

KENTUCKY MEDICAID MANAGED CARE DENTAL COMPARISON

	AVESIS		DENTAQUEST		MCNA		PASSPORT	
	Age Limits	Frequency	Age Limits	Frequency	Age Limits	Frequency	Age Limits	Frequency
Exams								
D0150 (Comprehensive Exam)	0-20 21+	2 per year 1 per year	0-20 & 21- and over	One of (D0150) per 12 Month(s) Per Provider. One of (D0120, D0150) per 6 Month(s) Per Provider. One of (D0120,D0140, D1510,D1515, D1520, D1525,D3310, D3320, D3330, D5750, D5751,D5820, D5821, D5913, D5914, D5919,D5931, D5934, D5952, D5953, D5954,D5955, D5988) per 1 Day(s) Per Provider.Cannot be billed on the same day with these codes.	0-99	The member is allowed one 0150 and one 0120 per year or two 0120's per year. As needed, but not reimbursable on the same day as another exam.	0-99	The member is allowed one 0150 and one 0120 per year or two 0120's per year.
D0120 (Periodic Exam)	0-20 21+	2 per year Not covered	0-20 & 21- and over	One of (D0120, D0150) per 6 Month(s)Per Provider.	0-99		0-99	The member is allowed one 0150 and one 0120 per year or two 0120's per year.
D0140 (Emergency Exam)	0-20 21+	1 per member per appointment 1 per month	0-20 & 21- and over	One of (D0120, D0150) per 1 Day(s) Per Provider. Trauma related injuries only.Claims shall be reviewed retrospectively.Narrative of accident or trauma with claim for prepayment review.	0-99		0-99	As needed, but not reimbursable on the same day as another exam.
Prophylaxis								
D1110 (Adult cleaning)	14 - 20 21+	2 per 12 months 1 per 12 months	14-20 and 21 and over	14-20 - Two of (D1110) per 12 Month(s) Per patient. 21 and over - One of (D1110) per 12	14-20, 21-99	14-20 covered twice per year, 21-99 covered once per year	14-20, 21-29	14-20 covered twice per year, 21-99 covered once per year
D1120 (Child cleaning)	0-13	2 per 12 months	0-13	Two of (D1120) per 12 Month(s) Per patient.	0-13	0-13 covered twice per year	0-13	Covered twice every twelve months
Fluoride								
D1203	0-20	2 per 12 months	0-20	Two of (D1203) per 12 Month(s) Per patient. Fluoride must be applied separately from prophylaxis paste.	0-20	Covered twice every twelve months	0-20	Covered twice every twelve months

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Sealants								
D1351	5 - 20	Once per 4 years, maximum of 2 per tooth per member	5-20	One of (D1351) per 48 Month(s) Per patient. Maximum of 3 times. Occlusal surfaces only. Teeth must be caries free. Sealant will not be covered when placed over restorations. Repair, replacement or reapplication of the sealant within the four year period is the responsibility of the dentist.	5-20	Once every 4 years on teeth 2,3,14,15,18,19,30,31	5-20	Once every 4 years on teeth 2, 3,14,15,18,19, 30,31
Covered Teeth	2 - 5, 12 - 15, 18 - 21, 28 - 31		2, 3, 14, 15, 18, 19		2,3,14,15,18,19,30,31			
Radiographs								
D0330 (Panoramic)	5 - 20	Once per 2 years or 24 months, maximum of 2 per tooth per member	0-5; 6-20; 21 and above	0-5 - One of (D0330) per 24 Month(s) Per Provider. Narrative of medical necessity with claim for prepayment review. 6 and above - One of (D0330) per 24 Month(s) Per Provider.	All	Panoramic X-ray is limited to one (1) per twenty-four month period, per recipient, per provider	All	Panoramic X-ray is limited to one (1) per twenty-four month period, per recipient, per provider
D0210 (Full mouth series)	0 - 20	1 per 12 month per member per provider	All	One of (D0210) per 12 Month(s) Per Provider.	All	An intraoral complete series x-ray shall be limited to one (1) per twelve (12) month period, per recipient, per provider	All	An intraoral complete series x-ray shall be limited to one (1) per twelve (12) month period, per recipient, per provider
D0240 (Occlusal radiographs)	Not covered	Not covered	All	Fourteen of (D0220, D0230) per 12 Month(s) Per Provider. Not to be billed in the same 12 months as a D0210.	None	Not covered	None	Not covered
D0270 (Single bitewing)	All ages	Limited to 4 (four) bitewings per twelve (12) month period per receipt per provider	All	Four of (D0270) per 12 Month(s) Per Provider. One of (D0274) per 12 Month(s) Per Provider. There should be no more than 4 bitewing films in a 12 month period. Not to be billed in the same 12 months as D0210.	All	Bitewing x-rays shall be limited to four (4) per twelve (12) month period, per recipient, per provider	All	Bitewing x-rays shall be limited to four (4) per twelve (12) month period, per recipient, per provider
D0272 (Two bitewings)	All ages		All	Two of (D0270, D0272, D0274) per 12 Month(s) Per Provider. One of (D0274) per 12 Month(s) Per Provider. There should be no more than 4 bitewing films in a 12 month period. Not to be billed in the same 12 months as D0210.	All	Bitewing x-rays shall be limited to four (4) per twelve (12) month period, per recipient, per provider	All	Bitewing x-rays shall be limited to four (4) per twelve (12) month period, per recipient, per provider

