy (resorbable filling)-posterior, primary tooth (excluding final restoration)  | 0-25 | A, B, I-L, S, T              | One of (D3240) per 1 lifetime per patient per tooth.   | No       |             |
| <b>D3310</b> | Endodontic therapy, anterior tooth (excluding final restoration)  | 0-25 | 6-11, 22-27                  | One of (D3310) per 1 lifetime per patient per tooth.<br><br>Not payable on the same day of service as D2390, D2721-D2794, D2929-D2934, D2950, D2952, or D2954. | No       |             |
| <b>D3320</b> | Endodontic therapy, bicuspid tooth (excluding final restoration)  | 0-25 | 4, 5, 12, 13, 20, 21, 28, 29 | One of (D3320) per 1 lifetime per patient per tooth.<br><br>Not payable on the same day of service as D2390, D2721-D2794, D2929-D2934, D2950, D2952, or D2954. | No       |             |
| <b>D3330</b> | Endodontic therapy, molar (excluding final restoration)   | 0-25 | 1-3, 14-19, 30-32            | One of (D3330) per 1 lifetime per patient per tooth.<br><br>Not payable on the same day of service as D2390, D2721-D2794, D2929-D2934, D2950, D2952, or D2954. | No       |             |

| Code         | Description   | Age  | Tooth / Quad / Arch          | Limitations  | Auth Req   | Requirement                                |
|--------------|---|------|------------------------------|--|------------|--|
| <b>D3346</b> | Retreatment of previous root canal therapy-anterior   | 0-25 | 6-11, 22-27                  | <p>One of (D3346) per 1 lifetime per patient per tooth.</p> <p>Not allowed within 24 months of initial treatment by same dentist or dental office per tooth.</p> <p>Not payable on the same day of service as D2390, D2721-D2794, D2929-D2934, D2950, D2952, or D2954.</p> | <b>Yes</b> | Pre-operative x-rays (excluding bitewings) |
| <b>D3347</b> | Retreatment of previous root canal therapy-bicuspid   | 0-25 | 4, 5, 12, 13, 20, 21, 28, 29 | <p>One of (D3347) per 1 lifetime per patient per tooth.</p> <p>Not allowed within 24 months of initial treatment by same dentist or dental office per tooth.</p> <p>Not payable on the same day of service as D2390, D2721-D2794, D2929-D2934, D2950, D2952, or D2954.</p> | <b>Yes</b> | Pre-operative x-rays (excluding bitewings) |
| <b>D3348</b> | Retreatment of previous root canal therapy-molar  | 0-25 | 1-3, 14-19, 30-32            | <p>One of (D3348) per 1 lifetime per patient per tooth.</p> <p>Not allowed within 24 months of initial treatment by same dentist or dental office per tooth.</p> <p>Not payable on the same day of service as D2390, D2721-D2794, D2929-D2934, D2950, D2952, or D2954.</p> | <b>Yes</b> | Pre-operative x-rays (excluding bitewings) |
| <b>D3351</b> | Apexification/recalcification-initial visit (apical closure / calcific repair of perforations, root resorption, etc.) | 0-25 | 1-32                         | <p>One of (D3351) per 1 lifetime per patient per tooth. Not allowed within 24 months of initial treatment by same dentist or dental office per tooth.</p> <p>Not allowed after a D3310, D3320, D3330, D3346, D3347, or D3348.</p>  | No         |  |

| Code         | Description   | Age  | Tooth /<br>Quad / Arch       | Limitations  | Auth<br>Req | Requirement  |
|--------------|---|------|------------------------------|--|-------------|--|
| <b>D3352</b> | Apexification/recalcification-interim medication replacement  | 0-25 | 1-32                         | One of (D3352) per 1 lifetime per patient per tooth.<br><br>Not allowed after a D3310, D3320, D3330, D3346, D3347, or D3348. | No          |  |
| <b>D3353</b> | Apexification/recalcification-final visit (includes completed root canal therapy-apical closure/calcific repair of perforations, root resorption, etc.) | 0-25 | 1-32                         | One of (D3353) per 1 lifetime per patient per tooth.<br><br>Not allowed after a D3310, D3320, D3330, D3346, D3347, or D3348. | No          |  |
| <b>D3410</b> | Apicoectomy-anterior  | 0-25 | 6-11, 22-27                  | One of (D3410) per 1 lifetime per patient per tooth.   | <b>Yes</b>  | Pre-operative x-rays (excluding bitewings)           |
| <b>D3421</b> | Apicoectomy-bicuspid (first root)   | 0-25 | 4, 5, 12, 13, 20, 21, 28, 29 | One of (D3421) per 1 lifetime per patient per tooth.   | <b>Yes</b>  | Pre-operative x-rays (excluding bitewings)           |
| <b>D3425</b> | Apicoectomy-molar (first root)  | 0-25 | 1-3, 14-19, 30-32            | One of (D3425) per 1 lifetime per patient per tooth.   | <b>Yes</b>  | Pre-operative x-rays (excluding bitewings)           |
| <b>D3426</b> | Apicoectomy (each additional root)  | 0-25 | 1-5, 12-21, 28-32            | One of (D3426) per 1 lifetime per patient per tooth.   | <b>Yes</b>  | Pre-operative x-rays (excluding bitewings)           |
| <b>D3430</b> | Retrograde filling-per root   | 0-25 | 1-32                         | One of (D3430) per 1 lifetime per patient per tooth.   | <b>Yes</b>  | Pre-operative x-rays (excluding bitewings)           |
| <b>D3450</b> | Root amputation-per root  | 0-25 | 1-32                         | One of (D3450) per 1 lifetime per patient per tooth.   | <b>Yes</b>  | Pre-operative x-rays (excluding bitewings)           |
| <b>D3470</b> | Intentional reimplantation  | 0-25 | 1-32                         | One of (D3470) per 1 lifetime per patient per tooth.   | <b>Yes</b>  | Narrative of medical necessity, pre-operative x-rays |
| <b>D3920</b> | Hemisection (including any root removal), not including root canal therapy  | 0-25 | 1-3, 14-19, 30-32            | One of (D3920) per 1 lifetime per patient per tooth.   | <b>Yes</b>  | Pre-operative x-rays (excluding bitewings)           |

| Code         | Description  | Age  | Tooth / Quad / Arch                           | Limitations   | Auth Req   | Requirement   |
|--------------|--|------|---|---|------------|---|
| <b>D4210</b> | Gingivectomy or gingivoplasty-four or more contiguous teeth or tooth bounded spaces per quadrant | 0-25 | Per Quadrant (10, 20, 30, 40, LL, LR, UL, UR) | One of (D4210) per 24 months per patient per quadrant.<br>One of (D4210, D4211) per 24 months per patient per quadrant.<br>One of each quadrant per 24 months, a minimum of four teeth in the affected quadrant.<br>Limited to two quadrants per 12 months. | <b>Yes</b> | Pre-operative x-rays, periodontal charting, narrative of medical necessity; photos optional |
| <b>D4211</b> | Gingivectomy or gingivoplasty-one to three contiguous teeth or tooth bounded spaces per quadrant | 0-25 | Per Quadrant (10, 20, 30, 40, LL, LR, UL, UR) | One of (D4211) per 24 months per patient per quadrant.<br>One of (D4210, D4211) per 24 months per patient per quadrant.<br>One of each quadrant per 24 months, a minimum of four teeth in the affected quadrant.<br>Limited to two quadrants per 12 months. | <b>Yes</b> | Pre-operative x-rays, periodontal charting, narrative of medical necessity; photos optional |
| <b>D4230</b> | Anatomical crown exposure-4+ teeth per quad  | 0-25 |   | One of (D4230) per 1 lifetime per patient.  | <b>Yes</b> | Pre-operative x-rays, periodontal charting, narrative of medical necessity; photos optional |
| <b>D4231</b> | Anatomical crown exposure-1 to 3 teeth per quad  | 0-25 |   | One of (D4231) per 1 lifetime per patient.  | <b>Yes</b> | Pre-operative x-rays, periodontal charting, narrative of medical necessity; photos optional |



