

2014-2015



MississippiCAN Provider Manual



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Scion Dental, Inc.

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Welcome

Welcome to the Dental Health & Wellness provider network! We are pleased you have joined our provider network, composed of the best providers in the state and established to deliver quality dental healthcare. Dental Health & Wellness is a subsidiary of Centene Corporation, a Fortune 500 company with nearly thirty years of experience in Medicaid managed care programs. We have partnered with Magnolia Health, our sister company, to administer dental benefits for their members in the Magnolia Health managed care program called Mississippi Coordinated Access Networks (MississippiCAN).

Throughout your ongoing relationship with Dental Health & Wellness, this provider manual will give you useful information concerning the plan. When communicating with our providers, we make every effort to be clear and concise. Our expectation is to answer questions promptly and accurately when they arise.

If you require assistance or information not included within this manual, please contact Provider Services at 844-464-5636, Monday through Friday, 8:00 AM to 5:00 PM (CST).


Dental Health & Wellness 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 Dental Health & Wellness as proprietary and confidential.

Quick Reference Guide

Provider Web Portal

Everything You Need ● When You Need It ● 24/7/365

Our user-friendly Provider Web Portal features a full complement of resources.



- Real-Time Eligibility**
- Authorizations – Submit & Status**
- Claims – Submit & Status**
- Clinical Guidelines**
- Referral Directories**
- Electronic Remittance Advice**
- Electronic Fund Transfer**
- Up-to-Date Provider Manual**

Access the Provider Web Portal by clicking this link:

<https://portal.dentalhw.com/pwp>

Contacts

For information about...	Contact...
Provider Web Portal (Claims, authorizations, remittances)	https://portal.dentalhw.com/pwp
Provider Services	844-464-5636
Magnolia Member Services (including translation assistance)	866-912-6285
Member Transportation Assistance (MississippiCAN only)	866-912-6285
Credentialing	855-844-0621
Fraud, Waste and Abuse	855-586-1418
Authorization Address	Dental Health & Wellness Authorizations PO Box 1508 Milwaukee, WI 53201
Paper Claim Address	Dental Health & Wellness Claims PO Box 160 Milwaukee, WI 53201

Summary

Quick Reference Guide	
Member Eligibility	<p>Providers may access eligibility through one of the following:</p> <ul style="list-style-type: none">• Provider Web Portal https://portal.dentalhw.com/pwp• Call Interactive Voice Response (IVR) eligibility hotline: 844-464-5636• Call Provider Services: 844-464-5636
Retrospective Review Submission	<p>Retrospective Review claim submission requires providers to submit documentation associated with certain dental services rendered as outlined in the benefit descriptions beginning on page 57.</p> <p>Submit Retrospective Review claims in one of the following formats:</p> <ul style="list-style-type: none">• Provider Web Portal at https://portal.dentalhw.com/pwp• Electronic submission via clearinghouse Payer ID 46278 <p>Submit Paper Retrospective Review claims to:</p> <p>Dental Health & Wellness Claims PO Box 160 Milwaukee, WI 53201</p> <p>All Retrospective Review requests submitted must include the provider NPI number along with the member's Medicaid ID number. Retrospective Review claims submitted with the Magnolia Health Plan ID will be rejected.</p>
Authorization Submission	<p>Authorization submissions must be received in one of the following formats:</p> <ul style="list-style-type: none">• Provider Web Portal at https://portal.dentalhw.com/pwp• Electronic submission via Emdeon clearinghouse : Payer ID 46278 http://www.emdeon.com• HIPAA-compliant 837D file• Paper authorization via ADA 2012 Claim Form <p>Mailed authorizations must be sent to:</p> <p>Dental Health & Wellness Authorizations PO Box 1508 Milwaukee, WI 53201</p>

Quick Reference Guide

Claims Submission

The timely filing requirement for Magnolia Health Plan is 180 days from the ending date of service.

Submit claims in one of the following formats:

- Provider Web Portal at <https://portal.dentalhw.com/pwp>
- Electronic claim submission via Emdeon clearinghouse : Payer ID 46278 <http://www.emdeon.com>
- Electronic supporting document submission via National Electronic Attachment (NEA) <http://www.nea-fast.com>
- HIPAA-compliant 837D file
- Paper claims must be submitted to:

Dental Health & Wellness

Claims

PO Box 160

Milwaukee, WI 53201

All claims submitted must include the member's Medicaid ID number.

All claims should also include the provider NPI number.

Inquiries and Grievances

To make an inquiry, complaint or grievance:

- Call: 844-464-5636
- Write to:
Dental Health & Wellness
Grievances
PO Box 137
Milwaukee, WI 53201

Provider Appeals - Authorizations

Authorization appeals must be filed within thirty (30) calendar days of receiving the notice of action.

To request reconsideration of a denied authorization, a provider may:

- Call: 844-464-5628
- Write to: Dental Health & Wellness
Appeals
PO Box 137
Milwaukee, WI 53201

Providers must exhaust their appeal rights with Dental Health & Wellness prior to requesting a Fair Hearing. Fair Hearing requests must be submitted in writing to the following address within thirty (30) calendar days of receiving the notice of action by Dental Health & Wellness:

Division of Medicaid

Attention: Office of Appeals

550 High St., Suite 1000

Jackson, MS 39201

Quick Reference Guide	
Provider Appeals - Claims	<p>Claim payment appeals must be filed within 30 calendar days of receiving the notice of action.</p> <p>To request a reconsideration of a claims denial, a provider may:</p> <ul style="list-style-type: none"> • Call: 844-464-5628 • Write: Dental Health & Wellness Appeals: MS PO Box 137 Milwaukee, WI 53201
Member Appeals	<p>Submit written appeals to:</p> <p style="padding-left: 40px;">Magnolia Health Plan Clinical Appeals Coordinator 111 East Capitol St Suite 500 Jackson, MS 39201</p> <p>MississippiCAN members can request a State Fair Hearing after exhausting all health plan-level Grievance and Appeal procedures. State Fair Hearing requests must be received within thirty (30) days of the member receiving the final decision by the health plan, by writing to:</p> <p style="padding-left: 40px;">Division of Medicaid, Office of the Governor Attention: Office of Appeals 550 High St., Suite 1000 Jackson, MS 39201 601-359-6050</p> <p>For more information about filing an appeal for MississippiCAN members, see page 40 or contact the clinical appeals coordinator at 866-912-6285.</p> <p>Members who file verbal appeals must follow with a written, signed appeal unless an expedited resolution is requested.</p>
Dental Services in a Hospital Setting	<p>Providers must use a participating Magnolia Health Plan hospital. To obtain the most recent listing of hospitals in your area:</p> <ul style="list-style-type: none"> • Visit Magnolia Health’s website under “Find a Provider”: http://www.magnoliahealthplan.com • Call Magnolia Health Provider Services: 866-912-6285 <p>Providers must request facility authorization from Dental Health & Wellness at the same time that dental service authorization is requested.</p>
Additional Provider Resources	<p>For information about additional provider resources:</p> <ul style="list-style-type: none"> • Call Provider Services: 844-464-5636 • Access the Provider Web Portal at https://portal.dentalhw.com/pwp • Send email to: providerrelations@dentalhw.com

Member Rights & Responsibilities

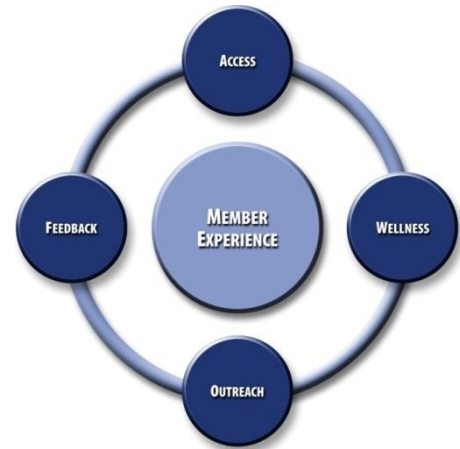
Dental Health & Wellness is committed to the following core concepts to member care:

Access to providers and services

Wellness programs, which include member education and disease management initiatives

Outreach programs to educate members and give them the tools they need to make informed decisions about their dental care

Feedback that measures provider and member satisfaction.



Members have the right to:

- Privacy, respectful treatment and recognition of their dignity when receiving dental care
- Fully participate with caregivers in decision-making process surrounding 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 Dental Health & Wellness, 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 Dental Health & Wellness' member rights and responsibilities policies
- Receive relevant written and up-to-date information about Dental Health & Wellness, the services we provide, the participating dentists and dental offices; as well as member rights and responsibilities

Members are responsible for:

- Providing to his or her dental care provider, to the best of his or her knowledge, accurate and complete information about present complaints, past illnesses, hospitalizations, medications, and other matters related to his or her health
- Reporting unexpected changes in his or her condition to the dental care provider
- Reporting to his or her dental care provider whether he or she comprehends a contemplated course of action and what is expected of him or her
- Following the treatment plan recommended by his or her dental care provider
- Keeping appointments and, when he or she is unable to do so for any reason, for notifying the dental care provider or dental care facility

Provider Rights & Responsibilities

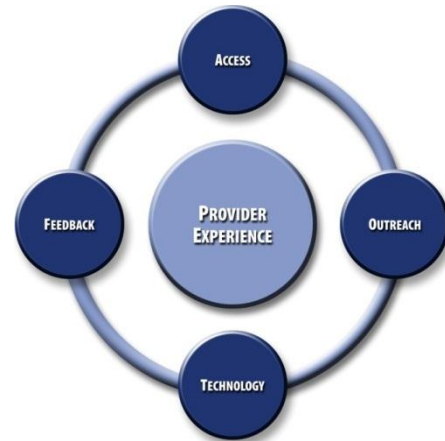
Dental Health & Wellness has established the following core concepts in its approach to a positive provider experience:

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



Enrolled participating providers shall have the right to:

- Communicate with patients, including members, regarding dental treatment options
- Recommend a course of treatment to a member even if the course of treatment is not a covered benefit or approved by Dental Health & Wellness
- File an appeal or grievance pursuant to the procedures of Dental Health & Wellness
- Supply accurate, relevant and factual information to a member in conjunction with a grievance filed by the member
- Object to policies, procedures or decisions made by Dental Health & Wellness

Participating providers have the following responsibilities:

- If a recommended treatment plan is not covered, the participating dentist, if intending to charge the member for the non-covered services, must notify the member
- A provider wishing to terminate participation with the Dental Health & Wellness Network due to retirement, relocation or voluntary termination must supply written notification to Dental Health & Wellness at least sixty (60) days prior to expected final date of participation. A list of existing Magnolia Health patients currently in treatment should accompany the termination notification. Members seeking an appointment with the terminating dentist should be told to call Magnolia Health Member Services at 866-912-6285 to identify another dentist in their area
- A provider may not bill both medical 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

Provider Experience

Committed dentists are critical to the success of every government-sponsored dental program. At Dental Health & Wellness, we have structured our provider networks to give dentists the flexibility they need to participate in dental programs that make sense for their offices.

Dental Health & Wellness considers itself an ally 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 advocate increasing provider funding while improving member education and outreach. We partner with providers to deliver high-quality care to all members of government-sponsored dental programs.

Access to Flexible Participation Options

Dental Health & Wellness invites all licensed dentists to participate in its provider network, provided they remain in good standing according to requirements for government-sponsored programs. Providers can choose to:

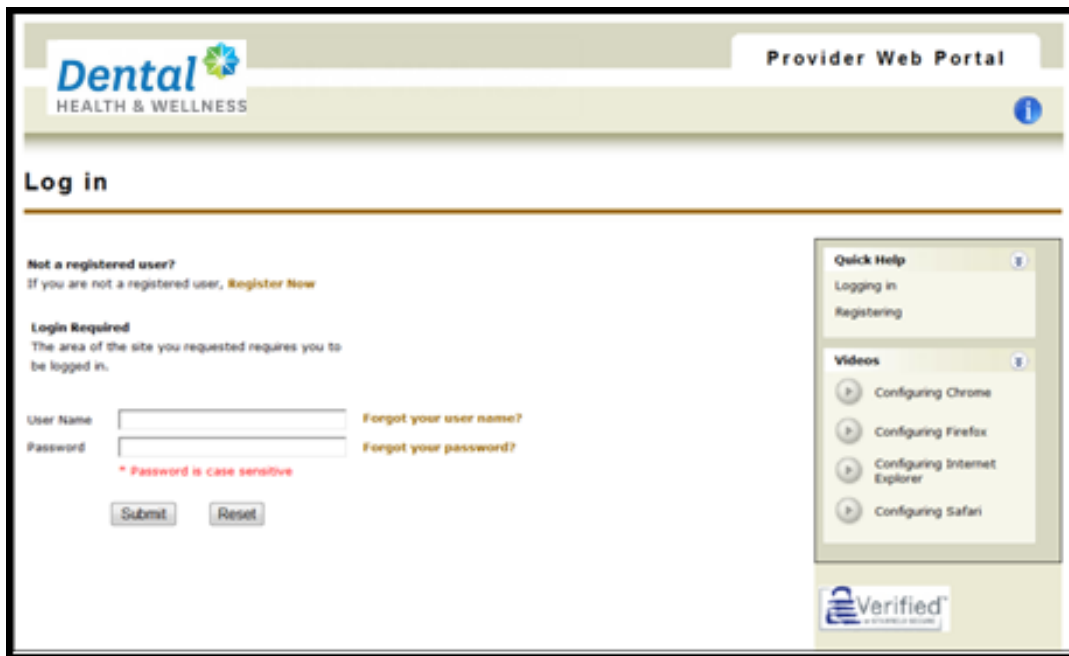
- Be listed in a directory and accept appointments for all new patients
- Be excluded from directory but accept appointments for only new patients directed to their office from Dental Health & Wellness
- Treat only emergencies or special needs cases on an individual basis

Our Dental Health & Wellness Provider Web Portal and electronic documents streamline the provider/clinic contracting and credentialing process.

Consistent, Transparent Authorization Determination Logic

Dental Health & Wellness' trained paraprofessionals and dental consultants use clinical algorithms to ensure a consistent approach for determining authorizations. These algorithms are available on our Provider Web Portal so providers can follow the decision matrix and understand the logic behind authorization decisions. In addition, we foster a sense of partnership by encouraging providers to offer feedback about the algorithms. A consistent, well-understood approach to authorization determinations promotes clarity and transparency for providers, which in turn reduces provider administrative costs.

Provider Web Portal



Dental Health & Wellness' Web Portal allows providers to manage benefit administration via a host of web-based services. By utilizing the Provider Web Portal, providers benefit from:

- Lower administrative and participation costs
- Faster payment through streamlined claim and authorization submission processes
- Ability to review member information, claim and authorization history and payment records at any time. Access is available 24 hours a day, 7 days a week.

A web browser, 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 member eligibility and check patient treatment history
- Set up office appointment schedules automatically verifying eligibility and prepopulate claim forms for online submission
- Submit claims and authorizations by simply entering procedure codes, relevant tooth numbers, etc.
- Send electronic attachments, such as digital X-rays, EOBs and treatment plans
- Check the status of in-process claims and authorizations, or review historical payment records
- Review provider clinical profiling data relative to peers
- Download and print provider manuals
- Participate in provider surveys to rate satisfaction with Dental Health & Wellness

Provider Web Portal Registration

The Dental Health & Wellness Provider Web Portal allows us to maintain our commitment of helping you keep your office costs low, access information efficiently, get paid faster and submit claims and authorizations electronically.

To register for our Provider Web Portal, visit <https://portal.dentalhw.com/pwp> and click the provider login link. On the login page, click **Register Now**.

Register as a Payee so you will have the option to view remittances and be paid electronically. Call Provider Services at 844-464-5636 to obtain your Payee ID number.

Log in

Not a registered user?
If you are not a registered user, [Register Now](#)

Login Required
The area of the site you requested requires you to be logged in.

User Name: [Forgot your user name?](#)

Password: [Forgot your password?](#)

* Password is case sensitive

User Registration

Select how you would like to register:

As a payee

Enter your identifying information:

Payee ID:

Name:

City:

State:

Zip:

Enter your contact information:

First Name:

Middle Name:

Last Name:

Email Address:

Select a unique user name and password:

User Name:

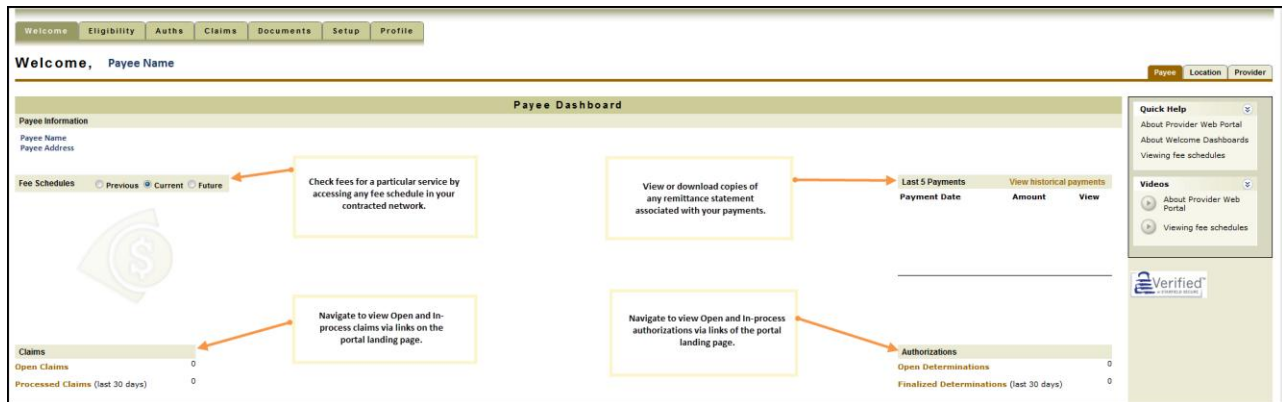
Password: * Password is case sensitive

Retype Password:

Payee Dashboard

Once registered, use the Provider Web Portal to access the available resources and features to help streamline data entry.

After logging in you will arrive at the Payee Dashboard:



- **Review Fee Schedules** – All fee schedules that are linked to your participation are listed on the Payee Dashboard.
- **Track Open/Processed Authorization Records** – Status and final disposition of all authorizations can be reviewed via the Provider Web Portal. The number of open and processed authorizations is listed on the Payee Dashboard to allow providers to track authorization progress. Individual authorizations can be reviewed down to the service level by clicking on the linked pictured above. The Provider Web Portal also has search functionality allowing a specific authorization to be retrieved. (This will be explained in a later section.)
- **Track Open/Processed Claim Records** – Status and final disposition of all claims can be reviewed via the Provider Web Portal. The number of open and processed claims is listed on the Payee Dashboard to allow providers to track payment progress. Individual claims can be reviewed down to the service level by clicking on the linked pictured above. The Provider Web Portal also has search functionality allowing a specific claim to be retrieved, which will be explained in a later section.
- **Access Electronic Remittances** – PDF copies of all EOPs/remittances are archived on the Provider Web Portal and can be retrieved at any time.

