

Provider Manual

Version 2

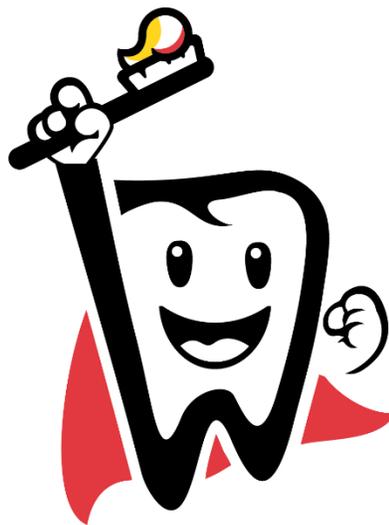
Effective January 1, 2016

Maryland Children Under Age 21

Maryland REM Children Under Age 21

Maryland Pregnant Women 21 and Over

Maryland REM Adults 21 and Over



MARYLAND
Healthy Smiles
DENTAL PROGRAM



Scion Dental, Inc.

www.provider.MDhealthysmiles.com

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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. Scion Dental'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**.
- Step through 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

When You Need Us – We’ll Be There!

Scion Dental 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@sciondental.com

Quick Contacts	
Authorization mailing address	Maryland Healthy Smiles: Authorizations PO Box 422 Milwaukee, WI 53201
Claim mailing address	Maryland Healthy Smiles: Claims PO Box 2186 Milwaukee, WI 53201
Corrected Claims mailing address	Maryland Healthy Smiles: Corrected Claims PO Box 541 Milwaukee, WI 53201
Grievances and Appeals address	Maryland Healthy Smiles: Grievances/Appeals PO Box 393 Milwaukee, WI 53201
Contracting Portal	www.scionproviders.com (access code: MD)
Credentialing Team	855-812-9211 Email: credentialing@sciondental.com
Electronic Funds Transfer	Fax: 262-721-0722 Email: providerservices@sciondental.com
Electronic Outreach Team	855-434-9239 Email: providerportal@sciondental.com
Fraud & Abuse Hotline	877-378-5292
Provider Services	844-275-8753 Email: providerservices@sciondental.com
Provider Web Portal	www.provider.MDhealthysmiles.com

Quick Reference to Common Questions

Member Eligibility

To verify member eligibility, you can either:

- Log on to Provider Web Portal: 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
- Electronic submission via clearinghouse, Payer ID: **SCION**
- HIPAA-compliant 837D file
- Paper 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 Scion Dental 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
- Electronic submission via clearinghouse, Payer ID: **SCION**
- HIPAA-compliant 837D file
- Paper 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 Scion Dental Electronic Outreach Team: **855-434-9239**.

Quick Reference to Common Questions

Grievance and Appeals

To make 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. Scion Dental issues a decision within 30 days if an extension was not requested and 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. Scion Dental issues a decision within 30 days if an extension was not requested and 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

Credentialing Appeals

To appeal a credentialing decision, send a request for a reconsideration review within 30 days of receiving an adverse recommendation. Write to:

Maryland Healthy Smiles: Credentialing
PO Box 2059
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@sciondental.com

The EFT Authorization Agreement form is included in the Provider Manual and posted on the Provider Web Portal:
www.provider.MDhealthysmiles.com.

Provider Web Portal

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

- Email: providerportal@sciondental.com
- Call: 855-434-9239

Credentialing

Send credentialing and recredentialing applications and documents to Scion Dental by email or postal mail.

- Email: credentialing@sciondental.com
- Write to:
Maryland Healthy Smiles: Credentialing
PO Box 2059
Milwaukee, WI 53201
- Call: 855-812-9211

Additional Provider Resources

For information about additional provider resources:

- Log on to Provider Web Portal:
www.provider.MDhealthysmiles.com
- Send email to Provider Services:
providerservices@sciondental.com
- Call Provider Services: **844-275-8753**
- Send email to Electronic Outreach Team:
providerportal@sciondental.com
- Call Electronic Outreach Team: **855-434-9239**
- Send email to Credentialing Team:
credentialing@sciondental.com
- Call Credentialing Team: **855-812-9211**

Welcome

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

We are Scion Dental, Inc., 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 Scion Dental, refer to this provider manual for quick answers and useful information, including how to contact us, how to submit claims and authorizations, and what benefits are offered to members.

When you need answers, log on to www.provider.MDhealthysmiles.com, send an email message to providerservices@sciondental.com, or call Provider Services: **844-275-8753**.

Scion Dental, Inc., 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 Scion Dental as proprietary and confidential.

To read an overview of any *Provider Manual: Version 2* changes, please see details in **Revision History: Version 2**.

This manual describes Scion Dental policies and procedures that govern our administration of dental benefits for the Maryland Department of Health and Mental Hygiene (DHMH). Scion Dental 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 Scion Dental, Inc. © 2016 Scion Dental, Inc. All rights reserved.

Member Rights & Responsibilities

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

Member Rights

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

- **Access** to providers and services.
- **Wellness** programs, which 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/Scion Dental, 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, 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

Maryland Healthy Smiles Dental Program/Scion Dental 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/Scion Dental.
- **File an appeal or grievance** about the procedures of Maryland Healthy Smiles Dental Program/Scion Dental.
- **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 Maryland Healthy Smiles Dental Program/Scion Dental.
- **Be informed of the status** of their credentialing or recredentialing application, upon request.

Provider Responsibilities

Participating providers have the following responsibilities:

- If a recommended treatment plan is not covered (not approved by Maryland Healthy Smiles Dental Program/Scion Dental), 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](#) on [page 25](#).)
- A provider wishing to terminate participation with the Maryland Healthy Smiles Dental Program provider network must follow the termination guidelines stipulated in the provider contract.
- A provider may not bill both medical codes and dental codes for the same procedure.

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 Scion Dental, 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 Scion Dental, 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

Maryland Healthy Smiles Dental Program invites all licensed dentists, regardless of their past commitment to government-sponsored dental programs, 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 Maryland Healthy Smiles Dental Program/Scion Dental.
- Treat only emergencies or special needs cases on an individual basis.
- Access online contracting and credentialing applications from a self-service web portal.

To make it as fast and easy as possible to join our network, Scion Dental streamlines the contracting and credentialing process by offering online web portals and accepting electronic documents.

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 Scion Dental 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](#) on [page 81](#).

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.
- 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.

Get Started! For help getting started with the Provider Web Portal, contact the Electronic Outreach Team: **855-434-9239**.

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 using pre-filled electronic 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 the real-time status of in-process claims and authorizations, and review historical payment records.

- Review provider clinical profiling data relative to your peers.
- Download and print a provider manual, remittance reports, and more.

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 and click the provider login link. On the login page, click **Register Now**.

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.

“... Scion Dental website is **very user-friendly** and provides very quick access to a large amount of essential information that is **very helpful in doing our daily business** in our dental practice.”

—Office Manager, Dental Group, current client in West Virginia

If you don't find answers to your questions, or if you want personalized training for yourself or your office staff, call the Scion Dental Electronic Outreach Team for assistance: **855-434-9239**.

Electronic Payments

Electronic Funds Transfer (EFT)

Scion Dental 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.
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 Scion Dental by fax or email:
 - Fax: 262-721-0722
 - Email: providerservices@sciondental.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.

Once you are enrolled in the EFT program, notify Scion Dental 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. Scion Dental 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 Scion Dental 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 Scion Dental 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@sciondental.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 help, or for more information about electronic Remittance Reports, call the Scion Dental Electronic Outreach team: **855-434-9239**.

EFT Authorization Agreement

A copy of the Scion Dental 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.

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 Scion Dental by fax or email:

- Fax: 262-721-0722
- Email: providerservices@sciondental.com



ELECTRONIC FUNDS TRANSFER (EFT) AUTHORIZATION AGREEMENT

To enroll in Scion Dental's EFT payment program, please fill out this form and you **must return this form with a voided check or the agreement will not be valid.**

Please complete and email to providerservices@sciondental.com or fax to 262-721-0722

PART I – REASON FOR SUBMISSION

Reason for Submission: New EFT Authorization Revision to Current EFT setup (e.g. account or bank changes)

PART II – PROVIDER OR SUPPLIER INFORMATION

Name of Payee: _____

Tax Identification Number: (Designate SSN or EIN) _____

Address of Payee (City, State, Zip): _____

PART III – DEPOSITORY INFORMATION (Financial Institution)

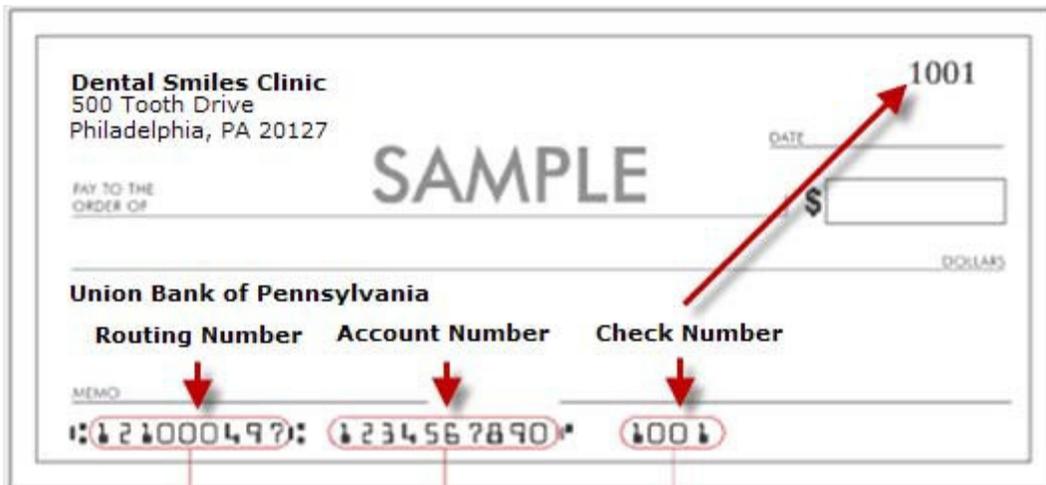
Bank/Depository Name _____

Depository Routing Transit Number (nine digits – include any leading zeros) _____

Depositor Account Number (up to 10 digits – include any leading zeros) _____

Type of Account (check one) Checking Account Savings Account

Please return this form with a voided check or the agreement will not be valid.



PART IV – CONTACT INFORMATION

Name of Billing Contact: _____

Phone Number of Billing Contact: _____

Email Address of Billing Contact: _____

PART V – AUTHORIZATION

I hereby authorize Scion Dental on to initiate credit entries, and in accordance with 31 CFR part 210.6(f) initiate adjustments for any credit entries made in error to the account indicated above. I hereby authorize the financial institution/bank named above, hereinafter called the DEPOSITORY, to credit the same to such account. This authorization agreement is effective as of the signature date below and is to remain in full force and effect until the CONTRACTOR has received written notification from me of its termination in such time and such manner as to afford the CONTRACTOR and the DEPOSITORY a reasonable opportunity to act on it. The CONTRACTOR will continue to send the direct deposit to the DEPOSITORY indicated above until notified by me that I wish to change the DEPOSITORY receiving the direct deposit. If my DEPOSITORY information changes, I agree to submit to the CONTRACTOR an updated EFT Authorization Agreement.

Signature of Authorized Billing Contact: _____ Date: _____

ELECTRONIC FUNDS TRANSFER (EFT)

Terms of Use

The following terms and conditions, as amended from time to time, ("Agreement") apply to all use of the Scion Dental, Inc.'s ("Scion") Electronic Funds Transfer solution, and the use of any service provided in connection therewith (collectively the "EFT Services"). In this Agreement, the words "you", "your" and "yours" means the individual(s) entity or entities identified on the attached Electronic Fund Transfer (EFT) Authorization Agreement, and the words "we," "our," "us" refers to Scion affiliates and designees. Your enrollment or use of the EFT Services signifies your agreement to be legally bound by the terms and conditions set forth herein.

