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Welcome to the Scion Dental Provider Network! We’re pleased you have joined our provider network, which is composed of the best providers in the state. Scion Dental is a national leader in the administration of government dental benefits. We have partnered with UniCare Health Plan of West Virginia, The Health Plan of West Virginia, CoventryCares of West Virginia, and West Virginia Family Health to administer the West Virginia Children’s Medicaid Program.

Scion Dental retains the right to add to, delete from and otherwise modify this provider manual. Contracted providers must acknowledge this provider manual and any other written materials provided by Scion Dental as proprietary and confidential.

Dr. Fred Tye Chief Dental Officer

Dr. Tye serves as our Chief Dental Director and oversees all of Scion Dental’s clinical, utilization review and utilization management activities. He also gives guidance to our Clinical Review Department to ensure accuracy and consistency in the review process.
Scion Dental Provider Experience

Scion Dental is a national dental administrator led by a management team with over 20 years of dental Medicaid experience. We administer dental benefits for government programs in 25 states, for over 5.1 million children. We were also the first company to have been awarded full accreditation for Health Utilization Management and Claims Processing by URAC.

Through our sister company, Wonderbox Technologies, Scion Dental has exclusive rights to the most advanced technology in the industry. As a Scion Dental provider, we will process and pay your claims timely and accurately, while providing you with access to your own web portal where you can check the status of your claims and authorization in real-time.

Committed dentists are critical to the success of every government-sponsored dental program. At Scion Dental, we’ve structured our provider networks to give dentists the flexibility they need to participate in dental programs on their own terms.

Scion Dental considers itself an ally of dental associations – and we stay current as the political climate surrounding government-sponsored dental programs changes. We recognize the significant link between good dental care and overall patient health, and we are advocates for both increasing funding for providers and improving dental programs with better outreach and education for members. Scion Dental considers dental providers to be our partners in delivering high-quality care and services to all members of government-sponsored dental programs.

Our commitment to service

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

**Access:** Access to flexible participation options in provider networks

**Outreach:** Outreach programs that lower provider participation costs

**Technology:** Technology tools that increase efficiency and lower administrative costs

**Feedback:** Feedback that measures both provider and member satisfaction

Access to flexible participation options

Scion Dental invites all licensed dentists, regardless of their past commitment to government-sponsored dental programs, to participate in its provider network. Providers can choose their own level of participation for each of their practice locations. For example, providers can choose to:

- Be listed in a directory and accept appointments for all new patients
- Treat emergency cases or special needs cases
- Access web-based applications and credentialing

To make it easy to apply and be accepted into the program, Scion Dental uses website links and electronic documents to streamline the provider/clinic contracting and credentialing process.

Once providers participate in the Scion Dental network at any level, we employ web-based technology tools and innovative programs to drive down provider participation costs.

Outreach programs

Lowering costs for providers and ensuring a positive provider experience are the focus points for Scion Dental’s provider outreach programs.
Provider Bill of Rights

You will be treated with respect.
You will be paid accurately.
You will be paid on time.

Single point of contact

To ensure timely, accurate provider reimbursement and high-quality service, Scion Dental assigns each geographical region a dedicated Market Manager. Each Market Manager is responsible for building personal relationships with the office managers and dentists in the region. This proven approach fosters teamwork and cooperation, which results in a shared focus on improving service, member participation, and program results.

Concierge-level care for members

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

Consistent, transparent authorization determination logic

Scion Dental’s trained paraprofessionals and dental consultants use clinical algorithms, which can be customized to ensure a consistent approach for determining authorizations. These algorithms are available to providers through a provider services website so dentists can follow the decision matrix and understand the logic behind authorization decisions. In addition, Scion Dental fosters 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.
Technology tools

Scion Dental takes advantage of technology to increase speed and efficiency, and keep program administration and provider participation costs as low as possible.

Provider Services website

Scion Dental’s provider services website, www.sciondental.com, allows participating provider’s direct access to our Enterprise System benefits administration software. Taking advantage of the online services offered through the provider website lowers program administration and participation costs for providers.

All you need is internet access and a valid user ID and password. From there, you and your authorized office staff can log in for secured access to the system anytime and anywhere, and handle a variety of day-to-day tasks, including:

• Verifying member eligibility
• Setting up office appointment schedules, which can automatically verify eligibility and pre-populate claim forms for online submission
• Submitting claims for services rendered by simply entering procedure codes, tooth numbers, etc.
• Submitting authorization requests, using interactive clinical algorithms when appropriate
• Checking the status of submitted claims and authorizations
• Reviewing provider clinical profiling data relative to peers
• Downloading and printing provider manuals
• Sending electronic attachments like digital X-rays, EOBs and treatment plans
• Checking patient treatment history for specific services
• Uploading and downloading documents using a secure encryption protocol
• Participating in provider surveys to rate satisfaction with our services
• Viewing personal “Rate a Provider” results from member surveys

Feedback

At Scion Dental, feedback from both members and providers is encouraged, logged and acted upon when appropriate. We make surveys available from our websites and through telephone calls to measure provider and member satisfaction and to gather valuable feedback for our Quality Improvement initiatives. In addition, we invite your feedback about our authorization determination algorithms to help foster a sense of teamwork and cooperation.
Our website offers a full complement of online provider resources. It features an online provider inquiry tool for real-time eligibility, claims status and authorization status. In addition, the website provides helpful information such as standard forms, preferred drug provider manuals, referral directories; provider newsletter, claims status, electronic remittance advice, and electronic funds transfer information, updates, clinical guidelines and other information to assist providers in working with us. The website can be accessed at www.sciondental.com.

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| UniCare Health Plan of West Virginia Member Eligibility | Participating providers can access eligibility information through:  
  • Login to Provider web portal via www.sciondental.com  
  • Calling Scion Dental’s Interactive Voice Response system (IVR) eligibility hotline at 1-888-983-4686(Children) or 1-877-408-0881(Adult Emergent)  
  • Contacting Scion Dental Provider Services Department between 8:00 a.m. and 6:00 p.m. Eastern time at 1-888-983-4686(Children) or 1-877-408-0881(Adult Emergent) |
| Provider NPI (National Provider Identifier) | National Provider Identifier (NPI) – The Health Insurance Portability and Accountability Act (HIPAA) of 1996 requires the adoption of a standard unique provider identifier for health care providers.  
All participating providers must have an NPI number.  
NPI is a 10-digit, intelligence-free numeric identifier. Intelligence-free means the numbers do not carry information about health care providers, such as the states in which they practice or their specialties.  
Providers can apply for an NPI by:  
  • Completing the application online at https://nppes.cms.hhs.gov  
  • Completing a paper copy by downloading it at https://nppes.cms.hhs.gov  
  • Calling 1-800-465-3203 and requesting an application estimated time to complete the NPI application is 20 minutes. |
### UniCare Health Plan of West Virginia Authorization Information

Prior authorization determinations must be made within seven (7) days from the date Scion Dental receives the request, provided all information is complete.

Prior authorizations will be honored for 180 days from the date they are determined.

Authorization submissions can be received in the following formats:

- Electronic authorizations via Scion Dental’s website at www.sciondental.com
- Electronic submission via clearinghouse
- HIPAA Compliant 837D file
- Paper authorization

Mailed authorizations should be sent to:

UniCare Health Plan of West Virginia – Authorizations
P.O. Box 2155
Milwaukee, WI 53201

### UniCare Health Plan of West Virginia Claims Information

The timely filing requirement for West Virginia is 12 months.

Claims Submissions can be received in the following formats:

- Electronic claims via Scion Dental’s website at www.sciondental.com
- Electronic submission via clearinghouse
- HIPAA Compliant 837D file
- Paper claims via ADA 2012 form

Mailed claims should be sent to the following address:

UniCare Health Plan of West Virginia – Claims
P.O. Box 795
Milwaukee, WI 53201

### UniCare Health Plan of West Virginia Grievances, Appeals and Complaints

To start the process of a verbal Grievance, Appeal and Complaint the Member and Provider can contact Scion Dental Customer Service Department.

Members and Providers can start the appeal process verbally and must submit the appeal in writing to:

Scion Dental of West Virginia – Appeals
P.O. Box 1396
Milwaukee, WI 53201
| UniCare Health Plan of West Virginia Authorization Appeals Information | Members and Providers must file an appeal, either verbally or in writing, within 90 days following the date the denial letter was mailed by Scion Dental.  
Member and Provider requests for reconsideration of an authorization, may call or write  
Scion Dental of West Virginia – Appeals  
P.O. Box 1396  
Milwaukee, WI 53201  
1-888-983-4686 |
|---|---|
| UniCare Health Plan of West Virginia Claims Appeals Information | Providers must file an appeal in writing along with any necessary additional documentation within 12 months from the date of the remit to:  
Scion Dental of West Virginia – Appeals  
P.O. Box 1396  
Milwaukee, WI 53201  
1-888-983-4686 |
| Provider Servicing | For more information, please contact:  
• Scion Dental Provider Services between 8:00 AM and 6:00 PM eastern at 1-888-983-4686  
• Access Scion Dental’s provider web portal at www.sciondental.com  
• Email: providerservices@sciondental.com |
| Pharmacy Preferred Drug List (PDL) | The PDL is considered part of the pharmacy service covered by UniCare and is located on our website: www.unicare.com  
UniCare uses pharmacy benefits manager Express Scripts, Inc. (ESI). ESI’s website: www.express-scripts.com  
For prescriber prior authorization (PA), call 1-877-375-6185.  
All PA requests will be determined no later than 24 hours after receipt.  
The PDL also is available on the following websites: Department of Health and Human Resources (DHHR) website: www.wvdhhr.org  
Pharmacies are required to provide an emergency threeday prescription fill in accordance with federal regulation. |
Our website offers a full complement of online provider resources. It features an online provider inquiry tool for real-time eligibility, claims status and authorization status. In addition, the website provides helpful information such as standard forms, preferred drug provider manuals, referral directories; provider newsletter, claims status, electronic remittance advice, and electronic funds transfer information, updates, clinical guidelines and other information to assist providers in working with us. The website can be accessed at www.sciondental.com.

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<th>The Health Plan of West Virginia Member Eligibility</th>
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<td>• Login to Provider web portal via <a href="http://www.sciondental.com">www.sciondental.com</a></td>
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<td>• Completing the application online at <a href="https://nppes.cms.hhs.gov">https://nppes.cms.hhs.gov</a></td>
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<td>• Calling Scion Dental's Interactive Voice Response system (IVR) eligibility hotline at 1-888-983-4690</td>
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<td>• Completing a paper copy by downloading it at <a href="https://nppes.cms.hhs.gov">https://nppes.cms.hhs.gov</a></td>
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<td>• Contacting Scion Dental Provider Services Department between 8:00 a.m. and 6:00 p.m. Eastern time at 1-888-983-4690</td>
<td></td>
<td>• Calling 1-800-465-3203 and requesting an application estimated time to complete the NPI application is 20 minutes.</td>
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| The Health Plan of West Virginia Authorization Information | Prior authorization determinations must be made within 7 days from the date Scion Dental receives the request, provided all information is complete.  
Prior authorizations will be honored for 180 days from the date they are determined.  
Authorization submissions can be received in the following formats:  
- Electronic authorizations via Scion Dental’s website at www.sciondental.com  
- Electronic submission via clearinghouse  
- HIPAA Compliant 837D file  
- Paper authorization  
Mailed authorizations should be sent to:  
The Health Plan of West Virginia – Authorizations  
P.O. Box 2138  
Milwaukee, WI 53201 |
|---|---|
| The Health Plan of West Virginia Claims Information | The timely filing requirement for West Virginia is 12 months.  
Claims Submissions can be received in the following formats:  
- Electronic claims via Scion Dental’s website at www.sciondental.com  
- Electronic submission via clearinghouse  
- HIPAA Compliant 837D file  
- Paper claims via ADA 2012 form  
Mailed claims should be sent to the following address:  
The Health Plan of West Virginia – Claims  
P.O. Box 2157  
Milwaukee, WI 53201 |
| The Health Plan of West Virginia Grievances, Appeals, and Complaints | To start the process of a verbal Grievance, Appeal and Complaint the Member and Provider can contact Scion Dental Customer Service Department.  
Members and Providers can start the appeal process verbally and must submit the appeal in writing to:  
Scion Dental of West Virginia – Appeals  
P.O. Box 1396  
Milwaukee, WI 53201 |
| The Health Plan of West Virginia Authorization Appeals Information | Members and Providers must file an appeal, either verbally or in writing, within 90 days following the date the denial letter was mailed by Scion Dental.  
Member and Provider requests for reconsideration of an authorization, may call or write  
Scion Dental of West Virginia – Appeals  
P.O. Box 1396  
Milwaukee, WI 53201  
1-888-983-4690 |
| --- | --- |
| The Health Plan of West Virginia Claims Appeals Information | Providers must file an appeal in writing along with any necessary additional documentation within 12 months from the date of the remit to:  
Scion Dental of West Virginia – Appeals  
P.O. Box 1396  
Milwaukee, WI 53201  
1-888-983-4690 |
| Provider Servicing | For more information, please contact:  
- Scion Dental Provider Services between 8:00 a.m. and 6:00 p.m. Eastern time at 1-888-983-4690  
- Access Scion Dental’s provider web portal at www.sciondental.com  
- Email: providerservices@sciondental.com |
| Pharmacy Preferred Drug List (PDL) | The PDL is considered part of the pharmacy service covered by The Health Plan and is located on our website: [https://healthplan.org](https://healthplan.org), or 1-800-624-6961, ext. 7914 if you have any questions. This number is available 24 hours a day, seven days a week.  
All PA requests will be determined no later than 24 hours after receipt.  
The PDL also is available on the following websites:  
Department of Health and Human Resources (DHHR) website: [www.wvdhhr.org](http://www.wvdhhr.org)  
Pharmacies are required to provide an emergency three-day prescription fill in accordance with federal regulation. |
CoventryCares of West Virginia Quick Reference Information

Our website offers a full complement of online provider resources. It features an online provider inquiry tool for real-time eligibility, claims status and authorization status. In addition, the website provides helpful information such as standard forms, preferred drug provider manuals, referral directories; provider newsletter, claims status, electronic remittance advice, and electronic funds transfer information, updates, clinical guidelines and other information to assist providers in working with us. The website can be accessed at www.sciondental.com.