Eligibility Verification

Use the Check Eligibility tab to confirm a patient’s benefit coverage, and eligibility for service on a specific date.

1. Click the Eligibility tab.
2. Enter the member’s Subscriber ID, Date of Birth, and projected Date of Service.
3. Click Check Eligibility and review the Eligibility Report detailing the member’s coverage.

1 of 1 | 100% | Find | Next | Select a format | Export

Eligibility Report

Provider:	
Location:	

Eligible Members

Subscriber	Address	Insurer	Product	DOS
If member is eligible for treatment, his or her coverage information will be listed here.				

The following members are not eligible for services from the specified provider at the specified location.

Non-Eligible Members

Subscriber	Address	Insurer	Product	DOS
If the member is not eligible for treatment, his or her coverage information will be listed here.				

The following members were not found. Verify that the data entered is correct. If you feel the member information should be valid, please contact the member’s health plan.

Members Not Found

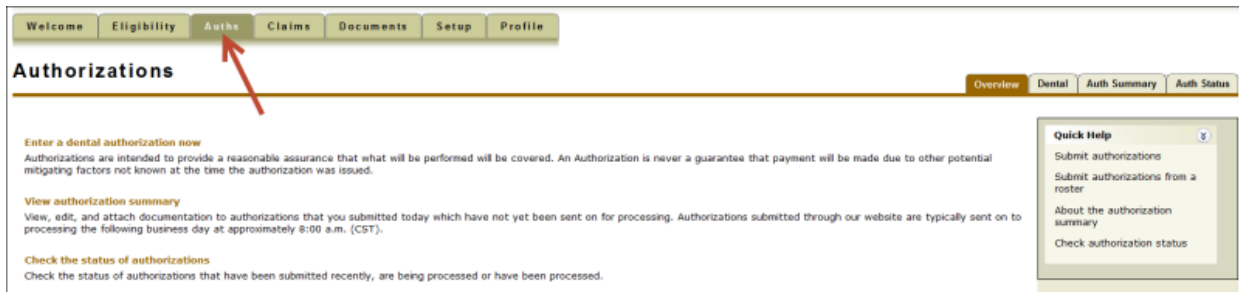
Subscriber	DOB	Last Name	First Name	DOS
Members without an eligibility record will be listed here.				

Please note this information does not guarantee or imply payment and is contingent upon other factors, including but not limited to eligibility changes, covered services and benefit limitations.

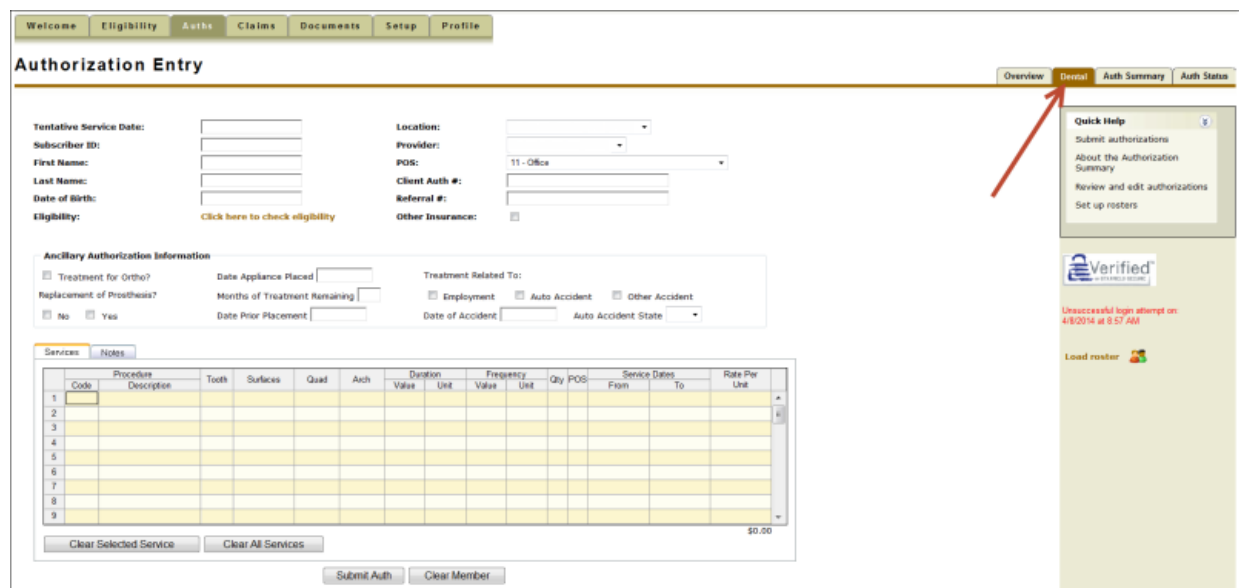
Page 1 of 1 5/9/2014 11:21:13 AM

Authorization Entry & Submission

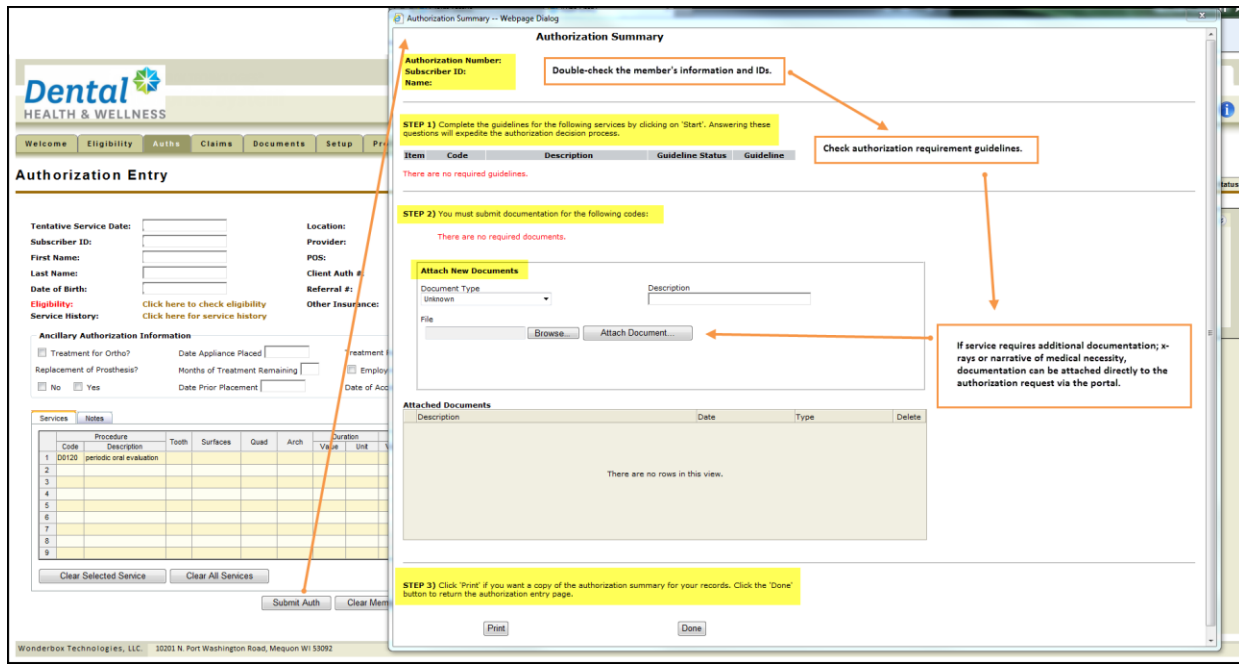
Submit authorization requests via the Provider Web Portal. Track review and determination of authorizations and access historical records for all authorizations processed.



Enter authorization, provide applicable narratives and attach any required documentation using the Provider Web Portal's Authorization Entry functionality.

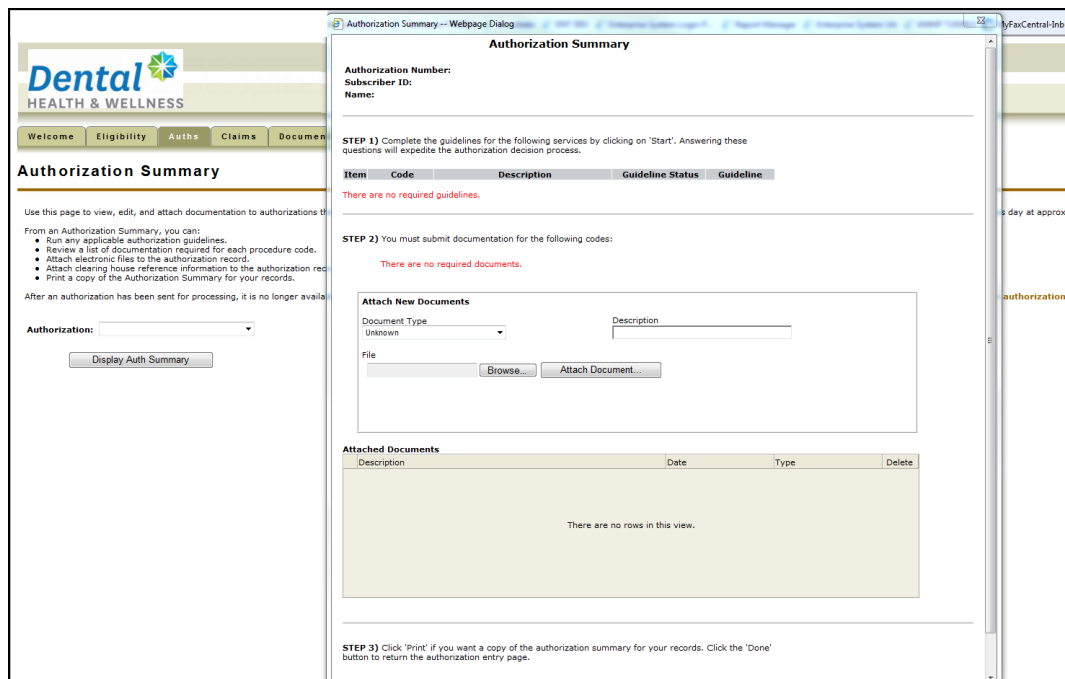


1. Click the **Auths** tab.
2. Enter member's **Subscriber ID**, and **Date of Birth**, chose **Location** and **Provider**.
3. Click **Check Eligibility** to confirm patient's coverage. The field will turn **green** if the patient is covered and **red** if not covered.
4. Use check boxes to notate service details, i.e. orthodontic treatment, accident-related.
5. Enter **Procedures** by line, including tooth/surface/area information as required, projected **Date of Service**, **Quantity**, and the billed **Rate**.
6. Click **Notes** tab to add additional narratives, i.e. NEA numbers, pertinent details.
7. Once submission data is entered, click **Submit Auth**.
8. This will open the **Authorization Summary** screen, which allows review of submission and ability to attach any required documentation prior to confirming the request.
9. Printing **Authorizations** is available here as well.



Authorization Summary

Authorization Summary can be accessed at any time for an in-process authorization to make changes or add attachments.



- Run any applicable authorization guidelines
- Review a list of documentation required for each covered service
- Attach electronic files to the authorization record
- See, review and edit authorizations that have been submitted
- Print a copy of the authorization summary

Authorization Status

Authorization Status

Authorization Information Today Clear

Auth State: Open

Auth #:

Tentative Service Date: To

Entered Date: To

Search by Authorization Number or by data spans:

1. Single authorizations can be accessed by entering authorization number.
2. Batches of authorizations can be accessed by Date of Service date span or by Date Entered date span.

Member Information Clear

First Name:

Last Name:

Subscriber ID:

Insurer: All Insurers

Search by Member and Product/Insurer:

1. A specific member's authorization can be accessed by searching using member name and subscriber ID number.

Provider Information

Provider: All Providers

Location: All Locations

Search by Provider and/or Location:

1. Authorizations can also be reviewed by provider and/or location. This is especially useful for large dental groups.

Search

- The Authorization Status search functionality allows a search for a single authorization by Authorization Number or for batches of authorization using various criteria
- Searches can be for open, processed or all authorizations. This allows authorizations currently under review to be tracked, or for review of determined authorizations
- Batches of authorizations can be searched for using a variety of criteria;
 - Date Span – search by tentative date of service span or date entered span
 - Member – search by using a member’s name and Subscriber ID to review all authorizations submitted for a specific member
 - Provider or Location – search for all authorizations associated with a specific provider or location under a dental group

Manage Roster

Manage Rosters

Check Eligibility **Manage Rosters** View Roster

Creating rosters helps you organize and reuse member information.

You must enter a date of birth and a subscriber # OR a date of birth, last name and first initial.

To create a new roster or display an existing one, first select an associated Location and Provider.

Clear Row | Clear All

	Subscriber #	Date of Birth	Last Name	First Name
1				
2				
3				
4				
5				
6				
7				
8				
9				
10				

Quick Help

- Set up rosters
- About the Eligibility Report
- Work with rosters
- Check member eligibility from a roster

Videos

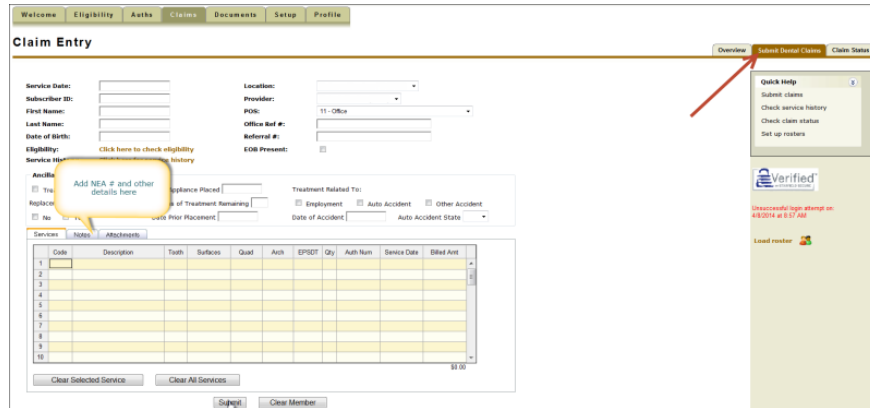
- Working with rosters

Verified

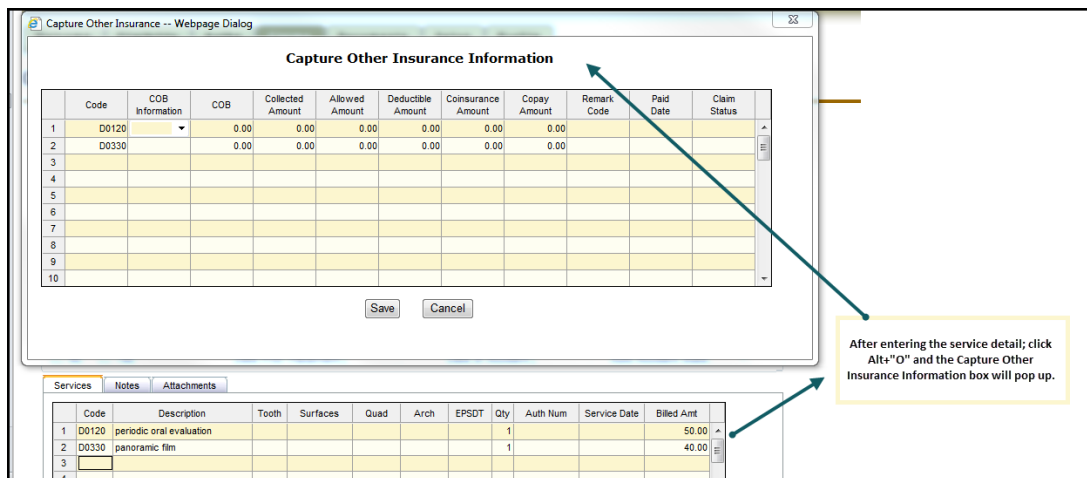
1. Click the Manage Rosters tab.
2. Enter the member’s Subscriber ID, Date of Birth, and First and Last Name.
3. Rosters can be created by day in order to manage daily patient schedule.

Claim Entry & Submission

Enter claim via the Provider Web Portal. Provide applicable narratives and attach required documentation.

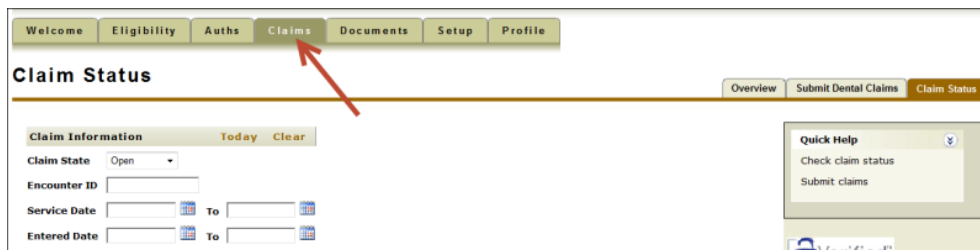


1. Click Claims tab on upper navigation bar. Then click the Submit Dental Claim tab on the right-side navigation bar.
2. Enter member's Subscriber ID, and Date of Birth, chose Location and Provider.
3. Click Check Eligibility to double-check patient coverage. The field will turn green if the patient is covered and red if not covered.
4. Click Service History to review member's treatment history and confirm the service is appropriate and within limitations/guidelines.
5. Use the check boxes to notate service details i.e. orthodontic treatment, accident-related,
6. Enter Procedures rendered by line using CDT Codes, include tooth/surface/area information as required, Date of Service, Quantity, Authorization Number if applicable and billed Rate.
7. Click Notes tab to add any additional narratives, i.e. NEA numbers or other pertinent details.
8. Click Attachments tab to attach x-rays or other documents that are required for payment.
9. If an EOB is present and primary payment information needs to be entered, check the EOB Present box and click Alt-O (screenshot below).

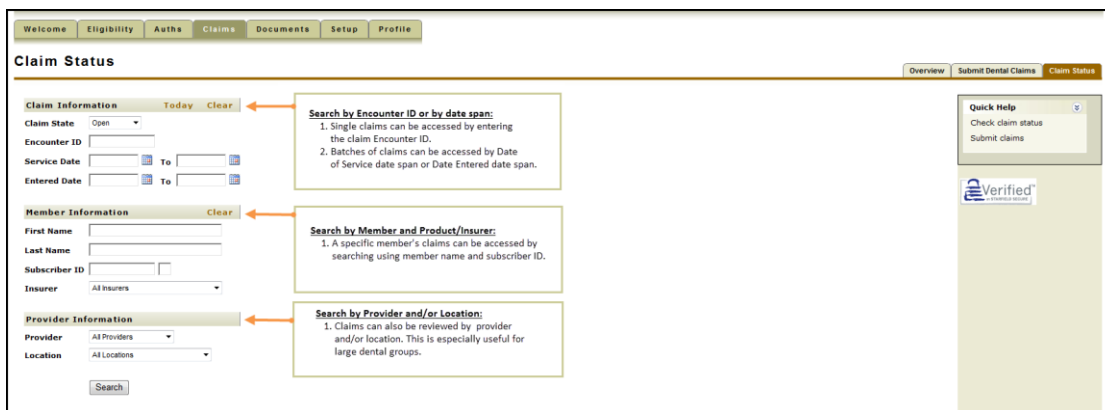


Claims Status

Track the status of claims currently in-process and review payment records for past claims.