ACH and Wire Transfers. This Agreement is subject to Article 4A of the Uniform Commercial Code -- Funds Transfer. By signing this Agreement, you authorize Scion, acting directly or indirectly on behalf of or through, any third party administrator, health care coalition, or health plan carrier, or other third party carrier or payer (each a "Carrier") that participates in the EFT Services, to credit or debit the account(s) listed on your Enrollment Form (the "Account" or "Accounts") in connection with processing transactions between you and the Carrier. We may rely upon all Account information and identifying numbers provided by you on the Authorization Agreement to receive payment. We may rely on the routing and account numbers you provided even if they identify a financial institution, person or account other than the one named on the Enrollment Form. You agree to be bound by all applicable law, rules and guidelines related to electronic funds transfers, including, without limitation, 31 CFR Part 210, Article 4A of the UCC and the Automated Clearing House (ACH) Association Rules. The ACH rules provide, among other things, that payments made to you, or originated by you, are provisional until final settlement is made through a Federal Reserve Bank or payment is otherwise made as provided in Article 4A-403(a) of the UCC. If we do not receive such payment, we are entitled to a refund from you in the amount credited to your Account and the Carrier that originated or instructed such payment will not be considered to have paid the amount so credited. We are not required to give you any notice of debits or credits to your Accounts. We may make adjustments to your Accounts whenever a correction or change is required. For example, if we make an error with respect to your Account, you agree that we may correct such error immediately and without notice to you. Such errors may include, but are not limited to, reversing an improper credit to your Account, making adjustments for returned items, and correcting calculation and input errors. Our right to make adjustments shall not be subject to any limitations or time constraints, except as required by law.

Accounts. You represent and warrant that (a) you are the owner of each of the Accounts and (b) none of the Accounts is used primarily for personal, family or household purposes.

Disclosures of Account Information to Others. We may disclose information to third parties about you and your Account(s) and transactions as follows: (i) pursuant to agreements with third parties that assist us in the provision of EFT Services; (ii) to verify the existence and condition of an Account; and (iii) as otherwise necessary for us to provide services or facilitate payments to you.

Amendments and Termination. Scion may add, remove, change or otherwise modify any term of this Agreement at any time. We may also terminate or discontinue some or all of the EFT Services at any time without notice to you.

Governing Law and Venue. The laws of the State of Wisconsin shall govern this Agreement and all disputes arising hereunder. You hereby consent that jurisdiction and venue are proper in the State of Wisconsin for the resolution of any dispute arising under this Agreement.

Severability. If any provision of this Agreement is found to be unenforceable according to its terms, all remaining provisions will continue in full force and effect.

Cooperation. You agree to cooperate fully with us in furnishing any information, documentation or performing any action requested by us. You shall furnish us, upon forty-eight (48) hours' notice, with true, accurate and complete copies of such records, documentation or any other information we or our authorized employees, representatives, agents and any regulatory agencies may request; provided, however, that you shall not be required to divulge any records to the extent prohibited by applicable law.

Ownership. Except as provided in this Agreement, Scion shall have and own all rights, title and interests in the EFT Services and any information arising from or in connection therewith. You hereby acknowledge the specific ownership interests of Scion as set forth herein and you shall not acquire any ownership rights by virtue of this Agreement.

Relationship of the Parties. The relationship between both parties under this Agreement is that of independent parties contracting at an arm's-length with each other. Nothing herein contained shall be construed as constituting a partnership, joint venture or agency between the parties hereto.

Entire Agreement. This Agreement constitutes the only agreement between the parties hereto relating to the subject matter hereof, except where expressly noted herein, and all prior negotiations, agreements and understandings relating to the subject matter hereof, whether oral or written, are superseded or canceled hereby.

Force Majeure. Scion shall not be liable for a delay in performance or failure to perform any obligation under this Agreement to the extent such delay is due to causes beyond our control, including, but not limited to, governmental requests, regulations or orders, utility or communications failure, delays in transportation, national emergency, war, civil commotion or disturbance, war conditions, fires, floods, storms, earthquakes, tidal waves, failure or delay in receiving electronic data, equipment or systems failure or communication failures.

Warranties, Indemnification and Limitation of Liability. SCION HEREBY DISCLAIMS ALL WARRANTIES WITH RESPECT TO THE SERVICES AND PRODUCTS PROVIDED HEREUNDER, WHETHER EXPRESS, IMPLIED, STATUTORY OR OTHERWISE, INCLUDING, WITHOUT LIMITATION, ANY WARRANTY OF MERCHANTABILITY OR FITNESS FOR USE FOR A PARTICULAR PURPOSE. Scion is entering into this agreement as an accommodation and convenience to you, and you will indemnify and hold Scion free and harmless from and against any and all claims, demands, actions, suits damages and costs, whether groundless or otherwise, whether based on contract, negligence or otherwise, and as may arise out of any act or failure to act on the part of Scion. Scion shall incur no liability to you or any other person in the event the intended party does not receive the funds if Scion shall have acted reasonably in transmitting the funds in accordance with your instructions. Scion shall not be held liable or responsible for failures, delays, errors, claims or damages in the execution or effectuation of any transfer occasioned by the fault or negligence of any correspondent bank, agent, or agency for purposes of making or completing transfer of funds. IN NO EVENT SHALL SCION, ITS PARENT, AFFILIATES, SUBSIDIARIES, DIRECTORS, OFFICERS, EMPLOYEES, AGENTS OR REPRESENTATIVES BE LIABLE FOR SPECIAL, INCIDENTAL OR CONSEQUENTIAL DAMAGES OR CLAIMS BY YOU OR ANY THIRD PARTY RELATIVE TO THE TRANSACTIONS HERE UNDER.

Eligibility & Member Services

The Maryland Healthy Smiles Dental Program offers dental coverage for children and pregnant women enrolled in the Maryland Medicaid Program, and for adults enrolled in the Rare and Expensive Case Management (REM) Program. The Maryland Department of Health and Mental Hygiene (DHMH) determines member eligibility.

The Maryland Healthy Smiles Dental Program includes the following Medicaid 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)

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

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 [Maryland Healthy Smiles Dental Program: Pregnant Women & REM Adults](#) Age 21 and Over on [page 108](#).

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 Member ID card and may or may not be identified in Scion Dental's benefits management software system. See [Submitting Authorizations for Pregnant Women](#) on [page 33](#) or [Submitting Claims for Pregnant Women](#) on [page 39](#).

Member ID Card

Members receive Maryland Healthy Smiles Dental Program Member ID cards from Scion Dental. 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.

Scion Dental 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 Scion Dental should a member lose eligibility.

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>Member Name: Date of Birth: Member ID: Dental Home: Dental Home Phone:</p> <p>Please check eligibility and benefits before each date of service.</p>	<p>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.)</p> <p>If you have an unresolved issue, call the State Enrollee Help Line: 1-800-284-4510.</p> <p>Maryland Healthy Smiles: Claims PO Box 2186 Milwaukee, WI 53201</p> 
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Verifying Member Eligibility

To verify member eligibility, you can:

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

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.

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

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. 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 Scion Dental 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 Scion Dental. 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, on [page 81](#).

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.

Scion Dental 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 Scion Dental, 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 [Reporting Missed Appointments](#) on [page 25](#).

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 Scion Dental—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 Scion Dental 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, simply call Provider Services: **844-275-8753**. See [Reporting Missed Appointments](#) on [page 25](#).

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**. We'll take it from there.

Our Provider Services team tracks missed appointments by logging them in our Customer Service system. These records are then automatically forwarded to our Member Outreach team for follow-up. Our Member Outreach coordinators 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 missed you when you did not come for your dental appointment on Month/Date. Regular checkups are needed to keep your teeth healthy. Call us to schedule another appointment.”
- “Please call to reschedule another dental appointment. Call us in advance if you cannot keep the appointment. Missed appointments are very costly to us. Thank you for your help.”

Payment for Non-Covered Services

Enrolled participating providers shall hold members, Maryland Healthy Smiles Dental Program and Scion Dental harmless for the payment of non-covered services except as provided in this paragraph. 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. (For the Non-Covered Services Agreement form, see [page 67](#).) The written agreement must indicate:

- The services to be provided (CDT code);
- The Maryland Healthy Smiles Dental Program or Scion Dental, Inc., will not pay for or be liable for these services; and
- Patient will be financially liable for such services.

Providers must inform patients *in advance* and *in writing* when the member is responsible for non-covered services.

Concierge Care for Members

To help reduce costs for providers while promoting member satisfaction, Scion Dental offers members personalized concierge-level service to help with appointment scheduling and oral health education. This highly successful program reduces administrative costs for dentists and routinely sends satisfied, eligible members directly to provider practice locations.

Our concierge-level care 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 from the Provider Web Portal and is also included in this manual. See [Local Transportation Contacts](#) on [page 27](#). 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 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 Established clients: 410-396-6422 Facilities only: 410-396-6665	7:30 AM-10:45 PM Saturday: 6:00 AM-8:45 PM
Baltimore City	Ambulatory, Wheelchair	Veolia Transportation: 410-783-2465 410-887-2828	8:00 AM-5:00 PM 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: 800-987-9088 Best Care Ambulance: 410-476-3688	7:00 AM-4:30 PM
Carroll	All	Butler Medical Transport: 888-602-4007 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 & 1:00 PM-3:00 PM
Frederick	All	301-600-1725	8:00 AM-4:00 PM
Garrett	All	Garrett Community Action: 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 & 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 Lifestar: 410-546-0809	8:00 AM-4:30 PM
Talbot	Ambulatory, Wheelchair	Bay Area Transportation: 800-987-9088 Best Care Ambulance: 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 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

Maryland Healthy Smiles Dental Program/Scion Dental 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](#) on [page 81](#).

Non-emergency services requiring prior authorization should not be started until the authorization request is reviewed and approved by a Scion Dental 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, Maryland Healthy Smiles Dental Program or Scion Dental, Inc.

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 [Emergency Treatment](#) on [page 60](#).

Submit requests for prior authorization online through the Provider Web Portal (www.provider.MDhealthysmiles.com), electronically in a HIPAA-compliant data file, or via postal mail on a paper ADA Dental Claim Form. (See [Authorization Submission Procedures](#) on [page 31](#).) Any claims or authorizations submitted without the required documentation will be denied and must be resubmitted to obtain reimbursement.

Scion Dental 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.

Scion Dental will honor prior authorizations for 180 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.

Scion Dental 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 Scion Dental to ensure the services meet the medical necessity criteria for services rendered in an outpatient facility (hospital or ASC). See [Dental Surgery Services](#) on [page 59](#).

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 [Grievances & Appeals](#) on [page 43](#).

If Scion Dental 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	Scion Dental approves or denies request within 2 business days.
Prior authorization expiration	Scion Dental honors approved prior authorizations for 180 calendar days from decision date.
Appeal acknowledgement	Scion Dental 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.
Authorization appeal decision—Non-expedited	Scion Dental renders decision within 30 days of receiving the appeal.
Authorization appeal decision—Expedited	Scion Dental renders decision within 3 business days of receiving the expedited appeal.

Authorization Submission Procedures

Scion Dental accepts authorizations submitted in any of the following formats:

- Provider Web Portal, www.provider.MDhealthysmiles.com
- Electronic submission via clearinghouse, Payer ID: **SCION**
- HIPAA-compliant 837D file
- Paper 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 Scion Dental through our Provider Web Portal: 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—which means you 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 Scion Dental directly via either the 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 Scion Dental.

