



# Delta Dental of Minnesota 2022 MHCP Non-Pregnant Adult Benefits

Including supplemental benefits and exceptions as decided by individual health plan:

Secure Blue (HMO SNP) - Blue Plus MSHO

Medica MSHO and ISNBC

South Country Health Alliance (SCHA)

UCare SNBC + Medicare and MSHO



## 2022 MHCP Non-Pregnant Adult Benefits

### LIMITED NON-PREGNANT ADULT (21+ Medical Assistance/19+ MNCare) DENTAL BENEFIT SET (Services covered in a clinical setting)

General Dental Category	Service	Limitation per Minnesota Statute or DHS Guidelines	Codes	Notes
Diagnostic	Periodic exam	1 per year	D0120	<p><b>Only the procedure codes listed on this grid are covered for non-pregnant adults (21+ for Medical Assistance and 19+ for MinnesotaCare). Any other procedure code will be denied as not a covered service. There are NO exceptions for medical necessity to these procedure codes.</b></p> <p><b>**MNCare Non-Pregnant Adults 21+ may be subject to a \$15 copay per visit.</b></p>
	Limited exam	*cannot be performed on same date of service as D0120, D0150, D1110	D0140	
	Comprehensive exam	1 every 5 years	D0150	
	Bitewing x-rays	1 of these codes per calendar year	D0270, D0272, D0273, D0274, D0277	
	Periapical x-rays	4 per day	D0220, D0230	
	Panoramic x-ray	1 every 5 years except: (1) when medically necessary for the diagnosis and follow-up of oral and maxillofacial pathology and trauma or (2) once every two years for patients who cannot cooperate for intraoral film due to a developmental disability or medical condition that does not allow for intra-oral film placement.	D0330	
Preventive	Prophylaxis	<b>Legal rule:</b> 1 per year, up to 3 additional per year depending on treatment plan and medical necessity. <b>System rule:</b> Our Health Plan partners made an administrative decision to pay for the first 2 prophylaxes per calendar year. The 3rd and 4th will need to be reviewed for medical necessity.	D1110	
	Fluoride Varnish	1 per year *Per DHS: Cannot be performed on the same day as D9910	D1206	
	Interim Caries Arresting Medication	Cannot be done same day as D1206, D1208 or D9910	D1354	
Restorative	Posterior restorations (amalgam or composite)	All posterior fillings will be reimbursed at the same rate dependent on the number of surfaces filled.	<b>amalgam:</b> D2140, D2150, D2160, D2161 <b>composite:</b> D2391, D2392, D2393, D2394	
	Anterior composites		D2330, D2331, D2332, D2335	
	Sedative Fillings	Allowed only for the relief of pain. Not allowed on the same date of service as a D9110.	D2940	
Endodontics	Anterior and premolars only	Once per tooth per lifetime.	D3310, D3320, D3911	
Periodontics	Intra/Extra-coronal splint	1 per year.	D4322, D4323	<p><b>Please contact Customer Service for clarification as necessary.</b></p>
	Scaling & Root Planing	1 every 2 years. Can be done in an office setting - member needs to have pocket depth of 4 mm or greater and documented bone loss visible on x-rays.	D4341, D4342	
	Gross Debridement	1 every 5 years *Per DHS and ADA: Cannot be performed on same date as D1110, D0150, D0160 or D0180	D4355	
	Periodontal Maintenance	4 visits per year following scaling and root planing.	D4910	
Prosthodontics	Dentures or partials	1 removable appliance per arch every 6 years. Lost, stolen, or damaged and unrepairable appliances will be replaced only if replacement is needed due to circumstances beyond the member's control. Recommend pre-treatment estimate to ensure the replacement will be covered.	D5110, D5120, D5130, D5140, D5211, D5212, D5213, D5214, D5221, D5222, D5223, D5224, D5225, D5226, D5820, D5821	

## 2022 MHCP Non-Pregnant Adult Benefits

### LIMITED NON-PREGNANT ADULT (21+ Medical Assistance/19+ MNCare) DENTAL BENEFIT SET (Services covered in a clinical setting)

General Dental Category	Service	Limitation per Minnesota Statute or DHS Guidelines	Codes	Notes
Prosthodontics	Denture adjustments, rebase, and relines	*Adjustments are considered an inclusive part of treatment within the first 6 months of prosthetic delivery	D5410, D5411, D5421, D5422, D5511, D5512, D5520, D5611, D5612, D5621, D5622, D5630, D5640, D5650, D5660, D5670, D5671, D5710, D5711, D5720, D5721, D5730, D5731, D5740, D5741, D5750, D5751, D5760, D5761	
	Other Removable Prosthetic Service	Tissue conditioning - limited to once per denture unit.	D5850, D5851	
	Other Removable Prosthetic Service	These codes always require pre-treatment estimate to determine coverage.	D5862, D5867, D5899	
Oral Surgery	Extractions, Biopsies, and Incise & Drain	For all surgical extractions of impacted third molars - the tooth must be symptomatic or show evidence of pathology to be covered.	D7111, D7140, D7210, D7220, D7230, D7240, D7241, D7250, D7285, D7286, D7510, D7511, D7520, D7521	
Orthodontics	NONE		No coverage	
Adjunctive Services	Palliative Treatment	Not allowed on the same date of services as a D2940.	D9110	
	Oral and IV Sedation	If the covered dental service cannot be performed safely without it or would otherwise require the service to be performed under general anesthesia in a hospital or surgical center. Dentists must be certified by the Minnesota Board of Dentistry to administer conscious sedation.	D9239, D9243, D9248	
	House/Extended Care Facility Call	For onsite delivery of a <b>covered</b> non-pregnant adult service. Needs to be submitted with other service codes that are covered benefits to be allowed. In addition, this code will be covered, up to 5 times per calendar year, with procedure code D5992 which is a non-covered service.	D9410	
	Behavioral Management	When additional staff time is required to accommodate behavioral challenges and sedation is not used. A narrative is required on the claim form stating why necessary.	D9920	