- The Claim Status functionality allows a provider to search for a single claim by claim Encounter ID or for batches of claims using various criteria
- Searches can be for open, processed or all claims. This allows a provider to track claims currently in the payment process, or to review records of paid claims
- Batches of claims can be searched for using a variety of criteria;
 - Date Span – search by date of service span or date entered span
 - Member – search by using a member’s name and Subscriber ID to review all claims submitted for a specific member
 - Provider or Location – search for all claims associated with a specific provider or location under a dental group



Claim Management

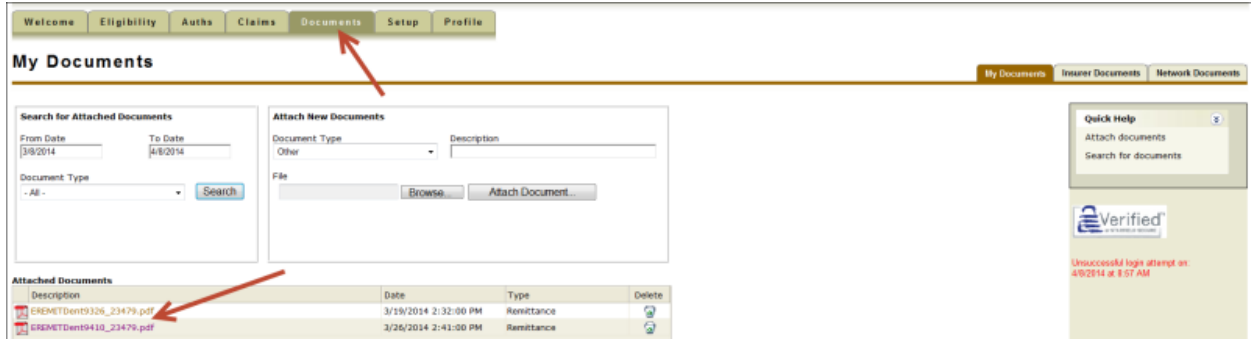
- Submit claims for services performed
- Review and print or save a list of claims submitted today before they are processed
- Check the status of previously submitted claims
- Enter additional information such as an NEA number in your notes



Electronic Funds Transfer

The Provider Web Portal allows for faster payments through Electronic Funds Transfer (EFTs). EFTs offer direct deposit into a bank account and allows faster remittance.

To obtain online remittances, select **My Documents** under the **Documents** tab or from the link on the main page.



Complete an EFT form as displayed on the following page and submit it to Provider Relations at providerrelations@dentalhw.com. Processing your form is completed within one week; however, activation begins after two to three check runs, based on confirmation from your bank that the set-up is complete.

Electronic Funds Transfer Authorization Agreement



ELECTRONIC FUNDS TRANSFER (EFT) AUTHORIZATION AGREEMENT

To enroll in Dental Health & Wellness' EFT payment program, please fill out this form along with a **voided check** and send to:

Mail: Dental Health & Wellness Fax: 855-609-5154 Email: providerrelations@dentalhw.com
PO Box 1408
Milwaukee, WI 53201

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): _____

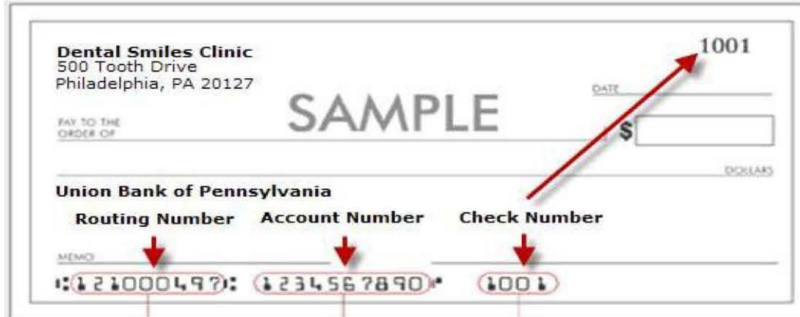
PART III – DEPOSITORY INFORMATION (Financial Institution)

Bank/Depository Name _____

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

Depositor Account Number (include any leading zeros) _____

Type of Account (check one) Checking Account Savings Account



PART IV – CONTACT INFORMATION

Name of Billing Contact: _____

Phone Number of Billing Contact: _____

Email Address of Billing Contact: _____

PART V – AUTHORIZATION

I hereby authorize Dental Health & Wellness 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 Dental Health & Wellness' 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 Dental Health & Wellness 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 Transfers. By signing this Agreement, you authorize Dental Health & Wellness, acting on behalf of any third party administrator, health care coalition, or health plan carrier (each a "Carrier") that participates in the EFT Services, to credit or debit the accounts listed on your Enrollment Form (the "Accounts") in connection with processing transactions between you and the Carriers. 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 National Automated Clearing House Association (NACHA) rules. These rules provide, among other things, that payments made to 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 Uniform Commercial Code. 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. **Confidentiality.** During the term of this Agreement, from time to time, we may disclose or make available to you, whether orally, electronically or in physical form, confidential or proprietary information concerning us and/or our business, products or services in connection with this Agreement (together, "Confidential Information"). Confidential Information includes, without limitation, business plans, health plan relationships, acquisition plans, systems architecture, information systems, technology, data, computer programs and codes, processes, methods, operational procedures, finances, budgets, policies and procedures, customer, employee, provider, member, patient and beneficiary information, claims information, vendor information (including agreements, software and products), product plans, projections, analyses, plans, results, and any other information which is normally and reasonably considered confidential. You agree that during the term of this Agreement and thereafter: (i) you will use Confidential Information belonging to us solely for the purpose(s) of this Agreement; and (ii) you will take all reasonable precautions to ensure that you do not disclose Confidential Information belonging to us to any third party (other than to your employees, contractors and/or professional advisors on a need-to-know basis who are bound by obligations of nondisclosure and limited use precautions at least as stringent as those contained herein) without first obtaining our written consent. **Confidentiality Exclusions.** For purposes hereof, "Confidential Information" will not include any information that you can establish by convincing written evidence: (i) was independently developed by you without use of or reference to any Confidential Information belonging to us; (ii) was acquired by you from a third party having the legal right to furnish same to the you without disclosure restrictions; or (iii) was at the time in question (whether at disclosure or thereafter) generally known by or available to the public (through no fault of you). **Amendments and Termination.** Dental Health & Wellness 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 WI shall govern this Agreement and all disputes arising hereunder. You hereby consent that jurisdiction and venue are proper in the State of WI for the resolution of any dispute arising under this Agreement. **Severability.** If any provision of this document is found to be unenforceable according to its terms, all remaining provisions will continue in full force and effect. **Headings.** Headings in this document are for convenience or reference only and will not govern the interpretation of the provisions. **Construction.** Except where it would be unreasonable or illogical to do so, words and phrases used in this document should be construed so the singular includes the plural and the plural includes the singular. **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, Dental Health & Wellness 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 Dental Health & Wellness as set forth herein and you shall not acquire any ownership rights by virtue of this Agreement. **Assignment.** You agree not to assign this Agreement, directly or by operation of law or subcontract, delegate or appoint any third-party agent to perform any or all of its duties obligations or services hereunder without our written consent, and any such attempted assignment, subcontracting, delegation or appointment without such consent shall be void. All written notices shall be delivered by registered or certified mail, return receipt requested, and shall be deemed effective seventy-two (72) hours after the same is mailed via certified mail as described above with postage prepaid. Notice sent by any other method shall be effective only upon actual receipt. The parties to this Agreement, by notice in writing, may designate another to whom notices shall be given pursuant to this Agreement. **Relationship of the Parties.** The relationship between both parties under this Agreement is that of independent contractor. Nothing herein contained shall be construed as constituting a partnership, joint venture or agency between the parties hereto. **Entire Agreement.** This Agreement, which is an integral part hereof and are incorporated herein as a part of this Agreement, constitute 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.** Dental Health & Wellness 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.** DENTAL HEALTH & WELLNESS 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. Under no circumstances shall the financial responsibility of Dental Health & Wellness for any failure of performance by us under this Agreement exceed the fees or charges paid by you to Dental Health & Wellness for the transaction, or activity that is or was the subject of the alleged failure of performance. IN NO EVENT SHALL DENTAL HEALTH & WELLNESS, 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. **Indemnification.** You shall be liable to and shall indemnify, defend and hold Dental Health & Wellness its directors, officers, employees, representatives, successors and permitted assigns harmless from and against any and all claims, demands by third parties, losses, liability, cost, damage and expense, including litigation expenses and reasonable attorneys' fees and allocated costs for in-house legal services, to which Dental Health & Wellness, its directors, officers, employees, representatives, successors and permitted assigns may be subjected or which it may incur in connection with any claims which arise from or out of or as the result of (a) your breach of this Agreement; (b) your performance, duties and obligations under this Agreement; or (c) the negligence or willful misconduct of you, your directors, officers, employees, agents and affiliates in the performance of their duties and obligations under this Agreement. You shall bear all risk of loss of items, records, data and materials during transit from you to Dental Health & Wellness' location or that of Dental Health & Wellness' agents or sub-contractors. **Waiver.** No waiver or failure to exercise any option, right, or privilege under the terms of this Agreement on any occasion or occasions shall be construed to be a waiver of the same or any other option, right or privilege on any other occasion.

Health Insurance Portability and Accountability Act (HIPAA)

As a health care 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.

Dental Health & Wellness has implemented various operational policies and procedures to ensure it is compliant with the Privacy Standards as well. Dental Health & Wellness also intends to comply with all Administrative Simplification and Security Standards by their compliance dates. One aspect of our compliance plan will be working cooperatively with providers to comply with the HIPAA regulations.

The provider and Dental Health & Wellness agree to conduct their respective activities in accordance with the applicable provisions of HIPAA and such implementing regulations.

When contacting Provider Services, providers will be asked to supply their Tax ID or NPI number. When calling regarding member inquiries, providers will be asked to supply specific member identification such as member ID/SSN, date of birth, name, and/or address.

In regulation to the Administrative Simplification Standards, you will note the benefit tables included in this provider manual reflect the most current coding standards (CDT-2014) recognized by the ADA. Dental Health & Wellness will require providers to submit all claims with the proper CDT codes listed in this manual for quick and efficient claims processing. In addition, all paper claims must be submitted on the currently approved ADA 2012 claim form.

Note: Copies of Dental Health & Wellness' HIPAA policies are available upon request by contacting Provider Services at 844-464-5636 or via email at providerrelations@dentalhw.com.

National Provider Identifier (NPI)

The Health Insurance Portability and Accountability Act (HIPAA) of 1996 required the adoption of a standard unique provider identifier for health care providers. An NPI number is required for all claims submitted for payment and must be the same NPI number on file with Mississippi Division of Medicaid. You must use your individual and billing NPI numbers.

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

Introduction

Reimbursement to dentists for dental treatment rendered can come from any number of sources such as individuals, employers, insurance companies and local, state or federal government. The source of dollars varies depending on the particular program. For example, in traditional insurance, the dentist reimbursement is composed of an insurance payment and a patient coinsurance payment. The Mississippi State Legislature annually appropriates or “budgets” the amount of dollars available for reimbursement to dentists for treating Magnolia Health Plan members. Since there is usually no patient copayment, these dollars represent all the reimbursement available to the dentist. The fair and appropriate distribution of these limited funds is critical.

Community Practice Patterns

To ensure fair and appropriate reimbursement, Dental Health & Wellness has developed a philosophy of Utilization Management, which recognizes the fact there exists, as in all health care services, a relationship between the dentist’s treatment planning, treatment costs and outcomes. The dynamics of these relationships, in any region, are reflected by community practice patterns of local dentists and their peers. With this in mind, Dental Health & Wellness’ Utilization Management is designed to ensure the fair and appropriate distribution of health care dollars 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 patterns. Dental Health & Wellness’ Utilization Management recognize individual dentist variance within these patterns among a community of dentists and accounts for such variance. In addition, specialty dentists are evaluated as a separate group and not with general dentists since the types and nature of treatment may differ.

Evaluation

Dental Health & Wellness’ 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 the fair and appropriate distribution of these budgeted dollars to providers, Dental Health & Wellness' Utilization Management helps identify providers whose patterns show significant deviation from the normal practice patterns of the community of their peers (typically less than 5 percent of all dentists). Dental Health & Wellness is contractually obligated to report suspected fraud, abuse or misuse by members and participating dental providers to the Magnolia Health Plan.

Non-Incentive Policy

It is Dental Health & Wellness' practice to ensure our contracted providers are making treatment decisions based upon individual members' medical necessity. Providers are never offered, nor will they ever accept any kind of financial incentives or any other encouragement to influence their treatment decisions.

Dental Health & Wellness' Utilization Management Department bases their decision-making only on appropriateness of care, service and existence of coverage. Dental Health & Wellness does not specifically reward practitioners or other individuals for issuing denials of coverage or care.

Fraud, Waste and Abuse

Dental Health & Wellness is committed to detecting, reporting and preventing potential fraud and abuse. Fraud and abuse are defined as:

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

Waste. Mismanagement of resources, including incurring unnecessary costs because of inefficient or ineffective practices or systems

Abuse. Practice 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. It also includes beneficiary practices that result in unnecessary costs to the healthcare program. Intentional infliction of physical harm, injury caused by negligent acts or omissions, unreasonable confinement, sexual abuse or sexual assault.

Provider Fraud. Any deception or misrepresentation committed intentionally, 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 health care program requirements, its associates or contractors.

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 a successive 5-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 health care 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 health care 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 go to www.TAF.org.

Dental Health & Wellness is contractually obligated to report suspected fraud, waste or abuse by members and participating dental providers of the Magnolia Health Plan Dental Program. To report suspected fraud, waste or abuse of the Dental Health & Wellness Program contact Dental Health & Wellness' confidential Fraud Hotline at 855-586-1418.

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

Dental Health and Wellness Hotline: 855-586-1418

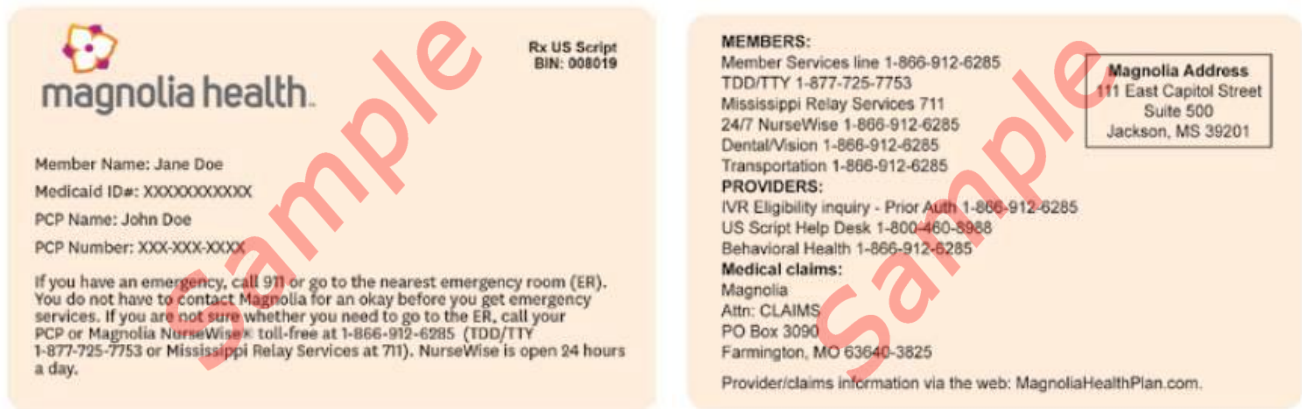
Medicaid Fraud Hotline: 800-880-5920

Mississippi Medicaid Fraud Control Unit: 800-852-8341

Eligibility & Member Services

Member Identification Card

Magnolia Health Plan members are issued identification cards on a regular basis.



Providers are responsible for verifying member eligibility at the time services are rendered and to determine if members have other health insurance. Presenting a member identification card does not guarantee eligibility.

Dental Health & Wellness recommends each dental office make a photocopy of the member's identification card each time treatment is provided. It is important to note the identification card does not need to be returned should a member lose eligibility.

For more information about member identification cards, contact Magnolia Member Services at 866-912-6285.

Eligibility Verification

Member Eligibility can be accessed using one of the following:

- The Provider Web Portal at <https://portal.dentalhw.com/pwp>
- Interactive Voice Response (IVR) system eligibility line at 844-464-5636

Eligibility information received from these sources is the same information you would receive by calling Provider Services. By utilizing the Provider Web Portal or IVR, information is available 24 hours a day, 7 days a week without having to wait for an available Provider Services representative.

Eligibility Verification via Provider Web Portal

Our Provider Web Portal verifies member eligibility. Log in using your ID and password at <https://portal.dentalhw.com/pwp>. First time users can register for the portal by calling Provider Services at 844-464-5636 to obtain an office-specific Payee ID number. Our Dental Health & Wellness team will then walk you through the registration process to ensure your office is set up for portal use according to your specific office's needs.

Once logged in, verify the member's eligibility by entering the member's date of birth, the expected date of service and the member's subscriber ID number, or their last name and first initial. You are able to verify an unlimited number of patients and can print the summary of eligibility displayed by the system for your records.

Eligibility Verification via IVR

Our IVR system will verify eligibility for as many members as you want to check.

Call 844-464-5636. When prompted, enter the appropriate NPI or Tax ID Number (TIN). Follow the prompts and enter the member's Magnolia Health Plan ID Number or Social Security Number (SSN) along with the member's Date of Birth (MMDDYYYY).

After our system analyzes the information entered, the patient's eligibility will be verified. If the system is unable to verify the member information, you will be transferred to a Providers Service Representative.

Note: Due to possible eligibility status changes, eligibility information provided does not guarantee payment.

Transportation Benefits

Some Magnolia Health members are eligible for transportation services to and from medical appointments when they do not have other options available. Members should call Member Services at 866-912-6285 at least 72 hours before pick-up time to determine eligibility and schedule a ride.

Appointment Availability Standards

Dental Health & Wellness has established appointment time requirements for all situations to ensure members receive dental services in a time period appropriate to their health condition. Providers should ensure appointment standards are adhered to in an effort to ensure accessibility of needed services, maintain member satisfaction and reduce unnecessary use of alternative services such as an emergency room.