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<td>- Login to Provider web portal via <a href="http://www.sciondental.com">www.sciondental.com</a></td>
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<td>- Calling Scion Dental’s Interactive Voice Response system (IVR) eligibility hotline at 1-855-844-0623</td>
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<td>- Contacting Scion Dental Provider Services Department between 8:00 a.m. and 6:00 p.m. Eastern time at 1-855-844-0623</td>
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<td><strong>Provider NPI (National Provider Identifier)</strong></td>
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<td>- Completing the application online at <a href="https://nppes.cms.hhs.gov">https://nppes.cms.hhs.gov</a></td>
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<td>- Calling 1-800-465-3203 and requesting an application estimated time to complete the NPI application is 20 minutes.</td>
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| **CoventryCares of West Virginia Authorization Information** | Prior authorization determinations must be made within 7 days from the date Scion Dental receives the request, provided all information is complete. Prior authorizations will be honored for 180 days from the date they are determined. Authorization submissions can be received in the following formats:  
- Electronic authorizations via Scion Dental’s website at www.sciondental.com  
- Electronic submission via clearinghouse  
- HIPAA Compliant 837D file  
- Paper authorization Mailed authorizations should be sent to:  
  CoventryCares of West Virginia – Authorizations  
  P.O. Box 2146  
  Milwaukee, WI 53201 |
| **CoventryCares of West Virginia Claims Information** | The timely filing requirement for West Virginia is 12 months. Claims Submissions can be received in the following formats:  
- Electronic claims via Scion Dental’s website at www.sciondental.com  
- Electronic submission via clearinghouse  
- HIPAA Compliant 837D file  
- Paper claims via ADA 2012 form Mailed claims should be sent to the following address:  
  CoventryCares of West Virginia – Claims  
  P.O. Box 2129  
  Milwaukee, WI 53201 |
| **CoventryCares of West Virginia Grievances, Appeals and Complaints** | To start the process of a verbal Grievance, Appeal and Complaint the Member and Provider can contact Scion Dental Customer Service Department. Members and Providers can start the appeal process verbally and must submit the appeal in writing to:  
  Scion Dental of West Virginia – Appeals  
  P.O. Box 1396  
  Milwaukee, WI 53201 |
| **CoventryCares of West Virginia Authorization Appeals Information** | Members and Providers must file an appeal, either orally or in writing, within 90 days following the date the denial letter was mailed by Scion Dental.  
Member and Provider requests for reconsideration of an authorization, may call or write  
Scion Dental of West Virginia – Appeals  
P.O. Box 1396  
Milwaukee, WI 53201  
1-888-844-0623 |
| --- | --- |
| **CoventryCares of West Virginia Claims Appeals Information** | Providers must file an appeal in writing along with any necessary additional documentation within 12 months from the date of the remit to:  
Scion Dental of West Virginia – Appeals  
P.O. Box 1396  
Milwaukee, WI 53201 |
| **Provider Servicing** | For more information, please contact:  
- Scion Dental Provider Services between 8:00 AM and 6:00 PM eastern at 1-855-844-0623  
- Access Scion Dental’s provider web portal at www.sciondental.com  
- Email: providerservices@sciondental.com |
| **Pharmacy Preferred Drug List (PDL)** | The PDL is considered part of the pharmacy service covered by CoventryCares and is located on our website: [http://chcmédicaid-westvirginia.coventryhealthcare.com](http://chcmédicaid-westvirginia.coventryhealthcare.com), or you can call us at 1-888-348-2922 from 8:30 a.m. to 5:00 p.m., Monday through Friday  
All PA requests will be determined no later than 24 hours after receipt.  
The PDL also is available on the following websites:  
Department of Health and Human Resources (DHHR) website: [www.wvdhhr.org](http://www.wvdhhr.org)  
Pharmacies are required to provide an emergency three-day prescription fill in accordance with federal regulation. |
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<td>• Calling Scion Dental’s Interactive Voice Response system (IVR)</td>
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<td>eligibility hotline at 1-855-434-9237</td>
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<td></td>
<td>• Contacting Scion Dental Provider Services Department between</td>
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<td>8:00 a.m. and 6:00 p.m. Fasten time at 1-855-434-9237</td>
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<td>Identifier)</td>
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<td>• Calling 1-800-465-3203 and requesting an application estimated</td>
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<td>time to complete the NPI application is 20 minutes.</td>
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| West Virginia Family Health Authorization Information | Prior authorization determinations must be made within 7 days from the date Scion Dental receives the request, provided all information is complete. 
Prior authorizations will be honored for 180 days from the date they are determined. 
Authorization submissions can be received in the following formats:  
- Electronic authorizations via Scion Dental’s website at www.sciondental.com 
- Electronic submission via clearinghouse 
- HIPAA-compliant 837D file 
- Paper authorization 
Mailed authorizations should be sent to:  
West Virginia Family Health – Authorizations  
P.O. Box 628  
Milwaukee, WI 53201 |
| --- | --- |
| West Virginia Family Health Claims Information | The timely filing requirement for West Virginia is 12 months. 
Claims Submissions can be received in the following formats:  
- Electronic claims via Scion Dental's website at www.sciondental.com 
- Electronic submission via clearinghouse 
- HIPAA Compliant 837D file 
- Paper claims via ADA 2012 form 
Mailed claims should be sent to the following address:  
West Virginia Family Health – Claims  
P.O. Box 1597  
Milwaukee, WI 53201 |
| West Virginia Family Health Grievances, Appeals and Complaints | To start the process of a verbal Grievance, Appeal and Complaint the Member and Provider can contact Scion Dental Customer Service Department. 
Members and Providers can start the appeal process verbally and must submit the appeal in writing to:  
Scion Dental of West Virginia – Appeals  
P.O. Box 1462  
Milwaukee, WI 53201 |
| **West Virginia Family Health Authorization Appeals Information** | Members and Providers must file an appeal, either verbally or in writing, within 90 days following the date the denial letter was mailed by Scion Dental.  
Member and Provider requests for reconsideration of an authorization, may call or write  
Scion Dental of West Virginia – Appeals  
P.O. Box 1462  
Milwaukee, WI 53201  
1-855-434-9237 |
| --- | --- |
| **West Virginia Family Health Claims Appeals Information** | Providers must file an appeal in writing along with any necessary additional documentation within 12 months from the date of the remit to:  
Scion Dental of West Virginia – Appeals  
P.O. Box 1462  
Milwaukee, WI 53201  
1-855-434-9237 |
| **Provider Servicing** | For more information, please contact:  
• Scion Dental Provider Services between 8:00 a.m. and 6:00 p.m. Eastern time at 1-855-434-9237  
• Access Scion Dental’s provider web portal at www.sciondental.com  
• Email: providerservices@sciondental.com |
| **Pharmacy Preferred Drug List (PDL)** | Pharmacy (Non-Formulary Requests and Prior Authorization) - all PA requests will be determined no later than 24 hours after receipt.  
Phone: 1-855-412-8005  
Fax: 1-855-430-9849  
Monday-Friday 8:30 a.m. to 4:30 p.m. Eastern time  
The PDL is considered part of the pharmacy service covered by West Virginia Family Health and is located on our website: [http://wvfhs.com](http://wvfhs.com).  
The PDL also is available on the following websites:  
Department of Health and Human Resources (DHHR) website: [www.wvdhhr.org](http://www.wvdhhr.org)  
Pharmacies are required to provide an emergency three-day prescription fill, in accordance with federal regulation. |
Provider Web Portal Registration & Introduction

The Scion Dental provider web portal services allow 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.

Registration

To register for our provider web portal, visit www.sciondental.com and click on the provider login link. Once at the login page, click on the Register Now link.

You do not need to download or purchase software
To obtain electronic use of our provider web portal, you only need Internet access and a unique user name and password.

- Register as a payee so you will have the option to view remittances and be paid electronically. (Scion Dental will provide you with your unique payee ID.)

Contact Customer Service to obtain your payee ID number.
Introduction
Once registered, you are now ready to navigate through the web portal and use the available resources and features to help streamline data entry.

Verify Member Eligibility
- One-step member eligibility verification
- Verification of dental treatment history

Navigate to Manage Rosters
- Verify multiple members at one time
- Create member rosters to help organize member information
Manage Claims

- Submit claims for services performed
- Review and print or save a list of claims submitted today for your records before they are sent on for processing
- Check the status of previously submitted claims
- Enter additional information such as NEA number under the Notes tab
Manage Authorizations

- Submit authorizations for approval before performing services
- Attach electronic files, including X-rays and review authorizations submitted today — before they are sent on for processing
- Enter additional information such as NEA number under the Notes tab
- Check the status of previously submitted authorizations
From an authorization summary, you can:

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

Authorization Status:

- Authorization Status search can be done by the following information:
  - Service Date or Entered Date
  - Authorization State (Open or Finalized)
  - Member ID # or Name and date of birth
Electronic Funds Transfer

The Scion Dental provider web portal services allow us to give you faster payments by electronic funds transfers (EFTs). The electronic payment offers a direct deposit into your account and allows you to obtain remits quicker on your online account.

To obtain your online remittances, navigate to the “Manage My Documents” page from the documents tab on the tool bar or by the link on the main page.

To enroll in EFT payment, please complete the following page and return to Scion Dental via:

- Fax: (262)721-0722; e-mail: providerservices@sciondental.com; or mail: Scion Dental Provider Services, P.O. Box 170, Milwaukee, WI 53201

- Register for Electronic Funds Transfer to receive paper checks and online remittance statements
Electronic Funds Transfer Authorization Agreement

To enroll in Scion Dental’s Electronic Funds Transfer payment program, please fill out this form and return via:

Mail: Scion Dental
     P.O. Box 170
     Milwaukee, WI 53201

Fax: (262)721-0722
E-mail: providerservices@sciondental.com

Part I - Reason for Submission

☐ New EFT Authorization  ☐ Revision to current EFT setup (i.e. account/bank change)

Part II - Provider or Supplier Information

Name of Payee: ____________________________

Tax Identification Number: __________________
SSN    EIN

Address of Payee: __________________________

Part III - Depository Information (Financial Institution)

Bank/Depository Name: ____________________________
Checking  Savings

Depository Routing Number (nine digits - include any leading zeros): ____________________________

Depository Account Number (include any leading zeros): ____________________________

Part IV - Billing Contact Information

Name: ____________________________  Phone Number: ____________________________

E-mail Address: ____________________________

Part V - Authorization

I hereby authorize Scion Dental 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

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CONFIDENTIAL AND PROPRIETARY 25
Provider Enrollment and Contracting Portal

To add new providers and or locations from your office, visit our provider enrolment portal at www.scionproviders.com. Enter the code “WV” and click the “Go” button to continue.

You may also contact Customer Service to enroll new providers and/or locations.

Once at the Welcome page, enter the new provider or location’s NPI number and click submit in order to view, sign and complete the necessary information.

Dear Provider:

Scion Dental is pleased to announce we will be the dental benefits administrator for Coventry Care of West Virginia, The Health Plan, and UniCare Health Plan of West Virginia, Inc. Children’s dental benefits will be carved in for both the current MCO and the Medicaid Expansion population. We invite you to join our panel of committed dental providers to continue delivering high-quality service to West Virginia members.

Scion Dental — an expert in Medicaid dental management — is working to establish the West Virginia network of committed Dental Medicaid Providers. Contracting is easy. To join the network, please visit www.scionproviders.com and enter code [WV] to review and e-sign the provider agreement.

You may also return a completed contract by using any of the following methods:

- E-mail: networkdevelopment@sciondental.com
- Fax: 877-489-1563
- Phone: 1-855-844-0623

As the dental benefits administrator, Scion Dental offers many services that help to lower the cost of administration for your office. Once enrolled in the network, your office can take full advantage of our online provider tools: electronic funds transfer for payment of claims, real-time online access to patients’ eligibility information, real-time online access to your in-process and paid claim history, easy online submission of authorizations and an automated phone line for patient information.

Scion Dental is committed to:
- Paying you accurately
- Paying you on time
- Treating you with respect

Your participation in treating West Virginia members is critical to the ongoing success of the program. If you have any questions about the contracting process discussed above, please call us at 1-855-844-0623 or send an e-mail to networkdevelopment@sciondental.com. We look forward to working with you.

Sincerely,

[Signature]

Monica Y. Clement
Director of Provider Services
Statement of Member Rights and Responsibilities

Scion Dental is committed to the following core concepts in its approach to member care:

Access: Access to providers and services.
Wellness: Wellness programs, which include member education and disease management initiatives.
Outreach: Outreach programs that educate members and give them the tools they need to make informed decisions about their dental care.
Feedback: Feedback from members through ongoing member satisfaction surveys and provider evaluations with “Rate a Provider” rankings.

Beyond these four core concepts, we also believe in the following set of values. All members have a right to privacy and to:

- Be treated with respect and recognition of their dignity when receiving dental care, which is a private and personal service.
- Fully participate with caregivers in the 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 Scion Dental, 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 Scion Dental’s/Healthcare and Family Service’s member rights and responsibilities policies.
- Receive pertinent written and up-to-date information about Scion Dental, the services Scion Dental provides, the participating dentists and dental offices, as well as member rights and responsibilities.
- Receive information on available treatment options and alternatives, presented in a manner that is appropriate to the member’s condition and ability to understand.

Note: Each of the MCOs will provide information to their members regarding their rights and responsibilities and any changes upon enrollment, annually, and at least 30 days prior to any change in their benefits.
Statement of Provider Rights and Responsibilities

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

**Access:** Access to flexible participation options in provider networks.

**Outreach:** Outreach programs that lower provider participation costs.

**Technology:** Technology tools that increase efficiency and lower administrative costs.

**Feedback:** Feedback that measures both 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 Scion Dental.
- File an appeal or grievance pursuant to the procedures of Scion Dental.
- Providers also have the right to appeal on behalf of the member after the member’s written consent has been obtained.
- Supply accurate, relevant, factual information to a member in conjunction with a grievance filed by the member.
- Object to policies, procedures or decisions made by Scion Dental.

Enrolled 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 prior to rendering the service.
- A provider wishing to terminate participation with the Scion Dental Network due to retirement, relocation or voluntary termination must supply written notification of termination to Scion Dental at least 60 days prior to expected final date of participation. A list of existing West Virginia patients that are being treated within the provider’s office.
- Members currently in treatment should accompany the termination notification. All other West Virginia patients should be referred to Scion Dental’s toll-free Member number.
- A provider may not bill both medical and dental codes for the same procedure.
Member Eligibility Verification Procedures and Services to Members

UniCare Health Plan of West Virginia Member Identification Card

UniCare Health Plan of West Virginia members are issued identification cards. For additional information concerning Member ID Cards, please contact Main Member Services at 1-800-782-0095

The Health Plan of West Virginia Member Identification Card

The Health Plan of West Virginia members are issued identification cards. For additional information concerning Member ID Cards, please contact Main Member Services at 1-888-613-8385

CoventryCares of West Virginia Member Identification Card

CoventryCares of West Virginia members are issued identification cards. For additional information concerning Member ID Cards, please contact Main Member Services at 1-888-348-2922.
West Virginia Family Health Member Identification Card

West Virginia Family Health members are issued identification cards. For additional information concerning Member ID Cards, please contact Main Member Services at 1-855-412-8001.
Providers are responsible for verifying that members are eligible at the time services are rendered and to determine if members have other health insurance.

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

If medical coverage is restricted in any way, a printed message will appear on the front of the card.

**Scion Dental Eligibility Systems**

Enrolled participating providers may access Member eligibility information through:

- The “Providers” section of Scion Dental’s website at www.sciondental.com

**UniCare Health Plan of West Virginia**

- Scion Dental’s Interactive Voice Response (IVR) system eligibility line at 1-888-983-4686
- Scion Dental’s Customer Service Department between 8:00 a.m. to 6:00 p.m. Eastern time at 1-888-983-4686 (Children)
- Scion Dental’s Customer Service Department between 8:00 a.m. to 6:00 p.m. Eastern time at 1-877-408-0881 (Adult Emergent)

**The Health Plan of West Virginia**

- Scion Dental’s Interactive Voice Response (IVR) system eligibility line at 1-888-983-4690
- Scion Dental’s Customer Service Department between 8:00 AM to 6:00 PM eastern at 1-888-983-4690

**CoventryCares of West Virginia**

- Scion Dental’s Interactive Voice Response (IVR) system eligibility line at 1-855-844-0623
- Scion Dental’s Customer Service Department between 8:00 AM to 6:00 PM eastern at 1-855-844-0623

**West Virginia Family Health**

- Scion Dental’s Interactive Voice Response (IVR) system eligibility line at 1-855-434-9237
- Scion Dental’s Customer Service Department between 8:00 a.m. to 6:00 p.m. Eastern time at 1-855-434-9237

The eligibility information received from any of the above sources will be the same information you would receive by calling Scion Dental’s Customer Service department; however, by utilizing the IVR or the website, you can get information 24 hours a day, 7 days a week, without having to wait for an available customer service representative.

**Access to eligibility information via www.sciondental.com**

Scion Dental’s website currently allows enrolled participating providers to verify a member’s eligibility as well as submit claims. To access the eligibility information via Scion Dental’s website, simply log on to the website at www.sciondental.com.
Once you have entered the website, click on "Providers". You will then be able to log in using your password and ID. First time users will have to register by utilizing their Scion Dental payee ID, office name and address. Please refer to your payment remittance or contact Customer Service.

Once logged in, select “eligibility look up” and enter the applicable information for each Member you are inquiring about. Verify the Member’s eligibility by entering the Member’s date of birth, the expected date of service and the Member’s identification number or last name and first initial. You are able to check on an unlimited number of patients and can print off the summary of eligibility given by the system for your records.

Access to eligibility information via the IVR line

To access the IVR, simply call Scion Dental’s Customer Service Department for eligibility and service history. The IVR system will be able to answer all of your eligibility questions for as many Members as you wish to check. Once you have completed your eligibility checks or history inquiries, you will have the option to transfer to a Customer Service Representative to answer any additional questions during normal business hours.

Callers will need to enter the appropriate Tax ID or NPI number, the Member’s recipient identification number, and date of birth. Specific directions for utilizing the IVR to check eligibility are listed below. After our system analyzes the information, the patient’s eligibility for coverage of dental services will be verified. If the system is unable to verify the Member information you entered, you will be transferred to a Customer Service Representative.

Directions for using Scion Dental’s IVR to verify eligibility:

1. Call Scion Dental Customer Service Department for the members specific plan of insurance:
   - UniCare Health Plan of West Virginia at 1-888-983-4686 (Children)/ 1-877-408-0881 (Adult Emergent)
   - The Health Plan of West Virginia at 1-888-983-4690
   - CoventryCares of West Virginia at 1-855-844-0623
   - West Virginia Family Health at 1-855-434-9237

2. When prompted, enter your Provider NPI or Tax ID number.

3. Follow the additional prompts and enter Member Information using the ID number or SSN.

4. When prompted, enter the Members ID, less any alpha characters that may be part of the ID, or the SSN.

5. When prompted, enter the Member’s date of birth in MMDDYYYY format.

6. Upon system verification of the Member’s eligibility, you will be prompted to verify the eligibility of another Member, inquire about service history, or choose to speak to a customer service representative.

Please note that due to possible eligibility status changes, the information provided by either system does not guarantee payment. If you are having difficulty accessing either the IVR or website, please contact the Customer Service Department. They will be able to assist you in utilizing either system.
Appointment Availability Standards

Scion Dental has established appointment time requirements for all situations to ensure that members receive dental services in a time period that is appropriate to their health condition. Provider should ensure that 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.