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D0274 (Four bitewings)	All ages		All	One of (D0270, D0272, D0274) per 12 Month(s) Per Provider. There should be no more than 4 bitewing films in a 12 month period. Not to be billed in the same 12 months as D0210.	All	Bitewing x-rays shall be limited to four (4) per twelve (12) month period, per recipient, per provider	All	Bitewing x-rays shall be limited to four (4) per twelve (12) month period, per recipient, per provider

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	AVESIS	DENTAQUEST	MCNA	PASSPORT
Prior Authorizations				
Dental Services Requiring Prior Authorization	All EPSDT services, some prosthodontic services, orthodontics, periodontics	DQ requires all authorizations to also be sent in post. D0140, D0330 for 0-5, D4210, D4211, D4341, D5913-D5999, D8080, D8210, D8220, D8660, D8670, D8999	4341,4355,5913,5914,5919, 5931,5932, 5934, 5952, 5953, 5954, 5955, 5988, 5999, 7880, 8080, 8210, 8220, 8660, 8680, 8999, (Extractions of teeth 1,16,17,32), (When codes 7210, 7220, 7230, 7240, and 7241 are reported on teeth A through T and As through TS.	4341,4355,5913,5914,5919, 5931,5932, 5934, 5952, 5953, 5954, 5955, 5988, 5999, 7880, 8080, 8210, 8220, 8660, 8680, 8999. When codes 7210,7220,7230,7240, and 7241 are reported on teeth A through T and As through TS.
Methods Dental Providers can use to request Prior Authorizations	<input checked="" type="checkbox"/> Online <input type="checkbox"/> Fax <input checked="" type="checkbox"/> US Mail <input type="checkbox"/> Other:	<input checked="" type="checkbox"/> Online <input checked="" type="checkbox"/> Fax Fax: 262.241.7150 <input checked="" type="checkbox"/> US Mail <input type="checkbox"/> Other:	<input type="checkbox"/> Online yes <input type="checkbox"/> Fax no <input type="checkbox"/> US Mail yes <input type="checkbox"/> Other: Electronically through EMDEON or other clearinghouses	<input type="checkbox"/> Online yes <input type="checkbox"/> Fax no <input type="checkbox"/> US Mail yes <input type="checkbox"/> Other: Electronically through EMDEON or other clearinghouses
Address for submission of Prior Authorizations	Avesis PO Box 7777 Phoenix, AZ 85011 ATTN: Dental PTE	DentaQuest of KY-Authorizations 12121 N. Corporate Parkway Mequon, WI 53092	MCNA Dental Plans 200 West Cypress Creek Road Suite 500 Fort Lauderdale, FL. 33309	MCNA Dental Plans 200 West Cypress Creek Road Suite 500 Fort Lauderdale, FL. 33309
Co-Payments				
CO-payments Required	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
Referral Process				

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Specialties requiring referral	<input type="checkbox"/> Orthodontics	N/A	<input type="checkbox"/> Orthodontics		<input type="checkbox"/> Orthodontics	No referral needed in the MCNA program	<input type="checkbox"/> Orthodontics	No referral needed in the MCNA program
	<input type="checkbox"/> Endodontics	N/A	<input type="checkbox"/> Endodontics		<input type="checkbox"/> Endodontics	No referral needed in the MCNA program	<input type="checkbox"/> Endodontics	No referral needed in the MCNA program
	<input type="checkbox"/> Periodontics	N/A	<input type="checkbox"/> Periodontics		<input type="checkbox"/> Periodontics	No referral needed in the MCNA program	<input type="checkbox"/> Periodontics	No referral needed in the MCNA program
	<input type="checkbox"/> Other:	N/A	<input type="checkbox"/> Other:		<input type="checkbox"/> Other:	Oral Surgery: No referral needed in the MCNA program	<input type="checkbox"/> Other:	Oral Surgery: No referral needed in the MCNA program
Claims								
Ways to submit claims	<input checked="" type="checkbox"/> Online <input type="checkbox"/> Fax <input checked="" type="checkbox"/> US Mail		<input checked="" type="checkbox"/> Online www.dentaquest.com <input checked="" type="checkbox"/> Fax 262.834.3589 <input checked="" type="checkbox"/> US Mail		<input type="checkbox"/> Online yes <input type="checkbox"/> Fax no <input type="checkbox"/> US Mail yes	Electronically through EMDEON or other clearinghouses	<input type="checkbox"/> Online yes <input type="checkbox"/> Fax no <input type="checkbox"/> US Mail yes	Electronically through EMDEON or other clearinghouses
X Other:	EDI		X Other:	clearing houses	<input type="checkbox"/> Other:		<input type="checkbox"/> Other:	
Address for claims submission	Avesis PO Box 7777 Phoenix, AZ 85011 ATTN: Dental Claims		DentaQuest of KY-Authorizations 12121 N. Corporate Parkway Mequon, WI 53092		MCNA Dental Plans 200 West Cypress Creek Road Suite 500 Fort Lauderdale, FL. 33309		MCNA Dental Plans 200 West Cypress Creek Road Suite 500 Fort Lauderdale, FL. 33309	
Eligibility Verification								
Ways to verify eligibility	<input checked="" type="checkbox"/> Online <input checked="" type="checkbox"/> Fax <input checked="" type="checkbox"/> Phone Phone No.: 855-214-6776		<input checked="" type="checkbox"/> Online www.dentaquest.com through the providers login <input type="checkbox"/> Fax <input type="checkbox"/> US Mail Phone No.: 888-291-3762		<input type="checkbox"/> Online yes <input type="checkbox"/> Fax yes <input type="checkbox"/> US Mail yes Phone No.: 800-494-6262		<input type="checkbox"/> Online yes <input type="checkbox"/> Fax yes <input type="checkbox"/> US Mail yes Phone No.: 800-494-6262	