- Routine dental care is not to exceed forty-five (45) calendar days for regular appointments
- Urgent care is not to exceed forty-eight (48) hours
- Emergent care is immediately (24 hours a day, 7 days a week) and without prior authorization

Dental Health & Wellness will educate providers about appointment standards, monitor the adequacy of the process and take corrective action if required.

Authorization & Documentation Requirements

Dental Health & Wellness has specific clinical criteria and authorization processes to manage service utilization according to medical necessity and appropriateness of care. Clinical criteria requirements for services are listed starting on page 50 of this manual. Required documentation to support authorization requests are listed per code in the benefit grids starting on page 57. Providers should measure intended services to the clinical criteria before treatment begins to assure appropriateness of care.

Prior Authorization

Providers should assume all procedures with authorization requirements require prior authorization unless done on an emergency basis.

Dental Health & Wellness will notify the requesting provider and the member in writing of any decision by Dental Health & Wellness to deny an authorization request or to authorize a service in an amount, duration, or scope that is less than requested by the treating provider and/or member.

Dental Health & Wellness will make standard authorization decisions and provide notice within three (3) calendar days and/or two (2) business days following receipt of the request for services. This three (3) calendar day period may be extended up to fourteen (14) additional calendar days upon request of the member to Magnolia Health or the provider to Dental Health & Wellness, or if Dental Health & Wellness justifies to the Division of Medicaid a need for additional information and how the extension is in the member's best interest.

Dental Health & Wellness will expedite authorization for services when the provider indicates or Dental Health & Wellness determines that following the standard authorization decision time frame could seriously jeopardize the member's life, health, or ability to attain, maintain, or regain maximum function. Dental Health & Wellness will provide a decision notice no later than twenty-four (24) hours after receipt of the expedited authorization request. This twenty-four (24) hour period may be extended up to fourteen (14) additional calendar days upon request of the member to Magnolia Health or the provider or Dental Health & Wellness. Dental Health & Wellness must justify to the Division of Medicaid a need for additional information and how the extension is in the member's best interest.

If Dental Health & Wellness denies some or all of the services requested, the member will receive written notice via US Mail of the reasons for the denial(s), including information explaining how the member may appeal the decision. The requesting provider will receive notice of the denial decision by facsimile.

Services requiring prior authorization should not be started prior to the determination of coverage (approval or denial of the prior authorization) for nonemergency services. Nonemergency treatment started prior to the determination of coverage will be performed at the financial risk of the dental office. If coverage is denied, the treating dentist will be financially responsible and may not balance bill the member, the State of Mississippi or any agents, and/or Dental Health & Wellness.

Prior authorizations will be honored for one hundred eighty (180) days from the date they are issued. An authorization does not guarantee payment. The member must be eligible at the time the services are provided. The provider should verify eligibility at the time of service.

Requests for prior authorization should be submitted on the Dental Health & Wellness Provider Web Portal, through a participating clearinghouse, or may be mailed with the appropriate documentation on a standard ADA 2012 approved form. Any claims or prior authorizations submitted without the required documentation will be denied and must be resubmitted to obtain reimbursement.

The basis for granting or denying approval shall be whether the item or service is medically necessary, whether a less expensive service would adequately meet the member's needs and whether the proposed item or service conforms to commonly accepted standards in the dental community. If you have questions regarding a prior authorization decision or wish to speak to the dental reviewer, call 844-464-5636.

Retrospective Review

Services requiring authorization that are performed on an emergency basis will be considered for payment via a retrospective review when the claim is submitted and is accompanied by all required authorization documentation listed in the benefit grid.

Any claims for retrospective review submitted without the required documentation will be denied and must be resubmitted for reimbursement as an appeal.

A Dental Health & Wellness consultant reviews the documentation to ensure the services rendered meet the clinical criteria requirements as outlined in this manual. Once the clinical review is completed, claims are either paid or denied within thirty (30) calendar days. Providers are notified of the decision via the provider remittance statement. Timely filing for retrospective reviews is 30 days from the date of service.

Authorization Submission Procedures

Authorization submissions must be received in one of the following formats:

- Provider Web Portal at <https://portal.dentalhw.com/pwp>
- Electronic submission via Emdeon clearinghouse – Payer ID: 46278
- HIPAA-compliant 837D file
- Paper authorization via ADA 2012 Claim Form available through American Dental Association

Authorization Submission via Provider Web Portal

Providers may submit authorization directly to Dental Health & Wellness by utilizing the provider section of our Provider Web Portal. Submitting authorizations via the Web Portal is quick and easy and allows you to get authorization determinations faster.

To submit authorizations via the Web Portal, log on to <https://portal.dentalhw.com/pwp>

If you have questions on submitting authorization or accessing the web portal, contact Provider Services 844-464-5636 or via email providerrelations@dentalhw.com

Authorization Submission via Clearinghouse

Providers may submit their authorizations via Emdeon clearinghouse. Your software vendor will be able to provide you with information you may need to ensure submitted authorizations are forwarded to Dental Health & Wellness.

Dental Health & Wellness' Payer ID is 46278 — Emdeon will ensure that by utilizing this unique payer ID, authorizations will be submitted successfully to Dental Health & Wellness.

For more information on Emdeon, visit their Website <http://www.emdeon.com/>

Authorization Submission via HIPAA-Compliant 837D File

For providers who are unable to submit electronically via the Internet or clearinghouse, Dental Health & Wellness will work on a case-by-case basis with the provider to receive authorizations electronically via a HIPAA Compliant 837D. Call Provider Services at 844-464-5636 to inquire about this option.

Paper Authorization Submission

To ensure timely processing of the submitted authorization, the following information must be included on the form:

- Member name
- Member Medicaid ID number
- Member date of birth
- Provider name
- Provider location
- Billing location
- Provider NPI or Tax Identification Number (TIN)

Approved ADA dental codes as published in the 2014 CDT book or as defined in this manual must be used to define all services.

Provider must list all quadrants, tooth numbers and surfaces for dental codes which necessitate identification (extractions, root canals, amalgams and resin fillings).

Dental Health & Wellness recognizes tooth letters A through T for primary teeth and tooth numbers 1 to 32 for permanent teeth. Supernumerary teeth should be designated by using 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 the supernumerary tooth should be charted as #51; likewise, if the nearest tooth is A the supernumerary tooth should be charted as AS. These procedure codes must be referenced in the patient's file for record retention and review.

Missing or incorrect 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. Postage due mail will be returned. Mail paper authorization requests to:

Dental Health & Wellness
Authorizations
PO Box 1508
Milwaukee, WI 53201

Prior Authorization for Facility and Hospital Services

Dental services that require treatment in a facility or hospital must first receive prior authorization from Dental Health & Wellness for dental procedure codes. The facility must be a Magnolia Health-participating hospital. If no participating hospitals are within acceptable distance requirements, providers can request a non-par single case agreement to Dental Health & Wellness. The authorization request to Dental Health & Wellness must include (1) a narrative that the procedure(s) will be carried out in an outpatient facility and the reason for it, and (2) a completed Magnolia Health Outpatient Medicaid Prior Authorization Fax Form (#MS-PAF-0618) as an attachment. Once all information is received, Dental Health & Wellness makes a determination about the authorization request and the resulting response is initiated:

Responses to Facility Authorization Requests	
Approved	Denied
<ul style="list-style-type: none"> Dental Health & Wellness will send an automated fax approval letter to the requesting dentist. Dental Health & Wellness will fax the Magnolia Health Outpatient Form to Magnolia Health with the dental service authorization number. Magnolia Health will issue a facility/anesthesia authorization number and fax it to the hospital and the provider who initiated the request. The requesting provider calls the facility to schedule the services. 	<ul style="list-style-type: none"> Dental Health & Wellness will fax a denial letter to the requesting provider, including information about how to appeal. Dental Health & Wellness will mail a denial letter to the member, with information about how to appeal the determination. The provider or member can initiate an appeal.

A copy of the Magnolia Health Outpatient Medicaid form follows.



OUTPATIENT MEDICAID Prior Authorization Fax Form

Request for additional units. Existing Authorization Units

Standard Request - Determination within 3 calendar days and/or 3 business days of receiving all necessary information

Urgent Request - I certify this request is urgent and medically necessary to treat an injury, illness or condition (not life threatening) within 24 hours to avoid complications and unnecessary suffering or severe pain.

X URGENT REQUESTS MUST BE SIGNED BY THE REQUESTING PHYSICIAN TO RECEIVE PRIORITY.

* INDICATES REQUIRED FIELD

MEMBER INFORMATION

Member ID/Medicaid ID *

Last Name, First Date of Birth *
(MMDDYYYY)

REQUESTING PROVIDER INFORMATION

Requesting NPI *

Requesting TIN *

Requesting Provider Contact Name

Requesting Provider Name

Phone

Fax

SERVICING PROVIDER / FACILITY INFORMATION

Same as Requesting Provider

Servicing NPI *

Servicing TIN *

Servicing Provider Contact Name

Servicing Provider/Facility Name

Phone

Fax

AUTHORIZATION REQUEST

ICD-9 ICD-10

Primary Procedure Code *
(CPT/HCPCS) (Modifier)

Additional Procedure Code
(CPT/HCPCS) (Modifier)

Start Date OR Admission Date *
(MMDDYYYY)

Diagnosis Code *
(ICD-9/ICD-10)

Additional Procedure Code
(CPT/HCPCS) (Modifier)

Additional Procedure Code
(CPT/HCPCS) (Modifier)

End Date OR Discharge Date
(MMDDYYYY)

Total Units/Visits/Days

For school-aged Members (Age 3-21) with disabilities/special needs as defined in the Individual with Disabilities Education Act (IDEA):

Is/will the Member be receiving Therapy Services at school? Yes No

Has Individualized Education Program (IEP) been completed? Yes No (If yes, please attach)

OUTPATIENT SERVICE TYPE * (Enter the Service type number in the boxes) <input type="text"/>		
412	Auditory Services	600 Home Infusion
422	Biopharmacy	240 Inpatient Hospice
712	Cochlear Implants and Surgery	729 Neuropsych Testing
771	Dialysis	410 Observation
		790 Occupational Therapy
		997 Office Visit/Consult (non par only)
		210 Orthotics
		927 Outpatient Hospice
		794 Outpatient Services
		171 Outpatient Surgery
		202 Pain Management
		101 Physical Therapy
		147 Prosthetics
		201 Sleep Study
		701 Speech Therapy
		472 Stereotactic Radiosurgery
		724 Transportation
Outpatient Services Examples:		
- Skin Debridement/Wound Care		
- Hyperbaric Oxygen Therapy		
Outpatient Surgery Examples:		
- Hysterectomy		
- Mammoplasty		
- Rhino/Septoplasty		

ALL REQUIRED FIELDS MUST BE FILLED IN AS INCOMPLETE FORMS WILL BE REJECTED. COPIES OF ALL SUPPORTING CLINICAL INFORMATION ARE REQUIRED. LACK OF CLINICAL INFORMATION MAY RESULT IN DELAYED DETERMINATION.

Disclaimer: An authorization is not a guarantee of payment. Member must be eligible at the time services are rendered. Services must be a covered Health Plan Benefit and medically necessary with prior authorization as per Plan policy and procedures.
Confidentiality: The information contained in this transmission is confidential and may be protected under the Health Insurance Portability and Accountability Act of 1996.
If you are not the intended recipient, any use, distribution, or copying is strictly prohibited. If you have received this facsimile in error, please notify us immediately and destroy this document.

Prior Authorization for Orthodontic Care

Orthodontic services are covered benefits only when medically necessary. See the Clinical Criteria requirements beginning on page 50 for complete coverage details. To request prior authorization, follow all requirements listed in the benefit grids starting on page 57.

ADA Approved Claim Form

Providers should use this ADA form when submitting paper authorization requests and paper claims.

ADA American Dental Association® Dental Claim Form

HEADER INFORMATION															
1. Type of Transaction (Mark all applicable boxes) <input type="checkbox"/> Statement of Actual Services <input type="checkbox"/> Request for Predetermination/Preauthorization <input type="checkbox"/> EPSDT / Title XIX															
2. Predetermination/Preauthorization Number					POLICYHOLDER/SUBSCRIBER INFORMATION (For Insurance Company Named in #3)										
12. Policyholder/Subscriber Name (Last, First, Middle Initial, Suffix), Address, City, State, Zip Code															
INSURANCE COMPANY/DENTAL BENEFIT PLAN INFORMATION															
3. Company/Plan Name, Address, City, State, Zip Code															
13. Date of Birth (MM/DD/CCYY)			14. Gender <input type="checkbox"/> M <input type="checkbox"/> F		15. Policyholder/Subscriber ID (SSN or ID#)										
16. Plan/Group Number					17. Employer Name										
OTHER COVERAGE (Mark applicable box and complete items 5-11. If none, leave blank.)															
4. Dental? <input type="checkbox"/> Medical? <input type="checkbox"/> (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 <input type="checkbox"/> M <input type="checkbox"/> F		8. Policyholder/Subscriber ID (SSN or ID#)											
9. Plan/Group Number					10. Patient's Relationship to Person named in #5 <input type="checkbox"/> Self <input type="checkbox"/> Spouse <input type="checkbox"/> Dependent <input type="checkbox"/> Other										
11. Other Insurance Company/Dental Benefit Plan Name, Address, City, State, Zip Code															
21. Date of Birth (MM/DD/CCYY)		22. Gender <input type="checkbox"/> M <input type="checkbox"/> F		23. Patient ID/Account # (Assigned by Dentist)											
PATIENT INFORMATION															
18. Relationship to Policyholder/Subscriber in #12 Above <input type="checkbox"/> Self <input type="checkbox"/> Spouse <input type="checkbox"/> Dependent Child <input type="checkbox"/> Other								19. Reserved For Future Use							
20. Name (Last, First, Middle Initial, Suffix), Address, City, State, Zip Code															
RECORD OF SERVICES PROVIDED															
24. Procedure Date (MM/DD/CCYY)	25. Area of Oral Cavity	26. Tooth System	27. Tooth Number(s) or Letter(s)	28. Tooth Surface	29. Procedure Code	29a. Diag. Pointer	29b. Qty	30. Description	31. Fee						
1															
2															
3															
4															
5															
6															
7															
8															
9															
10															
33. Missing Teeth Information (Place an "X" on each missing tooth.)				34. Diagnosis Code List Qualifier <input type="checkbox"/> (ICD-9 = B; ICD-10 = AB)				31a. Other Fee(s)							
1	2	3	4	5	6	7	8	9	10	11	12	13	14	15	16
32	31	30	29	28	27	26	25	24	23	22	21	20	19	18	17
34a. Diagnosis Code(s) A _____ C _____										32. Total Fee					
34b. Diagnosis Code(s) B _____ D _____															
35. Remarks															
AUTHORIZATIONS					ANCILLARY CLAIM/TREATMENT INFORMATION										
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 _____					38. Place of Treatment <input type="checkbox"/> (e.g. 11=office; 22=O/P Hospital) (Use "Place of Service Codes for Professional Claims")					39. Enclosures (Y or N) <input type="checkbox"/>					
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 _____					40. Is Treatment for Orthodontics? <input type="checkbox"/> No (Skip 41-42) <input type="checkbox"/> Yes (Complete 41-42)					41. Date Appliance Placed (MM/DD/CCYY)					
					42. Months of Treatment					43. Replacement of Prosthesis <input type="checkbox"/> No <input type="checkbox"/> Yes (Complete 44)					
					44. Date of Prior Placement (MM/DD/CCYY)										
					45. Treatment Resulting from <input type="checkbox"/> Occupational illness/injury <input type="checkbox"/> Auto accident <input type="checkbox"/> 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.)					TREATING DENTIST AND TREATMENT LOCATION INFORMATION										
48. Name, Address, City, State, Zip Code					53. I hereby certify that the procedures as indicated by date are in progress (for procedures that require multiple visits) or have been completed. X _____ Signed (Treating Dentist) _____ Date _____										
49. NPI		50. License Number		51. SSN or TIN		54. NPI		55. License Number							
52. Phone Number () -					52a. Additional Provider ID					56. Address, City, State, Zip Code					
57. Phone Number () -					57. Additional Provider ID					58. Address, City, State, Zip Code					
58. Additional Provider ID															

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

Timely filing for claims is 180 days and claims may be submitted in the following formats:

- Electronic claim submission via Provider Web Portal <https://portal.dentalhw.com/pwp>
- Electronic claim submission via Emdeon clearinghouse Payer ID: 46278
- Electronic claim submission via National Electronic Attachment (NEA)
- HIPAA-compliant 837D File
- Paper claims must be submitted on ADA 2012 forms to:

Dental Health & Wellness

Claims: MS

P.O. Box 160

Milwaukee, WI 53201

Claim Submission via Provider Web Portal

Providers may submit claims directly to Dental Health & Wellness by utilizing the provider section of our Provider Web Portal. Submitting claims via the Web Portal is quick and easy and allows you to get paid faster. To submit claims via the Web Portal, log on to <https://portal.dentalhw.com/pwp>

If you have questions on submitting claims or accessing the Web Portal, contact Provider Services 844-464-5636 or via email providerrelations@dentalhw.com

Claim Submission via Emdeon Clearinghouse

Providers may submit their claims via Emdeon clearinghouse. Your software vendor will be able to provide you with information you may need to ensure submitted claims are forwarded to Dental Health & Wellness.

Dental Health & Wellness' Payer ID is 46278 — Emdeon will ensure that by utilizing this unique payer ID, claims will be submitted successfully to Dental Health & Wellness. For more information on Emdeon, visit their Website <http://www.emdeon.com/>

HIPAA-Compliant 837D File

For providers who are unable to submit electronically via the Internet or clearinghouse, Dental Health & Wellness will work on a case-by-case basis with the provider to receive claims electronically via a HIPAA Compliant 837D. Call Provider Services at 844-464-5636 to inquire about this option.

Claim Submission via National Electronic Attachment FastAttach™

Dental Health & Wellness in conjunction with National Electronic Attachment, Inc. (NEA) allows enrolled providers the ability to submit claims-related documentation electronically via FastAttach™. This program allows secure transmissions via the Internet for radiographs, periodontic charts, intraoral pictures, narratives and EOBs.

FastAttach™ is a simple way to eliminate lost or damaged attachments, improve your payment cycle, save postage and printing costs, reduce your follow-up with payers, avoid sending unnecessary attachments with claims. FastAttach™ is inexpensive, reduces administrative costs, eliminates lost or damaged attachments and accelerates claims and prior authorization processing. It is compatible with most claims clearinghouses or practice management systems. For more information visit <http://www.nea-fast.com> or call NEA at 800-782-5150.

Paper Claim Submission

To ensure timely processing of paper claims, the following information must be included on the ADA form:

- Member name
- Member Medicaid ID number
- Member date of birth
- Provider name
- Provider location
- Billing location
- Provider NPI or Tax Identification Number (TIN)

Approved ADA dental codes as published in the 2014 CDT book or as defined in this manual must be used to define all services.