- In office wait times must not exceed one hour
- Routine appointments with dentist or specialist shall be provided within 30 calendar days or sooner
- Urgent care must be scheduled within three calendar days
- Emergent care must be scheduled within 24 hours

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

Scion Dental Provider Manual

Annually, Scion Dental mails (or electronically provides) a provider manual to every dental provider.

Scion Dental Customer Service Numbers:

Provider Call Center Numbers

- UniCare Health Plan of West Virginia at 1-888-983-4686 (Children)/ 1-877-408-0881 (Adult Emergent)
- The Health Plan of West Virginia at 1-888-983-4690
- CoventryCares of West Virginia at 1-855-844-0623
- West Virginia Family Health at 1-855-434-9237

Member Call Center Numbers

- UniCare Health Plan of West Virginia at 1-877-408-0917
- The Health Plan of West Virginia at 1-888-983-4698
- CoventryCares of West Virginia at 1-888-983-4693
- West Virginia Family Health at 1-855-918-2264

TTY service for hearing impaired member – 1-800-962-8771
Covered Benefits

Covered benefits for the Mountain Health Trust (MHT) Medicaid program for children and adults through the ages 0 to 20 and the West Virginia Health Bridge (WVHB) Medicaid Alternative Benefit Plan (ABP) program for young adults ages 19 to 20 include:

- Covered diagnostic
- Preventive
- Restorative
- Periodontic
- Prosthodontics
- Maxillofacial prosthetics
- Oral and maxillofacial surgery/services,
- Orthodontics

Prior authorization may apply.

Please refer to the following section for a complete list of covered benefits:

West Virginia Medicaid Authorization Requirements and Benefit Details Grid

UniCare of West Virginia

UniCare, The Health Plan, CoventryCares and West Virginia Family Health have contracted with Scion Dental to provide fee-for-service dental services for children up to age 21. The West Virginia Bureau for Medical Services (BMS) is not responsible for payment of covered services.

For adults over the age of 21, UniCare covers emergency dental services only, provided through Scion Dental.

Dental services following an accident or emergency are covered and are provided by Scion Dental. Emergency dental services are provided when a Member has an accident and the dental work required is the initial repair of an injury to the jaw, sound natural teeth, mouth or face. The following services are covered by a dentist or oral surgeon:

- Treatment of fractures of the upper or lower jaw
- Biopsy
- Removal of tumors
- Removal of a tooth when it is an emergency

Limits

TMJ surgery and treatment are not covered for adults.

The Health Plan Adult Dental

The benefit continues to be that only urgent/emergent dental extractions are covered for adult MHT or WVHB members (age 21 and older). Please contact The Health Plan at 1-877-847-7901 for prior authorization. The dental provider needs preauthorization only if more than two teeth are extracted or if IV sedation is requested, or for extraction of wisdom teeth. Panorex films will be requested for extraction of more than two teeth.

Examples of urgent/emergent dental services are:

- Dental caries with abscess
- I&D of abscess
- Repair of acute wounds
- Tooth broken off to the gum line
- Dental caries with pain
• Non-restorable tooth

The extraction of impacted wisdom teeth is not a covered benefit, but wisdom teeth that are abscessed could meet the urgent/emergent guidelines. Neither IV sedation nor general anesthesia is covered. TMJ is not a covered benefit for Medicaid adults.

The claim must document that the services were urgent/emergent.

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 check-ups are needed to keep your teeth healthy.”

• “Please call to reschedule another appointment. Call us ahead of time if you cannot keep the appointment. Missed appointments are very costly to us. Thank you for your help.”

We suggest contacting the member by phone or postcard prior to the appointment to remind the individual of the time and place of the appointment in order to decrease the number of missed appointments.

You are prohibited from billing a West Virginia member for a missed appointment. In addition, your missed appointment policy for West Virginia enrolled patients cannot be stricter than that of your private or commercial patients.

If a West Virginia member exceeds your office policy for missed appointments and you choose to discontinue seeing the patient, please inform them to contact Scion Dental for a referral to a new dentist. Providers with benefit questions should contact Scion Dental’s Customer Service Department directly.

Scion Dental 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 number 1 then the supernumerary tooth should be charted as number 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. Patient records must be kept for a minimum of seven years.

All dental services performed must be recorded in the patient record, which must be available as required by your Provider Services Agreement.

Payment for Non-Covered Services

Enrolled participating providers shall hold members, Scion Dental, and West Virginia harmless for the payment of non-covered services except as provided in this paragraph. Provider may bill a member for non-covered services if the provider obtains an agreement in writing from the member prior to rendering such service that indicates:

• The service(s) to be provided are not Medicaid or West Virginia covered benefits;

• Scion Dental and West Virginia will not pay or be liable for said service(s); and

• Member agrees to be financially liable for such services.

Scion Dental encourages enrolled participating providers to obtain this agreement in writing prior to when the service(s) is/are rendered. If this agreement is not obtained in writing prior to rendering the services, you may not bill the West Virginia member.

Early Periodic, Screening, Diagnosis, and Treatment (EPSDT)

PCPs perform dental screenings as part of the Initial Health Assessments (IHAs) for children. This inspection follows guidelines established under the U.S. Preventive Task Force Guidelines.

Referrals to a Dentist will occur following the IHA for children and when determined to be medically necessary. Refer parents
needing assistance with scheduling dental appointments to West Virginia’s HealthCheck program, also known as the EPSDT program.

Phone: 1-800-642-9704
Website: www.dhhr.wv.gov/healthcheck

Please Note: For adults age 21 and older, only emergency services are covered and provided through Scion Dental. Refer to the Dental Services: Dental Coverage for Accidents or Emergencies section in this chapter for details.
Non-Covered Services

Dental services not covered by Scion Dental of West Virginia Medicaid include, but are not limited to, the following. Non-covered services are not eligible for Department of Health and Human Resources hearing or desk/document review.

- Experimental/investigational or services for research purposes
- Removal of primary teeth whose exfoliation is imminent
- Dental services for which PA has been denied or not obtained
- Dental services for the convenience of the member, the member’s caretaker, or the provider of service
- Procedures for cosmetic purposes
- Temporomandibular Joint (TMJ) for adults
- Anesthesia services when solely for the convenience of the member, the member’s caretaker or the provider of service
- Local anesthesia and oral sedation are considered part of the treatment procedures and may not be billed separately
- Dental services for residents of Intermediate Care and Nursing Facilities i.e., Nursing
- Home, ICF/MR, and PRTF
- Dental services for participants enrolled in the Division of Rehabilitation Services or when services are covered under a Workers Compensation plan
- Dental services provided by providers not enrolled with West Virginia Medicaid
- Use of an unlisted code when a national CDT code is available
- Unbundled CDT codes
Prior Authorization, Retrospective Review, and Documentation Requirements

Scion Dental must make a decision on a request for prior authorization within seven calendar days from the date Scion Dental receives this request. The initial seven days may be extended up to an additional seven days upon request of the member or provider, or if Scion Dental justifies to the Bureau of Medicaid Services in advance and in writing that the member would benefit from such an extension. If Scion Dental denies the approval for some or all of the services requested, Scion Dental will send the member and provider a written notice of the reasons for the denial(s) and will tell the member that he or she may appeal the decision.

Procedures Requiring Prior Authorization

Scion Dental has specific dental utilization criteria as well as a prior authorization and retrospective review process to manage the utilization of services. Consequently, Scion Dental’s operational focus is on assuring compliance with its dental utilization criteria.

One method used on a limited basis to assure compliance is to require providers to supply specified documentation prior to authorizing payment for certain procedures. Services that require prior authorization should not be started prior to the determination of coverage (approval or denial of the prior authorization) for non-emergency services. Non-emergency treatment started prior to the determination of coverage will be performed at the financial risk of the dental office. If coverage is denied, the treating dentist will be financially responsible and may not balance bill the Member, the State of West Virginia, and or any agents, and/or Scion Dental.

Prior authorizations will be honored for 180 days from the date they are issued. An approval 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 sent 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.

During the prior authorization process, it may become necessary to have your patient clinically evaluated. If this is the case, you will be notified of a date and time for the examination. It is the responsibility of the participating dentist to ensure attendance at this appointment. Patient failure to keep an appointment will result in denial of the treatment.

Retrospective Review

Services that would normally require Prior Authorization, but are performed in an emergency situation due to the following circumstances.

- Retroactive Medicaid Eligibility
- Retrospective review is available for Medicaid members in instances where it is in the dental practitioner’s opinion that a procedure may subject the member to unnecessary or duplicative service if delivery of the service is delayed until prior authorization is granted.

Retrospective review needs to be submitted with the appropriate documentation by the provider within 10 business days of the date the service is performed. Types of documentation required, not limited to, are:

- Radiographs (Pre-op, post-op or opposing arch x-rays as indicated in the exhibits)
- Narrative of medical necessity
- Period Charting
Any claims for retrospective review submitted without the required documents will be denied and must be resubmitted for reimbursement. If the procedure(s) does not meet medical necessity criteria upon review by Utilization Management Contractor the prior authorization request will be denied and the provider will not be reimbursed for the service by Scion Dental or the member.

The Scion Dental Consultants review the documentation to ensure the services rendered meet the clinical criteria requirements as outlined in this manual. Once the clinical review is completed, the claim is either paid or denied within 20 calendar days for clean claims and notification will be sent to the provider via the provider remittance statement.

X-ray Return Process
Provider can submit a SASE (self-addressed stamped envelope) if they would like x-rays returned. Scion will shred any x-rays/documentation that does not have an SASE.

Note – copies of all this information is scanned and will remain in the Enterprise System.

Dental Services in a Hospital Setting or Ambulatory Surgical Center
Dentists can obtain prior approval for dental procedures performed in a hospital outpatient setting or an Ambulatory Surgical Center (ASC).

Providers seeking information on this process can contact the Members Medical Plan carrier for specific details on how to obtain pre-authorization for services to be done in a hospital outpatient setting or an Ambulatory Surgical Center (ASC).

Electronic Attachments
FastAttach™ - Scion Dental accepts dental radiographs electronically via FastAttach™ for authorization requests and claims submissions. Scion Dental in conjunction with National Electronic Attachment, Inc. (NEA), allows Enrolled Participating Providers the opportunity to submit all claims electronically, even those that require attachments. This program allows secure transmissions via the Internet lines for radiographs, periodontic charts, intraoral pictures, narratives and EOBs.

FastAttach™ is the simple way to:
- Eliminate lost or damaged attachments
- Improve your payment cycle
- Save on postage and printing costs
- Reduce your follow up with payors
- Stop sending unnecessary attachments with claims

FastAttach™ is inexpensive and easy to use, reduces administrative costs, eliminates lost or damaged attachments and accelerates claims and prior authorization processing. It is compatible with most claims clearinghouse or practice management systems.

For more information, or to sign up for FastAttach, go to http://www.nea-fast.com or call NEA at 1-800-782-5150.
Claim Submission Procedures

Scion Dental receives dental claims in four possible formats. These formats include:

1. Electronic claims via Scion Dental’s website (www.sciondental.com)
2. Electronic submission via clearinghouses
3. HIPAA Compliant 837D File
4. Paper claims

Electronic Claim Submission Utilizing Scion Dental’s Website

Enrolled Participating Providers may submit claims directly to Scion Dental by utilizing the “Provider” section of our website. Submitting claims via the website is very quick and easy and is at no additional cost to Providers!

It is especially easy if you have already accessed the site to check a Member’s eligibility prior to providing the service.

To submit claims via the website, simply log on to www.sciondental.com.

If you have questions on submitting claims or accessing the website, please contact our Scion Dental Customer Service.

Electronic Claim Submission via Clearinghouse

Dentists may submit their claims to Scion Dental via a clearinghouse such as DentalXChange.

You can contact your software vendor and make certain that they have Scion Dental listed as a payer. Your software vendor will be able to provide you with any information you may need to ensure that submitted claims are forwarded to Scion Dental.

Scion Dental’s Payer ID is “SCION”. DentalXChange will ensure that by utilizing this unique payer ID, claims will be submitted successfully to Scion Dental.

For more information on DentalXChange, please refer to their website at www.dentalxchange.com.

HIPAA Compliant 837D File

For Providers who are unable to submit electronically via the Internet or a clearinghouse, Scion Dental will, on a case by case basis, work with the Provider to receive their claims electronically via a HIPAA Compliant 837D file from the Provider’s practice management system. Please contact the Scion Dental Customer Care or via email at providerservices@sciondental.com to inquire about this option for electronic claim submission.

Paper Claim Submission

Claims must be submitted on 2012 ADA approved claim forms or other forms approved in advance by Scion Dental. Please reference the ADA website for the most current claim form and completion instructions. Forms are available through the American Dental Association at:

   American Dental Association
   211 East Chicago Ave.
   Chicago, IL 60611
   1-800-947-4746

Member name, identification number, and date of birth must be listed on all claims submitted. If the Member identification number is missing or miscoded on the claim form the patient cannot be identified. This could result in the claim rejected and being returned to the submitting Provider office, causing a delay in payment.
The Provider and office location information must be clearly identified on the claim. Frequently, if only the dentist signature is used for identification, the dentist’s name cannot be clearly identified. To ensure proper claim processing, the claim form must include the following:

- The treating provider’s name;
- The location in which the treatment occurred;
- The billing (business office) location; and
- The treating provider’s West Virginia Medicaid ID #, NPI, or tax identification number (TIN).

The date of service must be provided on the claim form for each service line submitted.

Approved ADA dental codes as published in the current 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 that necessitate identification (extractions, root canals, amalgams and resin fillings). Missing tooth and surface identification codes can result in the delay or denial of claim payment.

Affix the proper postage when mailing bulk documentation. Scion Dental does not accept postage due mail. This mail will be returned to the sender and will result in delay of payment.

Paper Claims should be mailed to the following address:

**UniCare Health Plan of West Virginia**

 UniCare Health Plan of West Virginia – Claims  
P.O. Box 795  
Milwaukee, WI 53201

**The Health Plan of West Virginia**

 The Health Plan of West Virginia – Claims  
P.O. Box 2157  
Milwaukee, WI 53201

**CoventryCares of West Virginia**

 CoventryCares of West Virginia – Claims  
P.O. Box 2129  
Milwaukee, WI 53201

**West Virginia Family Health**

 West Virginia Family Health – Claims  
P.O. Box 1597  
Milwaukee, WI 53201
All claims are paid within 30 days from the date of receipt by Scion Dental, or as otherwise required by prompt-pay requirements. If a clean claim is not paid within the applicable time frames, appropriate interest will be applied to the claim when it is paid as required by state law, Medicare or Medicaid requirements. (For WV Medicaid services, interest will be paid to in-network providers at 7 percent per annum, calculated daily for the full period the claim remains unpaid beyond the 30-day clean-claims-payment deadline.)

**Corrected Claim Process**

Providers who receive a claim denial for UniCare Health Plan of West Virginia, The Health Plan of West Virginia and CoventryCares of West Virginia need to submit a corrected claim can submit a corrected claims and the appropriate documentation necessary to:

- Scion Dental of West Virginia - Corrected Claims
- P.O. Box 1396
- Milwaukee, WI 53201

Providers who receive a claim denial for West Virginia Family Health need to submit a corrected claim and the appropriate documentation necessary to:

- Scion Dental of West Virginia - Corrected Claims
- P.O. Box 1462
- Milwaukee, WI 53201

You can request for additional claim review, if a claim was denied due to missing information, missing tooth number/surface on the original submission or you have additional information you feel may change the claim payment decision. The determination of a corrected claim request will be provided a remittance statement within 30 days of receipt.

**Non-Incentivization Policy**

It is Scion Dental’s 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.

Scion’s Utilization Management Department bases their decision-making only on appropriateness of care, service, and existence of coverage. Scion does not reward practitioners or other individuals for issuing denials of coverage or care.

**Provider Preventable Conditions**

Provider Preventable Conditions (PPCs), including health care-acquired conditions (HCACs) and other provider-preventable conditions (OPPCs) are not eligible for payment in accordance with 42 CFR 438.6. PPCs are hospital-acquired conditions not present on hospital admission, the wrong procedure performed on a patient, or procedures performed on a wrong patient or body part.

