



Network Notification

Date: February 3, 2016

To: Ohio Health Partners

From: CareSource®

Subject: Additional Dental Handbook Updates for 2016

CareSource has updated the Health Partner Dental Handbook to include new CDT codes changes and requirements. [The Health Partner Dental Handbook can be accessed here.](#)

SERVICE	QUANTITY / FREQUENCY LIMIT	OTHER CONDITION OR RESTRICTION	PRIOR AUTHORIZATION (PA) REQUIRED
D0180 Comprehensive periodontal evaluation, new or established patient	1 per 365 days	No payment is made for a comprehensive periodontal evaluation performed in conjunction with either a comprehensive oral evaluation or a periodic oral evaluation.	Yes, for a patient younger than 21
D2390 resin based composite crown, anterior		An anterior resin-based composite crown may be covered only for a patient younger than 21. An anterior resin-based composite crown may be covered for anterior teeth only.	No
D2740 crown-porcelain/ceramic substrate D2751 crown-Porcelain fused to predominantly based metal		Porcelain crowns will be authorized for permanent anterior teeth only. The fee includes the temporary crown placed on the prepared tooth and worn while the permanent crown is being prepared. A periapical radiograph and a panoramic film or a full mouth x-rays of the involved tooth/teeth must be submitted with each request to determine the overall health of the teeth and gums. Permanent anterior teeth must have pathologic destruction to the tooth by caries or trauma, and must involve four or more surfaces and at least 50% of the incisal edge.	Yes
D2934 Prefabricated stainless steel crown with resin window		A stainless steel crown with resin window may be covered for anterior teeth only. Payment for a crown with resin window includes necessary restorations.	No
D2954 Prefabricated post and core in addition to crown		A periapical radiograph and a panoramic film or a full mouth series of x-rays of the involved tooth/teeth must be submitted with each request to determine the overall health of the teeth and gums. Post and cores will only be authorized for properly endodontically treated permanent anterior teeth 6-11 and 22-27 that do not have sufficient tooth structure to support a crown. Overall health of remaining teeth and gums must be in good overall health.	Yes

D4211 Gingivectomy or gingivoplasty, one to three contiguous teeth per quadrant		Coverage is limited to correction of severe hyperplasia or hypertrophic gingivitis. Complete images of the mouth and diagnostic photographs must be submitted with each PA request.	Yes
D4341 Periodontal scaling and root planing, four or more teeth per quadrant D4342 Periodontal scaling and root planing, one to three teeth per quadrant	1 per 24 months per quadrant	No payment is made for scaling and root planing performed in conjunction with oral prophylaxis, gingivectomy, or gingivoplasty. The required documentation of the need for periodontal scaling and root planing must include the following items: (1) A periodontal treatment plan and history. a) Periodontal History should include: Periodontal Treatment done in the past and when; outcomes of that treatment; current oral hygiene; motivation for successful treatment b) Treatment Plan should include: Pre-Periodontal Scaling and Root Planing plans, Oral Hygiene, number of visits expected for Scaling and Root Planing ; Preventive Maintenance; Recall plan; (2) A completed copy of an ADA periodontal chart or the equivalent that exhibits 1. Tissue tone and color 2. Plaque and calculus assessment 3. Periodontal Charting to include: a. Pocket Depths (charting all six surfaces) b. Furcation involvement c. Mobility d. Mucogingival relationships e. Bleeding and suppuration f. Attachment loss (3) Current periapical radiographs of isolated specific teeth for which the services is requested (dated within 6 months of request) showing at least 3mm of crestal bone. Radiographs must have proper angulation. In addition, a full mouth series less than 2 years old or current bitewing radiographs and panoramic radiograph demonstrating the overall health of the teeth and supporting structures must be submitted.	Yes
D4910 Periodontal maintenance	1 per 365 days	No payment is made for periodontic maintenance if no scaling or root planing was performed within the previous 24 months. No payment is made for periodontic maintenance performed in conjunction with prophylaxis nor within 30 days of scaling and root planing.	No
D7472 Removal of torus palatinus D7473 Removal of torus mandibularis		Must submit diagnostic photographs with area of treatment marked.	Yes
D9243 Intravenous Conscious sedation/analgesia		Anesthesia is generally covered for surgical or restorative procedures. Payment may also be made when a patient would be unable to undergo a nonsurgical procedure without sedation. Payment is made at a fixed amount (flat rate) per patient per date of service.	No