| Code         | Description   | Age  | Tooth / Quad / Arch                           | Limitations  | Auth Req   | Requirement   |
|--------------|---|------|---|--|------------|---|
| <b>D4240</b> | Gingival flap procedure, including root planing-four or more contiguous teeth or tooth bounded spaces per quadrant                            | 0-25 | Per Quadrant (10, 20, 30, 40, LL, LR, UL, UR) | One of (D4240) per 24 months per patient per quadrant.<br>One of (D4240, D4241) per 24 months per patient per quadrant.<br>A minimum of four teeth in the affected quadrant. | <b>Yes</b> | Pre-operative x-rays, periodontal charting, narrative of medical necessity; photos optional |
| <b>D4241</b> | Gingival flap procedure, including root planing-one to three contiguous teeth or tooth bounded spaces per quadrant                            | 0-25 | Per Quadrant (10, 20, 30, 40, LL, LR, UL, UR) | One of (D4241) per 24 months per patient per quadrant.<br>One of (D4240, D4241) per 24 months per patient per quadrant.<br>A minimum of four teeth in the affected quadrant. | <b>Yes</b> | Pre-operative x-rays, periodontal charting, narrative of medical necessity; photos optional |
| <b>D4249</b> | Clinical crown lengthening-hard tissue  | 0-25 | 1-32  | One of (D4249) per 24 months per patient per tooth.<br>Crown lengthening requires reflection of a flap.  | <b>Yes</b> | Narrative of medical necessity, pre-operative x-rays, periodontal charting; photos optional |
| <b>D4260</b> | Osseous surgery (including elevation of a full thickness flap and closure)-four or more contiguous teeth or tooth bounded spaces per quadrant | 0-25 | Per Quadrant (10, 20, 30, 40, LL, LR, UL, UR) | One of (D4260) per 24 months per patient per quadrant.<br>One of (D4260, D4261) per 24 months per patient per quadrant.<br>Minimum of four teeth in the affected quadrant.   | <b>Yes</b> | Pre-operative x-rays, periodontal charting, narrative of medical necessity; photos optional |
| <b>D4261</b> | Osseous surgery (including elevation of a full thickness flap and closure)-one to three contiguous teeth or tooth bounded spaces per quadrant | 0-25 | Per Quadrant (10, 20, 30, 40, LL, LR, UL, UR) | One of (D4261) per 24 months per patient per quadrant.<br>One of (D4260, D4261) per 24 months per patient per quadrant.<br>Minimum of four teeth in the affected quadrant.   | <b>Yes</b> | Pre-operative x-rays, periodontal charting, narrative of medical necessity; photos optional |

| Code         | Description   | Age  | Tooth / Quad / Arch                           | Limitations  | Auth Req   | Requirement   |
|--------------|---|------|---|--|------------|---|
| <b>D4320</b> | Provision splinting-intracoronaral  | 0-25 | Per Arch (01, 02, LA, UA)                     |  | <b>Yes</b> | Narrative of medical necessity                                    |
| <b>D4321</b> | Provision splinting-extracoronaral  | 0-25 | Per Arch (01, 02, LA, UA)                     |  | <b>Yes</b> | Narrative of medical necessity                                    |
| <b>D4341</b> | Periodontal scaling and root planing-four or more teeth per quadrant                | 0-25 | Per Quadrant (10, 20, 30, 40, LL, LR, UL, UR) | One of (D4341, D4342) per 24 months per patient per quadrant.<br>A minimum of four (4) teeth in the affected quadrant.   | <b>Yes</b> | Pre-operative x-rays, periodontal charting                        |
| <b>D4342</b> | Periodontal scaling and root planing-one to three teeth per quadrant                | 0-25 | Per Quadrant (10, 20, 30, 40, LL, LR, UL, UR) | One of (D4341, D4342) per 24 months per patient per quadrant.<br>A minimum of four (4) teeth in the affected quadrant.   | <b>Yes</b> | Pre-operative x-rays, periodontal charting                        |
| <b>D4355</b> | Full mouth debridement to enable comprehensive evaluation and diagnosis             | 0-25 |   | One of (D4355) per 12 months per patient for REM Children Under 21 only.<br>One of (D4355) per 24 months per patient for all other Children Under 21.<br>Not allowed on same day as D1110. | No         |   |
| <b>D4910</b> | Periodontal maintenance procedures  | 0-25 |   | Two of (D4910) per 12 months per patient.  | <b>Yes</b> | Date of previous perio surgical or SRP service                    |
| <b>D4920</b> | Unscheduled dressing change (by someone other than treating dentist or their staff) | 0-25 |   | Not payable to original treating dentist.  | <b>Yes</b> | Narrative of medical necessity, name of original treating dentist |
| <b>D5110</b> | Complete denture-maxillary  | 0-25 | Per Arch (01, UA)                             | One of (D5110) per 60 months per patient.  | <b>Yes</b> | Full mouth x-rays or panorex                                      |
| <b>D5120</b> | Complete denture-mandibular   | 0-25 | Per Arch (02, LA)                             | One of (D5120) per 60 months per patient.  | <b>Yes</b> | Full mouth x-rays or panorex                                      |

| Code         | Description  | Age  | Tooth /<br>Quad / Arch | Limitations                                      | Auth<br>Req | Requirement                  |
|--------------|--|------|------------------------|--|-------------|------------------------------|
| <b>D5211</b> | Maxillary partial denture-resin base (including any conventional clasps, rests and teeth)  | 0-25 |                        | One of (D5211, D5225) per 60 months per patient. | <b>Yes</b>  | Full mouth x-rays or panorex |
| <b>D5212</b> | Mandibular partial denture-resin base (including any conventional clasps, rests and teeth) | 0-25 |                        | One of (D5212, D5226) per 60 months per patient. | <b>Yes</b>  | Full mouth x-rays or panorex |
| <b>D5225</b> | Maxillary partial denture-flexible base  | 0-25 |                        | One of (D5211, D5225) per 60 months per patient. | <b>Yes</b>  | Full mouth x-rays or panorex |
| <b>D5226</b> | Mandibular partial denture-flexible base   | 0-25 |                        | One of (D5212, D5226) per 60 months per patient. | <b>Yes</b>  | Full mouth x-rays or panorex |
| <b>D5410</b> | Adjust complete denture-maxillary  | 0-25 |                        | Not covered within 6 months of placement.        | No          |                              |
| <b>D5411</b> | Adjust complete denture-mandibular   | 0-25 |                        | Not covered within 6 months of placement.        | No          |                              |
| <b>D5421</b> | Adjust partial denture-maxillary   | 0-25 |                        | Not covered within 6 months of placement.        | No          |                              |
| <b>D5422</b> | Adjust partial denture-mandibular  | 0-25 |                        | Not covered within 6 months of placement.        | No          |                              |
| <b>D5511</b> | Repair broken complete denture base, mandibular  | 0-25 |                        |  | No          |                              |
| <b>D5512</b> | Repair broken complete denture base, maxillary   | 0-25 |                        |  | No          |                              |
| <b>D5520</b> | Replace missing or broken teeth-complete denture (each tooth)                              | 0-25 | 1-32                   |  | No          |                              |
| <b>D5611</b> | Repair resin partial denture base, mandibular  | 0-25 |                        |  | No          |                              |
| <b>D5612</b> | Repair resin partial denture base, maxillary   | 0-25 |                        |  | No          |                              |
| <b>D5621</b> | Repair cast partial framework, mandibular  | 0-25 |                        |  | No          |                              |