Provider must list all quadrants, tooth numbers and surfaces for dental codes which necessitate identification (extractions, root canals, amalgams and resin fillings).

Dental Health & Wellness recognizes tooth letters A through T for primary teeth and tooth numbers 1 to 32 for permanent teeth. Supernumerary teeth should be designated by using 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 the supernumerary tooth should be charted as #51; likewise, if the nearest tooth is A the supernumerary tooth should be charted as AS. These procedure codes must be referenced in the patient's file for record retention and review.

Missing or incorrect information could result in the authorization being returned to the submitting provider's office, causing a delay in determination.

Mail Paper Claims to:

Dental Health & Wellness
Claims: MS
PO Box 160
Milwaukee, WI 53201

Coordination of Benefits (COB)

When Dental Health & Wellness is the secondary insurance carrier, a copy of the primary carrier's Explanation of Benefits (EOB) must be submitted with the claim. For electronic claim submissions, the payment made by the primary carrier must be indicated in the appropriate COB field. When a primary carrier's payment meets or exceeds a provider's contracted rate or fee schedule, Dental Health & Wellness will consider the claim paid in full and no further payment will be made on the claim.

Corrected Claim Process

Providers who receive a claim denial and need to submit a corrected claim should send a corrected claim and appropriate documentation, if necessary, to:

Dental Health & Wellness – Appeals
PO Box 137
Milwaukee, WI 53201

Providers can request an additional claim review if a claim was denied due to missing information, missing tooth number/surface on original submission or you have additional information you feel may change the payment decision. Corrected claim request determinations will be provided on a remittance statement within thirty (30) calendar days of receipt by Dental Health & Wellness.

Receipt and Audit of Claims

To ensure timely, accurate remittances to each dentist, Dental Health & Wellness performs an audit of all claims upon receipt. This audit validates member eligibility, procedure codes and provider identifying information. A Dental Reimbursement Analyst dedicated to Mississippi dental offices reviews any claim conditions that would result in nonpayment. When potential problems are identified, your office may be contacted and asked to assist in resolving the problem. Please contact Provider Services at 844-464-5636 with questions you have regarding claim submission or your remittance.

If a provider wishes to appeal any reimbursement decision, submit an appeal in writing along with any necessary documentation within thirty (30) calendar days of receiving the notice of action to:

Dental Health & Wellness -Appeals
PO Box 137
Milwaukee, WI 53201

Dental Health & Wellness will have forty-five (45) calendar days to respond in writing to the provider with the outcome of the appeal. To validate accuracy, we will perform a monthly audit of a statistically significant sample of all claim forms entered and adjudicated in the prior month.

Claims Adjudication and Payment

Our system adjudicates all claims weekly. It also has the ability to automatically update individual and family claim history, perform claim payment calculations, calculate and update copayment and deductible accumulations and track benefit maximums and frequency limits where appropriate.

The claims processing system imports the data, edits the data for completeness and correctness, analyzes the data for clinical and coding correctness/appropriateness and audits against product and benefit limits. The claims processing system also evaluates claims/services requiring pre-authorizations and automatically matches the claim/service to the appropriate member record for efficient claims processing.

Claims will be finalized weekly and once all claim processing edits are complete and claims are priced, a remittance summary is printed and a check or EFT payment is generated. Providers are able to review the status of claims submissions once finalized on our Provider Web Portal or via electronic submission.

Appeals, Complaints & Grievances

Dental Health & Wellness is committed to providing high-quality dental services to all members. As part of this commitment, Dental Health & Wellness supports Magnolia Health's member grievances and appeals protocol and leads Magnolia Health's dental provider complaint protocol, ensuring all members have every opportunity to exercise their rights to a fair and expeditious resolution to any and all inquiries, grievances and appeals. Toward that end, Dental Health & Wellness has developed a procedure to meet those goals:

- To ensure Dental Health & Wellness assists in members and providers receiving a fair, just, and speedy resolution to inquiries, grievances and appeals by working with providers and supplying any documentation related to the member grievance and/or appeal to Magnolia Health Plan, upon request.
- To allow providers and members to be treated with dignity and respect at all levels of the grievances and appeals resolution process.
- To inform providers of their full rights as they relate to grievance and appeal resolutions, including their rights of appeal at each step in the process.
- To have provider grievances and appeals resolved in a satisfactory and acceptable manner within the Dental Health & Wellness protocol.
- To comply with all regulatory guidelines and policies with respect to member inquiries, grievances, and appeals.
- To efficiently track provider-related grievance resolutions, in order to identify unacceptable patterns of care over time and take action for improved outcomes.

Dental Health & Wellness offers comprehensive provider services, to ensure providers have access to information, services and assistance on issues affecting their practice and their patients. A designated Appeals Specialist is dedicated to the expedient, satisfactory resolution of provider inquiries, grievances and appeals.

The toll-free number for information about how to file a provider grievance is 844-464-5628.

The address to file a provider grievance is:

Dental Health & Wellness
Grievances and Appeals
PO Box 137
Milwaukee, WI 53201

Provider Complaints, Grievances and Appeal Procedures

In the operation of the program, differences may develop between Dental Health & Wellness and the dentist concerning the decision regarding the Prior Authorization Option and payment for service. Since many of these problems result from misunderstanding of processing policy, service coverage or payment levels, an understanding of Dental Health & Wellness will help prevent such problems.

The first level of managing a disagreement begins when a provider with a *Complaint*—defined as an expression of dissatisfaction received orally or in writing that is of a less serious or formal nature, and is resolved within one (1) business day. Complaints that are not resolved within one business day become a *Grievance*. Providers filing a Grievance must do so orally or in writing within thirty (30) calendar days of the date of the event causing the dissatisfaction. Written Grievances should be mailed to:

Dental Health & Wellness
Grievances and Appeals
PO Box 137
Milwaukee, WI 53201

Dental Health & Wellness will confirm receipt of the Grievance and expected resolution date within ten (10) calendar days of receipt of the Grievance. Dental Health & Wellness will resolve the Grievance within thirty (30) calendar days of the date of the Grievance receipt. This time frame can be extended up to fourteen (14) calendar days.

Appeals are requests for review based on an action by Dental Health & Wellness, such as a claim or authorization denial. Providers must file an appeal within thirty (30) calendar days of receiving the Dental Health & Wellness notice of action (NOA). Dental Health & Wellness will confirm receipt of the appeal and expected resolution date within ten (10) calendar days of receiving the appeal. Dental Health & Wellness will resolve appeals within forty-five (45) calendar days of receiving the appeal, or as expeditiously as the member's health condition requires. Dental Health & Wellness has the right to extend the time frame up to fourteen (14) calendar days. For expedited appeals, Dental Health & Wellness will resolve them within three (3) business days.

Fair Hearing Procedures

If a provider disagrees with a final decision by Dental Health & Wellness regarding an adverse action or appeal, the provider or the provider's representative has the right to request a fair hearing within thirty (30) calendar days of Dental Health & Wellness' final decision. There is not a required form but the request must be sent in writing to:

Division of Medicaid, Office of the Governor
Attention: Office of Appeals
550 High St Suite 1000
Jackson, MS 39201

Member Complaints, Grievances and Appeals

Members can submit a complaint to Magnolia Health in writing or by calling 866-912-6285. A complaint is less serious in nature and can be resolved within one (1) business day of receipt. Complaints that take more than one day to resolve are treated as a Grievance. Grievances must be filed in writing within thirty (30) calendar days of the date of the event causing the dissatisfaction, and sent to:

Magnolia Health Plan
Clinical Appeals Coordinator
111 East Capitol St Suite 500
Jackson, MS 39201

For additional information, contact the Magnolia Health Clinical Appeals Coordinator at 866-912-6285.

Members who receive a notice of action about a denied authorization can file an appeal with Magnolia Health within thirty (30) calendar days of receiving the notice of action. Magnolia Health will resolve the appeal within forty-five (45) calendar days of receiving the appeal, or as expeditiously as the member's health condition requires. The time frame for a resolution can be extended up to fourteen (14) calendar days.

Members can request a State Fair Hearing only after the entire health plan Grievance and Appeals process is completed. The request must be submitted to the Appeals Department so it is received within thirty (30) calendar days of the health plan's final decision. The request should be mailed to:

Division of Medicaid, Office of the Governor
Attention: Office of Appeals
550 High Street, Suite 1000
Jackson, MS 39201
601-359-6050 or 1-800-884-3222

Provider Enrollment & Contracting

New providers and/or locations can be added by visiting:

<http://providers.dentalhw.com>

Enter code MS and click Enter.

Dental
HEALTH & WELLNESS

Welcome to the Dental Health & Wellness Recruitment Portal. Please enter the code provided to you below to proceed.
If you have any questions, please call Network Development at 1-888-983-4691

Enter your code to proceed

Enter

Credentialing

As required by law, any DDS or DMD who is interested in participating with Dental Health & Wellness is invited to apply and submit a credentialing application form for review by our Credentialing Committee. Dental Health & Wellness has contracted with Scion Dental to carry out our credentialing process.

Providers who seek participation in any Dental Health & Wellness managed care network must be credentialed prior to participation in the network. Dental Health & Wellness will not differentiate or discriminate in the treatment of providers seeking credentialing on the basis of race, ethnicity, sex, age, national origin or religion.

All applications reviewed by Dental Health & Wellness must satisfy NCQA, URAC, and federal and state standards of credentialing as they apply to dental services. Specifically, Dental Health & Wellness credentials in accordance with § 42 C.F.R. 438.214, § 42 C.F.R. 438.12(A)(2), and the Mississippi Department of Insurance Regulation 98-1. Dental Health & Wellness reviews the following databases as part of the credentialing process: Office of Inspector General's List of Excluded Individuals and Entities, General Services Administration System for Award Management, CMS/Medicare Exclusion Databank, State Board of Examiners, National Practitioner Data Bank, Health Integrity and Protection Databank, and state listings of excluded providers. In conjunction with the plan, Dental Health & Wellness has the sole right to determine which dentists it shall accept and continue as participating providers.

The Credentialing Committee has the discretion and authority to accept an application without restrictions. If the Credentialing Committee determines an application should be accepted with restriction or declined, it shall recommend the appropriate action to the Executive Subcommittee for approval.

In reviewing an application, the Credentialing Committee may request further information from the applicant. The Credentialing Committee may table an application pending the outcome of an investigation of the applicant by a hospital, licensing board, government agency, institution or any other organization or recommend any other action it deems appropriate.

Adverse credentialing recommendations of the Credentialing Committee can be forwarded to the Executive Subcommittee for final approval, subject to any appeal following such approval offered to and accepted by the applicant. If the applicant accepts the opportunity for a reconsideration review, the Credentialing Committee will review all original documents, as well as any additional information submitted for the reconsideration review. If an applicant accepts the opportunity to appeal the Credentialing Committee's recommendation, the Peer Review Committee will complete the review.

Any acceptance of an applicant is conditioned upon the applicant's execution of a participation agreement with Dental Health & Wellness.

The plan retains the ultimate responsibility for the credentialing process and final credentialing decisions. The plan is notified of any terminations or disciplinary actions.

The State of Mississippi requires all providers to be credentialed and re-credentialed according to the standards set forth by the National Committee for Quality Assurance (NCQA) and EQRO recommendations. Providers must also be enrolled in the Mississippi Medicaid program using the same National Provider Identified (NPI) number.

Questions about credentialing can be directed to Dental Health & Wellness' Credentialing team at 855-844-0621 or by email at credentialing@dentalhw.com.

Health Guidelines Ages 0 – 18 Years

Recommendations for Pediatric Oral Health Assessment, Preventive Services and Anticipatory Guidance/Counseling.

Since each child is unique, these recommendations are designed for the care of children who have no contributing medical conditions and are developing normally. These recommendations will need to be modified for children with special health care needs or if disease or trauma manifests variations from normal. The American Academy of Pediatric Dentistry (AAPD) emphasizes the importance of early professional intervention and the continuity of care based on the individualized needs of the child.

AMERICAN ACADEMY OF PEDIATRIC DENTISTRY	AGE				
	6 TO 12 MONTHS	12 TO 24 MONTHS	2 TO 6 YEARS	6 TO 12 YEARS	12 YEARS AND OLDER
Clinical oral examination ¹	•	•	•	•	•
Assess oral growth and development ²	•	•	•	•	•
Caries-risk assessment ³	•	•	•	•	•
Radiographic assessment ⁴	•	•	•	•	•
Prophylaxis and topical fluoride ^{3,4}	•	•	•	•	•
Fluoride supplementation ⁵	•	•	•	•	•
Anticipatory guidance/counseling ⁶	•	•	•	•	•
Oral hygiene counseling ⁷	Parent	Parent	Patient/parent	Patient/parent	Patient
Dietary counseling ⁸	•	•	•	•	•
Injury prevention counseling ⁹	•	•	•	•	•
Counseling for nonnutritive habits ¹⁰	•	•	•	•	•
Counseling for speech/language development	•	•	•		
Substance abuse counseling				•	•
Counseling for intraoral/perioral piercing				•	•
Assessment and treatment of developing malocclusion			•	•	•
Assessment for pit and fissure sealants ¹¹			•	•	•
Assessment and/or removal of third molars					•
Transition to adult dental care					•

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

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

Appendix – Benefits

Benefit Descriptions

Plan Eligibility

MississippiCAN Children Ages 0-20

MississippiCAN Adults Ages 21 and over

MississippiCAN – Children Ages 0-20

Magnolia Health Plan covers periodic teeth cleaning, fluoride treatment, sealants, tooth restorations, radiographs, extractions and other dental services as outlined in benefit table starting on page 57. All ADA dental procedure codes included in the plan, except orthodontia-related services, are applied to a \$2,500 benefit limit per calendar year.

MississippiCAN – Adults Ages 21 and over

Magnolia Health Plan covers emergent and palliative care only. Extractions are only covered when considered medically necessary. Exams and x-rays are reimbursable only when performed in conjunction with covered services or to make a diagnosis for such a situation. Refer to benefit tables beginning on page 74. All ADA dental procedure codes included in the plan are applied to a \$2,500 benefit limit per calendar year.

MississippiCAN – Adults Ages 21 and over with Specific Qualifiers

All MississippiCAN eligible adults enrolled in Magnolia Health are eligible for adult dental benefits, regardless of the member's Category of Eligibility (COE).

CHIP – Children Ages 0-19

Magnolia Health Plan offers the Children's Health Insurance Plan (CHIP) to eligible beneficiaries. Please refer to the Dental Health & Wellness *Mississippi CHIP Provider Manual* for details.

Additional Benefit Information

Missed Appointments

Enrolled participating providers are not allowed to charge members for missed appointments.

If your office mails letters 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.”
- “Please call to reschedule another appointment. Call us in advance if you cannot keep the appointment. Missed appointments are very costly to us. Thank you for your help.”

Dental Health & Wellness recommends contacting the member by phone or postcard prior to the appointment to remind the individual of the time and place of the appointment.

The Centers for Medicare and Medicaid Services (CMS) interpret federal law to prohibit a provider from billing any Magnolia Health Plan member for a missed appointment. In addition, your missed appointment policy for Magnolia Health Plan enrolled patients cannot be stricter than your private or commercial patients.

If a Magnolia Health Plan member exceeds your office policy for missed appointments and you choose to discontinue seeing the patient, instruct the member to contact Magnolia Health at 866-912-6285 to select a new dentist. Providers with benefit questions should contact Dental Health & Wellness’ Provider Services directly at 844-464-5636.

Payment for Non-Covered Services

Enrolled participating providers shall hold members, Dental Health & Wellness, and Magnolia Health harmless for the payment of non-covered services except as provided in this paragraph. Providers may bill a member for non-covered services if the provider obtains an agreement from the member prior to rendering such service which indicates:

- The services to be provided
- Dental Health & Wellness and Magnolia Health will not pay for or be liable for said services
- Member will be financially liable for such services

Providers must inform members in advance and in writing when the member is responsible for non-covered services. A sample form follows.

NON-COVERED SERVICES LIABILITY ACKNOWLEDGEMENT

Provider Name: _____
 Provider NPI: _____
 Member Name: _____
 Member ID: _____
 Health Plan: _____
 Date of Service: _____

I (the member or if a minor, guardian of the member as listed above) acknowledge that it has been explained to me that certain health care services (s) or supplies that I have requested or wish to purchase will not be covered under the terms of my Health Plan benefit schedule. The non-covered services(s) that I have requested are:

_____ \$ _____
 _____ \$ _____
 _____ \$ _____
 _____ \$ _____
 _____ \$ _____

The total cost for the non-covered services/items is: \$ _____

I also acknowledge that I have been advised that these services are optional and as such, I will be responsible for payment for these non-covered services and agree to make payment arrangements directly with the Provider for these services.

Date Signed _____
 Print Member Name _____
 Member Signature _____
 Name of Parent or Legal Guardian (if applicable) _____
 Signature of Parent or Legal Guardian (if applicable) _____

This form must be signed by the patient or legal guardian PRIOR to receiving any non-covered services or items and must be maintained in the patient's dental record.

Facilities with Encounter Payments (FQHC/RHCs)

All dental services performed by facilities that are reimbursed through encounter payments need to submit an encounter claim for each unique member visit. The encounter claim is processed to track utilization of HEDIS/EPST services. It is mandatory to submit encounter data per state and federal guidelines. Claims should be submitted with each individual service rendered. The services will be entered into Dental Health & Wellness' claims payment system for utilization tracking. The actual encounter payment will be presented on the first valid service line. Dental Health & Wellness' system automatically performs this function.

Orthodontic Services-MississippiCAN

Orthodontic services must receive prior authorization and will be considered for approval based on the member meeting at least one of the following criteria:

- Documentation shows cleft lip, cleft palate and other craniofacial anomalies
- Documentation shows overjet of 9 mm or more
- Documentation shows reverse overjet of 2 mm or more
- Documentation shows extensive hypodontia with restorative implications (more than one teeth per quadrant) requiring pre-prosthetic orthodontics
- Documentation shows anterior open bites greater than 4 mm
- Documentation shows upper anterior contact point displacements greater than 4 mm
- Documentation shows individual tooth crossbites with greater than 2 mm discrepancy between retruded contact position and intercuspal position
- Documentation shows impinging overbite with evidence of gingival or palatal trauma
- Documentation shows impeded eruption of teeth (except third molars) due to crowding, displacement, presence of supernumerary teeth, retained primary teeth, and any pathologic cause; unless extraction of the displaced teeth or adjacent teeth, requiring no orthodontic treatment would be more expedient

Eligibility Criteria

The complete course of treatment must be completed by the member's 21st birthday. If a patient becomes ineligible for Medicaid benefits during the course of treatment, the authorization becomes void on the date eligibility ends or at the end of the birthday month in which the member turns 21 years of age.

If a member becomes ineligible during the course of treatment, the provider should complete the treatment. There is a possibility that the member's eligibility will be reinstated during the course of treatment. Member eligibility status can change monthly. The member or the member's guardian will be responsible for any bills accrued during the interim.