Scion Dental Payer ID is **SCION**. By using this unique Payer ID with electronic files, Emdeon and DentalXChange can ensure that claims and authorizations are submitted successfully to Scion Dental.

For more information about Emdeon and DentalXChange, visit their websites:

www.emdeon.com and 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, Scion Dental 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), you can quickly and easily send electronic documents as part of submitting a claim or authorization—**for no charge**.

Scion Dental also accepts dental radiographs and other documents electronically via Fast Attach™ for authorization requests. For more information, visit 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 current 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).

Scion Dental 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 [Maryland Healthy Smiles Dental Program: Pregnant Women & REM Adults Age 21 and Over](#) on [page 108](#).

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 Scion Dental'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 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. In the **Remarks** section of the electronic authorization or paper authorization form, include a note to indicate that the recipient is pregnant as well as the member's expected due date.
- An “**eligible member**” in the **MD Dental ONLY IF Pregnant – Paper Claims Only – Note Pregnancy on Claims/Auths** plan, then you must submit either an electronic authorization or a paper authorization. If submitting electronically, add a note on the **Notes** tab in the Provider Web Portal to indicate that the recipient is pregnant. If submitting a paper authorization, add a note in the **Remarks** section to indicate that the recipient is pregnant as well as the member's expected due date.

Authorizations 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.

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

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

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)

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 _____
 (Primary diagnosis in "A") B _____ D _____

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=O/P Hospital) 39. Enclosures (Y or N)

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 _____ Date _____
 Signed (Treating Dentist)

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 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"

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
Dentist 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
General Practice	1223G0001X
Dental Specialty (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"

Claim Submission Procedures

Scion Dental accepts claims submitted in any of the following formats:

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

Submitting Claims via Provider Web Portal

Providers may submit claims directly to Scion Dental through our Provider Web Portal: 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 Scion Dental directly via either the 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 Scion Dental.

Scion Dental Payer ID is **SCION**. By using this unique Payer ID with electronic files, Emdeon and DentalXChange can ensure that claims and authorizations are submitted successfully to Scion Dental.

For more information about Emdeon and DentalXChange, visit their websites: www.emdeon.com and 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, Scion Dental 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), you can quickly and easily send electronic documents as part of submitting a claim or authorization—**for no charge**.

Scion Dental, 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 current 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).

Scion Dental 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 [Maryland Healthy Smiles Dental Program: Pregnant Women & REM Adults](#) Age 21 and Over on [page 108](#).

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 Scion Dental'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 Healthy Smiles Dental Program dental benefits. Any claims submitted for "***member not found***" are automatically denied.
- Eligible for dental benefits in the Healthy Smiles Dental Program, you can submit either an electronic claim or a paper claim for services. In the **Remarks** section of the electronic claim or paper claim form, include a note to indicate that the recipient is pregnant as well as the member's expected due date.
- 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***. In the **Remarks** section of the paper claim form, include a note to indicate that the recipient is pregnant as well as the member's expected due date.

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/Scion Dental is the payer of last resort. When a participant arrives for an appointment, always ask if they have other dental insurance coverage.

When Maryland Healthy Smiles Dental Program/Scion Dental 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, Maryland Healthy Smiles Dental Program/Scion Dental will consider the claim paid in full and no further payment will be made on the claim.

Timely Filing Limits

Scion Dental 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 Maryland Healthy Smiles Dental Program/Scion Dental is the secondary carrier, the timely filing limit begins with the date of payment or denial from the primary carrier.

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](#) on [page 37](#) of this provider manual. Timely filing limitations apply when a claim is resubmitted for reprocessing.

Submitting a Corrected Claim

To reverse and correct a payment that should not have been made, submit a corrected claim on the current 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, Scion Dental 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 Scion Dental 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.

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

Maryland Healthy Smiles Dental Program and Scion Dental 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/Scion Dental 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 Scion Dental Appeals Specialist is dedicated to the expedient, satisfactory resolution of both provider and member grievances and appeals.

Making a Grievance

Scion Dental takes an active role assisting providers and members who have grievances.

Grievances: Scion Dental classifies grievances (complaints) as any expression of dissatisfaction that cannot be resolved through informal conversations or that require more than one day to resolve.

If you have a grievance, you can either:

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

Grievance Investigation & Resolution

Scion Dental 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.

Scion Dental investigates and resolves grievances within the following time frames:

- **Emergency, clinical issues:** within 24 hours of receipt or by the 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 Scion Dental Appeals department is dedicated to identifying and promptly resolving member and provider appeals.

Appeals: Scion Dental classifies appeals as any request for review of a denied service or request for services.

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. Scion Dental 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 Scion Dental 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 Member Appeals

A member may appeal any Scion Dental 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. Scion Dental will review the appeal and render a decision within 30 days if an extension (of up to 14 days) is not requested and granted. Scion Dental 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	Scion Dental investigates and resolves within 24 hours of receipt or by close of the next business day.
Grievance related to clinical issue—non-emergency	Scion Dental investigates and resolves within 5 days of receipt.
Grievance related to non-clinical issue	Scion Dental investigates and resolves within 30 days of receipt.
Appeal acknowledgement	Scion Dental 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. Providers must have the member's written consent to appeal a decision on the member's behalf.
Authorization appeal decision—Non-expedited	Scion Dental renders decision within 30 days of receiving the appeal.
Authorization appeal decision—Expedited	Scion Dental renders decision within 3 business days of receiving the expedited appeal.
Claim appeal	Providers must appeal within 30 days of the notice of decision. Scion Dental renders decision within 30 days of receiving the appeal.

Provider Credentialing

High-quality dental providers are essential to the success of the Maryland Healthy Smiles Dental Program, and even more importantly, essential to the health of members enrolled in its Medicaid benefit plans.

While Maryland Healthy Smiles Dental Program has an open recruitment strategy that encourages all providers to participate, all dentists seeking acceptance into the network must undergo a qualification process, which includes a background check, licensing verification, and primary source verification of professional credentials. Maryland Department of Health and Mental Hygiene (DHMH) has partnered with Scion Dental to provide credentialing services for its provider network.

As required by law, any dentist (DDS or DMD) who is interested in participating with the Maryland Healthy Smiles Dental Program is invited to apply and submit a credentialing application for review by Scion Dental's Credentialing Committee. We do not differentiate or discriminate in the treatment of providers seeking credentialing on the basis of race, ethnicity, gender, age, national origin, or religion.

Providers must be credentialed before participating in the Maryland Healthy Smiles Dental Program network. Providers accepted into the network are recredentialed at least every 36 months.

Credentialing Process

The Scion Dental credentialing process follows NCQA (National Committee for Quality Assurance) credentialing guidelines for dentistry. All credentialing applications must satisfy NCQA and/or URAC standards of credentialing as they apply to dental services. Scion Dental has the sole right to determine which dentists it accepts and continues to allow as participating providers in the Maryland Healthy Smiles Dental network.

In reviewing an application, the Credentialing Committee may request further information from the applicant. The Credentialing Committee may postpone a decision pending the outcome of an investigation of the applicant by a hospital, licensing board, government agency, institution, or any other organization, or the Committee may recommend other actions it deems appropriate. Scion Dental notifies Maryland DHMH of all disciplinary actions that involve participating providers.

Any acceptance of an applicant is conditioned upon the applicant's execution of a participation agreement with Maryland Healthy Smiles Dental network.

If you have questions about the credentialing process or need assistance, call the Scion Dental Credentialing team: **855-812-9211**.

Obtaining a Credentialing Application

Our web-based Contracting Portal includes a link to the Maryland Credentialing Application. Navigate to www.scionproviders.com and enter access code **MD**. A link to the Credentialing Application is available from the website toolbar.

Submitting a Credentialing Application

To submit your credentialing application and required documents, you may either:

- Send email with attachments to: credentialing@sciondental.com, or
- Send paper documents to:
Maryland Healthy Smiles: Credentialing
PO Box 2059
Milwaukee, WI 53201

Recredentialing Process

Recredentialing is required at least every 36 months, per NCQA guidelines. Six months before you are due for recredentialing, Scion Dental will notify you of your upcoming recredentialing due date. Our notification letter will include instructions for how to complete the recredentialing process. If you have questions about recredentialing or need assistance, call the Scion Dental Credentialing team: **855-812-9211**.

Appealing a Credentialing Decision

The Scion Dental Credentialing Committee has the discretion and authority to accept an application without restrictions. However, if the Credentialing Committee determines an application should be accepted with restriction or declined, the Committee recommends the appropriate action to the Executive Subcommittee for approval and offers the applicant an opportunity to request a reconsideration review or appeal the recommendation.

If the applicant accepts the opportunity for a reconsideration review, the Credentialing Committee reviews all original documents, as well as any additional information submitted for the reconsideration review. If an applicant appeals the Credentialing Committee's recommendation, a Peer Review Committee completes the review.

Scion Dental retains ultimate responsibility for the credentialing process and final credentialing decisions.

To appeal a decision, send a written request for a reconsideration review within 30 days of receiving an adverse recommendation to:

Maryland Healthy Smiles: Credentialing Appeals
PO Box 2059
Milwaukee, WI 53201

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.

Scion Dental 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 Scion Dental 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, Maryland Healthy Smiles Dental Program/Scion Dental 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 current ADA claim form.

To request copies of Scion Dental HIPAA policies, call Provider Services or send an email to providerservices@sciondental.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 Scion Dental 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, Scion Dental 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. Scion Dental 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

Scion Dental 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, Scion Dental 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 percent of all dentists). Scion Dental is contractually obligated to report suspected fraud, waste, abuse, or misuse by members and participating dental providers to the Maryland Department of Health and Mental Hygiene (DHMH).

Non-Incentivization Policy

It is Scion Dental 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 Scion Dental Utilization Management team bases their decisions on only appropriateness of care, service, and existence of coverage. Scion Dental 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

Scion Dental conduct 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 Scion Dental Fraud and Abuse hotline: **877-378-5292** or write to:

Scion Dental
Attention: Fraud and Abuse
10201 N Port Washington Rd
Mequon WI 53092

To report potential fraud or abuse, call our
Hotline: **877-378-5292.**

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.

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

Scion Dental 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 SCHIP are eligible for full EPSDT benefits in Maryland. Participants attaining the age of 21 are treated as adults beginning with the first month following their birthday.

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

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 should occur at the eruption of the first tooth and no later than 12 months. Repeat every 6 months.
- (2) Includes assessment of pathology and injury.
- (3) By clinical examination.
- (4) Must be repeated regularly and frequently to maximize effectiveness.
- (5) Timing selection and frequency determined by child's history, clinical findings, and susceptibility to oral diseases.
- (6) Consider when systemic fluoride exposure is suboptimal.

- (7) Up to at least 16 years of age.
- (8) Appropriate discussion and counseling should be an integral part of each visit for care.
- (9) Initially, responsibility of parent; as child develops, jointly with parent; then, when indicated, only child.
- (10) At every appointment; initially discuss appropriate feeding practices, then the role of refined carbohydrates and frequency of snacking in caries development.
- (11) Initially play objects, pacifiers, car seats; then when learning to walk, sports and routine playing, including the importance of the mouth guard.
- (12) At first, discuss the need for additional sucking: digits vs. pacifiers; then the need to wean from the habit before malocclusion of skeletal dysplasia occurs. For school age children and adolescent patients, counsel regarding any existing habits such as fingernail biting, clenching or bruxism.
- (13) For caries susceptible molars, permanent molars, premolars and anterior teeth with deep pots and fissures; placed on as soon as possible after eruption.