**Reporting of Required Reportable Diseases**

Providers are required to report certain diseases by state law. Please contact the member’s MCO to report any of the following:

- Abortions
- Hysterectomies and sterilizations
- Providing EPSDT services
- STDs
- Tuberculosis
- Communicable diseases
# ADA American Dental Association Dental Claim Form

## HEADER INFORMATION
1. Type of Transaction (Mark all applicable boxes)
   - Statement of Actual Services
   - Request for Predetermination/Preauthorization
   - EPSDT / Title XIX

2. Predetermination/Preauthorization Number

## INSURANCE COMPANY/DEPARTMENT BENEFIT PLAN INFORMATION
3. Company/Plan Name, Address, City, State, Zip Code

## OTHER COVERAGE (Mark applicable box and complete Items 5-11. If none, leave blank)
4. Dental? ☐
   - Medical? ☐
   - (If both, complete 5-11 for dental only)

5. Name of Policyholder/Subscriber in #4 (Last, First, Middle Initial, Suffix)

6. Date of Birth (MM/DD/YYYY)
7. Gender
   - M ☐
   - F ☐
8. Policyholder/Subscriber ID (SSN or ID#)
9. Plan/Group Number
10. Patient's Relationship to Person named in #5
    - Self ☐
    - Spouse ☐
    - Dependent Child ☐
    - Other ☐
11. Other Insurance Company/Dental Benefit Plan Name, Address, City, State, Zip Code

## RECORD OF SERVICES PROVIDED

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<td></td>
<td></td>
</tr>
</tbody>
</table>

32. Missing Teeth Information (Place an "X" on each missing tooth)

33. Diagnosis Code List Qualified: (Primary diagnosis in "A")
34. Diagnosis Code(s)
   - A ☐
   - B ☐
   - C ☐
   - D ☐
35a. Other (Primary diagnosis in "A")

36. Remarks

## AUTHORIZATIONS
38. I have been informed of the treatment plan and associated fees. I agree to be responsible for all charges for dental services and materials paid for 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. I am permitted to consent to my use and disclosure of my protected health information to carry out payment activities in connection with this claim.

39. Subscribers Signature
40. Patient/Guardian Signature

## ANCILLARY CLAIM/TREATMENT INFORMATION

<table>
<thead>
<tr>
<th>38. Place of Treatment</th>
<th>39. Enclosures (Y or N)</th>
</tr>
</thead>
<tbody>
<tr>
<td>(e.g., office; 24/7 Clinic)</td>
<td></td>
</tr>
<tr>
<td>(Use &quot;Place of Service Codes for Professional Claims&quot;)</td>
<td></td>
</tr>
</tbody>
</table>

40. Is Treatment for Orthodontics? Yes (Complete 41-42)
41. Date Appliance Placed (MM/DD/YYYY)
42. Months of Treatment
43. Replacement of Prosthesis Remaining
44. Date of Prior Placement (MM/DD/YYYY)

45. Treatment Resulting from
   - Oral surgery
   - Auto accident
   - Other accident

46. Date of Accident (MM/DD/YYYY)
47. Date of Accident
48. Date of Accident

## BILLOIg DENTIST OR DENTAL ENTITY (Leave blank if dental or dental entity is not submitting claim on behalf of the patient or insured/subscriber.)
49. Name, Address, City, State, Zip Code

## TREATING DENTIST AND TREATMENT LOCATION INFORMATION

53. I hereby certify that the procedures as indicated by date are in progress (for procedures that require multiple visits) or have been completed.

54. NPI
55. License Number
56. Address, City, State, Zip Code
57. Phone Number
58. Additional Provider ID

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CONFIDENTIAL AND PROPRIETARY
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 website (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.

<table>
<thead>
<tr>
<th>Category / Description Code</th>
<th>Code</th>
</tr>
</thead>
<tbody>
<tr>
<td>Dentist</td>
<td>1223D0000X</td>
</tr>
<tr>
<td>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.</td>
<td></td>
</tr>
<tr>
<td>General Practice</td>
<td>1223G0001X</td>
</tr>
<tr>
<td>Dental Specialty (see following list)</td>
<td>Various</td>
</tr>
<tr>
<td>Dental Public Health</td>
<td>1223D001X</td>
</tr>
<tr>
<td>Endodontics</td>
<td>1223E000X</td>
</tr>
<tr>
<td>Orthodontics</td>
<td>1223X0400X</td>
</tr>
<tr>
<td>Pediatric Dentistry</td>
<td>1223P0221X</td>
</tr>
<tr>
<td>Periodontics</td>
<td>1223P0300X</td>
</tr>
<tr>
<td>Prosthodontics</td>
<td>1223P0700X</td>
</tr>
<tr>
<td>Oral &amp; Maxillofacial Pathology</td>
<td>1223P0106X</td>
</tr>
<tr>
<td>Oral &amp; Maxillofacial Radiology</td>
<td>1223D0008X</td>
</tr>
<tr>
<td>Oral &amp; Maxillofacial Surgery</td>
<td>1223S0112X</td>
</tr>
</tbody>
</table>

Provider taxonomy codes listed above are a subset of the full code set that is posted at "www.wpc-ed.com/codes/taxonomy"
Claims Adjudication and Payment

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

The Claim Adjudication Module (CAM) serves as Scion Dental’s primary claims processing tool. Scion Dental’s Claims Adjudication Module 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. CAM will also review claims/services that require preauthorization’s and automatically match the claim/service to the appropriate member record for efficient claims processing.

Once all CAM edits are complete, claims are priced, a remittance summary is printed, and a check or EFT payment is generated.

Coordination of Benefits (COB)

When Scion Dental is the secondary insurance carrier, a copy of the primary carrier’s Explanation of Benefits (EOB) must be submitted with the claim within the timely filing requirements of 12 months. 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, Scion Dental will consider the claim paid in full and no further payment will be made on the claim.

Filing Limits

The timely filing requirement for network providers of West Virginia Claims is 12 months from the date of service and receipt of claim and 12 months from the date on the EOB if the member has other primary insurance. Scion Dental determines whether a claim has been filed timely by comparing the date of service to the receipt date applied to the claim when the claim is received. If the span between these two dates exceeds the time limitation, the claim is considered to have not been filed timely.

Receipt and Audit of Claims

In order to ensure timely, accurate remittances to each dentist, Scion Dental performs an edit of all claims upon receipt. This edit validates Member eligibility, procedure codes, and provider identifying information. A Dental Reimbursement Analyst dedicated to West Virginia dental offices analyzes any claim conditions that would result in non-payment. When potential problems are identified, your office may be contacted and asked to assist in resolving this problem. Please feel free to contact Scion Dental’s Customer Service Department with any questions you may have regarding claim submission or your remittance.

Each enrolled participating provider office receives an Explanation of Benefit report with their remittance. This report includes Member information and an allowable fee by date of service for each service rendered during the period.

If a dentist wishes to appeal any reimbursement decision for UniCare Health Plan of West Virginia, The Health Plan of West Virginia and CoventryCares of West Virginia, they need to submit an appeal in writing, along with any necessary additional documentation within 90 days to:

Scion Dental of West Virginia – Appeals
P.O. Box 1396
Milwaukee WI 53201

If a dentist wishes to appeal any reimbursement decision for West Virginia Family Health, they need to submit an appeal in writing, along with any necessary additional documentation within 90 days to:

Scion Dental of West Virginia – Appeals
P.O. Box 1462
Milwaukee WI 53201
Marketing Guidelines

The MCO may conduct general advertising that does not specifically solicit the Medicaid population. The MCO must submit to BMS for prior written approval a marketing plan and all marketing materials prepared pursuant to said plan and the Medicaid contract.

Prohibited Marketing Practices

The following prohibitions are applicable to the MCO, its agents, subcontractors, and MCO providers:

1. Distributing marketing materials without prior department approval;
2. Using the word Mountain or phrases Mountain Health or Health Bridge, except when referring to Mountain Health Trust, West Virginia Health Bridge or other State programs;
3. Distributing marketing materials written above the 6th grade reading level, unless approved by the department;
4. Offering gifts valued over $15 to potential members;
5. Providing gifts to providers for the purpose of distributing them directly to the MCO’s potential members or currently enrolled members;
6. Directly or indirectly, engaging in door-to-door, telephone and other cold call marketing activities;
7. Marketing in or around public assistance offices, including eligibility offices;
8. Using spam (an unwanted, disruptive commercial message posted on a computer network or sent by email);
9. Making any assertion or statement (orally or in writing) that the MCO is endorsed by CMS, a federal or state government agency, or similar entity;
10. Knowingly marketing to persons currently enrolled in another MCO directly by mail, phone or electronic means of communication;
11. Inducing or accepting a member’s MCO enrollment or MCO disenrollment;
12. Using terms that would influence, mislead, or cause potential members to contact the MCO, rather than the enrollment broker, for enrollment;
13. Portraying competitors in a negative manner;
14. Using absolute superlatives (e.g., the best, highest ranked, rated number 1) unless they are substantiated with supporting data provided to the department;
15. Making any written or oral statements containing material misrepresentations of fact or law relating to the MCO’s plan or the Medicaid program, services, or benefits;
16. Making potential member gifts conditional based on enrollment with the MCO;
17. Charging members for goods or services distributed at MCO or Medicaid events;
18. Charging members a fee for accessing the MCO’s website;
19. Influencing enrollment in conjunction with the sale or offering of any private insurance;
20. Tying enrollment in the Medicaid MCO with purchasing (or the provision of) other types of private insurance;
21. Using marketing agents who are paid solely by commission;
22. Posting MCO-specific, non-health related materials or banners in provider offices;
23. Conducting potential member orientation in common areas of providers’ offices;
24. Allowing providers to solicit enrollment or disenrollment in an MCO, or distributing MCO-specific materials at a marketing activity (This does not apply to health fairs where providers do immunizations, blood pressure checks, etc., as long as the provider is not soliciting enrollment or distributing plan specific MCO materials.).
25. Purchasing or otherwise acquiring mailing lists from third-party vendors, or paying department’s contractors or subcontractors to send plan-specific materials to potential members;

26. Referencing the commercial component of the MCO in any marketing materials;

27. Discriminating against a member or potential member because of race, age, color, religion, natural origin, ancestry, marital status, sexual orientation, physical or mental disability, health status or existing need for medical care, with the following exception: certain gifts and services may be made available to members with certain diagnoses;

28. Assisting with Medicaid MCO enrollment form;

29. Making false, misleading or inaccurate statements relating to services or benefits of the MCO or Medicaid program, or relating to the providers or potential providers contracting with the MCO; and;

30. Direct mail marketing to potential members.
Grievances, Appeals and Complaints

Scion Dental is committed to providing high quality service to all members and providers. As part of this commitment, Scion Dental supports a Grievances, Appeals, and Complaints protocol that assures that all members and providers have every opportunity to exercise their rights to a fair and expeditious resolution to any and all Grievances, Appeals and Complaints.

To that end, Scion Dental has developed a procedure to meet the following goals:

- Members and Providers will receive a fair, just and speedy resolution to grievances, appeals and complaints.
- Members and Providers will be treated with dignity and respect at all levels of the grievances, appeals and complaints resolution process.
- Members and Providers will be informed of their full rights as they relate to grievances, appeals and complaints, including their rights of appeal at each step in the process.
- Members and Providers grievances, appeals and complaints will be resolved in a satisfactory and acceptable manner within the Scion Dental protocol.
- We will comply with all regulatory guidelines and policies with respect to member and provider grievances, appeals and complaints.

Scion Dental provides customer service, the primary purpose of which is to ensure members and providers have access to information, services and assistance on issues affecting members coverage and providers ability to provide services.

Note: Scion Dental does not discriminate against providers who file a grievance or appeal or act within the scope of the provider’s license.

Grievances

Scion Dental maintains a system for the presentation and resolution of complaints, grievances, and appeals made by both members and providers. Members and providers have the right to file an informal grievance by contacting Scion Dental to discuss any disagreement surrounding treatment, care plans, denial of treatment, service received, network of providers and accessibility, and reimbursement.

To file an informal grievance the member or provider may contact our Customer Service department and they will investigate the reported dissatisfaction. They will try to get you an answer within 30 calendar days. If they are not able to answer your question within that time frame, they will contact you to let you know that they will need more time.

Formal grievances may be filed verbally, but must be followed up in writing. Formal grievances that are disputing a denial of payment or a request for services will be classified as an appeal. Formal grievances regarding quality of care received, quality of service received, or issues with the provider network will be classified as a complaint. Complaints can be filed both verbally and in writing.

Appeals

Scion Dental defines an appeal as a disagreement regarding pre or post service denial made by the member; the member’s authorized representative, or the provider respectively. Members may appeal verbally, but will require a written confirmation in order for the appeal to take place. Providers must appeal in writing. Providers wishing to appeal on the member’s behalf will require written consent from the member to be included in the appeal request.

UniCare, CoventryCares and The Health Plan appeals can be sent in writing to:

Scion Dental of West Virginia – Appeals
P.O. Box 1396
Milwaukee WI 53201

West Virginia Family Health appeals can be sent in writing to:

Scion Dental of West Virginia – Appeals
P.O. Box 1462
Milwaukee WI 53201
Appeals must be filed within 90 days from the date on the denial notice. Appeals should be submitted with any information that the member or provider would like to be reviewed and considered during the appeal process. The appeal will be reviewed by personnel not involved in the original decision. If the appeal involves medical/dental appropriateness, the case will be reviewed by a licensed dental professional.

When we have reviewed the request for appeal and have made a decision, Scion Dental will notify the member and/or provider in writing. A decision will be made within 30 days from the day that the request for appeal was received. If Scion Dental needs more time, or if the member and/or provider want to provide additional information, either party may request for an additional 14 days to conclude the appeal.

Fast appeals – If the member and/or provider feel that the member’s health will be jeopardized by waiting the standard 30 calendar day review period, they may ask for an expedited or fast appeal. Expedited appeals can be made verbally and Scion Dental will review the appeal and make a determination within 72 hours from the date that the appeal request was made. Scion Dental will make reasonable efforts to contact the member and provider by phone to provide the determination, however all expedited appeal determination notifications will be followed up in writing within 2 working days of when the determination was rendered.

If the member or provider is not satisfied with Scion Dental’s appeal decision, they can file an appeal to the Bureau of Medical Services (BMS), but only after Scion Dental’s appeal process has been exhausted. This request should be sent within 90 calendar days from the date on Scion Dental’s appeal decision letter. The request must be sent in writing to:

Bureau for Medical Services  
Office of Medicaid Managed Care  
350 Capitol Street Room 251  
Charleston WV 25301-3708

Complaints

Scion Dental defines a complaint as an expression of dissatisfaction with Scion Dental’s policies and procedures, choice and accessibility of network providers and specialists, and the quality of care and service received by Scion Dental and their contracted network.

To file a complaint the member or provider must send a letter explaining the reason why they are filing a complaint and what they would like Scion Dental to do. The complaint will be reviewed and resolved within 30 calendar days from the day that it is received by Scion Dental. If the complaint involves a quality of care or quality of service issue, the dental office will contacted for comment and records. Providers are to submit any records copies at the request of Scion Dental for any investigation of this type as requested. As a part of the investigation, Scion Dental will internally refer the complaint to the appropriate department if corrective action is required. The member will only be contacted if Scion Dental requires additional information to resolve the complaint. Once the investigation is complete, Scion Dental will make a reasonable attempt to contact the member or provider by phone to provide them with verbal feedback and/or their next step moving forward.

UniCare, CoventryCares and The Health Plan written complaints can be mailed to:

Scion Dental of West Virginia – Appeals  
P.O. Box 1396  
Milwaukee WI 53201

West Virginia Family Health written complaints can be mailed to:

Scion Dental of West Virginia – Appeals  
P.O. Box 1462  
Milwaukee WI 53201

Appeals will be reviewed and determined within 30 calendar days from the date that Scion Dental received the appeal.
Health Insurance Portability and Accountability Act (HIPAA)

As a healthcare provider, if you transmit any health information electronically your office is required to comply with all aspects of the HIPAA regulations that have gone/will go into effect as indicated in the final publications of the various rules covered by HIPAA.

Scion Dental has implemented various operational policies and procedures to ensure that it is compliant with the Privacy Standards as well. Scion Dental 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 Scion Dental agree to conduct their respective activities in accordance with the applicable provisions of HIPAA and such implementing regulations.

In regulation to the Administrative Simplification Standards, you will note that the benefit tables included in this provider manual reflect the most current coding standards (CDT-2010) recognized by the ADA. Effective the date of this manual, Scion Dental will require providers to submit all claims with the proper CDT codes listed in this manual. In addition, all paper claims must be submitted on the current approved ADA 2012 claim form.

Note: Copies of Scion Dental’s HIPAA policies are available upon request by contacting Scion Dental’s Customer Service Department or via e-mail at providerservices@sciondental.com.
Utilization Management Program

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.

Community Practice Patterns

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

Evaluation

Scion Dental’s Utilization Management Programs evaluate 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 Scion Dental dollars to dentists, Scion Dental’s Utilization Management Programs helps identify dentists whose patterns show significant deviation from the normal practice patterns of the community of their peers (typically less that 5 percent of all dentists). Scion Dental is contractually obligated to report suspected fraud, abuse or misuse by Members and Participating Dental Providers to the West Virginia

Scion Dental will provide 30 days’ notice before implementing changes to the policies and procedures affecting the authorization process. Except when the changes are addressing suspected fraud, waste, or abuse, the changes can be made outside of the required 30-day notice period.