### These services must be performed in an outpatient hospital setting or a freestanding ambulatory surgical center

General Dental Category	Service	Limitation per Minnesota Statute or DHS Guidelines	Codes	Notes
Diagnostic	Full Mouth Survey (X-rays)	1 every 5 years	D0210	
Adjunctive General Services	General Anesthesia	When done in an outpatient setting, this code is submitted to medical for payment.	D9222, D9223	These procedure codes must be performed in an outpatient hospital or freestanding ASC. You must indicate the place of service code on the claims and the medical insurance must be billed for a facility fee on the same date of service.

## 2022 MHCP Non-Pregnant Adult Benefits

### Supplemental benefits as decided by individual health plan

General Dental Category	Service	Limitation	Codes	Notes
<b>Secure Blue (HMO SNP) - Blue Plus MSHO exceptions</b>				
Preventive	Dental Exam	1 additional per calendar year	D0120	<b>Secure Blue - MSHO (Blue Plus)</b>
Diagnostic	Full Mouth X-Ray	1 per 5 years	D0210	
Restorative	Dental Crown	1 per year	D2740, D2750	
Endodontics	Root Canal - Molar	1 per tooth per lifetime	D3330	
	Root Canal Re-Treat	1 re-treat per tooth per lifetime	D3346, D3347, D3348	
<b>Medica MSHO and ISNBC exceptions</b>				
Preventive	Dental Exam	1 additional per calendar year	D0120	<b>Medica MSHO</b>
Diagnostic	Full Mouth X-Ray	1 every five years	D0210	
Restorative	Crown	2 per year	D2740, D2750	
Endodontics	Molar Root Canal	Once per tooth per lifetime	D3330	
	Molar Root Canal Re-Treat	Once per tooth per lifetime	D3348	
Preventive	Dental Exam	1 additional per calendar year	D0120	<b>Medica ISNBC</b>
Diagnostic	Full Mouth X-Ray	1 every five years	D0210	
Restorative	Crown	1 per year	D2740, D2750	
Endodontics	Molar Root Canal	Once per tooth per lifetime	D3330	
	Molar Root Canal Re-Treat	Once per tooth per lifetime	D3348	
<b>South Country Health Alliance (SCHA) exceptions</b>				
Preventive	Dental Exam	1 additional per calendar year	D0120	<b>SCHA non-pregnant adults</b>
	Fluoride	1 additional per calendar year	D1206	

## 2022 MHCP Non-Pregnant Adult Benefits

### Supplemental benefits as decided by individual health plan

General Dental Category	Service	Limitation	Codes	Notes	
<b>UCare exceptions</b>					
Preventive	Periodic exam and/or Comprehensive exam	2 per calendar year	D0120 or D0150	UCare non-pregnant adults	
Preventive	Dental Exam	1 additional per calendar year	D0120 or D0150		
	Topical fluoride varnish	1 per calendar year	D1206		
Diagnostic	Full Mouth X-Ray	1 per five years	D0210	UCare MSHO	
	Panoramic film	1 per calendar year	D0330		
Restorative	Crown	2 per calendar year	D2740, D2750		
Endodontics	Molar Root Canal	Once per tooth per lifetime	D3330		
	Root Canal Re-Treat	Once per tooth per lifetime	D3346, D3347, D3348		
Periodontics	Full mouth debridement	1 per year	D4355		
	Tissue Conditioning	1 additional per calendar year per arch	D5850, D5851		
Preventive	Dental Exam	1 additional per calendar year	D0120 or D0150		UCare Connect + Medicare
	Topical fluoride varnish	1 per calendar year	D1206		
Diagnostic	Full Mouth X-Ray	1 per five years	D0210		
	Panoramic film	1 per calendar year	D0330		
Restorative	Crown	1 per calendar year	D2740, D2750		
Endodontics	Molar Root Canal	Once per tooth per lifetime	D3330		
	Root Canal Re-Treat	Once per tooth per lifetime	D3346, D3347, D3348		
Periodontics	Full mouth debridement	1 per year	D4355		
Adjunctive General Services	Nitrous Oxide	2 per calendar year	D9230		