Clinical Criteria

Medical Necessity

Scion Dental 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 is started. When submitting these procedures for prior review, also submit supporting documentation, if required. Prior authorization requirements and documentation requirements are summarized in this provider manual in [Benefit Plan Details & Authorization Requirements](#) on [page 81](#).

For information about submitting prior authorizations and required documentation, see [Authorization Submission Procedures](#) on [page 31](#).

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 Scion Dental 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 (see [page 73](#)).
- 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 Scion Dental through our Provider Web Portal: 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 an 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. Scion Dental 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

Scion Dental 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 these procedures, please note the documentation requirements, and include required documentation when submitting authorizations to Scion Dental.

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

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 planning
- 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 planning (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 planning 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 3rd 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

Orthodontic Continuation of Care (D8999)

- Completed Request Form: Continuation of Care
- 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)

- 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

Orthodontic retention (D8680)

- Debanding by a provider / location other than the provider / location that was paid for initial banding (D8080, D8090)

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, Scion Dental 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.



Maryland Healthy Smiles Dental Program

MARYLAND
Healthy Smiles
DENTAL PROGRAM

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 Healthy Smiles Dental Program.
2. Submit this form and all required documentation, along with a claim form noting CDT Code D8999 (request form) to Scion Dental.
3. Send all documents to the following address to avoid any disruption in compensation:

Maryland Healthy Smiles: Continuation of Care
PO Box 393
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.



Maryland Healthy Smiles Dental Program

MARYLAND
Healthy Smiles
DENTAL PROGRAM

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
Total Amount Due by Recipient			

_____/_____
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, Scion Dental’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.

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*
Cleft palate. 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? Score 15			
Severe traumatic deviations. Refers to facial accidents, not congenital deformity (does not include traumatic occlusions or crossbites). Score 15			
Overjet. Measure overjet in millimeters and subtract 2mm from your score. Two millimeters of overjet considered normal. Overjet _____ minus 2 mm			
Overbite. Measure overbite in millimeters and subtract 3 mm from your score. Three millimeters of overbite considered normal. Overbite _____ minus 3 mm			
Mandibular protrusion. Measure in millimeters, multiply by 5. Protrusion _____ x 5			
Open bite. Measure opening between maxillary and mandibular incisors in millimeters, multiply by 4. Opening _____ x 4			
Labio-lingual spread. Measure total spacing between anterior teeth in millimeters.			
Anterior crowding. 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. Maxilla _____ Mandibular _____			
Ectopic eruption. Unusual pattern of eruption, such as high labial cuspids. Do not score if teeth are scored under anterior crowding. Multiply teeth by 3. Teeth _____ x 3			
Posterior crossbite. Score 5 points for left or right posterior crossbite. Max score 5			
A score of 15 or higher indicates a physical handicap. TOTAL			

Scion Dental 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 Scion Dental 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.



Maryland Healthy Smiles Dental Program

MARYLAND
Healthy Smiles
DENTAL PROGRAM

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 Scion Dental for review and determination.
3. Send all documentation via the Provider Web Portal at 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

Scion Dental 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 be sure to review *Required Documentation* above.)
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)
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
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
5. Patients requiring extensive dental procedures who have documentation of psychosomatic disorders that require special treatment
6. Cognitively disabled individuals requiring extensive dental procedures whose prior history indicates hospitalization is appropriate

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 2

Changes and Additions

Updated Policies and Forms	Version 2 Revisions
Authorization appeals policy	<i>The timeline changed to 30 days. (References are updated throughout the manual.)</i>
Claims appeals policy	<i>The timeline changed to 30 days. (References are updated throughout the manual.)</i>
X-Ray Return Policy	<i>There is a newly added X-Ray Return Policy. (Please see Submitting Authorizations on Paper Forms for details.)</i>
Submitting Authorizations for Pregnant Women	<i>There is a newly added Submitting Authorizations for Pregnant Women section. (Please see Submitting Authorizations for Pregnant Women for details.)</i>
Submitting Claims for Pregnant Women	<i>There is a newly updated eligibility procedure. (Please see Submitting Claims for Pregnant Women for details.)</i>
Submitting a Corrected Claim	<i>There is a newly updated corrected claim procedure. (Please see Submitting a Corrected Claim for details.)</i>
Comprehensive orthodontic treatment (HLD Score) (D8080, D8090)	<i>There is a revised third bullet in the Comprehensive orthodontic treatment section. (Please see Clinical Criteria Descriptions for details.)</i>
Pre-orthodontic treatment examination to monitor growth and development (D8660)	<i>There is a newly added Pre-orthodontic treatment examination to monitor growth and development section. (Please see Clinical Criteria Descriptions for details.)</i>
Orthodontic Continuation of Care (D8999)	<i>There is a newly added Orthodontic Continuation of Care section. (Please see Clinical Criteria Descriptions for details.)</i>
Hospital operating room or outpatient facility request (D9999)	<i>There is a newly updated description in the Hospital operating room or outpatient facility request (D9999) section. (Please see Clinical Criteria for details.)</i>
Request Form: Continuation of Care	<i>There is a newly added form: Request Form: Continuation of Care. (Please see the Request Form: Continuation of Care section for details.)</i>
Non-Covered Services Agreement form	<i>There is a newly added form: Non-Covered Services Agreement. (Please see the Non-Covered Services Agreement form section for details.)</i>

Updated Policies and Forms	Version 2 Revisions
Facility Referral Form: Confirmation of Medical Necessity	<i>There is a newly added form: Facility Referral Form: Confirmation of Medical Necessity. (Please see the Facility Referral Form: Confirmation of Medical Necessity section for details.)</i>
Benefit Plan Details & Authorization Requirements	<i>The Maryland Healthy Smiles Dental Program: Children & REM Children Under Age 21 section is retitled.</i>
Benefit Plan Details & Authorization Requirements	<i>The Maryland Healthy Smiles Dental Program: Pregnant Women & REM Adults Age 21 and Over section is retitled.</i>

CDT Codes

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

Limitations Changes

Updated CDT Codes	Version 2 Revisions: Limitations
D1206 (Age 0-3)	“Four of (D1206) per 12 months per patient per provider. Maximum eight of (D1206) per 12 months per patient regardless of provider. Minimum of 30 days required between applications.”
D1206 (Age 4-20)	“Four of (D1206) per 12 months per patient. Minimum of 30 days required between applications.”
D1510	“One of (D1510) per 24 months per patient per tooth.”
D1515	“One of (D1515, D1525) per 24 months per patient per tooth.”
D1520	“One of (D1520) per 24 months per patient per tooth.”
D1525	“One of (D1515, D1525) per 24 months per patient per tooth.”
D2390	<i>Limitations are deleted.</i>
D2721	“One of (D2721) per 60 months per patient per tooth. Not allowed within 30 days of the date of service of D3310, D3320, D3330, or D3348.”
D2740	“One of (D2740) per 60 months per patient per tooth. Not allowed within 30 days of the date of service of D3310, D3320, D3330, or D3348.”
D2750	“One of (D2750) per 60 months per patient per tooth. Not allowed within 30 days of the date of service of D3310, D3320, D3330, or D3348.”

Updated CDT Codes	Version 2 Revisions: Limitations
D2751	"One of (D2751) per 60 months per patient per tooth. Not allowed within 30 days of the date of service of D3310, D3320, D3330, or D3348."
D2752	"One of (D2752) per 60 months per patient per tooth. Not allowed within 30 days of the date of service of D3310, D3320, D3330, or D3348."
D2780	"One of (D2780) per 60 months per patient per tooth. Not allowed within 30 days of the date of service of D3310, D3320, D3330, or D3348."
D2781	"One of (D2781) per 60 months per patient per tooth. Not allowed within 30 days of the date of service of D3310, D3320, D3330, or D3348."
D2782	"One of (D2782) per 60 months per patient per tooth. Not allowed within 30 days of the date of service of D3310, D3320, D3330, or D3348."
D2783	"One of (D2783) per 60 months per patient per tooth. Not allowed within 30 days of the date of service of D3310, D3320, D3330, or D3348."
D2790	"One of (D2790) per 60 months per patient per tooth. Not allowed within 30 days of the date of service of D3310, D3320, D3330, or D3348."
D2791	"One of (D2791) per 60 months per patient per tooth. Not allowed within 30 days of the date of service of D3310, D3320, D3330, or D3348."
D2792	"One of (D2792) per 60 months per patient per tooth. Not allowed within 30 days of the date of service of D3310, D3320, D3330, or D3348."
D2794	"One of (D2794) per 60 months per patient per tooth. Not allowed within 30 days of the date of service of D3310, D3320, D3330, or D3348."
D2929	"One of (D2929) per 36 months per patient per tooth."
D2930	"One of (D2930) per 36 months per patient per tooth."
D2932	"One of (D2932) per 36 months per patient per tooth."
D2933	"One of (D2933) per 36 months per patient per tooth."
D2934	"One of (D2934) per 36 months per patient per tooth."
D3351	"Not allowed after a D3310, D3320, D3330, D3346, D3347, or D3348."

Updated CDT Codes	Version 2 Revisions: Limitations
D3352	"Not allowed after a D3310, D3320, D3330, D3346, D3347, or D3348."
D3353	"Not allowed after a D3310, D3320, D3330, D3346, D3347, or D3348."
D8080	"One of (D8080) per 1 lifetime per provider OR location."
D8090	"One of (D8080) per 1 lifetime per provider OR location."
D8660	"One of (D8660) per 12 months per patient."
D8680	"One of (D8680) per 1 lifetime per provider OR location."
D9310	"Not covered within 90 days of D0120, D0140, or D0150."
D9999	"Not covered for Pregnant Women 21 & Over."

Requirement Changes

Updated CDT Codes	Version 2 Revisions: Requirement
D7285	"Copy of pathology report submitted with claim"
D7286	"Copy of pathology report submitted with claim"
D7410	"Copy of pathology report submitted with claim"
D7440	"Copy of pathology report submitted with claim"
D7450	"Copy of pathology report submitted with claim"
D7451	"Copy of pathology report submitted with claim"
D7460	"Copy of pathology report submitted with claim"
D7461	"Copy of pathology report submitted with claim"
D8080	"Ceph x-ray, Panorex or FMX, 6-8 diag quality extra-oral/intra-oral photos, clinical summary with diagnosis, completed HLD score sheet"
D8090	"Ceph x-ray, Panorex or FMX, 6-8 diag quality extra-oral/intra-oral photos, clinical summary with diagnosis, completed HLD score sheet"

Updated CDT Codes	Version 2 Revisions: Requirement
D8660	<p>“D8660 will be denied if billed without D8080.</p> <p>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).</p> <p>Once D8080 and D8660 are approved, no additional D8660 will approve thereafter.”</p>
D8680	“6-8 diagnostic quality extra-oral / intra-oral photos”
D9999	“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”

Newly Added Codes

New CDT Codes	Version 2 Revisions
D8999	<i>There is a newly added D8999. (Please see Benefit Plan Details & Authorization Requirements for details.)</i>
D9420	<i>There is a newly added D9420. (Please see Benefit Plan Details & Authorization Requirements for details.)</i>

Benefit Plan Details & Authorization Requirements

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

- Maryland Medicaid children under age 21
- Maryland REM children under age 21
- Maryland pregnant women 21 and over
- Maryland REM adults 21 and over

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 D0272 two bitewings.

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 Scion Dental 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.