Benefit Details

- Orthodontic benefits are limited to \$4,200 maximum per lifetime.
- Only codes D8080, D8670 and D8999 are covered benefits.
- Prior authorization is required for D8080 and D8999.
- Prior authorization is not required for D8670 (monthly orthodontic appointments).
- Dental Health & Wellness will honor orthodontic prior authorization from another health plan for members who have already been banded. Dental Health & Wellness will compensate for only the remaining monthly visits based on the member's service history, up to 24 visits.

Clinical Criteria-MississippiCAN

MississippiCAN Clinical Criteria for Prior Authorization and Retrospective Review of Treatment and Emergency Treatment

When submitting for prior authorization / retrospective review of these procedures, please note the documentation requirements when submitting information to Dental Health & Wellness.

Dental Health & Wellness criteria utilized for medical necessity determination 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.

The criteria Dental Health & Wellness reviewers will look for in order to approve the request are listed below. Should the procedure need to be initiated under an emergency condition to relieve pain and suffering, you are to provide treatment to alleviate the patient's condition. However, to receive reimbursement for the treatment, Dental Health & Wellness will require the same criteria / documentation be provided (with the claim for payment) and the same criteria be met to receive payment for the treatment.

Images – TMJ

- Documentation describes medical necessity

Crowns

- 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
 - No periodontal furcation
 - No subcrestal caries

Prefabricated post and cores

- Minimum 50% bone support
- No periodontal furcation
- No subcrestal caries
- Clinically acceptable RCT

Root canal retreatment

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

Gingivectomy or gingivoplasty

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

Gingival flap procedure

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

Osseous surgery

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

Scaling and root planning

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

Full dentures

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

Partial dentures

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

Maxillofacial prosthetics

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

Impacted teeth – (asymptomatic impactions will not be approved)

- 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 matches type of impaction code described

Surgical removal of residual tooth roots

- Tooth root is completely covered by tissue on x-ray
- Documentation describes pain, swelling, etc. around tooth (must be symptomatic) and documentation noted in patient record

Coronectomy

- Documentation describes neurovascular complication if entire impacted tooth is removed

Tooth transplantation

- Documentation describes accident and / or medical necessity

Surgical access of an unerupted tooth

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

Biopsy / exfoliative cytological sample collection

- Copy of pathology report or test results

Surgical repositioning of teeth

- Documentation supports need for procedure

Alveoplasty with extractions

- In preparation for a prosthesis when there is a need for significant bone re-contouring in the quadrant, meeting one of the following:
 - Three (3) or more tooth spaces present per quadrant, or three (3) or more teeth extracted per quadrant, or
 - Less than three (3) tooth spaces present per quadrant, or less than three (3) teeth extracted per quadrant if prior authorized as medically necessary.
- Other treatments such as radiation therapy and transplant surgery

Alveoplasty without extractions

- In preparation for a prosthesis when there is a need for significant bone re-contouring in the quadrant, meeting one of the following:
 - Three (3) or more tooth spaces present per quadrant, or three (3) or more teeth extracted per quadrant, or
 - Less than three (3) tooth spaces present per quadrant, or less than three (3) teeth extracted per quadrant if prior authorized as medically necessary.
- Other treatments such as radiation therapy and transplant surgery

Vestibuloplasty

- Documentation supports lack of ridge for denture placement

Excision of lesion / tumor

- Copy of pathology report

Excision of bone tissue

- Necessary for fabrication of a prosthesis

Radical resection of maxilla or mandible

- Documentation supports medical necessity

Removal of foreign body / reaction producing foreign bodies

- Documentation describes presence or description of foreign body

Partial ostectomy

- Documentation describes presence or description of non-vital bone or foreign body

Maxillary sinusotomy

- Documentation describes presence or description of root fracture of foreign body in maxillary antrum

Fractures – simple / compound

- Documentation describes accident, operative report and medical necessity

Reduction and dislocation and management of TMJ dysfunctions

- Narrative, x-rays or photos support medical necessity for procedure

Suture repairs

- Documentation describes accident
- Not for tooth extraction or to close surgical incision

Skin graft

- Documentation describes location and type of graft

Osteoplasty / osteotomy

- Correction of congenital, developmental or acquired traumatic or surgical deformity

Other repair procedures (Oral & Maxillofacial Surgery)

- Narrative, x-rays or photos support medical necessity for procedure

Frenulectomy

- 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.

Excision of hyperplastic tissue

- Documentation describes medical necessity due to ill-fitting denture

Sialolithotomy

- Documentation describes evidence of salivary blockage

Excision of salivary gland, by report

- Documentation describes evidence of salivary blockage and inability to open duct interceptive treatment
- Palatal expansion, skeletal disharmonies, space deficiency to lessen future effects of malformation dentition (primary / transitional dentition)

Comprehensive orthodontic treatment (MS Orthodontic Treatment Need Criteria)

- Documentation shows cleft lip, cleft palate and other craniofacial anomalies
- Documentation shows overjet of 9 mm or more
- Documentation shows reverse overjet of 2 mm or more
- Documentation shows extensive hypodontia with restorative implications (more than one teeth per quadrant) requiring pre-prosthetic orthodontics
- Documentation shows anterior open bites greater than 4 mm
- Documentation shows upper anterior contact point displacements greater than 4 mm
- Documentation shows individual tooth crossbites with greater than 2 mm discrepancy between retruded contact position and intercuspal position
- Documentation shows impinging overbite with evidence of gingival or palatal trauma
- Documentation shows impeded eruption of teeth (except third molars) due to crowding, displacement, presence of supernumerary teeth, retained primary teeth, and any pathologic cause; unless extraction of the displaced teeth or adjacent teeth, requiring no orthodontic treatment would be more expedient

Palliative (emergency) treatment

- Documentation describes medical necessity for procedure

General anesthesia / IV sedation (Dental Office Setting) D9220, D9221, D9241, D9242

- Extractions of impacted teeth or surgical exposure of unerupted cuspids
- 2 or more extractions in 2 or more quadrants
- 4 or more extractions in 1 quadrant
- Excision of lesions greater than 1.25 cm
- Surgical recovery from the maxillary antrum
- Documentation that patient is less than 9 years old with extensive treatment (described)
- Documentation of failed local anesthesia and documentation noted in patient record
- Documentation of situational anxiety and documentation noted in patient record

- Documentation and narrative of medical necessity supported by submitted medical records (cardiac, cerebral palsy, epilepsy or condition that would render patient noncompliant)

Inhalation of nitrous oxide / analgesia D9230

- Documentation (treatment history) supports indication of non-cooperative patient under age 9
- Documentation supports indication of patient with a medical condition (cardiac, cerebral palsy, epilepsy, or other condition that would render the patient non-compliant)
- Documentation describes extensive treatment for patient under age 9
- Documentation describes situational anxiety

Non – intravenous conscious sedation (Dental Office Setting) D9248

- Extractions of impacted teeth or surgical exposure of unerupted cuspids
- 2 or more extractions in 2 or more quadrants
- 4 or more extractions in 1 quadrant
- Excision of lesions greater than 1.25 cm
- Surgical recovery from the maxillary antrum
- Documentation that patient is less than 9 years old with extensive treatment (described)
- Documentation of failed local anesthesia and documentation noted in patient record
- Documentation of situational anxiety and documentation noted in patient record
- Documentation and narrative of medical necessity supported by submitted medical records (cardiac, cerebral palsy, epilepsy or condition that would render patient noncompliant)

Occlusal guard D9940

- Medically necessary for bruxism, grinding or other occlusal factors
- Not for temporomandibular dysfunction (TMD)

Unspecified procedures, by report D0999, D2999, D3999, D6999, D7999, D8999, D9999

- Procedure cannot be adequately described by an existing code

OR (Hospital Operating Room or Outpatient Facility) request (D9999 on claim form)

- Medical condition such as cardiac or immune disorder
- Disabilities such as epilepsy or cerebral palsy
- Immature cognitive functioning
- Uncooperative age-appropriate behavior
- Some situational anxiety
- Extensive treatment needs such as multiple restorations, crowns, extractions

Benefit Plan Details and Authorization Requirements

MississippiCAN Children

MississippiCAN Children									
Code	Code Description	AUTHORIZATION REQUIREMENTS		BENEFIT DETAILS					ADDITIONAL NOTES
		Authorization Required	Required Documents	Age Min	Age Max	Max Count	Period Length	Period Type	
D0140	Limited oral evaluation-problem focused	No		0	20	4	12	Months	
D0145	Oral evaluation under 3 years of age	No		0	3	1	6	Months	Only one of the following, D0145, D0150, allowed every 6 months, per member. Codes D0150 cannot be reimbursed on the same date of service as a D0145 by the same provider or location.
D0150	Comprehensive oral evaluation	No		0	20	2	12	Months	D0150 allowed twice every 12 months per member.
D0210	Intraoral-complete series (including bitewings)	No		0	20	1	24	Months	Only one of the following: D0210 or D0330, allowed per 24 months per member per provider.
D0220	Intraoral-preiapical-1st film	No		0	20				
D0230	Intraoral-preiapical-each additional film	No		0	20				
D0270	Bitewing - single film	No		0	20	1	6	Months	Only one of the following: D0270, D0272, D0273, D0274 per 6 months per patient.
D0272	Bitewings - two films	No		0	20	1	6	Months	Only one of the following: D0270, D0272, D0273, D0274 per 6 months per patient.
D0273	Bitewings- three films	No		0	20	1	6	Months	Only one of the following: D0270, D0272, D0273, D0274 per 6 months per patient.
D0274	Bitewings - four films	No		0	20	1	6	Months	Only one of the following: D0270, D0272, D0273, D0274 per 6 months per patient.
D0321	Other temporomandibular joint films, by report	Yes	Narrative of medical necessity	0	20				

MississippiCAN Children

MississippiCAN Children									
		AUTHORIZATION REQUIREMENTS		BENEFIT DETAILS					
Code	Code Description	Authorization Required	Required Documents	Age Min	Age Max	Max Count	Period Length	Period Type	ADDITIONAL NOTES
D0330	Panoramic film	No		0	20	1	24	Months	Only one of the following, D0210, D0330, per 24 months per member per provider.
D0340	Cephalometric film	No		0	20	1	24	Months	Only one D0340 per 24 Months per patient, ortho only.
D0350	Oral/facial images	No		0	20	1	24	Months	Only one D0350 per 24 months per patient. Ortho only.
D0470	Diagnostic casts	No		0	20				Ortho only

MississippiCAN Children									
Code	Code Description	AUTHORIZATION REQUIREMENTS		BENEFIT DETAILS					ADDITIONAL NOTES
		Authorization Required	Required Documents	Age Min	Age Max	Max Count	Period Length	Period Type	
D0999	Unspecified diagnostic procedure, by report	Yes	Description of procedure and narrative of medical necessity	0	20				
D1120	Prophylaxis - Child	No		0	20	2	12	Months	Only two D1120 per 12 months per member.
D1206	Topical application of fluoride varnish	No		0	20	2	12	Months	Only two of the following: D1206 or D1208 per 12 months per patient.
D1208	Topical application of fluoride	No		0	20	2	12	Months	Only two of the following: D1206 or D1208 per 12 months per patient.
D1351	Sealant - per tooth	No		0	20	1	60	Months	Only one per 60 months, per member per tooth. Teeth Covered: 2, 3, 14, 15, 18, 19, 30, 31
D1510	Space maintainer-fixed-unilateral	No		0	20	1	24	Months	One of the following: D1510 or D1520 per 24 months per patient per quadrant (LL, LR, UL, UR)
D1515	Space maintainer-fixed-bilateral	No		0	20	1	24	Months	Only two of the following: D1515 or D1525 per 24 months per member per arch (LA, UA)
D1520	Space maintainer-removable-unilateral	No		0	20	1	24	Months	One of the following: D1510 or D1520 per 24 months per patient per quadrant (LL, LR, UL, UR)
D1525	Space Maintainer-removable-bilateral	No		0	20	1	24	Months	Only two of the following: D1515 or D1525 per 24 months per member per arch (LA, UA)
D1550	Re-cementation space maintainer	No		0	20				Only covered 6 months after placement.
D1555	Removal of fixed space maintainer	No		0	20				Not covered if service is performed by same provider who placed appliance.

MississippiCAN Children

MississippiCAN Children									
Code	Code Description	AUTHORIZATION REQUIREMENTS		BENEFIT DETAILS					ADDITIONAL NOTES
		Authorization Required	Required Documents	Age Min	Age Max	Max Count	Period Length	Period Type	
D2140	Amalgam - one surface, primary or permanent	No		0	20	1	36	Months	One D2140 per 36 months per member. Teeth Covered: 1 - 32, A - T
D2150	Amalgam - two surfaces, primary or permanent	No		0	20	1	36	Months	One D2150 per 36 months per member. Teeth Covered: 1 - 32, A - T
D2160	Amalgam - three surfaces, primary or permanent	No		0	20	1	36	Months	One D2160 per 36 months per member. Teeth Covered: 1 - 32, A - T
D2161	Amalgam - four surfaces, primary or permanent	No		0	20	1	36	Months	One D2161 per 36 months per member. Teeth Covered: 1 - 32, A - T
D2330	Resin - 1 surface, anterior	No		0	20	1	36	Months	Only one D2330 per 36 months per member. Teeth Covered: 6-11, 22 - 27, C - H, M - R
D2331	Resin - 2 surfaces, anterior	No		0	20	1	36	Months	Only one D2331 per 36 months per member. Teeth Covered: 6-11, 22 - 27, C - H, M - R
D2332	Resin - 3 surfaces, anterior	No		0	20	1	36	Months	Only one D2332 per 36 months per member. Teeth Covered: 6-11, 22 - 27, C - H, M - R
D2335	Resin - 4 + surfaces involving incisal angle, anterior	No		0	20	1	36	Months	Only one D2335 per 36 months per member. Teeth Covered: 6-11, 22 - 27, C - H, M - R
D2390	Resin - based composite crown, anterior	No		0	20	1	36	Months	Only one D2390 per 36 months per member. Teeth Covered: 6-11, 22 - 27, C - H, M - R
D2391	Resin - based composite - 1 surface, posterior	No		0	20	1	36	Months	Only one D2391 per 36 months per member. Teeth Covered: 1 - 5, 12 - 21, 28 - 32, A, B, I - L, S, T
D2392	Resin - based composite - 2 surfaces, posterior	No		0	20	1	36	Months	Only one D2392 per 36 months per member. Teeth Covered: 1 - 5, 12 - 21, 28 - 32, A, B, I - L, S, T

MississippiCAN Children

MississippiCAN Children									
Code	Code Description	AUTHORIZATION REQUIREMENTS		BENEFIT DETAILS					ADDITIONAL NOTES
		Authorization Required	Required Documents	Age Min	Age Max	Max Count	Period Length	Period Type	
D2393	Resin - based composite - 3 surfaces, posterior	No		0	20	1	36	Months	Only one D2393 per 36 months per member. Teeth Covered: 1 - 5, 12 - 21, 28 - 32, A, B, I - L, S, T
D2394	Resin - based composite - 4 or more surfaces, posterior	No		0	20	1	36	Months	Only one D2394 per 36 months per member. Teeth Covered: 1 - 5, 12 - 21, 28 - 32, A, B, I - L, S, T
D2750	Crown - porcelain fused to high noble	Yes	Pre-operative x-ray(s) of adjacent and opposing teeth	0	20	1	60	Months	Only one D2750 per 60 months per member. Teeth Covered: 6-11, 22-27
D2751	Crown - porcelain fused to metal	Yes	Pre-operative x-ray(s) of adjacent and opposing teeth	0	20	1	60	Months	Only one D2751 per 60 months per member. Teeth Covered: 6-11, 22-27
D2752	Crown-porcelain fused noble metal	Yes	Pre-operative x-ray(s) of adjacent and opposing teeth	0	20	1	60	Months	Only one D2752 per 60 months per member. Teeth Covered: 6-11, 22-27
D2930	Prefabricated stainless steel crown - primary tooth	No		0	20	1	36	Months	Only one D2930 36 months, per member per tooth. Teeth Covered: A - T
D2931	Prefabricated steel crown - permanent tooth	No		0	20	1	36	Months	Only one D2931 36 months, per member per tooth. Teeth Covered: 1- 32
D2933	Prefabricated steel crown with resin window	No		0	20	1	36	Months	Only one D2933 36 months, per member per tooth. Teeth Covered: 1-32, A - T
D2934	Prefabricated esthetic coated stainless steel crown - primary tooth	No		0	20	1	36	Months	One D2934 per 36 months per patient. Teeth Covered: C - H, M - R

MississippiCAN Children

MississippiCAN Children									
Code	Code Description	AUTHORIZATION REQUIREMENTS		BENEFIT DETAILS					ADDITIONAL NOTES
		Authorization Required	Required Documents	Age Min	Age Max	Max Count	Period Length	Period Type	
D2940	Protective restoration	No		0	20				Teeth Covered: 1-32, A – T
D2952	Cast post and core in addition to crown	Yes	Pre-operative x-ray(s) of adjacent and opposing teeth	0	20				Teeth Covered: 1-32
D2999	Unspecified restorative procedure, by report	Yes	Description of procedure and narrative of medical necessity	0	20				
D3220	Therapeutic pulpotomy (excluding final restoration)	No		0	20				Teeth Covered: 2-15, 18-31, A-T
D3222	Partial pulpotomy for apexogenesis	No		0	20				
D3310	Endodontic therapy, anterior (excluding final restoration)	No		0	20				Teeth Covered: 6-11, 22 – 27
D3320	Endodontic therapy, bicuspid (excluding final restoration)	No		0	20				Teeth Covered: 4, 5, 12, 13, 20, 21, 28, 29
D3330	Endodontic therapy, molar (excluding final restoration)	No		0	20				Teeth Covered: 2, 3, 14, 15, 18, 19, 30, 31
D3346	Retreatment-Anterior, by report	Yes	Pre-op x-rays (excluding bitewings)	0	20				