| Code         | Description                                     | Age  | Tooth /<br>Quad / Arch | Limitations  | Auth<br>Req | Requirement |
|--------------|---|------|------------------------|--|-------------|-------------|
| <b>D5622</b> | Repair cast partial framework, maxillary        | 0-25 |                        |  | No          |             |
| <b>D5630</b> | Repair or replace broken clasp                  | 0-25 |                        |  | No          |             |
| <b>D5640</b> | Replace broken teeth-per tooth                  | 0-25 | 1-32                   |  | No          |             |
| <b>D5650</b> | Add tooth to existing partial denture           | 0-25 | 1-32                   |  | No          |             |
| <b>D5660</b> | Add clasp to existing partial denture           | 0-25 |                        |  | No          |             |
| <b>D5710</b> | Rebase complete maxillary denture               | 0-25 |                        | One of (D5710) per 24 months per patient.<br>Not covered within 6 months of placement. | No          |             |
| <b>D5711</b> | Rebase complete mandibular denture              | 0-25 |                        | One of (D5711) per 24 months per patient.<br>Not covered within 6 months of placement. | No          |             |
| <b>D5720</b> | Rebase maxillary partial denture                | 0-25 |                        | One of (D5720) per 24 months per patient.<br>Not covered within 6 months of placement. | No          |             |
| <b>D5721</b> | Rebase mandibular partial denture               | 0-25 |                        | One of (D5721) per 24 months per patient.<br>Not covered within 6 months of placement. | No          |             |
| <b>D5750</b> | Reline complete maxillary denture (laboratory)  | 0-25 |                        | One of (D5750) per 24 months per patient.<br>Not covered within 6 months of placement. | No          |             |
| <b>D5751</b> | Reline complete mandibular denture (laboratory) | 0-25 |                        | One of (D5751) per 24 months per patient.<br>Not covered within 6 months of placement. | No          |             |
| <b>D5760</b> | Reline maxillary partial denture (laboratory)   | 0-25 |                        | One of (D5760) per 24 months per patient.<br>Not covered within 6 months of placement. | No          |             |
| <b>D5761</b> | Reline mandibular partial denture (laboratory)  | 0-25 |                        | One of (D5761) per 24 months per patient.<br>Not covered within 6 months of placement. | No          |             |
| <b>D5850</b> | Tissue conditioning, maxillary                  | 0-25 |                        | Prior to new denture impression only.  | No          |             |
| <b>D5851</b> | Tissue conditioning, mandibular                 | 0-25 |                        | Prior to new denture impression only.  | No          |             |

| Code         | Description  | Age  | Tooth /<br>Quad / Arch   | Limitations                                       | Auth<br>Req | Requirement  |
|--------------|--|------|--|---|-------------|--|
| <b>D5863</b> | Overdenture-complete maxillary   | 0-25 |  | One of (D5863) per 60 months per patient.         | <b>Yes</b>  | Narrative of medical necessity, pre-operative x-rays |
| <b>D5864</b> | Overdenture-partial maxillary  | 0-25 |  | One of (D5864) per 60 months per patient.         | <b>Yes</b>  | Narrative of medical necessity, pre-operative x-rays |
| <b>D5865</b> | Overdenture-complete mandibular  | 0-25 |  | One of (D5865) per 60 months per patient.         | <b>Yes</b>  | Narrative of medical necessity, pre-operative x-rays |
| <b>D5866</b> | Overdenture-partial mandibular   | 0-25 |  | One of (D5866) per 60 months per patient.         | <b>Yes</b>  | Narrative of medical necessity, pre-operative x-rays |
| <b>D5992</b> | Adjust maxillofacial prosthetic appliance, by report   | 0-25 | Per Arch (01, 02, LA, UA)  | One of (D5992) per 6 months per patient per arch. | <b>Yes</b>  | Narrative of medical necessity                       |
| <b>D5993</b> | Maintenance and cleaning of a maxillofacial prosthesis (extra or intraoral) other than required adjustments. | 0-25 | Per Arch (01, 02, LA, UA)  | One of (D5993) per 6 months per patient per arch. | <b>Yes</b>  | Narrative of medical necessity                       |
| <b>D6930</b> | Re-cement or re-bond fixed partial denture   | 0-25 |  |   | No          |  |
| <b>D7111</b> | Extraction, coronal remnants- deciduous tooth  | 0-25 | A-T  |   | No          |  |
| <b>D7140</b> | Extraction, erupted tooth or exposed root (elevation and/or forceps removal)                                 | 0-25 | 1-32, 51-82, A-T, AS, BS, CS, DS, ES, FS, GS, HS, IS, JS, KS, LS, MS, NS, OS, PS, QS, RS, SS, TS |   | No          |  |

| Code         | Description   | Age  | Tooth / Quad / Arch  | Limitations  | Auth Req   | Requirement  |
|--------------|---|------|--|--|------------|--|
| <b>D7210</b> | Surgical removal of erupted tooth requiring removal of bone and/or sectioning of tooth, and including elevation of mucoperiosteal flap if indicated | 0-25 | 1-32, 51-82, A-T, AS, BS, CS, DS, ES, FS, GS, HS, IS, JS, KS, LS, MS, NS, OS, PS, QS, RS, SS, TS |  | No         |  |
| <b>D7220</b> | Removal of impacted tooth-soft tissue   | 0-25 | 1-32, 51-82  | Removal of asymptomatic tooth not covered.                       | No         |  |
| <b>D7230</b> | Removal of impacted tooth-partially bony  | 0-25 | 1-32, 51-82  | Removal of asymptomatic tooth not covered.                       | No         |  |
| <b>D7240</b> | Removal of impacted tooth-completely bony   | 0-25 | 1-32, 51-82  | Removal of asymptomatic tooth not covered.                       | No         |  |
| <b>D7241</b> | Removal of impacted tooth-completely bony, with unusual surgical complications  | 0-25 | 1-32, 51-82  | Removal of asymptomatic tooth not covered.                       | <b>Yes</b> | Narrative of medical necessity, pre-operative x-rays (excluding bitewings) |
| <b>D7250</b> | Surgical removal of residual tooth roots (cutting procedure)  | 0-25 | 1-32, 51-82, A-T, AS, BS, CS, DS, ES, FS, GS, HS, IS, JS, KS, LS, MS, NS, OS, PS, QS, RS, SS, TS | Will not be paid to the dentist or group that removed the tooth. | <b>Yes</b> | Narrative of medical necessity, pre-operative x-rays (excluding bitewings) |
| <b>D7251</b> | Coronectomy-intentional partial tooth removal is performed when a neurovascular complication is likely if the entire impacted tooth is removed.     | 0-25 | 1-32, 51-82, A-T, AS, BS, CS, DS, ES, FS, GS, HS, IS, JS, KS, LS, MS, NS, OS, PS, QS, RS, SS, TS | One of (D7251) per 1 lifetime per patient per tooth.             | <b>Yes</b> | Narrative of medical necessity, pre-operative x-rays (excluding bitewings) |