Maryland Healthy Smiles Dental Program: Children & REM Children Under Age 21

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 / Quad / Arch	Limitations	Auth Req	Requirement
D0120	Periodic oral evaluation-established patient	0-20		One of (D0120) per 6 months per provider OR location. One of (D0120, D0145, D0150, D0160) per 6 months per provider OR location.	No	
D0140	Limited oral evaluation-problem focused	0-20		Not reimbursable on the same day as D0120, D0150 or D0160. Not allowed with Routine Services.	No	
D0145	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. One of (D0120, D0145, D0150, D0160) per 6 months per provider OR location.	No	
D0150	Comprehensive oral evaluation-new or established patient	0-20		One of (D0150) per 1 lifetime per provider OR location. One of (D0120, D0145, D0150, D0160) per 6 months per provider OR location.	No	
D0160	Detailed and extensive oral evaluation-problem focused, by report	0-20		One of (D0160) per 1 lifetime per provider OR location. One of (D0120, D0145, D0150, D0160) per 6 months per provider OR location.	No	
D0210	Intraoral-complete series of radiographic images	6-20		One of (D0210) per 36 months per provider OR location. One of (D0210, D0330) per 36 months per provider.	No	

Code	Description	Age	Tooth / Quad / Arch	Limitations	Auth Req	Requirement
D0220	Intraoral-periapical first radiographic image	0-20			No	
D0230	Intraoral-periapical each additional radiographic image	0-20			No	
D0240	Intraoral-occlusal radiographic image	0-20		Two of (D0240) per 12 months per patient.	No	
D0250	Extraoral-first radiographic image	0-20			No	
D0270	Bitewing-single radiographic image	2-20			No	
D0272	Bitewings-two radiographic images	2-20		One of (D0272, D0273, D0274) per 6 months per provider.	No	
D0273	Bitewings-three radiographic images	10-20		One of (D0272, D0273, D0274) per 6 months per provider.	No	
D0274	Bitewings-four radiographic images	10-20		One of (D0272, D0273, D0274) per 6 months per provider.	No	
D0290	Posterior-anterior or lateral skull and facial bone survey radiographic image	0-20			No	
D0310	Sialography	0-20			No	
D0320	Temporomandibular joint arthogram, including injection	0-20			No	
D0321	Other temporomandibular joint films, by report	0-20			No	
D0330	Panoramic radiographic image	6-20		One of (D0330) per 36 months per provider OR location. One of (D0210, D0330) per 36 months per provider.	No	
D0340	Cephalometric radiographic image	0-20		One of (D0340, D8660) per 36 months per patient. Non orthodontic cases.	Yes	Narrative of medical necessity

Code	Description	Age	Tooth / Quad / Arch	Limitations	Auth Req	Requirement
D0460	Pulp vitality tests	0-20		One per visit. Includes multiple teeth and contralateral comparison(s), as indicated.	No	
D1110	Prophylaxis-adult	14-20		One of (D1110, D1120) per 3 months per patient only for REM Children Under 21. One of (D1110, D1120) per 6 months per patient for all other Children Under 21. Includes scaling and polishing procedures to remove coronal plaque, calculus and stains.	No	
D1120	Prophylaxis-child	0-13		One of (D1110, D1120) per 3 months per patient only for REM Children Under 21. One of (D1110, D1120) per 6 months per patient for all other Children Under 21. Includes scaling and polishing procedures to remove coronal plaque, calculus and stains.	No	
D1206 (Age 0-3)	Topical application of fluoride varnish	0-3		Four of (D1206) per 12 months per patient per provider. Maximum eight of (D1206) per 12 months per patient regardless of provider. Minimum of 30 days required between applications.	No	
D1206 (Age 4-20)	Topical application of fluoride varnish	4-20		Four of (D1206) per 12 months per patient. Minimum of 30 days required between applications.	No	
D1208	Topical application of fluoride-excluding varnish	0-20		One of (D1208) per 3 months per patient for REM Children Under 21 only. One of (D1208) per 6 months per patient for all other Children Under 21.	No	
D1330	Oral hygiene instructions	0-20		One of (D1330) per 12 months per patient.	No	

Code	Description	Age	Tooth / Quad / Arch	Limitations	Auth Req	Requirement
D1351	Sealant-per tooth	0-20	2-5, 12-15, 18-21, 28-31	One of (D1351, D1352) per 1 lifetime per patient per tooth. Covered only for the occlusal surfaces of posterior permanent teeth without restorations or decay.	No	
D1352	Preventive resin restoration	0-20	2-5, 12-15, 18-21, 28-31	One of (D1351, D1352) per 1 lifetime per patient per tooth. Covered only for the occlusal surfaces of posterior permanent teeth without restorations or decay.	No	
D1510	Space maintainer-fixed-unilateral	0-20	2-15, 18-31, A-T	One of (D1510) per 24 months per patient per tooth.	No	
D1515	Space maintainer-fixed-bilateral	0-20	2-15, 18-31, A-T	One of (D1515, D1525) per 24 months per patient per tooth.	No	
D1520	Space maintainer-removable-unilateral	0-20	2-15, 18-31, A-T	One of (D1520) per 24 months per patient per tooth.	No	
D1525	Space maintainer-removable-bilateral	0-20	2-15, 18-31, A-T	One of (D1515, D1525) per 24 months per patient per tooth.	No	
D1550	Re-cement or re-bond space maintainer	0-20		Not covered within 6 months of initial placement.	No	
D1555	Removal of fixed space maintainer	0-20		Not allowed by dental office that provided initial placement.	No	
D2140	Amalgam-one surface, primary or permanent	0-20	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	

Code	Description	Age	Tooth / Quad / Arch	Limitations	Auth Req	Requirement
D2150	Amalgam - two surfaces, primary or permanent	0-20	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	
D2160	Amalgam-three surfaces, primary or permanent	0-20	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	
D2161	Amalgam-four or more surfaces, primary or permanent	0-20	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	
D2330	Resin-based composite-one surface, anterior	0-20	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	
D2331	Resin-based composite-two surfaces, anterior	0-20	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	
D2332	Resin-based composite-three surfaces, anterior	0-20	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	
D2335	Resin-based composite-four or more surfaces or involving incisal angle (anterior)	0-20	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	
D2390	Resin-based composite crown, anterior	0-20	6-11, 22-27, C-H, M-R		No	

Code	Description	Age	Tooth / Quad / Arch	Limitations	Auth Req	Requirement
D2391	Resin-based composite-one surface, posterior	0-20	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	
D2392	Resin-based composite-two surfaces, posterior	0-20	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	
D2393	Resin-based composite-three surfaces, posterior	0-20	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	
D2394	Resin-based composite-four or more surfaces, posterior	0-20	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	
D2721	Crown-resin with predominantly base metal	0-20	1-32	One of (D2721) per 60 months per patient per tooth. Not allowed within 30 days of the date of service of D3310, D3320, D3330, or D3348.	Yes	Pre-operative x-rays
D2740	Crown-porcelain/ceramic substrate	0-20	1-32	One of (D2740) per 60 months per patient per tooth. Not allowed within 30 days of the date of service of D3310, D3320, D3330, or D3348.	Yes	Pre-operative x-rays
D2750	Crown-porcelain fused to high noble metal	0-20	1-32	One of (D2750) per 60 months per patient per tooth. Not allowed within 30 days of the date of service of D3310, D3320, D3330, or D3348.	Yes	Pre-operative x-rays

Code	Description	Age	Tooth / Quad / Arch	Limitations	Auth Req	Requirement
D2751	Crown-porcelain fused to predominantly base metal	0-20	1-32	One of (D2751) per 60 months per patient per tooth. Not allowed within 30 days of the date of service of D3310, D3320, D3330, or D3348.	Yes	Pre-operative x-rays
D2752	Crown-porcelain fused to noble metal	0-20	1-32	One of (D2752) per 60 months per patient per tooth. Not allowed within 30 days of the date of service of D3310, D3320, D3330, or D3348.	Yes	Pre-operative x-rays
D2780	Crown-¾ cast high noble metal	0-20	1-32	One of (D2780) per 60 months per patient per tooth. Not allowed within 30 days of the date of service of D3310, D3320, D3330, or D3348.	Yes	Pre-operative x-rays
D2781	Crown-¾ cast predominantly base metal	0-20	1-32	One of (D2781) per 60 months per patient per tooth. Not allowed within 30 days of the date of service of D3310, D3320, D3330, or D3348.	Yes	Pre-operative x-rays
D2782	Crown-¾ cast noble metal	0-20	1-32	One of (D2782) per 60 months per patient per tooth. Not allowed within 30 days of the date of service of D3310, D3320, D3330, or D3348.	Yes	Pre-operative x-rays
D2783	Crown-¾ porcelain/ceramic	0-20	1-32	One of (D2783) per 60 months per patient per tooth. Not allowed within 30 days of the date of service of D3310, D3320, D3330, or D3348.	Yes	Pre-operative x-rays
D2790	Crown-full cast high noble metal	0-20	1-32	One of (D2790) per 60 months per patient per tooth. Not allowed within 30 days of the date of service of D3310, D3320, D3330, or D3348.	Yes	Pre-operative x-rays

Code	Description	Age	Tooth / Quad / Arch	Limitations	Auth Req	Requirement
D2791	Crown-full cast predominantly base metal	0-20	1-32	One of (D2791) per 60 months per patient per tooth. Not allowed within 30 days of the date of service of D3310, D3320, D3330, or D3348.	Yes	Pre-operative x-rays
D2792	Crown-full cast noble metal	0-20	1-32	One of (D2792) per 60 months per patient per tooth. Not allowed within 30 days of the date of service of D3310, D3320, D3330, or D3348.	Yes	Pre-operative x-rays
D2794	Crown-titanium	0-20	1-32	One of (D2794) per 60 months per patient per tooth. Not allowed within 30 days of the date of service of D3310, D3320, D3330, or D3348.	Yes	Pre-operative x-rays
D2910	Re-cement or re-bond inlay, onlay, veneer or partial coverage restoration	0-20	1-32		No	
D2920	Re-cement or re-bond crown	0-20	1-32, A-T	Not allowed within 6 months of initial placements.	No	
D2929	Prefabricated porcelain/ceramic crown-primary tooth	0-20	C-H, M-R	One of (D2929) per 36 months per patient per tooth.		
D2930	Prefabricated stainless steel crown -primary tooth	0-20	A-T	One of (D2930) per 36 months per patient per tooth.	No	
D2931	Prefabricated stainless steel crown-permanent tooth	0-20	1-32	One of (D2931) per 60 months per patient per tooth.	No	
D2932	Prefabricated resin crown	0-20	6-11, 22-27, C-H, M-R	One of (D2932) per 36 months per patient per tooth.	No	
D2933	Prefabricated stainless steel crown with resin window	0-20	6-11, 22-27, C-H, M-R	One of (D2933) per 36 months per patient per tooth.	No	
D2934	Prefabricated esthetic coated stainless steel crown-primary tooth	0-20	A-T	One of (D2934) per 36 months per patient per tooth.	No	

Code	Description	Age	Tooth / Quad / Arch	Limitations	Auth Req	Requirement
D2940	Protective restoration	0-20	1-32, A-T	Temporary restoration intended to relieve pain. Not to be used as a base or liner under a restoration.	No	
D2950	Core buildup, including any pins when required	0-20	1-32	One of (D2950) per 60 months per patient per tooth. One of (D2950, D2952, D2954) per 60 months per patient per tooth. Refers to building up of anatomical crown when restorative crown will be placed.	No	
D2951	Pin retention-per tooth, in addition to restoration	0-20	1-32		No	
D2952	Cast post and core in addition to crown	0-20	1-32	One of (D2952) per 60 months per patient per tooth. One of (D2950, D2952, D2954) per 60 months per patient per tooth.	No	
D2954	Prefabricated post and core in addition to crown	0-20	1-32	One of (D2954) per 60 months per patient per tooth. One of (D2950, D2952, D2954) per 60 months per patient per tooth.	No	
D2955	Post removal (not in conjunction with endodontic therapy)	0-20	1-32	Not covered with D3346, or D3347, or D3348 on same day of service.	Yes	Pre-operative x-rays
D2960	Labial veneer (lamine)-chair	0-20	6-11	One of (D2960) per 60 months per patient per tooth.	No	
D2961	Labial veneer (resin laminate)-laboratory	0-20	6-11	One of (D2961) per 60 months per patient per tooth.	No	
D2962	Labial veneer (porcelain laminate)-laboratory	0-20	6-11	One of (D2962) per 60 months per patient per tooth.	No	
D2970	Temporary crown (fractured tooth)	0-20	1-32		No	