MississippiCAN Children

MississippiCAN Children									
Code	Code Description	AUTHORIZATION REQUIREMENTS		BENEFIT DETAILS					ADDITIONAL NOTES
		Authorization Required	Required Documents	Age Min	Age Max	Max Count	Period Length	Period Type	
D3347	Retreatment-Bicuspid, by report	Yes	Pre-op x-rays (excluding bitewings)	0	20				
D3348	Retreatment-Molar, by report	Yes	Pre-op x-rays (excluding bitewings)	0	20				
D3999	Unspecified endodontic procedure, by report	Yes	Description of procedure and narrative of medical necessity	0	20				
D4210	Gingivectomy or gingivoplasty - per quadrant	Yes	Pre-operative x-ray(s), perio charting, narrative of medical necessity, photos optional	0	20	4	12	Month	One per quadrant per 12 months Four or more contiguous teeth or bounded spaces per quadrant, performed to eliminate suprabony pockets Covered per quadrant: LL, LR, UL, UR
D4211	Gingivectomy or gingivoplasty - per tooth	Yes	Pre-operative x-ray(s), perio charting, narrative of medical necessity, photos optional	0	20	4	12	Month	One per quadrant per 12 months One to three contiguous teeth or tooth bounded spaces per quadrant. Covered per quadrant: LL, LR, UL, UR
D4240	Gingival flap procedure, including root planing - per quadrant	Yes	Pre-operative x-ray(s), perio charting, narrative of medical necessity, photos optional	10	20	4	12	Month	One per quadrant per 12 months Four or more contiguous teeth or tooth bounded spaces per quadrant. Covered per quadrant: LL, LR, UL, UR
D4241	Gingival flap procedure, including root planing - 1-3 teeth, per quadrant	Yes	Pre-operative x-ray(s), perio charting, narrative of medical necessity, photos optional	10	20	4	12	Month	One per quadrant per 12 months One to three contiguous teeth or tooth bounded spaces per quadrant. Covered per quadrant: LL, LR, UL, UR

MississippiCAN Children

MississippiCAN Children									
Code	Code Description	AUTHORIZATION REQUIREMENTS		BENEFIT DETAILS					ADDITIONAL NOTES
		Authorization Required	Required Documents	Age Min	Age Max	Max Count	Period Length	Period Type	
D4260	Osseous surgery (including flap entry and closure) - per quadrant	Yes	Pre-operative x-ray(s), perio charting, narrative of medical necessity, photos optional	0	20	4	12	Month	One per quadrant per 12 months Four or more contiguous teeth or tooth bounded spaces per quadrant. Covered per quadrant: LL, LR, UL, UR
D4261	Osseous surgery (including flap entry and closure) - 1-3 teeth, per quadrant	Yes	Pre-operative x-ray(s), perio charting, narrative of medical necessity, photos optional	0	20	4	12	Month	One per quadrant per 12 months One to three contiguous teeth or tooth bounded spaces per quadrant. Covered per quadrant: LL, LR, UL, UR
D4341	Periodontal scaling and root planing - four or more teeth, per quadrant	Yes	Pre-operative x-ray(s), perio charting	10	20	4	12	Month	One per quadrant per 12 months Four or more teeth per quadrant. Covered per quadrant: LL, LR, UL, UR
D4342	Periodontal scaling and root planing - 1-3 teeth, per quadrant	Yes	Pre-operative x-ray(s), perio charting	10	20	4	12	Month	One per quadrant per 12 months One to three teeth per quadrant Covered per quadrant: LL, LR, UL, UR
D5110	Complete denture - maxillary	Yes	Full mouth x-ray(s) or panorex	0	20	1	60	Month	One D5110 per 60 months per member.
D5120	Complete denture - mandibular	Yes	Full mouth x-ray(s) or panorex	0	20	1	60	Month	One D5120 per 60 months per member.
D5211	Maxillary partial denture - resin base	Yes	Full mouth x-ray(s) or panorex	0	20	1	60	Month	One D5211 per 60 months per member.
D5212	Mandibular partial denture - resin base	Yes	Full mouth x-ray(s) or panorex	0	20	1	60	Month	One D5212 per 60 months per member.
D5955	Palatal lift prosthesis, definitive	Yes	Pre-operative x-rays	0	20	1	60	Month	One D5955 per 60 months per member

MississippiCAN Children

MississippiCAN Children									
Code	Code Description	AUTHORIZATION REQUIREMENTS		BENEFIT DETAILS					ADDITIONAL NOTES
		Authorization Required	Required Documents	Age Min	Age Max	Max Count	Period Length	Period Type	
D6999	Fixed prosthodontic procedure	Yes	Description of procedure and narrative of medical necessity	0	20				
D7140	Extraction - erupted or exposed root	No		0	20				Teeth Covered: 1-32, 51 - 82, A - T, AS - TS
D7210	Surgical removal of erupted tooth requiring removal of bone and/or sectioning of tooth, and including elevation of mucoperiosteal flap if indicated	No		0	20				Surgical extractions of erupted teeth are: extractions requiring elevation of a mucoperiosteal flap and removal of bone and/or section of the tooth and closure. Teeth Covered: 1-32, 51 - 82, A - T, AS - TS
D7220	Removal of impacted tooth - soft tissue	Yes	Pre-operative x-ray(s) (excluding bitewings), Narrative of medical necessity	0	20				Asymptomatic tooth removal not covered. Teeth Covered: 1-32, 51 - 82, A - T, AS - TS
D7230	Removal of impacted tooth - partially bony	Yes	Pre-operative x-ray(s) (excluding bitewings), Narrative of medical necessity	0	20				Asymptomatic tooth removal not covered. Teeth Covered: 1-32, 51 - 82, A - T, AS - TS
D7240	Removal of impacted tooth - completely bony	Yes	Pre-operative x-ray(s) (excluding bitewings), Narrative of medical necessity	0	20				Asymptomatic tooth removal not covered. Teeth Covered: 1-32, 51 - 82, A - T, AS - TS
D7241	Removal of impacted tooth-completely bony, with unusual surgical complications	Yes	Pre-operative x-ray(s) (excluding bitewings), Narrative of medical necessity	0	20				Asymptomatic tooth removal is not covered Teeth Covered: 1-32, 51 - 82, A - T, AS - TS

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Code	Code Description	AUTHORIZATION REQUIREMENTS		BENEFIT DETAILS					ADDITIONAL NOTES
		Authorization Required	Required Documents	Age Min	Age Max	Max Count	Period Length	Period Type	
D7250	Surgical removal of residual tooth roots	Yes	Pre-operative x-ray(s) (excluding bitewings), Narrative of medical necessity	0	20				Asymptomatic tooth removal is not covered Not payable to dentist or group that previously removed the tooth Teeth Covered: 1-32, 51 - 82, A - T, AS – TS
D7251	Coronectomy – Intentional partial tooth removal	Yes	Pre-operative x-ray(s) (excluding bitewings), Narrative of medical necessity	0	20				Teeth Covered 1 – 32, 51 – 82
D7260	Oroantral fistula closure	Yes	Narrative of medical necessity	0	20				
D7270	Tooth reimplantation and/or stabilization of accidentally evulsed or displaced tooth	Yes	Narrative of medical necessity	0	20				Teeth Covered: 1-32
D7272	Tooth transplantation (includes reimplantation from one site to another)	Yes	Narrative of medical necessity	0	20				Teeth Covered: 1-32
D7280	Surgical access of an unerupted tooth	Yes	Pre-operative x-ray(s). Narrative of medical necessity	0	20				Only one per member per tooth. Only payable if orthodontic treatment is approved. Teeth Covered: 1-32
D7285	Biopsy of oral tissue – hard (bone, tooth)	Yes	Copy of pathology report	0	20				
D7286	Biopsy of oral tissue – soft (all others)	Yes	Copy of pathology report	0	20				
D7288	Brush biopsy – transepithelial sample collection	Yes	Copy of pathology report	0	20				
D7290	Surgical repositioning of teeth	Yes	Pre-operative x-ray(s) and narrative of medical necessity	0	20				Teeth Covered: 1-32
D7310	Alveoloplasty in conjunction with extractions per quadrant	Yes	Pre-operative x-ray(s) (excluding bitewings)	0	20				(LL, LR, UL, UR)
D7311	Aveoloplasty in conjunction with extractions- one to three teeth or tooth spaces, per quadrant	Yes	Pre-operative x-ray(s) (excluding bitewings)	0	20				(LL, LR, UL, UR)

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Code	Code Description	AUTHORIZATION REQUIREMENTS		BENEFIT DETAILS					ADDITIONAL NOTES
		Authorization Required	Required Documents	Age Min	Age Max	Max Count	Period Length	Period Type	
D7320	Alveoloplasty not in conjunction with extractions - per quadrant	Yes	Pre-operative x-ray(s) (excluding bitewings) and narrative of medical necessity	0	20				(LL, LR, UL, UR)
D7321	Alveoloplasty not in conjunction with extractions – one to three teeth or tooth spaces_per quadrant	Yes	Pre-operative x-ray(s) (excluding bitewings)and narrative of medical necessity	0	20				(LL, LR, UL, UR)
D7340	Vestibuloplasty – ridge extension (secondary epithelialization)	Yes	Pre-operative x-ray(s) (excluding bitewings)and narrative of medical necessity	0	20				(LL, LR, UL, UR)
D7350	Vestibuloplasty – ridge extension	Yes	Pre-operative x-ray(s) (excluding bitewings)and narrative of medical necessity	0	20				(LL, LR, UL, UR)
D7410	Radical excision – lesion diameter up to 1.25 cm	Yes	Copy of pathology report	0	20				
D7411	Excision of benign lesion greater than 1.25 cm	Yes	Copy of pathology report	0	20				
D7413	Excision of malignant lesion up to 1.25 cm	Yes	Copy of pathology report	0	20				
D7414	Excision of malignant lesion greater than 1.25 cm	Yes	Copy of pathology report	0	20				
D7440	Excision of malignant tumor – lesion diameter up to 1.25 cm	Yes	Copy of pathology report	0	20				
D7441	Excision of malignant tumor – lesion diameter greater than 1.25 cm	Yes	Copy of pathology report	0	20				

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Code	Code Description	AUTHORIZATION REQUIREMENTS		BENEFIT DETAILS					ADDITIONAL NOTES
		Authorization Required	Required Documents	Age Min	Age Max	Max Count	Period Length	Period Type	
D7450	Removal of odontogenic cyst or tumor – lesion diameter up to 1.245 cm	Yes	Copy of pathology report	0	20				
D7451	Removal of odontogenic cyst or tumor – lesion greater than 1.25 cm	Yes	Copy of pathology report	0	20				
D7460	Removal of nonodontogenic cyst or tumor – lesion diameter up to 1.25 cm	Yes	Copy of pathology report	0	20				
D7461	Removal of nonodontogenic cyst or tumor – lesion greater than 1.25 cm	Yes	Copy of pathology report	0	20				
D7465	Destruction of lesion(s) by physical or chemical method, by report	Yes	Copy of pathology report	0	20				
D7471	Removal of exostosis – per site	Yes	Narrative of medical necessity. X-rays or photos optional	0	20				(LA, UA)
D7490	Radical resection of mandible with bone graft	Yes	Narrative of medical necessity. X-rays or photos optional	0	20				
D7510	Incision and drainage of abscess - intraoral soft tissue	No		0	20				
D7520	Incision and drainage of abscess - extraoral soft tissue	No		0	20				

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Code	Code Description	AUTHORIZATION REQUIREMENTS		BENEFIT DETAILS					ADDITIONAL NOTES
		Authorization Required	Required Documents	Age Min	Age Max	Max Count	Period Length	Period Type	
D7530	Removal of foreign body, skin, or subcutaneous alveolar tissue	Yes	Narrative of medical necessity. X-rays or photos optional	0	20				
D7540	Removal of reaction-producing foreign bodies, musculoskeletal system	Yes	Narrative of medical necessity. X-rays or photos optional	0	20				
D7550	Sequestrectomy for osteomyelitis	Yes	Narrative of medical necessity. X-rays or photos optional	0	20				(LL, LR, UL, UR)
D7560	Maxillary sinusotomy for removal of tooth fragment or foreign body	Yes	Narrative of medical necessity. X-rays or photos optional	0	20				
D7610	Maxilla – open reduction	Yes	Narrative of medical necessity. X-rays or photos optional	0	20				
D7620	Maxilla – closed reduction	Yes	Narrative of medical necessity. X-rays or photos optional	0	20				
D7630	Mandible – open reduction	Yes	Narrative of medical necessity. X-rays or photos optional	0	20				
D7640	Mandible – closed reduction	Yes	Narrative of medical necessity. X-rays or photos optional	0	20				
D7650	Malar and/or zygomatic arch-open reduction	Yes	Narrative of medical necessity. X-rays or photos optional	0	20				
D7660	Malar and/or zygomatic arch-closed	Yes	Narrative of medical necessity. X-rays or photos optional	0	20				
D7670	Alveolus stabilization of teeth, closed reduction splinting	Yes	Narrative of medical necessity. X-rays or photos optional	0	20				
D7671	Alveolus – open reduction, may include stabilization of teeth	Yes	Narrative of medical necessity. X-rays or photos optional	0	20				

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Code	Code Description	AUTHORIZATION REQUIREMENTS		BENEFIT DETAILS					ADDITIONAL NOTES
		Authorization Required	Required Documents	Age Min	Age Max	Max Count	Period Length	Period Type	
D7680	Facial bones – complicated reduction with fixation and multiple surgical approaches	Yes	Narrative of medical necessity. X-rays or photos optional	0	20				
D7710	Maxilla – open reduction	Yes	Narrative of medical necessity. X-rays or photos optional	0	20				
D7720	Maxilla – closed reduction	Yes	Narrative of medical necessity. X-rays or photos optional	0	20				
D7730	Mandible – open reduction	Yes	Narrative of medical necessity. X-rays or photos optional	0	20				
D7740	Mandible – closed reduction	Yes	Narrative of medical necessity. X-rays or photos optional	0	20				
D7750	Malar and/or zygomatic arch-open reduction	Yes	Narrative of medical necessity. X-rays or photos optional	0	20				
D7760	Malar and/or zygomatic arch-closed reduction	Yes	Narrative of medical necessity. X-rays or photos optional	0	20				
D7770	Alveolus-stabilization of teeth, open reduction splinting	Yes	Narrative of medical necessity. X-rays or photos optional	0	20				
D7780	Facial bones – complicated reduction with fixation and multiple surgical approaches	Yes	Narrative of medical necessity. X-rays or photos optional	0	20				
D7810	Open reduction of dislocation	Yes	Narrative of medical necessity. X-rays or photos optional	0	20				
D7820	Closed reduction dislocation	Yes	Narrative of medical necessity. X-rays or photos optional	0	20				
D7830	Manipulation under anesthesia	Yes	Narrative of medical necessity. X-rays or photos optional	0	20				
D7840	Condylectomy	Yes	Narrative of medical necessity. X-rays or photos optional	0	20				

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Code	Code Description	AUTHORIZATION REQUIREMENTS		BENEFIT DETAILS					ADDITIONAL NOTES
		Authorization Required	Required Documents	Age Min	Age Max	Max Count	Period Length	Period Type	
D7850	Surgical discectomy, with/without implant	Yes	Narrative of medical necessity. X-rays or photos optional	0	20				
D7860	Arthrotomy	Yes	Narrative of medical necessity. X-rays or photos optional	0	20				
D7870	Arthrocentesis	Yes	Narrative of medical necessity. X-rays or photos optional	0	20				
D7910	Suture small wounds up to 5 cm	Yes	Narrative of medical necessity. X-rays or photos optional	0	20				
D7911	Complicated suture – up to 5 cm	Yes	Narrative of medical necessity. X-rays or photos optional	0	20				
D7912	Complex suture – greater than 5 cm	Yes	Narrative of medical necessity. X-rays or photos optional	0	20				
D7920	Skin graft (identify defect covered, location, and type of graft)	Yes	Narrative of medical necessity. X-rays or photos optional	0	20				
D7940	Osteoplasty – for orthognathic deformities	Yes	Narrative of medical necessity. X-rays or photos optional	0	20				
D7941	Osteotomy – mandibular rami	Yes	Narrative of medical necessity. X-rays or photos optional	0	20				
D7943	Osteotomy – mandibular rami with bone graft; includes obtaining the graft	Yes	Narrative of medical necessity. X-rays or photos optional	0	20				
D7944	Osteotomy – segmented or subapical – per sextant or quadrant	Yes	Narrative of medical necessity. X-rays or photos optional	0	20				
D7945	Osteotomy – body of mandible	Yes	Narrative of medical necessity. X-rays or photos optional	0	20				
D7946	LeFort I (maxilla – total)	Yes	Narrative of medical necessity. X-rays or photos optional	0	20				
D7947	LeFort I (maxilla – segmented)	Yes	Narrative of medical necessity. X-rays or photos optional	0	20				
D7948	LeFort II or LeFort III – without bone graft	Yes	Narrative of medical necessity. X-rays or photos optional	0	20				

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Code	Code Description	AUTHORIZATION REQUIREMENTS		BENEFIT DETAILS					ADDITIONAL NOTES
		Authorization Required	Required Documents	Age Min	Age Max	Max Count	Period Length	Period Type	
D7949	LeFort II or LeFort III – with bone graft	Yes	Narrative of medical necessity. X-rays or photos optional	0	20				
D7950	Osseous, osteoperiosteal, or cartilage graft of the mandibular or facial bones	Yes	Narrative of medical necessity. X-rays or photos optional	0	20				
D7955	Repair of maxillofacial soft and hard tissue defect	Yes	Narrative of medical necessity. X-rays or photos optional	0	20				
D7960	Frenulectomy –separate procedure	Yes	Narrative of medical necessity, X-rays or photos optional	0	20				
D7970	Excision of hyperplastic tissue - per arch	Yes	Pre-operative x-rays,narrative of medical necessity. Photos optional	0	20				(LA, UA)
D7980	Sialolithotomy	Yes	Narrative of medical necessity. X-rays or photos optional	0	20				
D7981	Excision of salivary gland, by report	Yes	Narrative of medical necessity. X-rays or photos optional	0	20				
D7982	Sialodochoplasty	Yes	Narrative of medical necessity. X-rays or photos optional	0	20				
D7983	Closure of salivary fistula	Yes	Narrative of medical necessity. X-rays or photos optional	0	20				
D7990	Emergency tracheotomy	Yes	Narrative of medical necessity. X-rays or photos optional	0	20				
D7991	Coronoidectomy	Yes	Narrative of medical necessity. X-rays or photos optional	0	20				
D8080	Comprehensive orthodontic treatment of the adolescent dentition	Yes	Panorex or full mouth x-ray(s), cephalometric x-ray, 5-7 diag quality photos, narrative of medical necessity (MS Orthodontic Treatment Need Criteria)	0	20	1		Lifetime	
D8670	Periodic orthodontic treatment visit (as part of contract)	No		0	20	24		Lifetime	Maximum of 24 monthly payments.
D8999	Unspecified orthodontic procedure, by report	Yes	Description of procedure and narrative of medical necessity	0	20				
D9110	Palliative (emergency) treatment of dental pain - minor procedure	Yes	Narrative of medical necessity	0	20				
D9220	Deep sedation/general anesthesia-first 30 minutes	Yes	Narrative of medical necessity	0	20	1	1	Day	