| Code         | Description  | Age  | Tooth /<br>Quad / Arch                        | Limitations  | Auth<br>Req | Requirement  |
|--------------|--|------|---|--|-------------|--|
| <b>D7260</b> | Oroantral fistula closure  | 0-25 |   |  | <b>Yes</b>  | Narrative of medical necessity                       |
| <b>D7270</b> | Tooth reimplantation and/or stabilization of accidentally evulsed or displaced tooth           | 0-25 | 1-32  | Includes splinting and/or stabilization.   | <b>Yes</b>  | Narrative of medical necessity                       |
| <b>D7272</b> | Tooth transplantation (includes reimplantation from one site to another)                       | 0-25 | 1-32  | One of (D7272) per 1 lifetime per patient per tooth.   | <b>Yes</b>  | Narrative of medical necessity                       |
| <b>D7280</b> | Surgical access of an unerupted tooth  | 0-25 | 1-32  | Will not be payable unless the orthodontic treatment has been authorized as a covered benefit.                           | <b>Yes</b>  | Narrative of medical necessity, pre-operative x-rays |
| <b>D7285</b> | Incisional biopsy of oral tissue-hard (bone, tooth)  | 0-25 |   |  | <b>Yes</b>  | Copy of pathology report submitted with claim        |
| <b>D7286</b> | Incisional biopsy of oral tissue-soft  | 0-25 |   |  | <b>Yes</b>  | Copy of pathology report submitted with claim        |
| <b>D7290</b> | Surgical repositioning of teeth  | 0-25 | 1-32  | One of (D7290) per 1 lifetime per patient per tooth.<br>Includes all teeth on same day of service.                       | <b>Yes</b>  | Narrative of medical necessity, pre-operative x-rays |
| <b>D7310</b> | Alveoloplasty in conjunction with extractions-four or more teeth or tooth spaces, per quadrant | 0-25 | Per Quadrant (10, 20, 30, 40, LL, LR, UL, UR) | One of (D7310, D7311) per 1 lifetime per patient per quadrant.<br>Minimum of three extractions in the affected quadrant. | <b>Yes</b>  | Pre-operative x-rays (excluding bitewings)           |
| <b>D7311</b> | Alveoloplasty in conjunction with extractions-one to three teeth or tooth spaces, per quadrant | 0-25 | Per Quadrant (10, 20, 30, 40, LL, LR, UL, UR) | One of (D7310, D7311) per 1 lifetime per patient per quadrant.   | <b>Yes</b>  | Pre-operative x-rays (excluding bitewings)           |

| Code         | Description  | Age  | Tooth / Quad / Arch                           | Limitations   | Auth Req   | Requirement  |
|--------------|--|------|---|---|------------|--|
| <b>D7320</b> | Alveoloplasty not in conjunction with extractions-four or more teeth or tooth spaces, per quadrant | 0-25 | Per Quadrant (10, 20, 30, 40, LL, LR, UL, UR) | One of (D7320, D7321) per 1 lifetime per patient per quadrant.<br>No extractions performed in an edentulous area. | <b>Yes</b> | Narrative of medical necessity, pre-operative x-rays (excluding bitewings) |
| <b>D7321</b> | Alveoloplasty not in conjunction with extractions-one to three teeth or tooth spaces, per quadrant | 0-25 | Per Quadrant (10, 20, 30, 40, LL, LR, UL, UR) | One of (D7320, D7321) per 1 lifetime per patient per quadrant.<br>No extractions performed in an edentulous area. | <b>Yes</b> | Narrative of medical necessity, pre-operative x-rays (excluding bitewings) |
| <b>D7340</b> | Vestibuloplasty-ridge extension (secondary epithelialization)                                      | 0-25 | Per Arch (01, 02, LA, UA)                     |   | <b>Yes</b> | Narrative of medical necessity, pre-operative x-rays (excluding bitewings) |
| <b>D7350</b> | Vestibuloplasty-ridge extension  | 0-25 | Per Arch (01, 02, LA, UA)                     |   | <b>Yes</b> | Narrative of medical necessity, pre-operative x-rays (excluding bitewings) |
| <b>D7410</b> | Radical excision-lesion diameter up to 1.25cm  | 0-25 |   |   | <b>Yes</b> | Copy of pathology report submitted with claim                              |
| <b>D7440</b> | Excision of malignant tumor-lesion diameter up to 1.25cm   | 0-25 |   |   | <b>Yes</b> | Copy of pathology report submitted with claim                              |
| <b>D7450</b> | Removal of odontogenic cyst or tumor-lesion diameter up to 1.25cm                                  | 0-25 |   |   | <b>Yes</b> | Copy of pathology report submitted with claim                              |
| <b>D7451</b> | Removal of odontogenic cyst or tumor-lesion greater than 1.25cm                                    | 0-25 |   |   | <b>Yes</b> | Copy of pathology report submitted with claim                              |
| <b>D7460</b> | Removal of nonodontogenic cyst or tumor-lesion diameter up to 1.25cm                               | 0-25 |   |   | <b>Yes</b> | Copy of pathology report submitted with claim                              |
| <b>D7461</b> | Removal of nonodontogenic cyst or tumor-lesion greater than 1.25cm                                 | 0-25 |   |   | <b>Yes</b> | Copy of pathology report submitted with claim                              |



| Code         | Description   | Age  | Tooth / Quad / Arch  | Limitations   | Auth Req   | Requirement   |
|--------------|---|------|--|---|------------|---|
| <b>D7471</b> | Removal of exostosis-per site   | 0-25 | Per Arch (01, 02, LA, UA)  |   | <b>Yes</b> | Narrative of medical necessity, x-rays or photos optional |
| <b>D7472</b> | Removal of torus palatinus  | 0-25 |  |   | <b>Yes</b> | Narrative of medical necessity, x-rays or photos optional |
| <b>D7473</b> | Removal of torus mandibularis   | 0-25 |  |   | <b>Yes</b> | Narrative of medical necessity, x-rays or photos optional |
| <b>D7510</b> | Incision and drainage of abscess-intraoral soft tissue  | 0-25 | 1-32, 51-82, A-T, AS, BS, CS, DS, ES, FS, GS, HS, IS, JS, KS, LS, MS, NS, OS, PS, QS, RS, SS, TS |   | No         |   |
| <b>D7520</b> | Incision and drainage of abscess-extraoral soft tissue  | 0-25 |  |   | No         |   |
| <b>D7550</b> | Partial ostectomy/sequestrectomy for removal of non-vital bone  | 0-25 | Per Quadrant (10, 20, 30, 40, LL, LR, UL, UR)  |   | No         |   |
| <b>D7960</b> | Frenulectomy—also known as frenectomy or frenotomy—separate procedure not incidental to another procedure | 0-25 |  | One of (D7960) per 1 lifetime per arch per patient. The frenum may be excised when the tongue has limited mobility; for large diastemas between teeth; or when the frenum interferes with a prosthetic appliance; or when it is the etiology of periodontal tissue disease. | <b>Yes</b> | Narrative of medical necessity, x-rays or photos optional |

| Code         | Description  | Age  | Tooth / Quad / Arch       | Limitations   | Auth Req   | Requirement   |
|--------------|--|------|---------------------------|---|------------|---|
| <b>D7970</b> | Excision of hyperplastic tissue-per arch   | 0-25 | Per Arch (01, 02, LA, UA) | For removal of tissue over a previous edentulous denture bearing area to improve prognosis of a proposed denture.   | No         |   |
| <b>D7971</b> | Excision of pericoronal gingiva  | 0-25 | 1-32                      | One of (D7971) per 1 lifetime per patient per tooth.  | No         |   |
| <b>D8080</b> | Comprehensive orthodontic treatment of the adolescent dentition. Inclusive of banding, debanding, and retention. | 0-25 |                           | One of (D8080) per 1 lifetime per provider OR location. Inclusive of phase I and phase II treatment including palatal expanders.<br>One of (D8080) is comprehensive and includes treatment for broken, repaired, or replacement of brackets or wires. Members may not be billed for this treatment. | <b>Yes</b> | Ceph x-ray, Panorex or FMX, 6-8 diag quality extra-oral/intra-oral photos, clinical summary with diagnosis, completed HLD score sheet |
| <b>D8090</b> | Comprehensive orthodontic treatment of the adult dentition   | 0-25 |                           | Code allowed only for comprehensive orthodontia cases where self-ligating appliances are used.<br>Not a separately reimbursable service.<br>One of (D8090) per 1 lifetime per provider OR location.   | <b>Yes</b> | Ceph x-ray, Panorex or FMX, 6-8 diag quality extra-oral/intra-oral photos, clinical summary with diagnosis, completed HLD score sheet |