Fraud and Abuse

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

Fraud:

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 that constitutes fraud under federal or state law.
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 from West Virginia, or false representations or other violations of federal health care program requirements by West Virginia, its associates or contractors.

Deficit Reduction Act of 2005: The False Claims Act

On February 8, 2006, President Bush signed into law the Deficit Reduction Act of 2005 (DRA), a bill designed to reduce federal spending on entitlement programs over five years. The DRA requires that any entity that receives or makes annual Medicaid payments of at least $5 million establish written policies for its employees, management, contractors and agents regarding the False Claims Act (the “FCA”).

The FCA 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 FCA, the person bringing suit may receive a percentage of the recovered funds.

For the party found responsible for the false claim, the government may seek to exclude them from future participation in federal healthcare programs or impose additional obligations against the individual.

For more information about the False Claims Act go to: www.TAF.org

Scion Dental is contractually obligated to report suspected fraud, waste or abuse by Members and Participating Dental Providers of the West Virginia Dental Program.

To report suspected fraud, waste or abuse of the Scion Dental Program contact Scion Dental’s confidential fraud hotline at 1-877-378-5292.
Credentialing

As required by law, any DDS or DMD who is interested in participation with Scion Dental is invited to apply and submit a credentialing application form for review by the Scion Dental’s Credentialing Committee. Scion Dental, in conjunction with the Plan, has the sole right to determine which dentists it shall accept and continue as Participating Providers.

Providers who seek participation in any Scion Dental Managed Care network must be credentialed prior to participation in the network. Scion Dental 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 Scion Dental must satisfy NCQA and/or URAC standards of credentialing, as they apply to Dental services.

The Credentialing Committee has the discretion and authority to accept an application without restrictions. If the Credentialing Committee determines that 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 or any other organization or institution; 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.

The applicant is offered an opportunity to appeal and the applicant must submit to Scion Dental a written request for appeal within 30 days of the date the Committee gave notice of its decision to the applicant. The applicant is notified via certified mail, if the applicant does not respond within 30 days the Credentialing Committee’s decision becomes final and the applicant waives all rights to further appeal.

Appeals for Credentialing can be sent to the following address:

Scion Dental of West Virginia
Attention: Credentialing
N92 W14612 Anthony Ave
Menomonee Falls, WI 53051

Any acceptance of an applicant is conditioned upon the applicant’s execution of a participation agreement with Scion Dental. The Plan retains the ultimate responsibility for Scion Dental’s credentialing process and final credentialing decisions. The Plan is notified of any terminations or disciplinary actions.

Scion Dental encourages its providers to participate in training, which promotes sensitivity to the special needs of the WV Medicaid population.
Important Notice for Submitting Paper Authorizations and Claims

To maintain HIPAA compliance only ADA 2012 Dental Claim forms will be accepted for claims and pre-authorizations received January 1, 2014 and later.

All other forms, including ADA forms dated prior to 2012, will not be accepted and will result in a rejection of the claim or pre-authorization request.

Additionally, when making a correction to a previously submitted claim, please send it clearly marked “Corrected Claims” on ADA 2012 forms to the Appeals mailbox.

Please contact the customer service toll free number if you have questions. If you are in need of the current forms, please visit the ADA website at www.ada.org for ordering information.

Clean claims include the following:

- Member name
- Member ID number
- Treating provider
- Payee (billing provider)
- Tax ID number
- Date of service
- Procedure code

Claims with missing or invalid information may be rejected and returned to the provider.

Clean authorizations include the following:

- Member name
- Member ID number
- Treating provider
- Payee and/or location
- Procedure code

Authorizations with missing or invalid information may be rejected and returned to the provider.
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 very early professional intervention and the continuity of care based on the individualized needs of the child.

Refer to the text of guideline on the following page for supporting information and references.
<table>
<thead>
<tr>
<th>American Academy of Pediatric Dentistry</th>
<th><strong>AGE</strong></th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>6 TO 12 MONTHS</td>
</tr>
<tr>
<td><strong>Clinical oral examination</strong></td>
<td>●</td>
</tr>
<tr>
<td><strong>Assess oral growth and development</strong></td>
<td>●</td>
</tr>
<tr>
<td><strong>Caries-risk assessment</strong></td>
<td>●</td>
</tr>
<tr>
<td><strong>Radiographic assessment</strong></td>
<td>●</td>
</tr>
<tr>
<td><strong>Prophylaxis and topical fluoride</strong></td>
<td>●</td>
</tr>
<tr>
<td><strong>Fluoride supplementation</strong></td>
<td>●</td>
</tr>
<tr>
<td><strong>Anticipatory guidance/counseling</strong></td>
<td>●</td>
</tr>
<tr>
<td><strong>Oral hygiene counseling</strong></td>
<td>●</td>
</tr>
<tr>
<td><strong>Parent</strong></td>
<td>●</td>
</tr>
<tr>
<td><strong>Patient/parent</strong></td>
<td>●</td>
</tr>
<tr>
<td><strong>Patient</strong></td>
<td>●</td>
</tr>
<tr>
<td><strong>Dietary counseling</strong></td>
<td>●</td>
</tr>
<tr>
<td><strong>Injury prevention counseling</strong></td>
<td>●</td>
</tr>
<tr>
<td><strong>Counseling for nonnutritive habits</strong></td>
<td>●</td>
</tr>
<tr>
<td><strong>Counseling for speech/language development</strong></td>
<td>●</td>
</tr>
<tr>
<td><strong>Substance abuse counseling</strong></td>
<td>●</td>
</tr>
<tr>
<td><strong>Counseling for intraoral/perioral piercing</strong></td>
<td>●</td>
</tr>
<tr>
<td><strong>Assessment and treatment of developing malocclusion</strong></td>
<td>●</td>
</tr>
<tr>
<td><strong>Assessment for pit and fissure sealants</strong></td>
<td>●</td>
</tr>
<tr>
<td><strong>Assessment and/or removal of third molars</strong></td>
<td>●</td>
</tr>
<tr>
<td><strong>Transition to adult dental care</strong></td>
<td>●</td>
</tr>
</tbody>
</table>

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.
Scion Dental has specific dental utilization criteria as well as a prior authorization to manage the utilization of services. Consequently, Scion Dental’s operational focus is on assuring compliance with its dental utilization criteria.

Orthodontia services are covered for members up to age 21, who meet the medical necessity criteria and have a valid approved authorization.

One treatment of comprehensive orthodontia (CDT Codes D8070, D8080 or D8090) is reimbursed per member as a one-time, full-case fee. If the initial orthodontist is unable to complete the member’s approved treatment plan, they must refund the uncompleted portions of the treatment plan. The orthodontist who completes the treatment plan will be paid the remaining case fee.

Orthodontic Documentation Requirements include, but are not limited to:

- A treatment plan (Orthodontics)
- 6 Diagnostic quality photos
- Panoramic or FMX X-ray
- Cephalometric X-ray
- Prior Authorization Request on a 2012 Request Form
- WV Medicaid Orthodontic Prior Authorization Form

Please review the West Virginia Medicaid Clinical Criteria for Prior Authorization of Treatment section that outlines the clinical criteria for orthodontics.

Orthodontic Prior Authorization Requesting and Supporting documents can be submitted to:

**UniCare Health Plan of West Virginia**

UniCare Health Plan of West Virginia – Authorizations
P.O. Box 2155
Milwaukee, WI 53201

**The Health Plan of West Virginia**

The Health Plan of West Virginia – Authorizations
P.O. Box 2138
Milwaukee, WI 53201

**CoventryCares of West Virginia**

CoventryCares of West Virginia – Authorizations
P. O. Box 2146
Milwaukee, WI 53201
West Virginia Family Health

West Virginia Family Health – Authorizations

P.O. Box 628

Milwaukee, WI 53201

Supporting documentation for prior authorization review cannot be older than 6 months.
WV MEDICAID ORTHODONTIC PRIOR AUTHORIZATION FORM

Today's Date ______________________

Member Medicaid Number ______________________ DOB ______________________

Member First Name ______________________ Last Name ______________________

Procedure Type:  ORTHODONTIC ☐ (< age 21 only)

Authorization Type:  ☐ Prior Authorization

Reason for Dental/Orthodontic Requested Procedure

Previous relevant dental/orthodontic history (including treatments, symptoms and recommendation)

PLEASE SUBMIT ALL RELEVANT REVIEW DOCUMENTATION TO INCLUDE BUT NOT LIMITED TO X-RAYS, PHOTOS, TREATMENT PLAN, AND THIS WV MEDICAID ORTHODONTIC PRIOR AUTHORIZATION FORM

ORTHODONTIC QUESTIONS ONLY

Post Treatment Stabilization ☐ Yes ☐ No Total Fee for Requested Treatment $ ______________________

Recommendations for Comprehensive Orthodontic Treatment

Orthodontic-Frequency of Visits ☐ Weekly ☐ Bi-Weekly ☐ Monthly ☐ Other If Other, please specify

Necessary Documentation:

- Radiographs: full mouth or panoramic, cephalometric
- Photos: Intra and Extra Oral

MUST MEET AT LEAST ONE OF THE FOLLOWING CRITERIA:

☐ Overjet in excess of 7mm
☐ Severe malocclusion associated with dento-facial deformity
☐ True Anterior open bite
☐ Full cusp classification from normal (Class II or Class III)
☐ Palatal impingement of lower incisors into the palatal tissue causing tissue trauma
☐ Cleft Palate, congenital or developmental disorder
☐ Anterior Crossbite (2 or more teeth, in cases where gingival stripping from the crossbite is demonstrated and not correctable by limited orthodontic treatment.)
☐ Unilateral posterior crossbite with deviation or bilateral posterior crossbite involving multiple teeth including at least one molar
☐ True Posterior open bite (Not involving partially erupted teeth or one or two teeth slightly out of occlusion and not correctable by habit therapy)
☐ Impacted teeth (excluding 3rd molars) permanent anterior teeth only

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The Bureau for Medical Services (BMS) started a program where certified primary care providers may receive a reimbursement for fluoride varnish application, effective January 16, 2012.

Providers must complete a certified training course from the WVU School of Dentistry prior to performing and billing the MCO for these services.

The program covers the application of fluoride varnish to children ages 6 months to 36 months (3 years) who are at high risk of developing dental caries.
West Virginia Medicaid Clinical Criteria for Prior Authorization of Treatment and Emergency Treatment

When submitting for prior authorization/retrospective review of these procedures, please note the documentation requirements when sending in the information to Scion Dental.

Scion Dental 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 Scion Dental reviewers will look for in order to approve the request is 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, Scion Dental 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 D0321
• Documentation describes medical necessity

Crowns D2751, D2791
• Minimum 50% bone support
• No periodontal furcation
• No subcrestal caries
• Clinically acceptable RCT
• Anterior - 50% incisal edge / 4+ surfaces involved
• Bicuspid – 1 cusp / 3+ surfaces involved
• Molar – 2 cusps / 4+ surfaces involved

Stainless steel crown – primary tooth D2930
• Pulpotomy
• Caries involving 2 or more surfaces
• No subcrestal caries

Stainless steel crown – permanent tooth D2931
• Clinically acceptable RCT
• Anterior – 50% incisal edge / 4 or more surfaces involved
• Bicuspid – 1 cusp / 3 or more surfaces involved
• Molar – 2 cusps / 4 or more surfaces involved

Prefabractured resin crown – anterior primary / anterior permanent teeth D2932

Anterior primary teeth
• Pulpotomy
• Caries involving 2 or more surfaces
• No subcrestal caries
• Cannot be restored with conventional restorative material
Anterior permanent teeth

- Clinically acceptable RCT
- Anterior – 50% incisal edge / 4 or more surfaces involved
- Cannot be restored with conventional restorative material

Prefabricated stainless steel crown with resin window – anterior primary teeth  D2933

- Pulpotomy
- Caries involving 2 or more surfaces

No subcrestal caries

Apicoectomy  D3410, D3421

- Minimum 50% bone support
- No caries below bone level
- Repair of root perforation or resorptive defect
- Exploratory curettage for root fractures
- Removal of extruded filling materials or instruments
- Removal of broken tooth fragments
- Sealing of accessory canals, etc.

Gingivectomy or gingivoplasty  D4210, D4211

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

Osseous surgery  D4260, D4261

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

Scaling and root planning  D4341, D4342

- 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
  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
  3. Presence of root surface calculus and/or noticeable loss of bone support on x-rays

Full mouth debridement  D4355

- No history of periodontal treatment in past 12 months
- Extensive coronal calculus on 50% of teeth
Full dentures D5110, D5120
- Existing denture greater than 5 years old
- Remaining teeth do not have adequate bone support or are restorable

Immediate dentures D5130, D5140
- Remaining teeth do not have adequate bone support or are restorable

Partial dentures D5213, D5214
- 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

Unilateral partial denture D5281
- Replacing one or more missing teeth in one quadrant
- Existing partial denture greater than 5 years old
- Remaining teeth have greater than 50% bone support and are restorable

Maxillofacial prosthetics D5911 – D5987 (not all procedures covered)
- Documentation describes accident, facial trauma, disease, facial reconstruction or other medical necessity need

Fixed partial denture pontics / retainers D6211, D6241, D6545 (Maryland Bridge)
- Minimum 50% bone support
- No periodontal furcation
- No subcrestal caries

Vestibuloplasty D7340, D7350
- Documentation supports lack of ridge for denture placement

Radical resection of maxilla or mandible D7490
- Documentation supports medical necessity

Partial ostectomy D7550
- Documentation describes presence or description of non-vital bone or foreign body
Fractures – simple / compound   D7680, D7780
• Documentation describes accident, operative report and medical necessity

Reduction and dislocation and management of TMJ dysfunctions   D7810 – D7877 (not all codes covered)
• Narrative, x-rays or photos support medical necessity for procedure

TMJ, occlusal orthotic device   D7880
• Documentation supports history of TMJ pain / treatment efforts
• Not for bruxism, grinding or other occlusal factors

Skin graft   D7920
• Documentation describes location and type of graft

Osteotomy   D7941, D7943, D7944
• Correction of congenital, developmental or acquired traumatic or surgical deformity

Other repair procedures (Oral & Maxillofacial Surgery)   D7946 – D7950, D7955, D7982, D7991
• Narrative, x-rays or photos support medical necessity for procedure

Frenulectomy   D7960
• Documentation describes removal or release of mucosal and muscle of a buccal, labial or lingual frenum to treat such conditions as tongue tied, diastema, tissue pull condition, etc.

Excision of hyperplastic tissue   D7970
• Documentation describes medical necessity due to ill fitting denture

Sialolithotomy   D7980
• Documentation describes evidence of salivary blockage

Excision of salivary gland, by report   D7981
• Documentation describes evidence of salivary blockage and inability to open duct
Orthodontic treatment  D8010 - D8090

- Overjet in excess of 7mm
- Severe malocclusion associated with dento-facial deformity
- True anterior open bite
- Full cusp classification from normal (Class II or Class III)
- Palatal impingement of lower incisors into the palatal tissue causing tissue trauma
- Cleft palate, congenital or developmental disorder
- Anterior crossbite (2 or more teeth, in cases where gingival stripping from the crossbite is demonstrated and not correctable by limited orthodontic treatment)
- Unilateral posterior crossbite with deviation or bilateral posterior crossbite involving multiple teeth including at least one molar
- True Posterior open bite (not involving partially erupted teeth or one or two teeth slightly out of occlusion and not correctable by habit therapy)
- Impacted teeth (excluding 3rd molars) permanent anterior teeth only

Orthodontic retention  D8680

- Same as D8010 - D8090

Rebonding or recementation of fixed retainer  D8693

- Narrative of active ortho case

Occlusal guard  D9940

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

Occlusal adjustment – limited  D9951

- Adjustment not done on same date as restorative, prosthetic or endodontic treatment

Occlusal adjustment – complete  D9952

- Documentation describes medical necessity for complex case need (facebow, interocclusal records, tracings, diagnostic wax-up, etc.)