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Code	Code Description	AUTHORIZATION REQUIREMENTS		BENEFIT DETAILS					ADDITIONAL NOTES
		Authorization Required	Required Documents	Age Min	Age Max	Max Count	Period Length	Period Type	
D9221	Deep sedation/general anesthesia-each additional 15 minutes	Yes	Narrative of medical necessity	0	20				
D9230	Inhalation of nitrous oxide/anxiolysis, analgesia	Yes	Narrative of medical necessity	0	20	1	1	Day	
D9241	Intravenous conscious sedation/analgesia-first 30 minutes intravenous	Yes	Narrative of medical necessity	0	20	1	1	Day	
D9242	Intravenous conscious sedation/analgesia-each additional 15 minutes	Yes	Narrative of medical necessity	0	20				
D9248	Non-intravenous conscious sedation	Yes	Narrative of medical necessity	0	20	1	1	Day	
D9310	Consultation	No		0	20				
D9940	Occlusal guard, by report	Yes	Narrative of medical necessity	0	20				
D9999	Unspecified adjunctive procedure, by report	Yes	Description of procedure and narrative of medical necessity. For OR, narrative of medical necessity, treatment plan. Provider must submit Magnolia Health Plan Outpatient Prior Auth form to Dental Health & Wellness with auth request.	0	20				

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Code	Code Description	AUTHORIZATION REQUIREMENTS		BENEFIT DETAILS					ADDITIONAL NOTES
		Authorization Required	Required Documents	Age Min	Age Max	Max Count	Period Length	Period Type	
D0140	Limited oral evaluation-problem focused	No		21	999				Limited examinations are not reimbursable on the same day as D0150.
D0210	Intraoral-complete series (including bitewings)	No		21	999	1	24	Months	Only one per 24 months per member per provider (D0210 or D0330)
D0220	Intraoral-periapical-1st film	No		21	999				
D0230	Intraoral-periapical-each additional film	No		21	999				
D0270	Bitewing – single film	No		21	999	1	12	Months	One of the following: D0270, D0272, D0273, D0274 per 12 Months per member
D0272	Bitewing – two films	No		21	999	1	12	Months	One of the following: D0270, D0272, D0273, D0274 per 12 Months per member
D0273	Bitewing – three films	No		21	999	1	12	Months	One of the following: D0270, D0272, D0273, D0274 per 12 Months per member
D0274	Bitewing – four films	No		21	999	1	12	Months	One of the following: D0270, D0272, D0273, D0274 per 12 Months per member
D0321	Other temporomandibular joint films, by report	Yes	Narrative of medical necessity	21	999	2	12	Months	Two of the following: D0321 per 12 months per member
D0330	Panoramic film	No		21	999	1	24	Months	Only one per 24 months per member per provider.(D0210 or D0330)
D0999	Unspecified diagnostic procedure, by report	Yes	Narrative of medical necessity	21	999				
D4210	Gingivectomy or gingivoplasty – per quadrant	Yes	Pre-operative x-rays, perio charting	21	999	4	12	Months	One per quadrant per 12 months (D4210, D4211) Four or more contiguous teeth or bounded spaces per quadrant, performed to eliminate suprabony pockets Covered per quadrant: LL, LR, UL, UR
D4211	Gingivectomy or gingivoplasty, per tooth	Yes	Pre-operative x-rays, perio charting	21	999	4	12	Months	One per quadrant per 12 months (D4210, D4211) One to three contiguous teeth or tooth bounded spaces per quadrant. Covered per quadrant: LL, LR, UL, UR

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Code	Code Description	AUTHORIZATION REQUIREMENTS		BENEFIT DETAILS					ADDITIONAL NOTES
		Authorization Required	Required Documents	Age Min	Age Max	Max Count	Period Length	Period Type	
D4260	Osseous surgery (including flap entry and closure) – per quadrant	Yes	Pre-operative x-rays, perio charting	21	999	4	12	Months	One per quadrant per 12 months (D4260, D4261) Four or more contiguous teeth or bounded spaces per quadrant, performed to eliminate suprabony pockets Covered per quadrant: LL, LR, UL, UR
D4261	Osseous surgery (including flap entry and closure) – 1-3 teeth, per quadrant	Yes	Pre-operative x-rays, perio charting	21	999	4	12	Months	One per quadrant per 12 months (D4260, D4261) One to three contiguous teeth or tooth bounded spaces per quadrant. Covered per quadrant: LL, LR, UL, UR
D7140	Extraction - erupted or exposed root	No		21	999				Teeth Covered: 1-32, 51 - 82, A - T, AS - TS
D7210	Surgical removal of erupted tooth requiring removal of bone and/or sectioning of tooth, and including elevation of mucoperiosteal flap if indicated	No	Pre-operative x-ray(s) (excluding bitewings)	21	999				Surgical extractions of erupted teeth are: extractions requiring elevation of a mucoperiosteal flap and removal of bone and/or section of the tooth and closure. Teeth Covered: 1-32, 51 - 82, A - T, AS - TS
D7220	Removal of impacted tooth-soft tissue	Yes	Pre-operative x-ray(s) (excluding bitewings) and narrative of medical necessity	21	999				Asymptomatic tooth removal not covered. Teeth Covered: 1-32, 51 - 82, A - T, AS - TS
D7230	Removal of impacted tooth-partially bony	Yes	Pre-operative x-ray(s) (excluding bitewings) and narrative of medical necessity	21	999				Asymptomatic tooth removal not covered. Teeth Covered: 1-32, 51 - 82, A - T, AS - TS
D7240	Removal of impacted tooth-completely bony	Yes	Pre-operative x-ray(s) (excluding bitewings) and narrative of medical necessity	21	999				Asymptomatic tooth removal not covered. Teeth Covered: 1-32, 51 - 82, A - T, AS - TS

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		AUTHORIZATION REQUIREMENTS		BENEFIT DETAILS					
Code	Code Description	Authorization Required	Required Documents	Age Min	Age Max	Max Count	Period Length	Period Type	ADDITIONAL NOTES
D7241	Removal of impacted tooth-completely bony, with unusual surgical complications	Yes	Pre-operative x-ray(s) (excluding bitewings) and narrative of medical necessity	21	999				Asymptomatic tooth removal not covered. Teeth Covered: 1-32, 51 - 82, A - T, AS - TS
D7250	Surgical removal of residual tooth roots	Yes	Pre-operative x-ray(s) (excluding bitewings) and narrative of medical necessity	21	999				Asymptomatic tooth removal is not covered Not payable to dentist or group that previously removed the tooth Teeth Covered: 1-32, 51 - 82, A - T, AS - TS
D7251	Coronectomy – intentional partial tooth removal	Yes	Pre-operative x-ray(s) (excluding bitewings) and narrative of medical necessity	21	999				Teeth Covered 1 – 32, 51 – 82
D7260	Oroantral fistula closure	Yes	Narrative of medical necessity	21	999				
D7280	Surgical access of an unerupted tooth	Yes	Pre-operative x-ray(s) and narrative of medical necessity	21	999				Teeth covered: 1-32
D7285	Biopsy of oral tissue – hard (bone, tooth)	Yes	Copy of pathology report	21	999				
D7286	Biopsy of oral tissue – soft (all others)	Yes	Copy of pathology report	21	999				
D7288	Brush biopsy – transepithelial sample collection	Yes	Copy of pathology report	21	999				

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		AUTHORIZATION REQUIREMENTS		BENEFIT DETAILS					
Code	Code Description	Authorization Required	Required Documents	Age Min	Age Max	Max Count	Period Length	Period Type	ADDITIONAL NOTES
D7290	Surgical repositioning of teeth	Yes	Pre-operative x-ray(s) and narrative of medical necessity	21	999				Teeth covered: 1-32
D7310	Alveoloplasty in conjunction with extractions per quadrant	Yes	Pre-operative x-ray(s) (excluding bitewings)	21	999				LL, LR, UL, UR
D7311	Alveoloplasty in conjunction with extractions – one to three teeth or tooth spaces, per quadrant	Yes	Pre-operative x-ray(s) (excluding bitewings)	21	999				LL, LR, UL, UR
D7320	Alveoloplasty not in conjunction with extractions - per quadrant	Yes	Pre-operative x-ray(s) (excluding bitewings) and narrative of medical necessity	21	999				LL, LR, UL, UR
D7321	Alveoloplasty not in conjunction with extractions – one to three teeth or tooth spaces, per quadrant	Yes	Pre-operative x-ray(s) (excluding bitewings) and narrative of medical necessity	21	999				LL, LR, UL, UR
D7340	Vestibuloplasty – ridge extension (secondary epithelialization)	Yes	Preoperative x-rays, perio charting	21	999				LL, LR, UL, UR
D7350	Vestibuloplasty – ridge extension	Yes	Preoperative x-rays, perio charting	21	999				LL, LR, UL, UR
D7410	Radical excision – lesion diameter up to 1.25 cm	Yes	Copy of pathology report	21	999				
D7411	Excision of benign lesion greater than 1.25 cm	Yes	Copy of pathology report	21	999				
D7413	Excision of malignant lesion up to 1.25 cm	Yes	Copy of pathology report	21	999				
D7414	Excision of malignant lesion greater than 1.25 cm	Yes	Copy of pathology report	21	999				
D7440	Excision of malignant tumor – lesion diameter up to 1.25 cm	Yes	Copy of pathology report	21	999				

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		AUTHORIZATION REQUIREMENTS		BENEFIT DETAILS					
Code	Code Description	Authorization Required	Required Documents	Age Min	Age Max	Max Count	Period Length	Period Type	ADDITIONAL NOTES
D7441	Excision of malignant tumor – lesion diameter greater than 1.25 cm	Yes	Copy of pathology report	21	999				
D7450	Removal of odontogenic cyst or tumor – lesion diameter up to 1.25 cm	Yes	Copy of pathology report	21	999				
D7451	Removal of odontogenic cyst or tumor – lesion greater than 1.25 cm	Yes	Copy of pathology report	21	999				
D7460	Removal of nonodontogenic cyst or tumor – lesion diameter up to 1.25 cm	Yes	Copy of pathology report	21	999				
D7461	Removal of nonodontogenic cyst or tumor – lesion greater than 1.25 cm	Yes	Copy of pathology report	21	999				
D7465	Destruction of lesions by physical or chemical method, by report	Yes	Copy of pathology report	21	999				
D7471	Removal of exostosis – per site	Yes	Narrative of medical necessity. X-rays or photos optional	21	999				Per arch (LA, UA)
D7490	Radical resection of mandible with bone graft	Yes	Narrative of medical necessity. X-rays or photos optional	21	999				
D7510	Incision and drainage of abscess - intraoral soft tissue	No		21	999				
D7520	Incision and drainage of abscess - extraoral soft tissue	No		21	999				
D7530	Removal of foreign body, skin, or subcutaneous alveolar tissue	Yes	Narrative of medical necessity. X-rays or photos optional	21	999				
D7540	Removal of reaction-producing foreign bodies, musculoskeletal system	Yes	Narrative of medical necessity. X-rays or photos optional	21	999				

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		AUTHORIZATION REQUIREMENTS		BENEFIT DETAILS					
Code	Code Description	Authorization Required	Required Documents	Age Min	Age Max	Max Count	Period Length	Period Type	ADDITIONAL NOTES
D7550	Sequestrectomy for osteomyelitis	Yes	Narrative of medical necessity. X-rays or photos optional	21	999				Per quadrant (LL, LR, UL, UR)
D7560	Maxillary sinusotomy for removal of tooth fragment or foreign body	Yes	Narrative of medical necessity. X-rays or photos optional	21	999				
D7610	Maxilla – open reduction	Yes	Narrative of medical necessity. X-rays or photos optional	21	999				
D7620	Maxilla – closed reduction	Yes	Narrative of medical necessity. X-rays or photos optional	21	999				
D7630	Mandible – open reduction	Yes	Narrative of medical necessity. X-rays or photos optional	21	999				
D7640	Mandible – closed reduction	Yes	Narrative of medical necessity. X-rays or photos optional	21	999				
D7650	Malar and/or zygomatic arch-open reduction	Yes	Narrative of medical necessity. X-rays or photos optional	21	999				
D7660	Malar and/or zygomatic arch-closed	Yes	Narrative of medical necessity. X-rays or photos optional	21	999				
D7670	Alveolus stabilization of teeth, closed reduction splinting	Yes	Narrative of medical necessity. X-rays or photos optional	21	999				
D7671	Alveolus – open reduction, may include stabilization of teeth	Yes	Narrative of medical necessity. X-rays or photos optional	21	999				
D7680	Facial bones – complicated reduction with fixation and multiple surgical approaches	Yes	Narrative of medical necessity. X-rays or photos optional	21	999				
D7710	Maxilla – open reduction	Yes	Narrative of medical necessity. X-rays or photos optional	21	999				
D7720	Maxilla – closed reduction	Yes	Narrative of medical necessity. X-rays or photos optional	21	999				
D7730	Mandible – open reduction	Yes	Narrative of medical necessity. X-rays or photos optional	21	999				
D7740	Mandible – closed reduction	Yes	Narrative of medical necessity. X-rays or photos optional	21	999				

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		AUTHORIZATION REQUIREMENTS		BENEFIT DETAILS					
Code	Code Description	Authorization Required	Required Documents	Age Min	Age Max	Max Count	Period Length	Period Type	ADDITIONAL NOTES
D7750	Malar and/or zygomatic arch-open reduction	Yes	Narrative of medical necessity. X-rays or photos optional	21	999				
D7760	Malar and/or zygomatic arch-closed reduction	Yes	Narrative of medical necessity. X-rays or photos optional	21	999				
D7770	Alveolus-stabilization of teeth, open reduction splinting	Yes	Narrative of medical necessity. X-rays or photos optional	21	999				
D7780	Facial bones – complicated reduction with fixation and multiple surgical approaches	Yes	Narrative of medical necessity. X-rays or photos optional	21	999				
D7810	Open reduction of dislocation	Yes	Narrative of medical necessity. X-rays or photos optional	21	999				
D7820	Closed reduction of dislocation	Yes	Narrative of medical necessity. X-rays or photos optional	21	999				
D7830	Manipulation under anesthesia	Yes	Narrative of medical necessity. X-rays or photos optional	21	999				
D7840	Condylectomy	Yes	Narrative of medical necessity. X-rays or photos optional	21	999				
D7850	Surgical discectomy, with/without implant	Yes	Narrative of medical necessity. X-rays or photos optional	21	999				
D7860	Arthrotomy	Yes	Narrative of medical necessity. X-rays or photos optional	21	999				
D7870	Arthrocentesis	Yes	Narrative of medical necessity. X-rays or photos optional	21	999				
D7910	Suture small wounds up to 5 cm	Yes	Narrative of medical necessity. X-rays or photos optional	21	999				
D7911	Complicated suture-up to 5 cm	Yes	Narrative of medical necessity. X-rays or photos optional	21	999				
D7912	Complex suture – greater than 5 cm	Yes	Narrative of medical necessity. X-rays or photos optional	21	999				
D7920	Skin graft (identify defect covered, location and type of graft)	Yes	Narrative of medical necessity. X-rays or photos optional	21	999				
D7940	Osteoplasty – for orthognathic deformities	Yes	Narrative of medical necessity. X-rays or photos optional	21	999				

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Code	Code Description	AUTHORIZATION REQUIREMENTS		BENEFIT DETAILS					ADDITIONAL NOTES
		Authorization Required	Required Documents	Age Min	Age Max	Max Count	Period Length	Period Type	
D7941	Osteotomy – mandibular rami	Yes	Narrative of medical necessity. X-rays or photos optional	21	999				
D7943	Osteotomy – mandibular rami with bone graft; includes obtaining the graft	Yes	Narrative of medical necessity. X-rays or photos optional	21	999				
D7944	Osteotomy – segmented or subapical – per sextant or quadrant	Yes	Narrative of medical necessity. X-rays or photos optional	21	999				
D7945	Osteotomy – body of mandible	Yes	Narrative of medical necessity. X-rays or photos optional	21	999				
D7946	LeFort I (maxilla – total)	Yes	Narrative of medical necessity. X-rays or photos optional	21	999				
D7947	LeFort I (maxilla – segmented)	Yes	Narrative of medical necessity. X-rays or photos optional	21	999				
D7948	LeFort II or LeFort III – without bone graft	Yes	Narrative of medical necessity. X-rays or photos optional	21	999				
D7949	LeFort II or LeFort III – with bone graft	Yes	Narrative of medical necessity. X-rays or photos optional	21	999				
D7950	Osseous, osteoperiosteal, or cartilage graft of the mandible or facial bones	Yes	Narrative of medical necessity. X-rays or photos optional	21	999				
D7955	Repair of maxillofacial soft and hard tissue defect	Yes	Narrative of medical necessity. X-rays or photos optional	21	999				
D7960	Frenulectomy-separate procedure	Yes	Narrative of medical necessity. X-rays or photos optional	21	999				
D7970	Excision of hyperplastic tissue - per arch	Yes	Narrative of medical necessity. X-rays or photos optional	21	999				(LA, UA)
D7980	Sialolithotomy	Yes	Narrative of medical necessity. X-rays or photos optional	21	999				
D7981	Excision of salivary gland, by report	Yes	Narrative of medical necessity. X-rays or photos optional	21	999				
D7982	Sialodochoplasty	Yes	Narrative of medical necessity. X-rays or photos optional	21	999				
D7983	Closure of salivary fistula	Yes	Narrative of medical necessity. X-rays or photos optional	21	999				

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		AUTHORIZATION REQUIREMENTS		BENEFIT DETAILS					
Code	Code Description	Authorization Required	Required Documents	Age Min	Age Max	Max Count	Period Length	Period Type	ADDITIONAL NOTES
D7990	Emergency tracheotomy	Yes	Narrative of medical necessity. X-rays or photos optional	21	999				
D7991	Coronoidectomy	Yes	Narrative of medical necessity. X-rays or photos optional	21	999				
D7999	Unspecified oral surgery procedure, by report	Yes	Description of procedure and narrative of medical necessity	21	999				
D9110	Palliative (emergency) treatment of dental pain – minor procedure	Yes	Narrative of medical necessity	21	999				
D9220	Deep sedation/general anesthesia-first 30 minutes	Yes	Narrative of medical necessity	21	999	1	1	Day	
D9221	Deep sedation/general anesthesia-each additional 15 minutes	Yes	Narrative of medical necessity	21	999				
D9230	Inhalation of nitrous oxide/anxiolysis, analgesia	Yes	Narrative of medical necessity	21	999	1	1	Day	
D9241	Intravenous conscious sedation/analgesia-first 30 minutes intravenous	Yes	Narrative of medical necessity	21	999	1	1	Day	
D9242	Intravenous conscious sedation/analgesia-each additional 15 minutes	Yes	Narrative of medical necessity	21	999				
D9248	Non-intravenous conscious sedation	Yes	Narrative of medical necessity	21	999	1	1	Day	
D9310	Consultation-Diagnostic service provided by dentist/physician other than requesting dentist /physician	No	Narrative of medical necessity	21	999				
D9999	Unspecified adjunctive procedure, by report	Yes	Description of procedure and narrative of medical necessity. For OR, Provider must submit Magnolia Health Plan Outpatient Prior Auth form to Dental Health & Wellness with auth request	21	999				