| Code         | Description   | Age  | Tooth /<br>Quad / Arch    | Limitations  | Auth<br>Req | Requirement  |
|--------------|---|------|---------------------------|--|-------------|--|
| <b>D8660</b> | Pre-orthodontic treatment examination to monitor growth and development | 0-25 |                           | Only reimbursable in conjunction with request for comprehensive orthodontic treatment (D8080).<br>One of (D8660) per 12 months per patient.  | <b>Yes</b>  | D8660 will be denied if billed without D8080.<br>D8660 will be denied when a D8080 is not approved due to mixed dentition (with the exception of a cleft palate or evidence of congenitally missing permanent dentition).<br>Once D8080 and D8660 are approved, no additional D8660 will approve thereafter. |
| <b>D8670</b> | Periodic orthodontic treatment visit                                    | 0-25 |                           | Twenty-Four of (D8670) per 1 lifetime per patient.<br>Maximum of 24 visits reimbursed.<br>For comprehensive orthodontic treatment, maximum of 12 of (D8670) per lifetime per member for self-ligating. | <b>Yes</b>  | Approved D8080/D8090   |
| <b>D8680</b> | Orthodontic retention (removal of appliances)                           | 0-25 |                           | One of (D8680) per 1 lifetime per provider OR location. Only payable when original provider differs from the provider performing the continuation of care for debanding and retention.                 | <b>Yes</b>  | 6-8 diagnostic quality extra-oral / intra-oral photos  |
| <b>D8692</b> | Replacement of lost or broken retainer                                  | 0-25 | Per Arch (01, 02, LA, UA) | One per Arch per lifetime-Allowed within 24 months of date of debanding.   | <b>Yes</b>  | Narrative of active ortho case   |
| <b>D8693</b> | Re-cement or re-bond fixed retainer                                     | 0-25 |                           |  | No          |  |

| Code         | Description  | Age  | Tooth /<br>Quad / Arch | Limitations   | Auth<br>Req | Requirement  |
|--------------|--|------|------------------------|---|-------------|--|
| <b>D8999</b> | Unspecified orthodontic procedure,<br>by report  | 0-25 |                        |   | <b>Yes</b>  | Completed Request Form: Continuation of Care, 6-8 diagnostic quality extra-oral/ intraoral photos, name and address of previous dentist, reason for COC request, additional number of months that D8670 is requested |
| <b>D9110</b> | Palliative (emergency) treatment of dental pain-minor procedure  | 0-25 |                        | Not allowed with any other services other than radiographs. | No          |  |
| <b>D9222</b> | Deep sedation/general anesthesia – first 15 minutes<br>Anesthesia time begins when the doctor administering the anesthetic agent initiates the appropriate anesthesia and non-invasive monitoring protocol and remains in continuous attendance of the patient. Anesthesia services are considered completed when the patient may be safely left under the observation of trained personnel and the doctor may safely leave the room to attend to other patients or duties.<br>The level of anesthesia is determined by the anesthesia provider’s documentation of the anesthetic effects upon the central nervous system and not dependent upon the route of administration | 0-25 |                        | One per day.  | No          |  |

| Code         | Description   | Age  | Tooth /<br>Quad / Arch | Limitations  | Auth<br>Req | Requirement |
|--------------|---|------|------------------------|--|-------------|-------------|
| <b>D9223</b> | Deep sedation/general anesthesia-<br>each 15 minutes  | 0-25 |                        | Maximum of 90 minutes (6 units). Will not be paid with D9230, D9243, D9248. Five per day (must have approved D9222) – existing code service edits. | No          |             |
| <b>D9230</b> | Inhalation of nitrous oxide/analgesia,<br>anxiolysis  | 0-25 |                        | Will not be paid with D9248.   | No          |             |
| <b>D9239</b> | Intravenous moderate (conscious)<br>sedation/analgesia—first 15 minutes<br>Anesthesia time begins when the<br>doctor administering the anesthetic<br>agent initiates the appropriate<br>anesthesia and non-invasive<br>monitoring protocol and remains in<br>continuous attendance of the patient.<br>Anesthesia services are considered<br>completed when the patient may be<br>safely left under the observation of<br>trained personnel and the doctor may<br>safely leave the room to attend to<br>other patients or duties.<br>The level of anesthesia is determined<br>by the anesthesia provider’s<br>documentation of the anesthetic<br>effects upon the central nervous<br>system and not dependent upon the<br>route of administration. | 0-25 |                        | One per day.   | No          |             |
| <b>D9243</b> | Intravenous moderate (conscious)<br>sedation/analgesia-each 15 minutes  | 0-25 |                        | Maximum of 90 minutes (6 units). Will not be paid with D9223, D9230, D9248. Five per day (must have approved D9239) – existing code service edits. |             |             |
| <b>D9248</b> | Non-intravenous moderate<br>(conscious) sedation  | 0-25 |                        | One of (D9248) will not be paid with D9230,<br>or D9243.   | No          |             |

| Code         | Description   | Age  | Tooth /<br>Quad / Arch | Limitations  | Auth<br>Req | Requirement   |
|--------------|---|------|------------------------|--|-------------|---|
| <b>D9310</b> | Consultation-diagnostic service provided by dentist or physician other than requesting dentist or physician | 0-25 |                        | Diagnostic service provided by dentist other than practitioner providing treatment.<br><br>Not covered within 90 days of D0120, D0140, or D0150. | No          |   |
| <b>D9410</b> | House/extended care facility call   | 0-25 |                        |  | No          |   |
| <b>D9420</b> | Hospital or ambulatory surgical center call   | 0-25 |                        |  | No          | Only billable with service when provider has been approved to provide services outside of their office in ASC or OP dept. of a hospital |
| <b>D9910</b> | Application of desensitizing medicament   | 0-25 |                        | One per visit. Not to be used for bases, liners or adhesives used under restorations.  | No          |   |
| <b>D9941</b> | Fabrication of athletic mouth-guard   | 0-25 |                        | One of (D9941) per 12 months per patient.  | No          |   |
| <b>D9944</b> | occlusal guard – hard appliance, full arch <b>*update</b>   | 0-25 |                        | One per 24 months for codes (D9944-D9946)  | No          |   |
| <b>D9945</b> | occlusal guard – soft appliance, full arch <b>*update</b>   | 0-25 |                        | One per 24 months for codes (D9944-D9946)  | No          |   |
| <b>D9946</b> | occlusal guard – hard appliance, partial arch <b>*update</b>  | 0-25 |                        | One per 24 months for codes (D9944-D9946)  | No          |   |
| <b>D9951</b> | Occlusal adjustment-limited   | 0-25 |                        | One of (D9951) per 12 months effective 6/1/18.<br><br>Not covered with any restorative procedure on same date of service.                        | No          |   |
| <b>D9952</b> | Occlusal adjustment-complete  | 0-25 |                        | One of (D9952) per 12 months per patient.<br><br>Not covered with any restorative procedure on same date of service.                             | No          |   |

|              |  |      |     |   |
|--------------|--|------|-----|---|
| <b>D9999</b> | Unspecified adjunctive procedure by report | 0-25 | Yes | Completed Facility Referral Form, Confirmation of Medical Necessity: Narrative #1 (6 or older) #2 (ages 2-6), Treatment plan, x-rays, photos, etc., D9999 on claim form |
|--------------|--|------|-----|---|