Unspecified procedures by report  D3999, D4999, D5899, D5999, D6999, D7999, D8999, D9999

- Procedure cannot be adequately described by an existing code
# West Virginia Medicaid Authorization Requirements and Benefit Details Grid

<table>
<thead>
<tr>
<th>Product Description</th>
<th>Code</th>
<th>Code Description</th>
<th>Auth Required</th>
<th>Req Docs</th>
<th>Age Min</th>
<th>Age Max</th>
<th>Max Count</th>
<th>Period Length</th>
<th>Period Type</th>
<th>Additional Details</th>
</tr>
</thead>
<tbody>
<tr>
<td>WV Medicaid Children MHT and WVHB</td>
<td>D0120</td>
<td>Periodic Oral Evaluation - Established Patient</td>
<td>No</td>
<td>N/A</td>
<td>0</td>
<td>20</td>
<td>2</td>
<td>1</td>
<td>YEAR</td>
<td>Not billable with D0140, D0145, D0150 or D9310</td>
</tr>
<tr>
<td>WV Medicaid Children MHT and WVHB</td>
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<td>Limited Oral Evaluation - Problem Focused</td>
<td>No</td>
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<tr>
<td>WV Medicaid Children MHT and WVHB</td>
<td>D0145</td>
<td>Oral evaluation, patient under three, counseling with primary caregiver</td>
<td>No</td>
<td>N/A</td>
<td>0</td>
<td>2</td>
<td>1</td>
<td>6</td>
<td>MONTHS</td>
<td>Age restriction up to 36 months. Not billable with D0120, D0140, D0150 or D9310</td>
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<tr>
<td>WV Medicaid Children MHT and WVHB</td>
<td>D0150</td>
<td>Comprehensive Oral Evaluation - New Or Established Patient</td>
<td>No</td>
<td>N/A</td>
<td>0</td>
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<td>1</td>
<td>1</td>
<td>YEAR</td>
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<tr>
<td>WV Medicaid Children MHT and WVHB</td>
<td>D0210</td>
<td>Intraoral - Complete Series (Including Bitewings)</td>
<td>No</td>
<td>N/A</td>
<td>0</td>
<td>20</td>
<td>1</td>
<td>2</td>
<td>YEAR</td>
<td>Not billable with D0220, D0230, D0240, D0250, D0260, D0270, D0272, D0273, D0274</td>
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<tr>
<td>WV Medicaid Children MHT and WVHB</td>
<td>D0220</td>
<td>Intraoral - Periapical First Film</td>
<td>No</td>
<td>N/A</td>
<td>0</td>
<td>20</td>
<td>1</td>
<td>1</td>
<td>DAY</td>
<td>Not billable with D0210 and D0240</td>
</tr>
<tr>
<td>WV Medicaid Children MHT and WVHB</td>
<td>D0230</td>
<td>Intraoral - Periapical Each Additional Film</td>
<td>No</td>
<td>N/A</td>
<td>0</td>
<td>20</td>
<td>8</td>
<td>3</td>
<td>MONTH</td>
<td>Not billable with D0210 and D0240. Must be billed with D0220</td>
</tr>
<tr>
<td>WV Medicaid Children MHT and WVHB</td>
<td>D0240</td>
<td>Intraoral - Occlusal Film</td>
<td>No</td>
<td>N/A</td>
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<td>2</td>
<td>1</td>
<td>YEAR</td>
<td>Not billable with D0210 and D0220, D0230</td>
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<tr>
<td>WV Medicaid Children MHT and WVHB</td>
<td>D0250</td>
<td>Extraoral - First Film</td>
<td>No</td>
<td>N/A</td>
<td>0</td>
<td>20</td>
<td>1</td>
<td>3</td>
<td>YEAR</td>
<td>Must be billed with D0250</td>
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<tr>
<td>WV Medicaid Children MHT and WVHB</td>
<td>D0260</td>
<td>Extraoral - Each Additional Film</td>
<td>No</td>
<td>N/A</td>
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<td>3</td>
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<tr>
<td>WV Medicaid Children MHT and WVHB</td>
<td>D0270</td>
<td>Bitewing - Single Film</td>
<td>No</td>
<td>N/A</td>
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<td>4</td>
<td>1</td>
<td>YEAR</td>
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<tr>
<td>WV Medicaid Children MHT and WVHB</td>
<td>D0272</td>
<td>Bitewings - Two Films</td>
<td>No</td>
<td>N/A</td>
<td>0</td>
<td>20</td>
<td>1</td>
<td>1</td>
<td>YEAR</td>
<td>Not billable with D0210, D0273, D0274</td>
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<tr>
<td>WV Medicaid Children MHT and WVHB</td>
<td>D0273</td>
<td>Bitewings - Three Films</td>
<td>No</td>
<td>N/A</td>
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<td>1</td>
<td>YEAR</td>
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<tr>
<td>WV Medicaid Children MHT and WVHB</td>
<td>D0274</td>
<td>Bitewings - Four Films</td>
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<td>1</td>
<td>YEAR</td>
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<tr>
<td>WV Medicaid Children MHT and WVHB</td>
<td>D0290</td>
<td>Posterior - Anterior Or Lateral Skull And Facial Bone Survey Film</td>
<td>No</td>
<td>N/A</td>
<td>0</td>
<td>20</td>
<td>2</td>
<td>1</td>
<td>YEAR</td>
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<td>D0310</td>
<td>Sialography</td>
<td>No</td>
<td>N/A</td>
<td>0</td>
<td>20</td>
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<tr>
<td>WV Medicaid Children MHT and WVHB</td>
<td>D0320</td>
<td>Temporomandibular Joint Arthrogram, Including Injection</td>
<td>No</td>
<td>N/A</td>
<td>0</td>
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<tr>
<td>WV Medicaid Children MHT and WVHB</td>
<td>D0321</td>
<td>Other Temporomandibular Joint Radiographic Images, By Report</td>
<td>Yes</td>
<td>Pre-Operative X-rays, narrative of medical necessity, and image type</td>
<td>0</td>
<td>20</td>
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<td>Requires PA with documentation to identify type of radiograph requested.</td>
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<tr>
<td>WV Medicaid Children MHT and WVHB</td>
<td>D0322</td>
<td>Panoramic Radiographic Image</td>
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 bonded composite, light-cured composite, etc., tooth preparation, acid etching, adhesives (included resin bonding agents), liners, bases, curing, glass ionomers and local anesthesia and may not be separately billed. Radiographs with documentation must be documented in the medical record for date of service.

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<td>5 surfaces per tooth number per 3 years. Tooth numbers 6-11, 22-27, C-H, M-R must be included on the claim form for payment consideration. Fees include bonded composite, light-cured composite, etc., tooth preparation, acid etching, adhesives (included resin bonding agents), liners, bases, curing, glass ionomers and local anesthesia and may not be separately billed. Radiographs with documentation must be documented in the medical record for date of service.</td>
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<td>5 surfaces per tooth number per 3 years. Tooth numbers 1-5, 12-21, 28-32, A, B, I, J, K, L, S, T, must be included on the claim form for payment consideration. Fees include bonded composite, light-cured composite, etc., tooth preparation, acid etching, adhesives (included resin bonding agents), liners, bases, curing, glass ionomers and local anesthesia and may not be separately billed. Radiographs with documentation must be documented in the medical record for date of service.</td>
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<td>5 surfaces per tooth number per 3 years. Tooth numbers 1-5, 12-21, 28-32, A, B, I, J, K, L, S, T, must be included on the claim form for payment consideration. Fees include bonded composite, light-cured composite, etc., tooth preparation, acid etching, adhesives (included resin bonding agents), liners, bases, curing, glass ionomers and local anesthesia and may not be separately billed. Radiographs with documentation must be documented in the medical record for date of service.</td>
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<td>5 surfaces per tooth number per 3 years. Tooth numbers 1-5, 12-21, 28-32, A, B, I, J, K, L, S, T, must be included on the claim form for payment consideration. Fees include bonded composite, light-cured composite, etc., tooth preparation, acid etching, adhesives (included resin bonding agents), liners, bases, curing, glass ionomers and local anesthesia and may not be separately billed. Radiographs with documentation must be documented in the medical record for date of service.</td>
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<td>1 per calendar year per tooth number Tooth numbers 1-32, A-T must be documented on claim form for payment consideration.</td>
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<td>1 per 3 years per tooth number Tooth numbers 1-32, A-T documented on claim form for payment consideration. Not reimbursable with D3310, D3320, or D3330. This is not to be construed as the first stage of root canal therapy. Not to be used for apexogenesis.</td>
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<td>Tooth numbers 4, 5, 12, 13, 20, 21, 28, 29 or C, H, Q, N must be documented on the claim form for payment consideration. Not reimbursed with D3220, D3310, or D3330. To be performed on primary or permanent teeth.</td>
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<td>1</td>
<td>LIFETIME PER TOOTH</td>
<td>Tooth numbers 6-11 and 22-27 must be documented on the claim form for payment consideration. Includes all diagnostic tests, radiographs, and post operative treatments and may not be billed separately.</td>
</tr>
<tr>
<td>WV Medicaid Children MHT and WVHB</td>
<td>D3347</td>
<td>No</td>
<td>N/A</td>
<td>0</td>
<td>20</td>
<td>1</td>
<td>1</td>
<td>LIFETIME PER TOOTH</td>
<td>Tooth numbers 4, 5, 12, 13, 20, 21, 28, and 29 must be documented on the claim form for payment consideration. Includes all diagnostic tests, radiographs, and post operative treatments and may not be billed separately.</td>
</tr>
<tr>
<td>WV Medicaid Children MHT and WVHB</td>
<td>D3348</td>
<td>No</td>
<td>N/A</td>
<td>0</td>
<td>20</td>
<td>1</td>
<td>1</td>
<td>LIFETIME PER TOOTH</td>
<td>Tooth numbers 1-3, 14-19, and 30-32 must be documented on the claim form for payment consideration. Includes all diagnostic tests, radiographs, and post operative treatments and may not be billed separately.</td>
</tr>
<tr>
<td>WV Medicaid Children MHT and WVHB</td>
<td>D3351</td>
<td>No</td>
<td>N/A</td>
<td>0</td>
<td>20</td>
<td>1</td>
<td>1</td>
<td>LIFETIME PER TOOTH</td>
<td>Tooth numbers 1-32 must be documented on the claim form for payment consideration. Fees include all diagnostic tests, evaluations, radiographs and post-operative treatment and may not be billed separately.</td>
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<tr>
<td>WV Medicaid Children MHT and WVHB</td>
<td>D3352</td>
<td>No</td>
<td>N/A</td>
<td>0</td>
<td>20</td>
<td>3</td>
<td>1</td>
<td>LIFETIME PER TOOTH</td>
<td>3 treatment per tooth number per lifetime. Tooth numbers 1-32 must be documented on claim form for payment consideration. Fees include all diagnostic tests, evaluations, radiographs and post-operative treatment and may not be billed separately.</td>
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<tr>
<td>Product Description</td>
<td>Code</td>
<td>Code Description</td>
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<td>Req Docs</td>
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<td>Age Max</td>
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<td>Period Type</td>
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<tr>
<td>WV Medicaid Children MHT and WVHB</td>
<td>D3353</td>
<td>Apexification / Recalcification / Pulpal Regeneration - Final Visit</td>
<td>No</td>
<td>N/A</td>
<td>0</td>
<td>20</td>
<td>1</td>
<td>1</td>
<td>LIFETIME PER TOOTH</td>
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<tr>
<td>WV Medicaid Children MHT and WVHB</td>
<td>D3410</td>
<td>Apicoectomy / Periradicular Surgery - Anterior</td>
<td>Yes</td>
<td>Pre-operative x-rays and narrative of medical necessity</td>
<td>0</td>
<td>20</td>
<td>1</td>
<td>1</td>
<td>LIFETIME PER TOOTH</td>
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<tr>
<td>WV Medicaid Children MHT and WVHB</td>
<td>D3421</td>
<td>Apicoectomy / Periradicular Surgery - Bicuspid (First Root)</td>
<td>Yes</td>
<td>Pre-operative x-rays and narrative of medical necessity</td>
<td>0</td>
<td>20</td>
<td>1</td>
<td>1</td>
<td>LIFETIME PER TOOTH</td>
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<tr>
<td>WV Medicaid Children MHT and WVHB</td>
<td>D3999</td>
<td>Unspecified endodontic procedure, by report</td>
<td>Yes</td>
<td>Pre-operative x-rays, description of procedure and narrative of medical necessity</td>
<td>0</td>
<td>20</td>
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<tr>
<td>WV Medicaid Children MHT and WVHB</td>
<td>D4210</td>
<td>Gingivectomy Or Gingivoplasty - Four Or More Contiguous Teeth</td>
<td>Yes</td>
<td>Pre-operative x-rays, perio-charting, narrative of medical necessity, photos are optional</td>
<td>0</td>
<td>20</td>
<td>1</td>
<td>1</td>
<td>1 QUAD PER YEAR</td>
</tr>
<tr>
<td>WV Medicaid Children MHT and WVHB</td>
<td>D4211</td>
<td>Gingivectomy Or Gingivoplasty - One To Three Contiguous Teeth</td>
<td>Yes</td>
<td>Pre-operative x-rays, perio-charting, narrative of medical necessity, photos are optional</td>
<td>0</td>
<td>20</td>
<td>1</td>
<td>1</td>
<td>1 QUAD PER YEAR</td>
</tr>
<tr>
<td>WV Medicaid Children MHT and WVHB</td>
<td>D4260</td>
<td>Osseous Surgery (Including Flap Entry And Closure) - Four Or More Teeth</td>
<td>Yes</td>
<td>Pre-operative x-rays, perio-charting, narrative of medical necessity, photos are optional</td>
<td>0</td>
<td>20</td>
<td>1</td>
<td>1</td>
<td>1 QUAD PER YEAR</td>
</tr>
<tr>
<td>WV Medicaid Children MHT and WVHB</td>
<td>D4261</td>
<td>Osseous Surgery (Including Flap Entry And Closure) - One To Three Teeth</td>
<td>Yes</td>
<td>Pre-operative x-rays, perio-charting, narrative of medical necessity, photos are optional</td>
<td>0</td>
<td>20</td>
<td>1</td>
<td>1</td>
<td>1 QUAD PER YEAR</td>
</tr>
</tbody>
</table>
## WV Medicaid Children’s Benefits
### COVERED DENTAL, ORTHODONTIC AND ORAL HEALTH SERVICES, MHT CHILDREN UP THROUGH AGE 20 YEARS AND WVHB MEMBERS AGES 19 THROUGH 20
### Children Oral Health Procedures/Codes