Code	Description	Age	Tooth / Quad / Arch	Limitations	Auth Req	Requirement
D2980	Crown repair, by report	0-20	1-32		No	
D3110	Pulp cap-direct (excluding final restoration)	0-20	1-32		No	
D3120	Pulp cap-indirect (excluding final restoration)	0-20	1-32, A-T		No	
D3220	Therapeutic pulpotomy (excluding final restoration)-removal of pulp coronal to the dentinocemental junction and application of medicament	0-20	1-32, A-T		No	
D3221	Pulpal debridement, primary and permanent teeth	0-20	1-32, A-T		No	
D3230	Pulpal therapy (resorbable filling)-anterior, primary tooth (excluding final restoration)	0-20	C-H, M-R	One of (D3230) per 1 lifetime per patient per tooth.	No	
D3240	Pulpal therapy (resorbable filling)-posterior, primary tooth (excluding final restoration)	0-20	A, B, I-L, S, T	One of (D3240) per 1 lifetime per patient per tooth.	No	
D3310	Endodontic therapy, anterior tooth (excluding final restoration)	0-20	6-11, 22-27	One of (D3310) per 1 lifetime per patient per tooth.	No	
D3320	Endodontic therapy, bicuspid tooth (excluding final restoration)	0-20	4, 5, 12, 13, 20, 21, 28, 29	One of (D3320) per 1 lifetime per patient per tooth.	No	
D3330	Endodontic therapy, molar (excluding final restoration)	0-20	1-3, 14-19, 30-32	One of (D3330) per 1 lifetime per patient per tooth.	No	
D3346	Retreatment of previous root canal therapy-anterior	0-20	6-11, 22-27	One of (D3346) per 1 lifetime per patient per tooth. Not allowed within 24 months of initial treatment by same dentist or dental office. Per Tooth.	Yes	Pre-operative x-rays (excluding bitewings)

Code	Description	Age	Tooth / Quad / Arch	Limitations	Auth Req	Requirement
D3347	Retreatment of previous root canal therapy-bicuspid	0-20	4, 5, 12, 13, 20, 21, 28, 29	One of (D3347) per 1 lifetime per patient per tooth. Not allowed within 24 months of initial treatment by same dentist or dental office. Per Tooth.	Yes	Pre-operative x-rays (excluding bitewings)
D3348	Retreatment of previous root canal therapy-molar	0-20	1-3, 14-19, 30-32	One of (D3348) per 1 lifetime per patient per tooth. Not allowed within 24 months of initial treatment by same dentist or dental office. Per Tooth.	Yes	Pre-operative x-rays (excluding bitewings)
D3351	Apexification/recalcification-initial visit (apical closure / calcific repair of perforations, root resorption, etc.)	0-20	1-32	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. Not allowed after a D3310, D3320, D3330, D3346, D3347, or D3348.	No	
D3352	Apexification/recalcification-interim medication replacement	0-20	1-32	One of (D3352) per 1 lifetime per patient per tooth. Not allowed after a D3310, D3320, D3330, D3346, D3347, or D3348.	No	
D3353	Apexification/recalcification-final visit (includes completed root canal therapy-apical closure/calcific repair of perforations, root resorption, etc.)	0-20	1-32	One of (D3353) per 1 lifetime per patient per tooth. Not allowed after a D3310, D3320, D3330, D3346, D3347, or D3348.	No	
D3410	Apicoectomy-anterior	0-20	6-11, 22-27	One of (D3410) per 1 lifetime per patient per tooth.	Yes	Pre-operative x-rays (excluding bitewings)
D3421	Apicoectomy-bicuspid (first root)	0-20	4, 5, 12, 13, 20, 21, 28, 29	One of (D3421) per 1 lifetime per patient per tooth.	Yes	Pre-operative x-rays (excluding bitewings)

Code	Description	Age	Tooth / Quad / Arch	Limitations	Auth Req	Requirement
D3425	Apicoectomy-molar (first root)	0-20	1-3, 14-19, 30-32	One of (D3425) per 1 lifetime per patient per tooth.	Yes	Pre-operative x-rays (excluding bitewings)
D3426	Apicoectomy (each additional root)	0-20	1-5, 12-21, 28-32	One of (D3426) per 1 lifetime per patient per tooth.	Yes	Pre-operative x-rays (excluding bitewings)
D3430	Retrograde filling-per root	0-20	1-32	One of (D3430) per 1 lifetime per patient per tooth.	Yes	Pre-operative x-rays (excluding bitewings)
D3450	Root amputation-per root	0-20	1-32	One of (D3450) per 1 lifetime per patient per tooth.	Yes	Pre-operative x-rays (excluding bitewings)
D3470	Intentional reimplantation	0-20	1-32	One of (D3470) per 1 lifetime per patient per tooth.	Yes	Narrative of medical necessity, pre-operative x-rays
D3920	Hemisection (including any root removal), not including root canal therapy	0-20	1-3, 14-19, 30-32	One of (D3920) per 1 lifetime per patient per tooth.	Yes	Pre-operative x-rays (excluding bitewings)
D4210	Gingivectomy or gingivoplasty-four or more contiguous teeth or tooth bounded spaces per quadrant	0-20	Per Quadrant (10, 20, 30, 40, LL, LR, UL, UR)	One of (D4210) per 24 months per patient per quadrant. One of (D4210, D4211) per 24 months per patient per quadrant. One of each quadrant per 24 months, a minimum of four teeth in the affected quadrant. Limited to 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
D4211	Gingivectomy or gingivoplasty-one to three contiguous teeth or tooth bounded spaces per quadrant	0-20	Per Quadrant (10, 20, 30, 40, LL, LR, UL, UR)	One of (D4211) per 24 months per patient per quadrant. One of (D4210, D4211) per 24 months per patient per quadrant. One of each quadrant per 24 months, a minimum of four teeth in the affected quadrant. Limited to two quadrants per 12 months.	Yes	Pre-operative x-rays, periodontal charting, narrative of medical necessity; photos optional
D4230	Anatomical crown exposure-4+ teeth per quad	0-20		One of (D4230) per 1 lifetime per patient.	Yes	Pre-operative x-rays, periodontal charting, narrative of medical necessity; photos optional
D4231	Anatomical crown exposure-1 to 3 teeth per quad	0-20		One of (D4231) per 1 lifetime per patient.	Yes	Pre-operative x-rays, periodontal charting, narrative of medical necessity; photos optional
D4240	Gingival flap procedure, including root planing-four or more contiguous teeth or tooth bounded spaces per quadrant	0-20	Per Quadrant (10, 20, 30, 40, LL, LR, UL, UR)	One of (D4240) per 24 months per patient per quadrant. One of (D4240, D4241) per 24 months per patient per quadrant. A minimum of four teeth in the affected quadrant.	Yes	Pre-operative x-rays, periodontal charting, narrative of medical necessity; photos optional
D4241	Gingival flap procedure, including root planing-one to three contiguous teeth or tooth bounded spaces per quadrant	0-20	Per Quadrant (10, 20, 30, 40, LL, LR, UL, UR)	One of (D4241) per 24 months per patient per quadrant. One of (D4240, D4241) per 24 months per patient per quadrant. A minimum of four teeth in the affected quadrant.	Yes	Pre-operative x-rays, periodontal charting, narrative of medical necessity; photos optional

Code	Description	Age	Tooth / Quad / Arch	Limitations	Auth Req	Requirement
D4249	Clinical crown lengthening-hard tissue	0-20	1-32	One of (D4249) per 24 months per patient per tooth. Crown lengthening requires reflection of a flap.	Yes	Narrative of medical necessity, pre-operative x-rays, periodontal charting; photos optional
D4260	Osseous surgery (including elevation of a full thickness flap and closure)-four or more contiguous teeth or tooth bounded spaces per quadrant	0-20	Per Quadrant (10, 20, 30, 40, LL, LR, UL, UR)	One of (D4260) per 24 months per patient per quadrant. One of (D4260, D4261) per 24 months per patient per quadrant. Minimum of four teeth in the affected quadrant.	Yes	Pre-operative x-rays, periodontal charting, narrative of medical necessity; photos optional
D4261	Osseous surgery (including elevation of a full thickness flap and closure)-one to three contiguous teeth or tooth bounded spaces per quadrant	0-20	Per Quadrant (10, 20, 30, 40, LL, LR, UL, UR)	One of (D4261) per 24 months per patient per quadrant. One of (D4260, D4261) per 24 months per patient per quadrant. Minimum of four teeth in the affected quadrant.	Yes	Pre-operative x-rays, periodontal charting, narrative of medical necessity; photos optional
D4320	Provision splinting-intracoronaral	0-20	Per Arch (01, 02, LA, UA)		Yes	Narrative of medical necessity
D4321	Provision splinting-extracoronaral	0-20	Per Arch (01, 02, LA, UA)		Yes	Narrative of medical necessity
D4341	Periodontal scaling and root planing-four or more teeth per quadrant	0-20	Per Quadrant (10, 20, 30, 40, LL, LR, UL, UR)	One of (D4341, D4342) per 24 months per patient per quadrant. A minimum of four (4) teeth in the affected quadrant.	Yes	Pre-operative x-rays, periodontal charting
D4342	Periodontal scaling and root planing-one to three teeth per quadrant	0-20	Per Quadrant (10, 20, 30, 40, LL, LR, UL, UR)	One of (D4341, D4342) per 24 months per patient per quadrant. A minimum of four (4) teeth in the affected quadrant.	Yes	Pre-operative x-rays, periodontal charting

Code	Description	Age	Tooth / Quad / Arch	Limitations	Auth Req	Requirement
D4355	Full mouth debridement to enable comprehensive evaluation and diagnosis	0-20		One of (D4355) per 12 months per patient for REM Children Under 21 only. One of (D4355) per 24 months per patient for all other Children Under 21. Not allowed on same day as D1110.	No	
D4910	Periodontal maintenance procedures	0-20		Two of (D4910) per 12 months per patient.	Yes	Date of previous periodontal surgical or SRP service
D4920	Unscheduled dressing change (by someone other than treating dentist or their staff)	0-20		Not payable to original treating dentist.	Yes	Narrative of medical necessity, name of original treating dentist
D5110	Complete denture-maxillary	0-20	Per Arch (01, UA)	One of (D5110) per 60 months per patient.	Yes	Full mouth x-rays or panorex
D5120	Complete denture-mandibular	0-20	Per Arch (02, LA)	One of (D5120) per 60 months per patient.	Yes	Full mouth x-rays or panorex
D5211	Maxillary partial denture-resin base (including any conventional clasps, rests and teeth)	0-20		One of (D5211, D5225) per 60 months per patient.	Yes	Full mouth x-rays or panorex
D5212	Mandibular partial denture-resin base (including any conventional clasps, rests and teeth)	0-20		One of (D5212, D5226) per 60 months per patient.	Yes	Full mouth x-rays or panorex
D5225	Maxillary partial denture-flexible base	0-20		One of (D5211, D5225) per 60 months per patient.	Yes	Full mouth x-rays or panorex
D5226	Mandibular partial denture-flexible base	0-20		One of (D5212, D5226) per 60 months per patient.	Yes	Full mouth x-rays or panorex
D5410	Adjust complete denture-maxillary	0-20		Not covered within 6 months of placement.	No	
D5411	Adjust complete denture-mandibular	0-20		Not covered within 6 months of placement.	No	
D5421	Adjust partial denture-maxillary	0-20		Not covered within 6 months of placement.	No	