## Pregnant Women & REM Adults Age 21 and Over

For adults age 21 and over, the benefits, limitations, and authorization requirements are identical between the Medicaid and REM plans, except the REM plan for adults allows for more frequent prophylaxis, debridement, and D0272 two bitewings.

| Code  | Description  | Age          | Tooth/Quad /Arch | Limitations   | Auth Req | Requirement |
|-------|--|--------------|------------------|---|----------|-------------|
| D0120 | Periodic oral evaluation-established patient             | 21 and older |                  | One of (D0120) per 6 months per provider OR location.<br>One of (D0120, D0150) per 6 months per provider OR location.   | No       |             |
| D0140 | Limited oral evaluation-problem focused                  | 21 and older |                  | Can only be billed on evaluation to alleviate pain.<br>Cannot be billed in conjunction with routine or planned services | No       |             |
| D0150 | Comprehensive oral evaluation-new or established patient | 21 and older |                  | One of (D0150) per 1 lifetime per provider OR location.<br>One of (D0120, D0150) per 6 months per provider OR location. | No       |             |
| D0210 | Intraoral- complete series of radiographic images        | 21 and older |                  | One of (D0210) per 36 months per provider OR location.  | No       |             |
| D0220 | Intraoral-periapical first radiographic image            | 21 and older |                  |   | No       |             |
| D0230 | Intraoral-periapical each additional radiographic image  | 21 and older |                  |   | No       |             |
| D0270 | Bitewing-single radiographic image                       | 21 and older |                  |   | No       |             |



|              |                                     |                    |  |    |
|--------------|-------------------------------------|--------------------|--|----|
| <b>D0272</b> | Bitewings-two radiographic images   | 21<br>and<br>older | One of (D0272) per 6 months per patient for<br>REM Adults 21 & Over.<br><br>One of (codeset: D0270, D0272, D0273,<br>D0274) per 12 months per patient for<br>Pregnant Women 21 & Over. | No |
| <b>D0273</b> | Bitewings-three radiographic images | 21<br>and<br>older | One of (D0273) per 6 months per patient for<br>REM Adults 21 & Over.<br><br>One of (codeset: D0270, D0272, D0273,<br>D0274) per 12 months per patient for<br>Pregnant Women 21 & Over. | No |
| <b>D0274</b> | Bitewings-four radiographic images  | 21<br>and<br>older | One of (D0274) per 6 months per patient for<br>REM Adults 21 & Over.<br><br>One of (codeset: D0270, D0272, D0273,<br>D0274) per 12 months per patient for<br>Pregnant Women 21 & Over. | No |
| <b>D0330</b> | Panoramic radiographic image        | 21<br>and<br>older | One of (D0330) per 36 months per patient.  | No |

Maryland Healthy Smiles Dental Program: Pregnant Women & REM Adults Age 21 and Over  
Benefit Plan Details & Authorization Requirements

| Code         | Description   | Age          | Tooth / Quad / Arch   | Limitations   | Auth Req | Requirement |
|--------------|---|--------------|-----------------------|---|----------|-------------|
| <b>D1110</b> | Prophylaxis-adult                                   | 21 and older |                       | One of (D1110) per 3 months per patient for REM Adults 21 & Over.<br>One of (D1110) per 6 months per patient for Pregnant Women 21 & Over.<br>Includes scaling and polishing procedures to remove coronal plaque, calculus and stains | No       |             |
| <b>D1206</b> | Topical application of fluoride varnish             | 21 and older |                       | One of (D1206/D1208) per 6 months per patient for Pregnant Women 21 & Over.   | No       |             |
| <b>D1208</b> | Topical application of fluoride-excluding varnish   | 21 and older |                       | One of (D1208) per 3 months per patient for REM Adults 21 & Over.<br>One of (D1208) per 6 months per patient for Pregnant Women 21 & Over.  | No       |             |
| <b>D2140</b> | Amalgam-one surface, primary or permanent           | 21 and older | 1-32, A-T             | One of (D2140, D2150, D2160, D2161, D2330, D2331, D2332, D2335, D2391, D2392, D2393, D2394) per 36 months per patient per tooth, per surface.   | No       |             |
| <b>D2150</b> | Amalgam-two surfaces, primary or permanent          | 21 and older | 1-32, A-T             | One of (D2140, D2150, D2160, D2161, D2330, D2331, D2332, D2335, D2391, D2392, D2393, D2394) per 36 months per patient per tooth, per surface.   | No       |             |
| <b>D2160</b> | Amalgam-three surfaces, primary or permanent        | 21 and older | 1-32, A-T             | One of (D2140, D2150, D2160, D2161, D2330, D2331, D2332, D2335, D2391, D2392, D2393, D2394) per 36 months per patient per tooth, per surface.   | No       |             |
| <b>D2161</b> | Amalgam-four or more surfaces, Primary or permanent | 21 and older | 1-32, A-T             | One of (D2140, D2150, D2160, D2161, D2330, D2331, D2332, D2335, D2391, D2392, D2393, D2394) per 36 months per patient per tooth, per surface.   | No       |             |
| <b>D2330</b> | Resin-based composite-one surface, anterior         | 21 and older | 6-11, 22-27, C-H, M-R | One of (D2140, D2150, D2160, D2161, D2330, D2331, D2332, D2335, D2391, D2392, D2393, D2394) per 36 months per patient per tooth, per surface.   | No       |             |

| Code         | Description   | Age          | Tooth / Quad / Arch                | Limitations   | Auth Req | Requirement |
|--------------|---|--------------|------------------------------------|---|----------|-------------|
| <b>D2331</b> | Resin-based composite - two surfaces, anterior                                    | 21 and older | 6-11, 22-27, C-H, M-R              | One of (D2140, D2150, D2160, D2161, D2330, D2331, D2332, D2335, D2391, D2392, D2393, D2394) per 36 months per patient per tooth, per surface. | No       |             |
| <b>D2332</b> | Resin-based composite-three surfaces, anterior                                    | 21 and older | 6-11, 22-27, C-H, M-R              | One of (D2140, D2150, D2160, D2161, D2330, D2331, D2332, D2335, D2391, D2392, D2393, D2394) per 36 months per patient per tooth, per surface. | No       |             |
| <b>D2335</b> | Resin-based composite-four or more surfaces or involving incisal angle (anterior) | 21 and older | 6-11, 22-27, C-H, M-R              | One of (D2140, D2150, D2160, D2161, D2330, D2331, D2332, D2335, D2391, D2392, D2393, D2394) per 36 months per patient per tooth, per surface. | No       |             |
| <b>D2391</b> | Resin-based composite-one surface, posterior                                      | 21 and older | 1-5, 12-21, 28-32, A, B, I-L, S, T | One of (D2140, D2150, D2160, D2161, D2330, D2331, D2332, D2335, D2391, D2392, D2393, D2394) per 36 months per patient per tooth, per surface. | No       |             |
| <b>D2392</b> | Resin-based composite-two surfaces, posterior                                     | 21 and older | 1-5, 12-21, 28-32, A, B, I-L, S, T | One of (D2140, D2150, D2160, D2161, D2330, D2331, D2332, D2335, D2391, D2392, D2393, D2394) per 36 months per patient per tooth, per surface. | No       |             |
| <b>D2393</b> | Resin-based composite-three surfaces, posterior                                   | 21 and older | 1-5, 12-21, 28-32, A, B, I-L, S, T | One of (D2140, D2150, D2160, D2161, D2330, D2331, D2332, D2335, D2391, D2392, D2393, D2394) per 36 months per patient per tooth, per surface. | No       |             |
| <b>D2394</b> | Resin-based composite-four or more surfaces, posterior                            | 21 and older | 1-5, 12-21, 28-32, A, B, I-L, S, T | One of (D2140, D2150, D2160, D2161, D2330, D2331, D2332, D2335, D2391, D2392, D2393, D2394) per 36 months per patient per tooth, per surface. | No       |             |