**PRIOR AUTHORIZATION MUST BE OBTAINED WHEN SERVICE LIMITS ARE EXCEEDED**

<table>
<thead>
<tr>
<th>Product Code</th>
<th>Code</th>
<th>Product Description</th>
<th>Author Required</th>
<th>Req Docs</th>
<th>Age Min</th>
<th>Age Max</th>
<th>Max Count</th>
<th>Period Length</th>
<th>Period Type</th>
<th>Additional Notes</th>
</tr>
</thead>
<tbody>
<tr>
<td>WV Medicaid Children MHT and WVHB</td>
<td>D4341</td>
<td>Periodontal Scaling And Root Planing - Four Or More Teeth Per Quadrant</td>
<td>Yes</td>
<td>Pre-operative x-rays and perio-charting</td>
<td>0</td>
<td>20</td>
<td>1</td>
<td>1</td>
<td>1 QUAD PER YEAR</td>
<td>Per quadrant: 10 (UR) 20 (UL) 30 (LL) 40 (LR) A minimum of four affected teeth in the quadrant. Not reimbursed with D4342.</td>
</tr>
<tr>
<td>WV Medicaid Children MHT and WVHB</td>
<td>D4342</td>
<td>Periodontal Scaling And Root Planing - One To Three Teeth Per Quadrant</td>
<td>Yes</td>
<td>Pre-operative x-rays and perio-charting</td>
<td>0</td>
<td>20</td>
<td>1</td>
<td>1</td>
<td>1 QUAD PER YEAR</td>
<td>Per quadrant: 10 (UR) 20 (UL) 30 (LL) 40 (LR) One to three affected teeth in the quadrant. Not reimbursed with D4341.</td>
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<tr>
<td>WV Medicaid Children MHT and WVHB</td>
<td>D4355</td>
<td>Full Mouth Debridement</td>
<td>Yes</td>
<td>Pre-operative x-rays and perio-charting</td>
<td>0</td>
<td>20</td>
<td>1</td>
<td>6</td>
<td>MONTH</td>
<td>Only covered when there is substantial gingival inflammation (gingivitis in all 4 quadrants).</td>
</tr>
<tr>
<td>WV Medicaid Children MHT and WVHB</td>
<td>D4999</td>
<td>Unspecified periodontal procedure, by report</td>
<td>Yes</td>
<td>Pre-operative x-rays, description of procedure and narrative of medical necessity</td>
<td>0</td>
<td>20</td>
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<td></td>
<td></td>
<td>This code should be used only if a more specific CDT code is not available</td>
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<tr>
<td>WV Medicaid Children MHT and WVHB</td>
<td>D5110</td>
<td>Complete Denture - Maxillary</td>
<td>Yes</td>
<td>Full mouth x-rays or Panorex</td>
<td>0</td>
<td>20</td>
<td>1</td>
<td>5</td>
<td>YEAR</td>
<td></td>
</tr>
<tr>
<td>WV Medicaid Children MHT and WVHB</td>
<td>D5120</td>
<td>Complete Denture – Mandibular</td>
<td>Yes</td>
<td>Full mouth x-rays or Panorex</td>
<td>0</td>
<td>20</td>
<td>1</td>
<td>5</td>
<td>YEAR</td>
<td></td>
</tr>
<tr>
<td>WV Medicaid Children MHT and WVHB</td>
<td>D5130</td>
<td>Immediate Denture – Maxillary</td>
<td>Yes</td>
<td>Full mouth x-rays or Panorex</td>
<td>0</td>
<td>20</td>
<td>1</td>
<td>5</td>
<td>YEAR</td>
<td></td>
</tr>
<tr>
<td>WV Medicaid Children MHT and WVHB</td>
<td>D5140</td>
<td>Immediate Denture – Mandibular</td>
<td>Yes</td>
<td>Full mouth x-rays or Panorex</td>
<td>0</td>
<td>20</td>
<td>1</td>
<td>5</td>
<td>YEAR</td>
<td></td>
</tr>
<tr>
<td>WV Medicaid Children MHT and WVHB</td>
<td>D5213</td>
<td>Maxillary Partial Denture - Cast Metal Framework With Resin Denture Bases</td>
<td>Yes</td>
<td>Full mouth x-rays or Panorex</td>
<td>0</td>
<td>20</td>
<td>1</td>
<td>5</td>
<td>YEAR</td>
<td>Partial and complete dentures may not be re-based or re-lined within a period of one (1) year after construction.</td>
</tr>
<tr>
<td>WV Medicaid Children MHT and WVHB</td>
<td>D5214</td>
<td>Mandibular Partial Denture - Cast Metal Framework With Resin Denture Bases</td>
<td>Yes</td>
<td>Full mouth x-rays or Panorex</td>
<td>0</td>
<td>20</td>
<td>1</td>
<td>5</td>
<td>YEAR</td>
<td>Partial and complete dentures may not be re-based or re-lined within a period of one (1) year after construction.</td>
</tr>
<tr>
<td>WV Medicaid Children MHT and WVHB</td>
<td>D5281</td>
<td>Removable Unilateral Partial Denture - One Piece Cast Metal</td>
<td>Yes</td>
<td>Full mouth x-rays or Panorex</td>
<td>0</td>
<td>20</td>
<td>1</td>
<td>5</td>
<td>YEAR</td>
<td>Partial and complete dentures may not be re-based or re-lined within a period of one (1) year after construction.</td>
</tr>
<tr>
<td>WV Medicaid Children MHT and WVHB</td>
<td>D5410</td>
<td>Adjust Complete Denture - Maxillary</td>
<td>No</td>
<td>N/A</td>
<td>0</td>
<td>20</td>
<td>3</td>
<td>1</td>
<td>YEAR</td>
<td>Adjustments not covered within 3 months of placement.</td>
</tr>
<tr>
<td>WV Medicaid Children MHT and WVHB</td>
<td>D5411</td>
<td>Adjust Complete Denture - Mandibular</td>
<td>No</td>
<td>N/A</td>
<td>0</td>
<td>20</td>
<td>3</td>
<td>1</td>
<td>YEAR</td>
<td>Adjustments not covered within 3 months of placement.</td>
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<tr>
<td>WV Medicaid Children MHT and WVHB</td>
<td>D5421</td>
<td>Adjust Partial Denture - Maxillary</td>
<td>No</td>
<td>N/A</td>
<td>0</td>
<td>20</td>
<td>3</td>
<td>1</td>
<td>YEAR</td>
<td>Adjustments not covered within 3 months of placement.</td>
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<tr>
<td>WV Medicaid Children MHT and WVHB</td>
<td>D5422</td>
<td>Adjust Partial Denture - Mandibular</td>
<td>No</td>
<td>N/A</td>
<td>0</td>
<td>20</td>
<td>3</td>
<td>1</td>
<td>YEAR</td>
<td>Adjustments not covered within 3 months of placement.</td>
</tr>
</tbody>
</table>
### WV Medicaid Children’s Benefits

**COVERED DENTAL, ORTHODONTIC AND ORAL HEALTH SERVICES, MHT CHILDREN UP THROUGH AGE 20 YEARS AND WVHB MEMBERS AGES 19 THROUGH 20**

**Children Oral Health Procedures/Codes**

**PRIOR AUTHORIZATION MUST BE OBTAINED WHEN SERVICE LIMITS ARE EXCEEDED**

<table>
<thead>
<tr>
<th>Product</th>
<th>Code</th>
<th>Code Description</th>
<th>AUTHORIZATION REQUIREMENTS</th>
<th>BENEFIT DETAILS</th>
<th>ADDITIONAL NOTES</th>
</tr>
</thead>
</table>
| WV Medicaid Children MHT and WVHB | D5510 | Repair Broken Complete Denture Base            | No, N/A                    | Age Min 0, Age Max 20 | 1 YEAR PER ARCH  
|         |       |                                                 |                             | Max Count 2, Period Length 1 | Area covered:  
|         |       |                                                 |                             |                             | 1 (UA)  
| WV Medicaid Children MHT and WVHB | D5520 | Replace Missing Or Broken Teeth - Complete Denture (Each Tooth) | No, N/A                    | Age Min 0, Age Max 20 | 1 YEAR PER TOOTH  
|         |       |                                                 |                             | Max Count 2, Period Length 1 | Teeth Covered:  
|         |       |                                                 |                             |                             | 1 - 32 must be documented on the claim form for payment consideration. |
| WV Medicaid Children MHT and WVHB | D5610 | Repair Resin Denture Base                      | No, N/A                    | Age Min 0, Age Max 20 | 1 YEAR PER ARCH  
|         |       |                                                 |                             | Max Count 2, Period Length 1 | Area covered:  
|         |       |                                                 |                             |                             | 01 (UA)  
|         |       |                                                 |                             |                             | 02 (LA) arch must be documented on the claim form for payment consideration. |
| WV Medicaid Children MHT and WVHB | D5620 | Repair Cast Framework                          | No, N/A                    | Age Min 0, Age Max 20 | 1 YEAR PER ARCH  
|         |       |                                                 |                             | Max Count 2, Period Length 1 | Area covered:  
|         |       |                                                 |                             |                             | 01 (UA)  
|         |       |                                                 |                             |                             | 02 (LA) arch must be documented on the claim form for payment consideration. |
| WV Medicaid Children MHT and WVHB | D5630 | Repair Or Replace Broken Clasp                 | No, N/A                    | Age Min 0, Age Max 20 | 1 YEAR  
|         |       |                                                 |                             | Max Count 2, Period Length 1 | Teeth Covered:  
|         |       |                                                 |                             |                             | 1 - 32 arch must be documented on the claim form for payment consideration. |
| WV Medicaid Children MHT and WVHB | D5640 | Replace Broken Teeth - Per Tooth               | No, N/A                    | Age Min 0, Age Max 20 | 1 YEAR  
|         |       |                                                 |                             | Max Count 2, Period Length 1 | Teeth Covered:  
|         |       |                                                 |                             |                             | 1 - 32 arch must be documented on the claim form for payment consideration. |
| WV Medicaid Children MHT and WVHB | D5650 | Add Tooth To Existing Partial Denture          | No, N/A                    | Age Min 0, Age Max 20 | 1 YEAR  
|         |       |                                                 |                             | Max Count 2, Period Length 1 | Teeth Covered:  
|         |       |                                                 |                             |                             | 1 - 32 arch must be documented on the claim form for payment consideration. |
| WV Medicaid Children MHT and WVHB | D5660 | Add Clasp To Existing Partial Denture          | No, N/A                    | Age Min 0, Age Max 20 | 1 YEAR  
|         |       |                                                 |                             | Max Count 2, Period Length 1 | Teeth Covered:  
|         |       |                                                 |                             |                             | 1 - 32 arch must be documented on the claim form for payment consideration. |
| WV Medicaid Children MHT and WVHB | D5710 | Rebase Complete Maxillary Denture              | No, N/A                    | Age Min 0, Age Max 20 | 1 YEAR  
|         |       |                                                 |                             | Max Count 1, Period Length 5 | Teeth Covered:  
|         |       |                                                 |                             |                             | 1 - 32 arch must be documented on the claim form for payment consideration. |
| WV Medicaid Children MHT and WVHB | D5711 | Rebase Complete Mandibular Denture             | No, N/A                    | Age Min 0, Age Max 20 | 1 YEAR  
|         |       |                                                 |                             | Max Count 1, Period Length 5 | Teeth Covered:  
|         |       |                                                 |                             |                             | 1 - 32 arch must be documented on the claim form for payment consideration. |
| WV Medicaid Children MHT and WVHB | D5720 | Rebase Maxillary Partial Denture               | No, N/A                    | Age Min 0, Age Max 20 | 1 YEAR  
|         |       |                                                 |                             | Max Count 1, Period Length 5 | Teeth Covered:  
|         |       |                                                 |                             |                             | 1 - 32 arch must be documented on the claim form for payment consideration. |
| WV Medicaid Children MHT and WVHB | D5721 | Rebase Mandibular Partial Denture              | No, N/A                    | Age Min 0, Age Max 20 | 1 YEAR  
|         |       |                                                 |                             | Max Count 1, Period Length 5 | Teeth Covered:  
|         |       |                                                 |                             |                             | 1 - 32 arch must be documented on the claim form for payment consideration. |
| WV Medicaid Children MHT and WVHB | D5730 | Reline Complete Maxillary Denture (Chairside)  | No, N/A                    | Age Min 0, Age Max 20 | 1 YEAR  
|         |       |                                                 |                             | Max Count 1, Period Length 2 | Not covered within 6 months of placement, unless it is for an immediate denture. |
| WV Medicaid Children MHT and WVHB | D5731 | Reline Complete Mandibular Denture (Chairside) | No, N/A                    | Age Min 0, Age Max 20 | 1 YEAR  
|         |       |                                                 |                             | Max Count 1, Period Length 2 | Not covered within 6 months of placement, unless it is for an immediate denture. |
| WV Medicaid Children MHT and WVHB | D5740 | Reline Maxillary Partial Denture (Chairside)   | No, N/A                    | Age Min 0, Age Max 20 | 1 YEAR  
|         |       |                                                 |                             | Max Count 1, Period Length 2 | Not covered within 6 months of placement. |
| WV Medicaid Children MHT and WVHB | D5741 | Reline Mandibular Partial Denture (Chairside)  | No, N/A                    | Age Min 0, Age Max 20 | 1 YEAR  
|         |       |                                                 |                             | Max Count 1, Period Length 2 | Not covered within 6 months of placement. |
| WV Medicaid Children MHT and WVHB | D5750 | Reline Complete Maxillary Denture (Laboratory) | No, N/A                    | Age Min 0, Age Max 20 | 1 YEAR  
|         |       |                                                 |                             | Max Count 1, Period Length 2 | Not covered within 6 months of placement. |
| WV Medicaid Children MHT and WVHB | D5751 | Reline Complete Mandibular Denture (Laboratory)| No, N/A                    | Age Min 0, Age Max 20 | 1 YEAR  
<p>|         |       |                                                 |                             | Max Count 1, Period Length 2 | Not covered within 6 months of placement. |</p>
<table>
<thead>
<tr>
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<th>Benefit Details</th>
<th>Additional Notes</th>
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<td>WV Medicaid Children MHT and WVHB</td>
<td>D5760</td>
<td>Reline Maxillary Partial Denture (Laboratory)</td>
<td>No</td>
<td>N/A</td>
<td>0 20 1 2 YEAR Not covered within 6 months of placement.</td>
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<tr>
<td>WV Medicaid Children MHT and WVHB</td>
<td>D5761</td>
<td>Reline Mandibular Partial Denture (Laboratory)</td>
<td>No</td>
<td>N/A</td>
<td>0 20 1 2 YEAR Not covered within 6 months of placement.</td>
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<tr>
<td>WV Medicaid Children MHT and WVHB</td>
<td>D5899</td>
<td>Unspecified removable prosthodontics procedure, by report</td>
<td>Yes</td>
<td>Pre-operative x-rays description of procedure and narrative of medical necessity</td>
<td>0 20 Procedure must be documented on the claim form</td>
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<tr>
<td>WV Medicaid Children MHT and WVHB</td>
<td>D5911</td>
<td>Facial Moulage (Sectional)</td>
<td>Yes</td>
<td>Narrative of medical necessity, x-rays, as appropriate, oral surg/prosthocert</td>
<td>0 20</td>
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<tr>
<td>WV Medicaid Children MHT and WVHB</td>
<td>D5912</td>
<td>Facial Moulage (Complete)</td>
<td>Yes</td>
<td>Narrative of medical necessity, x-rays, as appropriate, oral surg/prosthocert</td>
<td>0 20</td>
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<tr>
<td>WV Medicaid Children MHT and WVHB</td>
<td>D5913</td>
<td>Nasal Prosthesis</td>
<td>Yes</td>
<td>Narrative of medical necessity, x-rays, as appropriate, oral surg/prosthocert</td>
<td>0 20</td>
</tr>
<tr>
<td>WV Medicaid Children MHT and WVHB</td>
<td>D5914</td>
<td>Auricular Prosthesis</td>
<td>Yes</td>
<td>Narrative of medical necessity, x-rays, as appropriate, oral surg/prosthocert</td>
<td>0 20 1 5 YEAR</td>
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<tr>
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<td>D5915</td>
<td>Orbital Prosthesis</td>
<td>Yes</td>
<td>Narrative of medical necessity, x-rays, as appropriate, oral surg/prosthocert</td>
<td>0 20</td>
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<tr>
<td>WV Medicaid Children MHT and WVHB</td>
<td>D5916</td>
<td>Ocular Prosthesis</td>
<td>Yes</td>
<td>Narrative of medical necessity, x-rays, as appropriate, oral surg/prosthocert</td>
<td>0 20</td>
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<tr>
<td>WV Medicaid Children MHT and WVHB</td>
<td>D5919</td>
<td>Facial Prosthesis</td>
<td>Yes</td>
<td>Narrative of medical necessity, x-rays, as appropriate, oral surg/prosthocert</td>
<td>0 20</td>
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<tr>
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<td>D5924</td>
<td>Cranial Prosthesis</td>
<td>Yes</td>
<td>Narrative of medical necessity, x-rays, as appropriate, oral surg/prosthocert</td>
<td>0 20</td>
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<td>WV Medicaid Children MHT and WVHB</td>
<td>D5925</td>
<td>Facial Augmentation Implant Prosthesis</td>
<td>Yes</td>
<td>Narrative of medical necessity, x-rays, as appropriate, oral surg/prosthocert</td>
<td>0 20</td>
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<tr>
<td>WV Medicaid Children MHT and WVHB</td>
<td>D5931</td>
<td>Obturator Prosthesis, Surgical</td>
<td>Yes</td>
<td>Narrative of medical necessity, x-rays, as appropriate, oral surg/prosthocert</td>
<td>0 20</td>
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<tr>
<td>WV Medicaid Children MHT and WVHB</td>
<td>D5932</td>
<td>Obturator Prosthesis, Definitive</td>
<td>Yes</td>
<td>Narrative of medical necessity, x-rays, as appropriate, oral surg/prosthocert</td>
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<tr>
<td>WV Medicaid Children MHT and WVHB</td>
<td>D5933</td>
<td>Obturator Prosthesis, Modification</td>
<td>Yes</td>
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<td>Mandibular Resection Prosthesis With Guide Flange</td>
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<td>Mandibular Resection Prosthesis Without Guide Flange</td>
<td>Yes</td>
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<td>Trismus Appliance (Not For Tmd Treatment)</td>
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<td>Feeding Aid</td>
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<td>Speech Aid Prosthesis, Pediatric</td>
<td>Yes</td>
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<td>Palatal Augmentation Prosthesis</td>
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<td>Palatal Lift Prosthesis, Definitive</td>
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<td>Narrative of medical necessity, x-rays, as appropriate, oral surg/prosth cert</td>
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<td>Surgical Stent</td>
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<td>Radiation Carrier</td>
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<td>Radiation Cone Locator</td>
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<td>Fluoride Gel Carrier</td>
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<td>Commissure Splint</td>
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<td>WV Medicaid Children MHT and WVHB</td>
<td>D5999</td>
<td>Unspecified maxillofacial prosthesis, by report</td>
<td>Yes</td>
<td>Pre-operative x-rays, description of procedure and narrative of medical necessity</td>
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<td>WV Medicaid Children MHT and WVHB</td>
<td>D6211</td>
<td>Pontic - Cast Predominantly Base Metal</td>
<td>Yes</td>
<td>Pre-operative x-rays of adjacent and opposing teeth</td>
<td>0 - 20 - 1 - 5 YEAR</td>
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<td>D6241</td>
<td>Pontic - Porcelain Fused To Predominantly Base Metal</td>
<td>Yes</td>
<td>Pre-operative x-rays of adjacent and opposing teeth</td>
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<td>Retainer - Cast Metal For Resin Bonded Fixed Prosthesis</td>
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<td>Pre-operative x-rays of adjacent and opposing teeth</td>
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<td>WV Medicaid Children MHT and WVHB</td>
<td>D6930</td>
<td>Recement Fixed Partial Denture</td>
<td>No</td>
<td>N/A</td>
<td>0 - 20 - 1 - 1 YEAR</td>
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## WV Medicaid Children’s Benefits

