United Concordia dental®

Highmark Health Options Adult Medicaid

States Available: Delaware

Eligibility: For Medical Assistance (MA) recipients in Delaware who are 21 years of age and older. There is a $3.00 copay for each visit. There is a $1,000 maximum and members are eligible for an additional $1,500 to use towards emergency services.

General Policies - Benefits and Exclusions

All covered services are subject to the following general policies

- All dental procedures are considered to be outpatient procedures. These procedures are not compensable on an inpatient basis unless there is medical justification which is documented in the patient's medical record.
- Dentist and Physician are the only provider types eligible to receive payment for dental services.
- Some covered procedures require the submission of diagnostic materials, such as periodontal charting, radiographs, and/or a brief narrative report of the specific service(s) performed and any factors that may have affected the care provided.
    - **Report required** means that these services will be paid only in applicable circumstances and documentation of the circumstances must be submitted with the claim.
    - **Periodontal charting required** means that complete periodontal charting must be submitted for review.
    - **Prior Authorization required** means that an approved Prior Authorization must be obtained.
    - **Radiograph required** means that a radiograph must be submitted for review.
      X = Radiograph Required
      P = Prior Authorization Required
      C = Charting Required
      R = Report Required
      A = A Pre-treatment periapical radiograph, along with radiographs documenting the presence of an opposing tooth is required.
      * = Only covered if performed in an in-patient setting or ASC / SPU setting.

Emergency Dental Benefit

Highmark Health Options offers adult members an emergency dental benefit allowing an additional $1,500 per year beyond the $1,000 annual benefit limit that may be authorized on an emergency basis through the review process of DHSS.

DHSS defines an emergency basis as:

a) An unforeseen or sudden occurrence demanding immediate remedy or action, without which a reasonable licensed dental professional would predict a serious health risk or rapid decline in oral health; or,
b) When an individual's dental care needs exceed the $1,000 per year dental benefit limit, and postponement of treatment until the next benefit year would result in tooth loss or exacerbation of an existing medical condition.

To access the additional $1,500 per year dental benefit, the Participating Provider must submit the below information. Except in cases of an emergency as defined in a) above, submit for a prior authorization, a comprehensive treatment plan which anticipates the preventive, therapeutic and restorative needs for the Covered Individual prior to rendering services,

- ✓ Complete record of existing restoration, conditions, and diagnoses
- ✓ Comprehensive periodontal assessment record
- ✓ Diagnostic full mouth series of x-rays
- ✓ Intra- and extra-oral images that support the diagnosis and treatment plan, if applicable

In most situations, appropriate documentation to be submitted with the prior authorization for a type b) situation will be:

- For General Dentists: a narrative of the proposed treatment, X-rays (full mouth or panorex) and periodontal records (when applicable)
- For Oral Surgeons: a narrative of the proposed treatment and X-rays (full mouth or panorex)

In situations where a recipient presents with an unforeseen or sudden occurrence, provide diagnostic quality pre- and post-operative radiographs and images of the affected area along with a detailed narrative supporting the provider's rationale for immediate services. Only Covered Services and/or services that meet clinical practice guidelines and that are included in the DMMA fee schedule will be approved.

All members are eligible for emergency dental services without prior authorization when the member is experiencing an emergency medical condition.

In emergency situations, it is not possible to submit an estimate with appropriate documentation for treatment prior to treatment being rendered. Members are encouraged to seek treatment when in pain. Providers may treat member's immediate ailment and submit a claim with narrative explaining the decision to treat without first obtaining approval.

Emergency dental services shall be defined as services that relieve pain, reduce swelling, or treat evidence of infection or trauma due to an acute oral disease, infection, or facial injury of a specific tooth or several teeth, or supporting structure.

Procedure Code	Description	Frequency	Auth Required	Auth Requirements
D0120	Periodic oral evaluation – established patient	1 per 180 days		
D0140	Limited oral evaluation – problem focused			
D0150	Comprehensive oral evaluation—new or established patient			
D0160	Detailed and extensive oral evaluation—problem focused, by report			
D0170	Re- evaluation – Limited, Problem Focused, by report			R
D0180	Comprehensive periodontal evaluation - new or established			
D0210	Intraoral—complete series (including bitewings)	1 in 3 years; either D0330 or D0210 may be used once in a 3 year period		
D0220	Intraoral—periapical first radiographic image	6 per year		
D0230	Intraoral—periapical—each additional radiographic image	N/A		
D0272	Bitewings—2 radiographic images	1 per 180 days (D0210 may count as an instance of a BWX)		
D0274	Bitewings—4 radiographic images	1 per 180 days (D0210 may count as an instance of a BWX)		
D0330	Panoramic film	1 in 3 years; may be billed with D0272 or D0274, but is not a substitute for FMX; either D0330 or D0210 may be used once in a 3 year period		
D1110	Prophylaxis—adult	1 per 180 days		