| Code  | Description  | Age             | Tooth /<br>Quad / Arch | Limitations   | Auth<br>Req | Requirement                                  |
|-------|--|-----------------|------------------------|---|-------------|--|
| D2740 | Crown-porcelain/ceramic substrate                    | 21 and<br>older | 1-32                   | One of (D2740) per 60 months per patient<br>per tooth.<br><br>Not payable on the same day of service as<br>D3310-D3348. | Yes         | Pre-operative x-ray<br>showing apex of tooth |
| D2750 | Crown-porcelain fused to high noble<br>metal         | 21 and<br>older | 1-32                   | One of (D2750) per 60 months per patient<br>per tooth.<br><br>Not payable on the same day of service as<br>D3310-D3348. | Yes         | Pre-operative x-ray<br>showing apex of tooth |
| D2751 | Crown-porcelain fused to<br>predominantly base metal | 21 and<br>older | 1-32                   | One of (D2751) per 60 months per patient<br>per tooth.<br><br>Not payable on the same day of service as<br>D3310-D3348. | Yes         | Pre-operative x-ray<br>showing apex of tooth |
| D2752 | Crown-porcelain fused to noble metal                 | 21 and<br>older | 1-32                   | One of (D2752) per 60 months per patient<br>per tooth.<br><br>Not payable on the same day of service as<br>D3310-D3348. | Yes         | Pre-operative x-ray<br>showing apex of tooth |
| D2780 | Crown-¾ cast high noble metal                        | 21 and<br>older | 1-32                   | One of (D2780) per 60 months per patient<br>per tooth.<br><br>Not payable on the same day of service as<br>D3310-D3348. | Yes         | Pre-operative x-ray<br>showing apex of tooth |
| D2781 | Crown-¾ cast predominantly base<br>metal             | 21 and<br>older | 1-32                   | One of (D2781) per 60 months per patient<br>per tooth.<br><br>Not payable on the same day of service as<br>D3310-D3348. | Yes         | Pre-operative x-ray<br>showing apex of tooth |
| D2782 | Crown-¾ cast noble metal                             | 21 and<br>older | 1-32                   | One of (D2782) per 60 months per patient<br>per tooth.<br><br>Not payable on the same day of service as<br>D3310-D3348. | Yes         | Pre-operative x-ray<br>showing apex of tooth |

| Code         | Description   | Age          | Tooth / Quad / Arch | Limitations  | Auth Req   | Requirement                               |
|--------------|---|--------------|---------------------|--|------------|---|
| <b>D2783</b> | Crown-¾ porcelain/ceramic                           | 21 and older | 1-32                | One of (D2783) per 60 months per patient per tooth.<br>Not payable on the same day of service as D3310-D3348.            | <b>Yes</b> | Pre-operative x-ray showing apex of tooth |
| <b>D2790</b> | Crown-full cast high noble metal                    | 21 and older | 1-32                | One of (D2790) per 60 months per patient per tooth.<br>Not payable on the same day of service as D3310-D3348.            | <b>Yes</b> | Pre-operative x-ray showing apex of tooth |
| <b>D2791</b> | Crown-full cast predominantly base metal            | 21 and older | 1-32                | One of (D2791) per 60 months per patient per tooth.<br>Not payable on the same day of service as D3310-D3348.            | <b>Yes</b> | Pre-operative x-ray showing apex of tooth |
| <b>D2792</b> | Crown-full cast noble metal                         | 21 and older | 1-32                | One of (D2792) per 60 months per patient per tooth.<br>Not payable on the same day of service as D3310-D3348.            | <b>Yes</b> | Pre-operative x-ray showing apex of tooth |
| <b>D2794</b> | Crown-titanium                                      | 21 and older | 1-32                | One of (D2794) per 60 months per patient per tooth.<br>Not payable on the same day of service as D3310, D3320, or D3330. | <b>Yes</b> | Pre-operative x-ray showing apex of tooth |
| <b>D2920</b> | Re-cement or re-bond crown                          | 21 and older | 1-32, A-T           | Two of (D2920) per 1 lifetime per patient per tooth.<br>Not allowed within 6 months of initial placement.                | No         |   |
| <b>D2931</b> | Prefabricated stainless steel crown-permanent tooth | 21 and older | 1-32                | One of (D2931) per 60 months per patient per tooth.<br>Not payable on the same day of service as D3310, D3320, or D3330. | No         |   |

| Code  | Description  | Age          | Tooth / Quad / Arch                           | Limitations  | Auth Req | Requirement   |
|-------|--|--------------|---|--|----------|---|
| D2940 | Protective restoration   | 21 and older | 1-32, A-T                                     | Temporary restoration intended to relieve pain.<br>Not to be used as a base or liner under a restoration.                | No       |   |
| D2951 | Pin retention-per tooth, in addition to restoration  | 21 and older | 1-32  |  | No       |   |
| D3110 | Pulp cap-direct (excluding final restoration)  | 21 and older | 1-32  |  | No       |   |
| D3120 | Pulp cap-indirect (excluding final restoration)  | 21 and older | 1-32, A-T                                     |  | No       |   |
| D3310 | Endodontic therapy, anterior tooth (excluding final restoration)                                   | 21 and older | 6-11, 22-27                                   | One of (D3310) per 1 lifetime per patient per tooth.<br>Not payable on the same day of service as D2740-D2794, or D2931. | No       |   |
| D3320 | Endodontic therapy, bicuspid tooth (excluding final restoration)                                   | 21 and older | 4, 5, 12, 13, 20, 21, 28, 29                  | One of (D3320) per 1 lifetime per patient per tooth.<br>Not payable on the same day of service as D2740-D2794, or D2931. | No       |   |
| D3330 | Endodontic therapy, molar (excluding final restoration)  | 21 and older | 1-3, 14-19, 30-32                             | One of (D3330) per 1 lifetime per patient per tooth.<br>Not payable on the same day of service as D2740-D2794, or D2931. | No       |   |
| D4210 | Gingivectomy or gingivoplasty - four or more contiguous teeth or tooth bounded spaces per quadrant | 21 and older | Per Quadrant (10, 20, 30, 40, LL, LR, UL, UR) | A minimum of four teeth in the affected quadrant.<br>Limit of two Quadrants per 12 months.                               | Yes      | Pre-operative x-rays, periodontal charting, narrative of medical necessity; photos optional |

| Code         | Description   | Age          | Tooth / Quad / Arch   | Limitations   | Auth Req   | Requirement                                |
|--------------|---|--------------|---|---|------------|--|
| <b>D4341</b> | Periodontal scaling and root planing-four or more teeth per quadrant    | 21 and older | Per Quadrant (10, 20, 30, 40, LL, LR, UL, UR)                                       | One of (D4341) per 12 months per patient per quadrant.<br>A minimum of four teeth in the affected quadrant.<br>Limit of four quadrants per 12 months.   | <b>Yes</b> | Pre-operative x-rays, periodontal charting |
| <b>D4355</b> | Full mouth debridement to enable comprehensive evaluation and diagnosis | 21 and older |   | One of (D4355) per 12 months per patient for REM Adults 21 & Over.<br>One of (D4355) per 24 months per patient for Pregnant Women 21 & Over.<br>Not allowed with D1110 on same date of service. | No         |  |
| <b>D4910</b> | Periodontal maintenance procedures                                      | 21 and older |   | Two of (D4910) per 12 months per patient. Must follow active periodontal treatment.   | No         |  |
| <b>D5410</b> | Adjust complete denture-maxillary                                       | 21 and older |   | Not covered within 6 months of placement.   | No         |  |
| <b>D5411</b> | Adjust complete denture-mandibular                                      | 21 and older |   | Not covered within 6 months of placement.   | No         |  |
| <b>D5421</b> | Adjust partial denture-maxillary  | 21 and older |   | Not covered within 6 months of placement.   | No         |  |
| <b>D5422</b> | Adjust partial denture-mandibular                                       | 21 and older |   | Not covered within 6 months of placement.   | No         |  |
| <b>D6930</b> | Re-cement or re-bond fixed partial denture                              | 21 and older |   | Two of (D6930) per 1 lifetime per patient per bridge.   | No         |  |
| <b>D7111</b> | Extraction, coronal remnants-deciduous tooth                            | 21 and older | A-T, AS, BS, CS, DS, ES, FS, GS, HS, IS, JS, KS, LS, MS, NS, OS, PS, QS, RS, SS, TS |   | No         |  |