Code	Description	Age	Tooth / Quad / Arch	Limitations	Auth Req	Requirement
D5422	Adjust partial denture-mandibular	0-20		Not covered within 6 months of placement.	No	
D5510	Repair broken complete denture base	0-20	Per Arch (01, 02, LA, UA)		No	
D5520	Replace missing or broken teeth- complete denture (each tooth)	0-20	1-32		No	
D5610	Repair resin denture base	0-20	Per Arch (01, 02, LA, UA)		No	
D5620	Repair cast framework	0-20	Per Arch (01, 02, LA, UA)		No	
D5630	Repair or replace broken clasp	0-20			No	
D5640	Replace broken teeth-per tooth	0-20	1-32		No	
D5650	Add tooth to existing partial denture	0-20	1-32		No	
D5660	Add clasp to existing partial denture	0-20			No	
D5710	Rebase complete maxillary denture	0-20		One of (D5710) per 24 months per patient. Not covered within 6 months of placement.	No	
D5711	Rebase complete mandibular denture	0-20		One of (D5711) per 24 months per patient. Not covered within 6 months of placement.	No	
D5720	Rebase maxillary partial denture	0-20		One of (D5720) per 24 months per patient. Not covered within 6 months of placement.	No	
D5721	Rebase mandibular partial denture	0-20		One of (D5721) per 24 months per patient. Not covered within 6 months of placement.	No	
D5750	Reline complete maxillary denture (laboratory)	0-20		One of (D5750) per 24 months per patient. Not covered within 6 months of placement.	No	
D5751	Reline complete mandibular denture (laboratory)	0-20		One of (D5751) per 24 months per patient. Not covered within 6 months of placement.	No	

Code	Description	Age	Tooth / Quad / Arch	Limitations	Auth Req	Requirement
D5760	Reline maxillary partial denture (laboratory)	0-20		One of (D5760) per 24 months per patient. Not covered within 6 months of placement.	No	
D5761	Reline mandibular partial denture (laboratory)	0-20		One of (D5761) per 24 months per patient. Not covered within 6 months of placement.	No	
D5850	Tissue conditioning, maxillary	0-20		Prior to new denture impression only.	No	
D5851	Tissue conditioning, mandibular	0-20		Prior to new denture impression only.	No	
D5863	Overdenture-complete maxillary	0-20		One of (D5863) per 60 months per patient.	Yes	Narrative of medical necessity, pre-operative x-rays
D5864	Overdenture-partial maxillary	0-20		One of (D5864) per 60 months per patient.	Yes	Narrative of medical necessity, pre-operative x-rays
D5865	Overdenture-complete mandibular	0-20		One of (D5865) per 60 months per patient.	Yes	Narrative of medical necessity, pre-operative x-rays
D5866	Overdenture-partial mandibular	0-20		One of (D5866) per 60 months per patient.	Yes	Narrative of medical necessity, pre-operative x-rays
D5992	Adjust maxillofacial prosthetic appliance, by report	0-20	Per Arch (01, 02, LA, UA)	One of (D5992) per 6 months per patient per arch.	Yes	Narrative of medical necessity
D5993	Maintenance and cleaning of a maxillofacial prosthesis (extra or intraoral) other than required adjustments.	0-20	Per Arch (01, 02, LA, UA)	One of (D5993) per 6 months per patient per arch.	Yes	Narrative of medical necessity
D6930	Re-cement or re-bond fixed partial denture	0-20			No	
D7111	Extraction, coronal remnants- deciduous tooth	0-20	A-T		No	

Code	Description	Age	Tooth / Quad / Arch	Limitations	Auth Req	Requirement
D7140	Extraction, erupted tooth or exposed root (elevation and/or forceps removal)	0-20	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	
D7210	Surgical removal of erupted tooth requiring removal of bone and/or sectioning of tooth, and including elevation of mucoperiosteal flap if indicated	0-20	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	
D7220	Removal of impacted tooth-soft tissue	0-20	1-32, 51-82	Removal of asymptomatic tooth not covered.	No	
D7230	Removal of impacted tooth-partially bony	0-20	1-32, 51-82	Removal of asymptomatic tooth not covered.	No	
D7240	Removal of impacted tooth-completely bony	0-20	1-32, 51-82	Removal of asymptomatic tooth not covered.	No	
D7241	Removal of impacted tooth-completely bony, with unusual surgical complications	0-20	1-32, 51-82	Removal of asymptomatic tooth not covered.	Yes	Narrative of medical necessity, pre-operative x-rays (excluding bitewings)
D7250	Surgical removal of residual tooth roots (cutting procedure)	0-20	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.	Yes	Narrative of medical necessity, pre-operative x-rays (excluding bitewings)

Code	Description	Age	Tooth / Quad / Arch	Limitations	Auth Req	Requirement
D7251	Coronectomy-intentional partial tooth removal is performed when a neurovascular complication is likely if the entire impacted tooth is removed.	0-20	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.	Yes	Narrative of medical necessity, pre-operative x-rays (excluding bitewings)
D7260	Oroantral fistula closure	0-20			Yes	Narrative of medical necessity
D7270	Tooth reimplantation and/or stabilization of accidentally evulsed or displaced tooth	0-20	1-32	Includes splinting and/or stabilization.	Yes	Narrative of medical necessity
D7272	Tooth transplantation (includes reimplantation from one site to another)	0-20	1-32	One of (D7272) per 1 lifetime per patient per tooth.	Yes	Narrative of medical necessity
D7280	Surgical access of an unerupted tooth	0-20	1-32	Will not be payable unless the orthodontic treatment has been authorized as a covered benefit.	Yes	Narrative of medical necessity, pre-operative x-rays
D7285	Incisional biopsy of oral tissue-hard (bone, tooth)	0-20			Yes	Copy of pathology report submitted with claim
D7286	Incisional biopsy of oral tissue-soft	0-20			Yes	Copy of pathology report submitted with claim
D7290	Surgical repositioning of teeth	0-20	1-32	One of (D7290) per 1 lifetime per patient per tooth. Includes all teeth on same day of service.	Yes	Narrative of medical necessity, pre-operative x-rays
D7310	Alveoloplasty in conjunction with extractions-four or more teeth or tooth spaces, per quadrant	0-20	Per Quadrant (10, 20, 30, 40, LL, LR, UL, UR)	One of (D7310, D7311) per 1 lifetime per patient per quadrant. Minimum of three extractions in the affected quadrant.	Yes	Pre-operative x-rays (excluding bitewings)

Code	Description	Age	Tooth / Quad / Arch	Limitations	Auth Req	Requirement
D7311	Alveoloplasty in conjunction with extractions-one to three teeth or tooth spaces, per quadrant	0-20	Per Quadrant (10, 20, 30, 40, LL, LR, UL, UR)	One of (D7310, D7311) per 1 lifetime per patient per quadrant.	Yes	Pre-operative x-rays (excluding bitewings)
D7320	Alveoloplasty not in conjunction with extractions-four or more teeth or tooth spaces, per quadrant	0-20	Per Quadrant (10, 20, 30, 40, LL, LR, UL, UR)	One of (D7320, D7321) per 1 lifetime per patient per quadrant. No extractions performed in an edentulous area.	Yes	Narrative of medical necessity, pre-operative x-rays (excluding bitewings)
D7321	Alveoloplasty not in conjunction with extractions-one to three teeth or tooth spaces, per quadrant	0-20	Per Quadrant (10, 20, 30, 40, LL, LR, UL, UR)	One of (D7320, D7321) per 1 lifetime per patient per quadrant. No extractions performed in an edentulous area.	Yes	Narrative of medical necessity, pre-operative x-rays (excluding bitewings)
D7340	Vestibuloplasty-ridge extension (secondary epithelialization)	0-20	Per Arch (01, 02, LA, UA)		Yes	Narrative of medical necessity, pre-operative x-rays (excluding bitewings)
D7350	Vestibuloplasty-ridge extension	0-20	Per Arch (01, 02, LA, UA)		Yes	Narrative of medical necessity, pre-operative x-rays (excluding bitewings)
D7410	Radical excision-lesion diameter up to 1.25cm	0-20			Yes	Copy of pathology report submitted with claim
D7440	Excision of malignant tumor-lesion diameter up to 1.25cm	0-20			Yes	Copy of pathology report submitted with claim
D7450	Removal of odontogenic cyst or tumor-lesion diameter up to 1.25cm	0-20			Yes	Copy of pathology report submitted with claim
D7451	Removal of odontogenic cyst or tumor-lesion greater than 1.25cm	0-20			Yes	Copy of pathology report submitted with claim

Code	Description	Age	Tooth / Quad / Arch	Limitations	Auth Req	Requirement
D7460	Removal of nonodontogenic cyst or tumor-lesion diameter up to 1.25cm	0-20			Yes	Copy of pathology report submitted with claim
D7461	Removal of nonodontogenic cyst or tumor-lesion greater than 1.25cm	0-20			Yes	Copy of pathology report submitted with claim
D7471	Removal of exostosis-per site	0-20	Per Arch (01, 02, LA, UA)		Yes	Narrative of medical necessity, x-rays or photos optional
D7472	Removal of torus palatinus	0-20			Yes	Narrative of medical necessity, x-rays or photos optional
D7473	Removal of torus mandibularis	0-20			Yes	Narrative of medical necessity, x-rays or photos optional
D7510	Incision and drainage of abscess-intraoral soft tissue	0-20	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	
D7520	Incision and drainage of abscess-extraoral soft tissue	0-20			No	
D7550	Partial ostectomy/sequestrectomy for removal of non-vital bone	0-20	Per Quadrant (10, 20, 30, 40, LL, LR, UL, UR)		No	

Code	Description	Age	Tooth / Quad / Arch	Limitations	Auth Req	Requirement
D7960	Frenulectomy—also known as frenectomy or frenotomy—separate procedure not incidental to another procedure	0-20		One of (D7960) per 1 lifetime 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.	Yes	Narrative of medical necessity, x-rays or photos optional
D7970	Excision of hyperplastic tissue-per arch	0-20	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	
D7971	Excision of pericoronal gingiva	0-20	1-32	One of (D7971) per 1 lifetime per patient per tooth.	No	
D8080	Comprehensive orthodontic treatment of the adolescent dentition	0-20		One of (D8080) per 1 lifetime per provider OR location.	Yes	Ceph x-ray, Panorex or FMX, 6-8 diag quality extra-oral/intra-oral photos, clinical summary with diagnosis, completed HLD score sheet
D8090	Comprehensive orthodontic treatment of the adult dentition	0-20		Code allowed only for comprehensive orthodontia cases where self-ligating appliances are used. Not a separately reimbursable service. One of (D8090) per 1 lifetime per provider OR location.	Yes	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 / Quad / Arch	Limitations	Auth Req	Requirement
D8660	Pre-orthodontic treatment examination to monitor growth and development	0-20		Only reimbursable in conjunction with request for comprehensive orthodontic treatment (D8080). One of (D8660) per 12 months per patient.	Yes	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.
D8670	Periodic orthodontic treatment visit	0-20		Twenty-Four of (D8670) per 1 lifetime per patient. Maximum of 24 visits reimbursed.	Yes	Approved D8080/D8090
D8680	Orthodontic retention (removal of appliances)	0-20		Debanding by a provider or location other than the provider or location that was paid for banding (D8080). One of (D8680) per 1 lifetime per provider OR location.	Yes	6-8 diagnostic quality extra-oral / intra-oral photos
D8692	Replacement of lost or broken retainer	0-20	Per Arch (01, 02, LA, UA)	One per Arch per lifetime-Allowed within 24 months of date of debanding.	Yes	Narrative of active ortho case
D8693	Re-cement or re-bond fixed retainer	0-20			No	