Procedure Code	Description	Frequency	Auth Required	Auth Requirements
D1206	Topical fluoride varnish; therapeutic application for moderate to high caries risk patients	1 in a 12 month period; shares frequency with D1208		
D1208	Topical application of fluoride	1 in a 12 month period; shares frequency with D1206		
D1354	Interim Caries Arresting Medicament Application - per tooth	Once per tooth every 6 months for up to two years		R
D2140	Amalgam—1 surface, primary or permanent	Same tooth & surface covered once in 2 years		
D2150	Amalgam—2 surfaces, primary or permanent	Same tooth & surface covered once in 2 years		
D2160	Amalgam—three surfaces, primary or permanent	Same tooth & surface covered once in 2 years		
D2161	Amalgam—4 or more surfaces, primary or permanent	Same tooth & surface covered once in 2 years		
D2330	Resin- based composite—1 surface, anterior	Same tooth & surface covered once in 2 years		
D2331	Resin- based composite—2 surfaces, anterior	Same tooth & surface covered once in 2 years		
D2332	Resin- based composite—three surfaces, anterior	Same tooth & surface covered once in 2 years		
D2335	Resin- based composite—4 or more surfaces (anterior)	Same tooth & surface covered once in 2 years		
D2390	Resin- based composite crown, anterior	1 in 5 years		
D2391	Resin- based composite – 1 surface, posterior	Same tooth & surface covered once in 2 years		
D2392	Resin- based composite – 2 surfaces, posterior	Same tooth & surface covered once in 2 years		
D2393	Resin- based composite – three surfaces, posterior	Same tooth & surface covered once in 2 years		

Procedure Code	Description	Frequency	Auth Required	Auth Requirements
D2394	Resin- based composite – 4 or more surfaces, posterior	Same tooth & surface covered once in 2 years		
D2920	Recement crown	Same tooth & surface covered once in 2 years		
D4341	Periodontal scaling and root planing—4 or more teeth per quadrant	Prior Authorization with full series of x-rays and periodontal charting; ½ mouth per visit	Y	X,C,P
D4342	Periodontal scaling and root planing—1 to 3 teeth per quadrant	Prior Authorization with full series of x-rays and periodontal charting; ½ mouth per visit	Y	X,C,P
D4355	Full mouth debridement to enable comprehensive evaluation and diagnosis	1 time in 3 years; cannot be billed with D1110, D4341, D4342; cannot be billed same day as oral evaluation		
D4910	Periodontal maintenance	Must have had D4341 OR D4342; 1 time in 3 months and alternate with D1110		
D5511	Repair Broken Complete Denture Base - Mandibular			
D5512	Repair Resin Partial Denture Base - Maxillary			
D5520	Replace missing or broken teeth—complete denture (each tooth)			
D5630	Repair or replace broken clasp			
D5640	Replace broken teeth—per tooth			
D5650	Add tooth to existing partial denture			
D5660	Add clasp to existing partial denture			

Procedure Code	Description	Frequency	Auth Required	Auth Requirements
D5750	Reline complete maxillary denture (laboratory)	1 per 2 years		
D5751	Reline complete mandibular denture (laboratory)	1 per 2 years		
D6930	Recement fixed partial denture			R
D7140	Extraction, erupted tooth or exposed root (elevation and/or forceps removal)	1 tooth per lifetime		
D7210	Extraction, Erupted Tooth	1 tooth per lifetime		
D7220	Removal of impacted tooth—soft tissue	1 tooth per lifetime		
D7250	Surgical removal of residual tooth roots (cutting procedure)	1 tooth per lifetime		
D7510	Incision and drainage of abscess—intraoral soft tissue			
D7520	Incision and drainage of abscess – extraoral soft tissue			
D7521	Incision and drainage of abscess – extraoral soft tissue – complicated (includes drainage of multiple fascial spaces)			
D9110	Palliative (emergency) treatment of dental pain—minor procedure	may not be used in conjunction with restorative code on same tooth; may not be billed with D0120 or D0150, or denture repair services; limited to twice per year		R
D9222	Deep Sedation/General Anesthesia - First 15 Minutes		Y	P,R

Procedure Code	Description	Frequency	Auth Required	Auth Requirements
D9223	Deep Sedation / General Anesthesia - Each subsequent 15 Minute Increment		Y	P,R
D9230	Analgesia, anxiolysis, inhalation of nitrous oxide		Y	P,R
D9239	Intravenous Moderate (Conscious) Sedation/Analgesia - First 15 Minutes		Y	P,R
D9243	Intravenous Moderate (Conscious) Sedation/Analgesia - Each Subsequent 15 Minute		Y	P,R
D9246	Administration of moderate sedation – non-intravenous parenteral – first 15 minutes	1 unit per day	Y	P,R
D9247	Administration of moderate sedation – non-intravenous parenteral – each subsequent 15-minute increment.		Y	P,R