| Code         | Description   | Age          | Tooth / Quad / Arch  | Limitations  | Auth Req   | Requirement  |
|--------------|---|--------------|--|--|------------|--|
| <b>D7140</b> | Extraction, erupted tooth or exposed root (elevation and/or forceps removal)  | 21 and older | 1-32, 51-82, A-T, AS, BS, CS, DS, ES, FS, GS, HS, IS, JS, KS, LS, MS, NS, OS, PS, QS, RS, SS, TS |  | No         |  |
| <b>D7210</b> | Surgical removal of erupted tooth requiring removal of bone and/or sectioning of tooth, and including elevation of mucoperiosteal flap if indicated | 21 and older | 1-32, 51-82, A-T, AS, BS, CS, DS, ES, FS, GS, HS, IS, JS, KS, LS, MS, NS, OS, PS, QS, RS, SS, TS |  | No         |  |
| <b>D7220</b> | Removal of impacted tooth-soft tissue   | 21 and older | 1-32, 51-82  | Removal of asymptomatic tooth not covered.   | No         |  |
| <b>D7230</b> | Removal of impacted tooth-partially bony  | 21 and older | 1-32, 51-82  | Removal of asymptomatic tooth not covered.   | No         |  |
| <b>D7240</b> | Removal of impacted tooth-completely bony   | 21 and older | 1-32, 51-82  | Removal of asymptomatic tooth not covered.   | No         |  |
| <b>D7250</b> | Surgical removal of residual tooth roots (cutting procedure)  | 21 and older | 1-32, 51-82, A-T, AS, BS, CS, DS, ES, FS, GS, HS, IS, JS, KS, LS, MS, NS, OS, PS, QS, RS, SS, TS | Will not be paid to the dentist or group that removed the tooth.<br>Removal of asymptomatic tooth not covered. | <b>Yes</b> | Narrative of medical necessity, pre-operative x-rays (excluding bitewings) |
| <b>D7285</b> | Incisional biopsy of oral tissue-hard (bone, tooth)   | 21 and older |  |  | <b>Yes</b> | Copy of pathology report submitted with claim                              |



| Code         | Description  | Age          | Tooth / Quad / Arch  | Limitations   | Auth Req   | Requirement                                   |
|--------------|--|--------------|--|---|------------|---|
| <b>D7286</b> | Incisional biopsy of oral tissue-soft  | 21 and older |  |   | <b>Yes</b> | Copy of pathology report submitted with claim |
| <b>D7310</b> | Alveoloplasty in conjunction with extractions - four or more teeth or tooth spaces, per quadrant     | 21 and older | Per Quadrant (10, 20, 30, 40, LL, LR, UL, UR)  | One of (D7310) per 1 lifetime per patient per quadrant.<br>Minimum of three extractions in the affected quadrant.     | No         |   |
| <b>D7320</b> | Alveoloplasty not in conjunction with extractions - four or more teeth or tooth spaces, per quadrant | 21 and older | Per Quadrant (10, 20, 30, 40, LL, LR, UL, UR)  | One of (D7320) per 1 lifetime per patient per quadrant.<br>No extractions performed in an edentulous area.            | No         |   |
| <b>D7510</b> | Incision and drainage of abscess - intraoral soft tissue   | 21 and older | 1-32, 51-82, A-T, AS, BS, CS, DS, ES, FS, GS, HS, IS, JS, KS, LS, MS, NS, OS, PS, QS, RS, SS, TS | Not allowed with extraction.  | No         |   |
| <b>D9110</b> | Palliative (emergency) treatment of dental pain-minor procedure                                      | 21 and older |  | Not allowed with any other services other than radiographs.<br>Not allowed in relation to recently rendered services. | No         |   |

| Code         | Description   | Age          | Tooth /<br>Quad / Arch | Limitations   | Auth<br>Req | Requirement |
|--------------|---|--------------|------------------------|---|-------------|-------------|
| <b>D9222</b> | <p>Deep sedation/general anesthesia – first 15 minutes</p> <p>Anesthesia time begins when the doctor administering the anesthetic agent initiates the appropriate anesthesia and non-invasive monitoring protocol and remains in continuous attendance of the patient. Anesthesia services are considered completed when the patient may be safely left under the observation of trained personnel and the doctor may safely leave the room to attend to other patients or duties.</p> <p>The level of anesthesia is determined by the anesthesia provider's documentation of the anesthetic effects upon the central nervous system and not dependent upon the route of administration</p> | 21 and older |                        |   | No          |             |
| <b>D9223</b> | Deep sedation/general anesthesia- each 15 minutes   | 21 and older |                        | <p>Maximum of 90 minutes (6 units).</p> <p>Will not be paid with D9230, D9243, D9248.</p> <p>Five per day (must have approved D9222) – existing code service edits.</p> | No          |             |
| <b>D9230</b> | Inhalation of nitrous oxide/analgesia, anxiolysis   | 21 and older |                        | Will not be paid with D9248.  | No          |             |

| Code         | Description  | Age          | Tooth /<br>Quad / Arch | Limitations  | Auth<br>Req | Requirement |
|--------------|--|--------------|------------------------|--|-------------|-------------|
| <b>D9239</b> | Intravenous moderate (conscious) sedation/analgesia—first 15 minutes<br>Anesthesia time begins when the doctor administering the anesthetic agent initiates the appropriate anesthesia and non-invasive monitoring protocol and remains in continuous attendance of the patient. Anesthesia services are considered completed when the patient may be safely left under the observation of trained personnel and the doctor may safely leave the room to attend to other patients or duties.<br>The level of anesthesia is determined by the anesthesia provider's documentation of the anesthetic effects upon the central nervous system and not dependent upon the route of administration. | 21 and older |                        |  | No          |             |
| <b>D9243</b> | Intravenous moderate (conscious) sedation/analgesia—each 15 minutes  | 21 and older |                        | Maximum of 90 minutes (6 units).<br>Will not be paid with D9223, D9230, D9248.<br>Five per day (must have approved D9239) – existing code service edits. | No          |             |
| <b>D9248</b> | Non-intravenous moderate (conscious) sedation  | 21 and older |                        | One of (D9248) will not be paid with D9230, or D9243.  | No          |             |

| Code  | Description                                 | Age          | Tooth /<br>Quad / Arch | Limitations                               | Auth<br>Req | Requirement  |
|-------|---|--------------|------------------------|---|-------------|--|
| D9999 | Unspecified adjunctive procedure, by report | 21 and older |                        | Not covered for Pregnant Women 21 & Over. | Yes         | Completed Facility Referral Form: Confirmation of Medical Necessity (Narrative for #1 (only ages 6 or older), narrative for #2-6), treatment plan, x-rays, photos, etc., D9999 on claim form |



# MARYLAND

# Healthy Smiles

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## DENTAL PROGRAM

SKYGEN USA LLC

**Provider Manual: Version 6**

Program Effective: January 1, 2016

Revision Effective: January 1, 2019