Code	Description	Age	Tooth / Quad / Arch	Limitations	Auth Req	Requirement
D8999	Unspecified orthodontic procedure, by report	0-20			Yes	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
D9110	Palliative (emergency) treatment of dental pain-minor procedure	0-20		Not allowed with any other services other than radiographs.	No	
D9223	Deep sedation/general anesthesia- each 15 minutes	0-20		Maximum of 90 minutes (6 units). Will not be paid with D9230, D9243, D9248.	No	
D9230	Inhalation of nitrous oxide/analgesia, anxiolysis	0-20		Will not be paid with D9220, D9221, D9241, D9242 or D9248.	No	
D9243	Intravenous moderate (conscious) sedation/analgesia-each 15 minutes	0-20		Maximum of 90 minutes (6 units). Will not be paid with D9223, D9230, D9248.		
D9248	Non-intravenous moderate (conscious) sedation	0-20		Will not be paid with D9220, D9221, D9230, D9241 or D9242.	No	
D9310	Consultation-diagnostic service provided by dentist or physician other than requesting dentist or physician	0-20		Diagnostic service provided by dentist other than practitioner providing treatment. Not covered within 90 days of D0120, D0140, or D0150.	No	
D9410	House/extended care facility call	0-20			No	

Code	Description	Age	Tooth / Quad / Arch	Limitations	Auth Req	Requirement
D9420	Hospital or ambulatory surgical center call	0-20			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
D9910	Application of desensitizing medicament	0-20		One per visit. Not to be used for bases, liners or adhesives used under restorations.	No	
D9940	Occlusal guard, by report	0-20		One of (D9940) per 24 months per patient. Removable dental appliances which are designed to minimize the effects of bruxism (grinding) and other occlusal factors.	No	
D9941	Fabrication of athletic mouthguard	0-20		One of (D9941) per 12 months per patient.	No	
D9951	Occlusal adjustment-limited	0-20		Two of (D9951) per 12 months per patient. Not covered with any restorative procedure on same date of service.	No	
D9952	Occlusal adjustment-complete	0-20		One of (D9952) per 12 months per patient. Not covered with any restorative procedure on same date of service.	No	
D9999	Unspecified adjunctive procedure, by report	0-20			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 Dental Program: 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. 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. 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. One of (D0120, D0150) per 6 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	
D0272	Bitewings-two radiographic images	21 and older		One of (D0272) per 6 months per patient for REM Adults 21 & Over. One of (D0272) per 12 months per patient for Pregnant Women 21 & Over.	No	
D0330	Panoramic radiographic image	21 and older		One of (D0330) per 36 months per patient.	No	

Code	Description	Age	Tooth / Quad / Arch	Limitations	Auth Req	Requirement
D1110	Prophylaxis-adult	21 and older		One of (D1110) per 3 months per patient for REM Adults 21 & Over. One of (D1110) per 6 months per patient for Pregnant Women 21 & Over. Includes scaling and polishing procedures to remove coronal plaque, calculus and stains	No	
D1208	Topical application of fluoride- excluding varnish	21 and older		One of (D1208) per 3 months per patient for REM Adults 21 & Over. One of (D1208) per 6 months per patient for Pregnant Women 21 & Over.	No	
D2140	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	
D2150	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	
D2160	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	
D2161	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	
D2330	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
D2331	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	
D2332	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	
D2335	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	
D2391	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	
D2392	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	
D2393	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	
D2394	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 / Quad / Arch	Limitations	Auth Req	Requirement
D2740	Crown-porcelain/ceramic substrate	21 and older	1-32	One of (D2740) per 60 months per patient per tooth. Not allowed within 30 days of the date of service of D3310, D3320, D3330, or D3348.	Yes	Pre-operative x-rays
D2750	Crown-porcelain fused to high noble metal	21 and older	1-32	One of (D2750) per 60 months per patient per tooth. Not allowed within 30 days of the date of service of D3310, D3320, D3330, or D3348.	Yes	Pre-operative x-rays
D2751	Crown-porcelain fused to predominantly base metal	21 and older	1-32	One of (D2751) per 60 months per patient per tooth. Not allowed within 30 days of the date of service of D3310, D3320, D3330, or D3348.	Yes	Pre-operative x-rays
D2752	Crown-porcelain fused to noble metal	21 and older	1-32	One of (D2752) per 60 months per patient per tooth. Not allowed within 30 days of the date of service of D3310, D3320, D3330, or D3348.	Yes	Pre-operative x-rays
D2780	Crown-¾ cast high noble metal	21 and older	1-32	One of (D2780) per 60 months per patient per tooth. Not allowed within 30 days of the date of service of D3310, D3320, D3330, or D3348.	Yes	Pre-operative x-rays
D2781	Crown-¾ cast predominantly base metal	21 and older	1-32	One of (D2781) per 60 months per patient per tooth. Not allowed within 30 days of the date of service of D3310, D3320, D3330, or D3348.	Yes	Pre-operative x-rays
D2782	Crown-¾ cast noble metal	21 and older	1-32	One of (D2782) per 60 months per patient per tooth. Not allowed within 30 days of the date of service of D3310, D3320, D3330, or D3348.	Yes	Pre-operative x-rays

Code	Description	Age	Tooth / Quad / Arch	Limitations	Auth Req	Requirement
D2783	Crown-¾ porcelain/ceramic	21 and older	1-32	One of (D2783) per 60 months per patient per tooth. Not allowed within 30 days of the date of service of D3310, D3320, D3330, or D3348.	Yes	Pre-operative x-rays
D2790	Crown-full cast high noble metal	21 and older	1-32	One of (D2790) per 60 months per patient per tooth. Not allowed within 30 days of the date of service of D3310, D3320, D3330, or D3348.	Yes	Pre-operative x-rays
D2791	Crown-full cast predominantly base metal	21 and older	1-32	One of (D2791) per 60 months per patient per tooth. Not allowed within 30 days of the date of service of D3310, D3320, D3330, or D3348.	Yes	Pre-operative x-rays
D2792	Crown-full cast noble metal	21 and older	1-32	One of (D2792) per 60 months per patient per tooth. Not allowed within 30 days of the date of service of D3310, D3320, D3330, or D3348.	Yes	Pre-operative x-rays
D2794	Crown-titanium	21 and older	1-32	One of (D2794) per 60 months per patient per tooth. Not allowed within 30 days of the date of service of D3310, D3320, D3330, or D3348.	Yes	Pre-operative x-rays
D2920	Re-cement or re-bond crown	21 and older	1-32, A-T	Two of (D2920) per 1 lifetime per patient per tooth. Not allowed within 6 months of initial placement.	No	
D2931	Prefabricated stainless steel crown- permanent tooth	21 and older	1-32	One of (D2931) per 60 months per patient per tooth.	No	

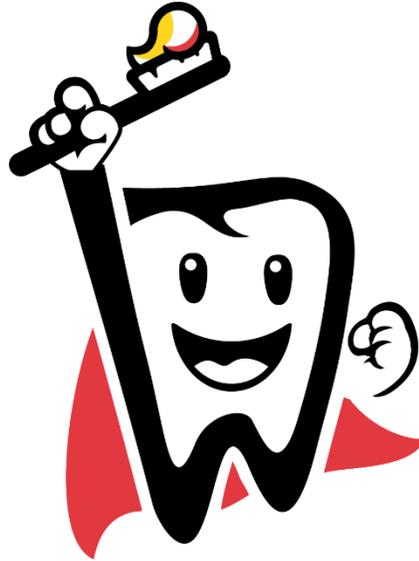
Code	Description	Age	Tooth / Quad / Arch	Limitations	Auth Req	Requirement
D2940	Protective restoration	21 and older	1-32, A-T	Temporary restoration intended to relieve pain. Not to be used as a base or liner under a restoration.	No	
D2951	Pin retention-per tooth, in addition to restoration	21 and older	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.	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.	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.	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. Limit of two Quadrants per 12 months.	Yes	Pre-operative x-rays, periodontal charting, narrative of medical necessity; photos optional
D4341	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. A minimum of four teeth in the affected quadrant. Limit of four quadrants per 12 months.	Yes	Pre-operative x-rays, periodontal charting

Code	Description	Age	Tooth / Quad / Arch	Limitations	Auth Req	Requirement
D4355	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. One of (D4355) per 24 months per patient for Pregnant Women 21 & Over. Not allowed with D1110 on same date of service.	No	
D4910	Periodontal maintenance procedures	21 and older		Two of (D4910) per 12 months per patient. Must follow active periodontal treatment.	No	
D5410	Adjust complete denture-maxillary	21 and older		Not covered within 6 months of placement.	No	
D5411	Adjust complete denture-mandibular	21 and older		Not covered within 6 months of placement.	No	
D5421	Adjust partial denture-maxillary	21 and older		Not covered within 6 months of placement.	No	
D5422	Adjust partial denture-mandibular	21 and older		Not covered within 6 months of placement.	No	
D6930	Re-cement or re-bond fixed partial denture	21 and older		Two of (D6930) per 1 lifetime per patient per bridge.	No	
D7111	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
D7140	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	
D7210	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	
D7220	Removal of impacted tooth-soft tissue	21 and older	1-32, 51-82	Removal of asymptomatic tooth not covered.	No	
D7230	Removal of impacted tooth-partially bony	21 and older	1-32, 51-82	Removal of asymptomatic tooth not covered.	No	
D7240	Removal of impacted tooth-completely bony	21 and older	1-32, 51-82	Removal of asymptomatic tooth not covered.	No	
D7250	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. Removal of asymptomatic tooth not covered.	Yes	Narrative of medical necessity, pre-operative x-rays (excluding bitewings)
D7285	Incisional biopsy of oral tissue-hard (bone, tooth)	21 and older			Yes	Copy of pathology report submitted with claim

Code	Description	Age	Tooth / Quad / Arch	Limitations	Auth Req	Requirement
D7286	Incisional biopsy of oral tissue-soft	21 and older			Yes	Copy of pathology report submitted with claim
D7310	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. Minimum of three extractions in the affected quadrant.	No	
D7320	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. No extractions performed in an edentulous area.	No	
D7510	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	
D9110	Palliative (emergency) treatment of dental pain-minor procedure	21 and older		Not allowed with any other services other than radiographs. Not allowed in relation to recently rendered services.	No	
D9223	Deep sedation/general anesthesia- each 15 minutes	21 and older		Maximum of 90 minutes (6 units). Will not be paid with D9230, D9243, D9248.	No	
D9230	Inhalation of nitrous oxide/analgesia, anxiolysis	21 and older		Will not be paid with D9220, D9221, D9241, D9242, D9248.	No	
D9243	Intravenous moderate (conscious) sedation/analgesia-each 15 minutes	21 and older		Maximum of 90 minutes (6 units). Will not be paid with D9223, D9230, D9248.	No	
D9248	Non-intravenous moderate (conscious) sedation	21 and older		Will not be paid with D9220, D9221, D9230, D9241, D9242.	No	

Code	Description	Age	Tooth / Quad / Arch	Limitations	Auth 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

D E N T A L P R O G R A M

Scion Dental, Inc.

Provider Manual | Effective January 2016