

Chapter 20

Dental Services DentaQuest of Minnesota, LLC

DentaQuest of Minnesota, LLC (“DentaQuest”) is a third party dental administrator to whom SCHA has delegated the management of dental benefits for its members. The company was founded in 1993 and currently manages over 12 million members in 24 states and the District of Columbia. DentaQuest specializes in government dental program administration and is a leader in its field. DentaQuest’s mission is to deliver value to its customers, employees, dentists and shareholders by providing superior dental benefit programs that improve the oral health of its members.

Contact DentaQuest

1-800-341-8478 or access their web site at www.DentaQuest.com

SCHA and DentaQuest understand the unique challenges facing Minnesota’s Medicaid dental providers.

Providers receive the following benefits by working with DentaQuest

- Simplified administrative procedures, including minimal prior authorization requirements and benefit limitations
- Weekly claims payments
- Claim submissions on the 2006 ADA Claim form or a number of electronic claims options which are free of charge
- Knowledgeable provider relations staff

Dental services that require prior authorization are reviewed for medical appropriateness based on evidence based standards of care; medical necessity criteria and the member’s benefit coverage. The attending or requesting dentist may contact DentaQuest to discuss any dental utilization management denial, reduction or termination of services with DentaQuest’s Dental Director or other appropriate reviewer. For a complete list of services that require prior authorization, please refer to the Provider Office Reference Manual, which is accessible on DentaQuest’s website.

Claims should be submitted electronically to:

DentaQuest
Electronic Payer ID number CX014

Authorization requests can be mailed to:

DentaQuest of MN
Attn: Authorizations
12121 North Corporate Parkway
Mequon, WI 53092

Covered Services

This list of covered services is not all-inclusive. For specific covered benefits, please review the Provider Office Reference Manual located on DentaQuest's website. Covered benefits differ for age groups and product enrollment.

Behavior management which, in dental terminology, is a documented service necessary to ensure a covered dental procedure is correctly and safely performed

- Dental prophylaxis
- Dental x-rays
- Endodontic therapy and periodontal therapy
- Fillings
- Fluoride treatment & varnish application
- Full mouth debridement
- Laboratory resin crowns that meet the specifications of utilization review
- Oral evaluation
- Oral hygiene instruction
- Oral surgery and extractions
- Orthodontic treatment that meets the specifications of utilization criteria
- Panoramic film
- Prefabricated stainless steel or prefabricated resin crowns
- Reline or rebase of a removable denture
- Removable dentures
- Removable partial dentures
- Sealants
- Space maintainer
- Therapeutic parenteral drugs

Restorative Fillings

Expected to last a reasonable amount of time. Please review Office Reference Manual for frequencies.

Crowns

An individual crown must be made of prefabricated stainless steel, prefabricated resin, or laboratory resin.

Periodontal Services

Oral cavity indicators should be used for periodontal services to designate the quadrants where the service was or will be provided.

Periodontal Scaling and Root Planning

Periodontal scaling and root planing criteria must be documented in the recipient's record to be eligible for MHCP reimbursement:

Evidence of bone loss must be present on the current radiographs - panoramic, full mouth series or bitewing - to support the diagnosis of periodontitis

There must be current periodontal charting with six point and mobility noted, including presence of pathology and periodontal prognosis

The pocket depths must be greater than four millimeters

Classification of the periodontology case type must be in accordance with documentation established by the American Academy of Periodontology

Prophylaxis or periodontal curettage cannot be performed on the same day

Periodontal maintenance criteria include

Date of original periodontal scaling and root planning

Documentation showing response to treatment/benefit from treatment (e.g., initial and current periodontal charting)

Current radiographs

Complete and Partial Dentures

Initial placement or replacement of a removable prosthesis is limited based upon a member's program enrollment. Please contact DentaQuest for clarification. Non-pregnant adult members generally may receive one denture per 6 years.

Service for a removable prosthesis must include instruction in the use and care of the prosthesis and any adjustment necessary to achieve a proper fit during the six months immediately following the provision of the prosthesis. The dentist must document the instruction and the necessary adjustments, if any, in the recipient's dental record.

Oral Surgery

The primary services/procedures must be covered services under South Country Health Alliance for ancillary services to be covered. If the primary procedure is not a covered service, regardless of the complexity or difficulty, coverage of services such as the administration of anesthesia, diagnostic x-rays, and other related procedures will not be covered.

Orthodontic Treatment

Orthodontic care usually requires lengthy treatment. It is recommended that the provider discuss the expected eligibility period with the family and the county human services agency before initiating treatment. This will clarify the eligibility policies and help reduce denial of payment, due to subsequent ineligibility. A recipient's eligibility can terminate or may go from fee-for-service to MCO on a month to month basis.

Criteria

At least one of the following criteria must be met:

- There is a disfigurement of the patient's facial appearance including protrusion of upper or lower jaws or teeth
- There is spacing between adjacent teeth which interferes with the biting function
- There is an overbite to the extent that the lower anterior teeth impinge on the roof of the mouth when the person bites
- Positioning of jaws or teeth impairs chewing or biting function
- Based on a comparable assessment of the above criteria, there is an overall orthodontic problem that interferes with the biting function

Non-Covered Services

This does not include all non-covered services:

MHCP does not cover treatment deemed to be cosmetic or for aesthetic reasons.

Teledentistry

Temporomandibular Joint (TMJ) Disorder

TMJ treatment can be considered a medical service or dental service depending on the underlying cause.

The dentist must determine the underlying cause in order to accurately bill TMJ services.

- If dental in nature, the dentist must bill CDT 2007 – 2008 procedure codes
- If medical in nature, bill medical CPT procedure codes

Osteoarthritis or degenerative arthritis of the TMJ is not a systemic disease, but a local problem usually related to a dental cause. Therefore, these diagnoses are billed as dental services. Some examples of dental conditions are:

- Malocclusion of the teeth
- Grinding of the teeth

If the underlying cause is systemic, a medical disease, or a significant injury, the treatment of TMJ is billed by the dentist as a medical service. Some examples of medical conditions are:

- Rheumatoid arthritis
- Damage associated with seizure activity
- Status post facial trauma

Orthodontic Treatment

Use D8660 pre-orthodontic treatment visit to report orthodontic full case study.

Separate Billing

Separate billing, either to SCHA or the recipient/enrollee, for sterilization of instruments, infection control procedures, or surgical supplies is prohibited. This prohibition includes, but is not limited to:

- Barriers
- Disposable equipment/supplies
- Drapes
- Eye protection
- Gauze/sterile packing
- Gloves
- MinnesotaCare tax
- Needles
- Periodontal charting
- Prosthetic cleaning
- Sterilization solutions/equipment
- Suture material
- Syringes

If the services are denied, reduced or terminated by DentaQuest, providers may submit a claim to MMSI for consideration of additional benefits under the medical plan. If submitting services to MMSI, a copy of the Explanation of Payment must be attached to the claim.