**COVERED DENTAL, ORTHODONTIC AND ORAL HEALTH SERVICES, MHT CHILDREN UP THROUGH AGE 20 YEARS AND WVHB MEMBERS AGES 19 THROUGH 20**

**Children Oral Health Procedures/Codes**

**PRIOR AUTHORIZATION MUST BE OBTAINED WHEN SERVICE LIMITS ARE EXCEEDED**

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<tr>
<th>Product</th>
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<th>Additional Notes</th>
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<tbody>
<tr>
<td>WV Medicaid Children MHT and WVHB</td>
<td>D6999</td>
<td>Unspecified, fixed prosthodontic procedures, by report</td>
<td>Yes</td>
<td>Pre-operative x-rays, description of procedure and narrative of medical necessity</td>
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<td>WV Medicaid Children MHT and WVHB</td>
<td>D7140</td>
<td>Extraction, Erupted Tooth Or Exposed Root</td>
<td>No</td>
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<td>LIFETIME PER TOOTH Teeth Covered: 1-32 A-T Removal of asymptotic tooth not covered, must be documented on the claim form for payment consideration.</td>
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<tr>
<td>WV Medicaid Children MHT and WVHB</td>
<td>D7210</td>
<td>Surgical Removal Or Erupted Tooth</td>
<td>No</td>
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<td>LIFETIME PER TOOTH Teeth Covered: 1-32 A-T Removal of asymptotic tooth not covered, must be documented on the claim form for payment consideration.</td>
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<tr>
<td>WV Medicaid Children MHT and WVHB</td>
<td>D7220</td>
<td>Removal Of Impacted Tooth - Soft Tissue</td>
<td>No</td>
<td>N/A</td>
<td>LIFETIME PER TOOTH Teeth Covered: 1-32 A-T Removal of asymptotic tooth not covered, must be documented on the claim form for payment consideration.</td>
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<tr>
<td>WV Medicaid Children MHT and WVHB</td>
<td>D7230</td>
<td>Removal Of Impacted Tooth - Partially Bony</td>
<td>No</td>
<td>N/A</td>
<td>LIFETIME PER TOOTH Teeth Covered: 1-32 A-T Removal of asymptotic tooth not covered, must be documented on the claim form for payment consideration.</td>
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<tr>
<td>WV Medicaid Children MHT and WVHB</td>
<td>D7240</td>
<td>Removal Of Impacted Tooth - Completely Bony</td>
<td>No</td>
<td>N/A</td>
<td>LIFETIME PER TOOTH Teeth Covered: 1-32 A-T Removal of asymptotic tooth not covered, must be documented on the claim form for payment consideration.</td>
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<tr>
<td>WV Medicaid Children MHT and WVHB</td>
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<td>Oroantral Fistula Closure</td>
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<tr>
<td>WV Medicaid Children MHT and WVHB</td>
<td>D7270</td>
<td>Reimplantation And/Or Stabilization Of Accidentally Evulsed / Displaced Tooth</td>
<td>No</td>
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<tr>
<td>WV Medicaid Children MHT and WVHB</td>
<td>D7280</td>
<td>Surgical Access Of An Unerupted Tooth</td>
<td>No</td>
<td>N/A</td>
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### WV Medicaid Children’s Benefits

**COVERED DENTAL, ORTHODONTIC AND ORAL HEALTH SERVICES, MHT CHILDREN UP THROUGH AGE 20 YEARS AND WVHB MEMBERS AGES 19 THROUGH 20**

Children Oral Health Procedures/ Codes

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<tr>
<td>WV Medicaid Children MHT and WVHB</td>
<td>D7283</td>
<td>Placement Of Device To Facilitate Eruption Of Impacted Tooth</td>
<td>No</td>
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<tr>
<td>WV Medicaid Children MHT and WVHB</td>
<td>D7285</td>
<td>Biopsy Of Oral Tissue - Hard (Bone, Tooth)</td>
<td>No</td>
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<tr>
<td>WV Medicaid Children MHT and WVHB</td>
<td>D7286</td>
<td>Biopsy Of Oral Tissue - Soft</td>
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<td>WV Medicaid Children MHT and WVHB</td>
<td>D7310</td>
<td>Alveoloplasty In Conjunction With Extractions - Four Or More Teeth</td>
<td>No</td>
<td>N/A</td>
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<tr>
<td>WV Medicaid Children MHT and WVHB</td>
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<td>Alveoloplasty Not In Conjunction With Extractions - Four Or More Teeth</td>
<td>No</td>
<td>N/A</td>
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<tr>
<td>WV Medicaid Children MHT and WVHB</td>
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<td>Vestibuloplasty - Ridge Extension (Secondary Epithelialization)</td>
<td>Yes</td>
<td>Narrative of medical necessity and x-rays as appropriate</td>
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<td>WV Medicaid Children MHT and WVHB</td>
<td>D7350</td>
<td>Vestibuloplasty - Ridge Extension (Including Soft Tissue Grafts)</td>
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<td>WV Medicaid Children MHT and WVHB</td>
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<td>Excision Of Benign Lesion Up To 1.25 Cm</td>
<td>No</td>
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<td>WV Medicaid Children MHT and WVHB</td>
<td>D7411</td>
<td>Excision Of Benign Lesion Greater Than 1.25 Cm</td>
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<td>WV Medicaid Children MHT and WVHB</td>
<td>D7440</td>
<td>Excision Of Malignant Tumor - Lesion Diameter Up To 1.25 Cm</td>
<td>No</td>
<td>N/A</td>
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<tr>
<td>WV Medicaid Children MHT and WVHB</td>
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<td>Excision Of Malignant Tumor - Lesion Diameter Greater Than 1.25 Cm</td>
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<td>Removal Of Benign Odontogenic Cyst Or Tumor - Dia Up To 1.25 Cm</td>
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<td>Removal Of Benign Nonodontogenic Cyst Or Tumor - Dia Up To 1.25 Cm</td>
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<td>WV Medicaid Children MHT and WVHB</td>
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<td>Removal Of Lateral Exostosis (Maxilla Or Mandible)</td>
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<td>Removal Of Torus Palatinus</td>
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<td>Incision And Drainage Of Abscess - Intraoral Soft Tissue</td>
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<td>Removal Of Foreign Body From Mucosa</td>
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<td>Partial Osteotomy/Sequestrectomy For Removal Of Non-Vital Bone</td>
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<td>Maxillary Sinusotomy For Removal Of Tooth Fragment Or Foreign Body</td>
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<td>Maxilla - Open Reduction (Teeth Immobilized, If Present)</td>
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<td>Malar And/or Zygomatic Arch - Open Reduction</td>
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<td>Alveolus - Open Reduction Stabilization Of Teeth</td>
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<td>WV Medicaid Children MHT and WVHB</td>
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<td>Open Reduction Of Dislocation</td>
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<td>WV Medicaid Children MHT and WVHB</td>
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<td>Closed Reduction Of Dislocation</td>
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<td>Manipulation Under Anesthesia</td>
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<td>WV Medicaid Children MHT and WVHB</td>
<td>D7850</td>
<td>Surgical Discotomy, With/Without Implant</td>
<td>Yes</td>
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<td>Disc Repair</td>
<td>Yes</td>
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<td>Arthroplasty</td>
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<td>D7870</td>
<td>Arthrocentesis</td>
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<td>x-rays as appropriate, narrative of medical necessity</td>
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## WV Medicaid Children’s Benefits

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<tr>
<td>WV Medicaid Children MHT and WVHB</td>
<td>D7872</td>
<td>Arthroscopy - Diagnosis, With Or Without Biopsy</td>
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<td>WV Medicaid Children MHT and WVHB</td>
<td>D7873</td>
<td>Arthroscopy - Surgical: Lavage And Lysis Of Adhesions</td>
<td>Yes</td>
<td>x-rays as appropriate, narrative of medical necessity</td>
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<td>WV Medicaid Children MHT and WVHB</td>
<td>D7874</td>
<td>Arthroscopy - Surgical: Disc Repositioning And Stabilization</td>
<td>Yes</td>
<td>x-rays as appropriate, narrative of medical necessity</td>
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<td>WV Medicaid Children MHT and WVHB</td>
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<td>Arthroscopy - Surgical: Discectomy</td>
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<td>Arthroscopy - Surgical: Debridement</td>
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<td>WV Medicaid Children MHT and WVHB</td>
<td>D7880</td>
<td>Occlusal Orthotic Device, By Report</td>
<td>Yes</td>
<td>x-rays as appropriate, narrative of medical necessity</td>
<td>Age Min: 0</td>
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<td>WV Medicaid Children MHT and WVHB</td>
<td>D7910</td>
<td>Suture Of Recent Small Wounds Up To 5 Cm</td>
<td>No</td>
<td>N/A</td>
<td>Age Min: 0</td>
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<td>D7911</td>
<td>Complicated Suture - Up To 5 Cm</td>
<td>No</td>
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<td>WV Medicaid Children MHT and WVHB</td>
<td>D7912</td>
<td>Complicated Suture - Greater Than 5 Cm</td>
<td>No</td>
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<td>WV Medicaid Children MHT and WVHB</td>
<td>D7920</td>
<td>Skin Graft (Identify Defect Covered, Location And Type Of Graft)</td>
<td>Yes</td>
<td>x-rays as appropriate, narrative of medical necessity</td>
<td>Age Min: 0</td>
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<td>WV Medicaid Children MHT and WVHB</td>
<td>D7941</td>
<td>Osteotomy - Mandibular Ramus</td>
<td>Yes</td>
<td>x-rays as appropriate, narrative of medical necessity</td>
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<td>WV Medicaid Children MHT and WVHB</td>
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<td>Osteotomy - Mandibular Ramus With Bone Graft: Includes Obtaining The Graft</td>
<td>Yes</td>
<td>x-rays as appropriate, narrative of medical necessity</td>
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<td>WV Medicaid Children MHT and WVHB</td>
<td>D7944</td>
<td>Osteotomy - Segmented Or Subapical</td>
<td>Yes</td>
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<td>D7946</td>
<td>Lefort I - (Maxilla - Total)</td>
<td>Yes</td>
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<td>D7947</td>
<td>Lefort I - (Maxilla - Segmented)</td>
<td>Yes</td>
<td>x-rays as appropriate, narrative of medical necessity</td>
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<td>WV Medicaid Children MHT and WVHB</td>
<td>D7948</td>
<td>Lefort II Or Lefort III (Osteoplasty Of Facial Bones) - Without Bone Graft</td>
<td>Yes</td>
<td>x-rays as appropriate, narrative of medical necessity</td>
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<td>D7949</td>
<td>Lefort II Or Lefort III - With Bone Graft</td>
<td>Yes</td>
<td>x-rays as appropriate, narrative of medical necessity</td>
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## WV Medicaid Children’s Benefits

**COVERED DENTAL, ORTHODONTIC AND ORAL HEALTH SERVICES, MHT CHILDREN UP THROUGH AGE 20 YEARS AND WVHB MEMBERS AGES 19 THROUGH 20**

Children Oral Health Procedures/Codes

**PRIOR AUTHORIZATION MUST BE OBTAINED WHEN SERVICE LIMITS ARE EXCEEDED**

<table>
<thead>
<tr>
<th>Product</th>
<th>Code</th>
<th>Code Description</th>
<th>Authorization Requirements</th>
<th>Benefit Details</th>
<th>Additional Notes</th>
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<tbody>
<tr>
<td>WV Medicaid Children MHT and WVHB</td>
<td>D7950</td>
<td>Osseous, Osteoperiosteal, Or Cartilage Graft Of The Mandible Or Maxilla</td>
<td>Yes x-rays as appropriate, narrative of medical necessity</td>
<td>0 20</td>
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<td>WV Medicaid Children MHT and WVHB</td>
<td>D7955</td>
<td>Repair Of Maxillofacial Soft And/OR Hard Tissue Defect</td>
<td>Yes x-rays as appropriate, narrative of medical necessity</td>
<td>0 20</td>
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<td>WV Medicaid Children MHT and WVHB</td>
<td>D7960</td>
<td>Frenulectomy - Also Known As Frenectomy Or Frenotomy - Separate Procedure</td>
<td>Yes x-rays as appropriate, narrative of medical necessity</td>
<td>0 20 2 1 Persite Per Lifetime</td>
<td>Area Covered: 01 (UA) 02 (LA) must be documented on the claim form for payment consideration. Must be billed with the number codes</td>
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<td>WV Medicaid Children MHT and WVHB</td>
<td>D7970</td>
<td>Excision Of Hyperplastic Tissue - Per Arch</td>
<td>Yes x-rays as appropriate, narrative of medical necessity</td>
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<td>WV Medicaid Children MHT and WVHB</td>
<td>D7980</td>
<td>Sialolithotomy</td>
<td>Yes x-rays as appropriate, narrative of medical necessity</td>
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<td>WV Medicaid Children MHT and WVHB</td>
<td>D7981</td>
<td>Excision Of Salivary Gland, By Report</td>
<td>Yes x-rays as appropriate, narrative of medical necessity</td>
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<td>WV Medicaid Children MHT and WVHB</td>
<td>D7982</td>
<td>Sialodochoplasty</td>
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<td>D7991</td>
<td>Coronoidectomy</td>
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<td>WV Medicaid Children MHT and WVHB</td>
<td>D7999</td>
<td>Unspecified oral surgery procedure, by report</td>
<td>Yes Pre-operative x-rays, description of procedure and narrative of medical necessity</td>
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<td>WV Medicaid Children MHT and WVHB</td>
<td>D8010</td>
<td>Limited Orthodontic Treatment Of The Primary Dentition</td>
<td>Yes Panoramic or FxM x-rays, Ceph x-ray, 6 diagnostic quality photos, treatment plan, Wv Ortho Form</td>
<td>0 20 2 1 Year</td>
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<td>WV Medicaid Children MHT and WVHB</td>
<td>D8020</td>
<td>Limited Orthodontic Treatment Of The Transitional Dentition</td>
<td>Yes Panoramic or FxM x-rays, Ceph x-ray, 6 diagnostic quality photos, treatment plan, Wv Ortho Form</td>
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<td>WV Medicaid Children MHT and WVHB</td>
<td>D8030</td>
<td>Limited Orthodontic Treatment Of The Adolescent Dentition</td>
<td>Yes Panoramic or FxM x-rays, Ceph x-ray, 6 diagnostic quality photos, treatment plan, Wv Ortho Form</td>
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<td>WV Medicaid Children MHT and WVHB</td>
<td>D8040</td>
<td>Limited Orthodontic Treatment Of The Adult Dentition</td>
<td>Yes Panoramic or FxM x-rays, Ceph x-ray, 6 diagnostic quality photos, treatment plan, Wv Ortho Form</td>
<td>0 20 2 1 Year</td>
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<td>WV Medicaid Children MHT and WVHB</td>
<td>D8050</td>
<td>Interceptive Orthodontic Treatment Of The Primary Dentition</td>
<td>Yes</td>
<td>Panoramic or FMX x-rays, Ceph x-ray, 6 diagnostic quality photos, treatment plan, WV Ortho Form</td>
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<td>Interceptive Orthodontic Treatment Of The Transitional Dentition</td>
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<td>WV Medicaid Children MHT and WVHB</td>
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<td>Comprehensive Orthodontic Treatment Of The Transitional Dentition</td>
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<td>Comprehensive Orthodontic Treatment Of The Adolescent Dentition</td>
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<td>Comprehensive Orthodontic Treatment Of The Adult Dentition</td>
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<td>WV Medicaid Children MHT and WVHB</td>
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<td>Removable Appliance Therapy</td>
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<td>Fixed Appliance Therapy</td>
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<td>WV Medicaid Children MHT and WVHB</td>
<td>D8680</td>
<td>Orthodontic Retention (Removal Of Appliances, Place Retainers)</td>
<td>Yes</td>
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<td>WV Medicaid Children MHT and WVHB</td>
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<td>Replacement Of Lost Or Broken Retainer</td>
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<td>WV Medicaid Children MHT and WVHB</td>
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<td>Rebonding or Recementing of fixed retainer</td>
<td>Yes</td>
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<td>WV Medicaid Children MHT and WVHB</td>
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<td>Deep Sedation/General Anesthesia - First 30 Minutes</td>
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<td>WV Medicaid Children MHT and WVHB</td>
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<td>Deep Sedation/General Anesthesia - Each Additional 15 Minutes</td>
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<td>Intravenous Conscious Sedation/Analgesia - Each Additional 15 Minutes</td>
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<td>WV Medicaid Children MHT and WVHB</td>
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<td>Consultation - Diagnostic Service Provided By Dentist Or Physician</td>
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<td>WV Medicaid Children MHT</td>
<td>D9420</td>
<td>Hospital Or Ambulatory Surgical Center Call</td>
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<td>Occlusal Guard, By Report</td>
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<td>D9951</td>
<td>Occlusal Adjustment - Limited</td>
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