



December 11, 2018

Re: UPDATE Restorations – Standard of Care – Effective 02/01/19 (Tx Medicaid, CHIP and Superior STAR Health)

Dear Dentists,

DentaQuest communicated information on October 29, 2018 regarding the standard of care review that will be effective February 1, 2019 for restorations repeated within 36 months. As a follow-up, DentaQuest would like to provide the process steps that providers must take to ensure services are reviewed and considered for reimbursement.

Any restoration that meets the criteria below will be reviewed for standard of care to ensure the services are medically necessary for the member. Please follow one of the processes outlined below for consideration of the service:

Identical Restoration: (same tooth, exact same service), same provider or location (Prior Authorization only)

Codes: D2140, D2150, D2160, D2161, D2330, D2331, D2332, D2335, D2391, D2392, D2393, D2394

1. Prior Authorization must be submitted for review prior to service being performed
2. Documentation must clearly support medical necessity (x-rays, narrative, photos...etc.)
3. If Prior Authorization is approved, provider must submit claim with the word "Exception" in Box 35 (comments) section of the claim
4. Any claim submitted that does not have an approved Prior Authorization and does not have Exception written in Box 35 (comments) will be denied

Similar Restoration: (same tooth, at least one surface repeated), same provider or location (Prior Authorization or Pre-Payment Review)

Codes: D2140, D2150, D2160, D2161, D2330, D2331, D2332, D2335, D2391, D2392, D2393, D2394



Prior Authorization

1. Prior Authorization may be submitted for review prior to service being performed
2. Documentation must clearly support medical necessity (x-rays, narrative, photos...etc.)
3. If Prior Authorization is approved, claim may be submitted for reimbursement consideration

Pre-Payment Review

1. Services may be submitted using the pre-payment review process. This means that all documentation must be submitted with the claim
2. Documentation must clearly support medical necessity (x-rays, narrative, photos...etc.)
3. The word "Exception" must be placed in Box 35 (comments) section of the claim
4. Any claim submitted that does not meet the pre-payment review requirements listed in #2 and #3 will not be reviewed for consideration

Numerous studies on restorations, including appropriateness, materials and longevity have been researched. For your review, the following may be of interest.

[https://jada.ada.org/article/S0002-8177\(14\)62395-3/abstract](https://jada.ada.org/article/S0002-8177(14)62395-3/abstract)

http://www.aapd.org/media/Policies_Guidelines/G_Restorative.pdf

If you have any questions or need assistance, please contact your Regional Provider Relations Representative. We look forward to continuing our partnership with you and appreciate your commitment to serving the TX Medicaid and CHIP members in your community.

Sincerely,

A handwritten signature in cursive script that reads "Brenda Walker".

Brenda Walker

Director, Provider Engagement – Texas