

Provider Manual

Effective January 1, 2020

NJ FamilyCare A

NJ FamilyCare ABP

NJ FamilyCare B

NJ FamilyCare C

NJ FamilyCare D

Managed Long Term Services & Supports (MLTSS)

Horizon NJ TotalCare (HMO D-SNP)





POWERING HEALTHCARE FOR THE DIGITAL AGE

pwp.sciondental.com

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Quick Reference Guide

Provider Web Portal: Online, All the Time

Getting paid for the high-quality care you've provided to patients should be quick, easy and convenient. Horizon NJ Health's user-friendly Provider Web Portal offers a full set of self-service tools that help you get more done, faster.

Everything You Need - When You Need It - 24/7/365

Use the Provider Web Portal to:

- Check real-time eligibility for multiple patients—**at the same time**.
- Submit electronic authorization requests—**with attachments**.
- Step through a decision tree that shows you the same clinical guidelines our consultants use to evaluate your authorization requests.
- Use our claim estimator to find out in advance whether your claim is likely to be paid or denied, and why—**before you render services**.
- Attach supporting documentation, such as EOBs and x-rays—**online, for no charge**.
- Submit **pre-filled** claim forms and review claim history—**with just a few clicks**.
- Check the real-time status of claims and authorizations—**no need to wait for paper letters to arrive by postal mail**.
- View and print Remittance Reports, newsletters, manuals, and much more.

All you need to get started is an internet connection and a web browser. You don't need to download or purchase any software. Just visit pwp.sciondental.com, and call **1-855-424-9239** to get registered for the Provider Web Portal.

pwp.sciondental.com

When You Need Us – We’ll Be There!

Horizon NJ Health is committed to delivering world-class service to you and your patients. Our customer service teams offer local service with the support of national resources. A dedicated provider relations representative is available to answer your questions and arrange in-person visits. *When you need us, we’ll be there!*

Contact us any time for assistance, training, or to arrange an onsite visit:

Call Provider Services: **1-855-878-5368**

Email: providerservices@skygenusa.com

Quick Contacts	
Authorizations mailing address	Horizon NJ Health: Authorizations PO Box 362 Milwaukee, WI 53201
Claims mailing address	Horizon NJ Health: Claims PO Box 299 Milwaukee, WI 53201
Corrected Claims mailing address	Horizon NJ Health: Corrected Claims PO Box 541 Milwaukee, WI 53201
Complaints and Appeals mailing address	Horizon NJ Health: Complaints/Appeals PO Box 295 Milwaukee, WI 53201
Contracting mailing address	Horizon NJ Health: Contracting PO Box 2059 Milwaukee, WI 53201
Credentialing Team	1-855-812-9211 Email: credentialing@skygenusa.com
Electronic Funds Transfer	Fax: 1-262-721-0722 Email: providerservices@skygenusa.com
Electronic Outreach Team	1-855-434-9239 Email: providerportal@skygenusa.com
Fraud & Abuse Hotline	1-877-378-5292
Provider Services	1-855-878-5368 Email: providerservices@skygenusa.com
Provider Web Portal	pwp.sciondental.com

Quick Reference to Common Questions

Member Eligibility

To verify member eligibility, you can:

- Log on to Provider Web Portal: pwp.sciondental.com
- Call Interactive Voice Response (IVR) eligibility hotline: **1-844-275-8753**
- Call Horizon NJ Health Main Provider Services: **1-800-682-9091**

Authorization Submission

Submit authorizations in one of the following formats:

- Provider Web Portal: pwp.sciondental.com
- Electronic submission via clearinghouse, Payer ID: **22099**
- HIPAA-compliant 837D file
- Paper ADA Dental Claim Form, sent via postal mail:

Horizon NJ Health: Authorizations
PO Box 362
Milwaukee, WI 53201

To learn about the Provider Web Portal, call the Electronic Outreach Team: **1-855-434-9239**.

Claims Submission

The timely filing requirement is 180 calendar days.

Submit claims in one of the following formats:

- Provider Web Portal: pwp.sciondental.com
- Electronic submission via clearinghouse, Payer ID: **22099**
- HIPAA-compliant 837D file
- Paper ADA Dental Claim Form, sent via postal mail:

Horizon NJ Health: Claims
PO Box 299
Milwaukee, WI 53201

To learn about the Provider Web Portal, call the Electronic Outreach Team: **1-855-434-9239**.

Quick Reference to Common Questions

Complaints and Appeals

To make a complaint:

- Write to:
Horizon NJ Health: Complaints/Appeals
PO Box 295
Milwaukee, WI 53201
- Call Horizon NJ Health Provider Services: **1-800-682-9091**

For more resources, or to file an appeal, see **Complaints, Grievances & Appeals** for various options.

Provider Appeals – Utilization Management (Authorizations)

UM appeals must be filed within 60 days following the date the authorization denial letter was mailed. Horizon NJ Health issues a decision within 30 calendar days if an extension was not requested and granted. Expedited resolution is within 72 hours.

To request reconsideration of a denied authorization, write to:

Horizon NJ Health: Complaints/Appeals
PO Box 295
Milwaukee, WI 53201

Provider Appeals – Claims

Claim appeals must be filed within 90 calendar days following the date the denial letter was mailed. Horizon NJ Health issues a decision within 30 calendar days if an extension was not requested and granted.

To request reconsideration of a claims denial, write to:

Horizon NJ Health: Complaints/Appeals
PO Box 295
Milwaukee, WI 53201

Member Appeals

To submit a written appeal on behalf of a member, write to:

Horizon NJ Health: Complaints/Appeals
PO Box 295
Milwaukee, WI 53201

Credentialing Appeals

To appeal a credentialing decision, send a request for a reconsideration review within 30 days of receiving an adverse recommendation. Write to:

Horizon NJ Health: Credentialing Appeals
PO Box 2059
Milwaukee, WI 53201

Quick Reference to Common Questions

EFT (Direct Deposit) Enrollment

Send a completed EFT Authorization Agreement form and voided check by either fax or email:

- Fax: **1-262-721-0722**
- Email: providerservices@skygenusa.com

The EFT Authorization Agreement form is included in the Provider Manual and posted on the Provider Web Portal:

pwp.sciondental.com.

Provider Web Portal

For training or questions about the Provider Web Portal, contact the Electronic Outreach Team:

- Email: providerportal@skygenusa.com
- Call: **1-855-434-9239**

Credentialing

Send credentialing and recredentialing applications and documents to Horizon NJ Health by fax, email, or mail.

- Fax: **1-866-396-5686**
- Email: credentialing@skygenusa.com
- Write to:

Horizon NJ Health: Credentialing
PO Box 2059
Milwaukee, WI 53201

Additional Provider Resources

For information about additional provider resources:

Provider Web Portal: pwp.sciondental.com

Provider Services: **1-855-878-5368**
providerservices@skygenusa.com

Electronic Outreach Team: **1-855-434-9239**
providerportal@skygenusa.com

Credentialing Team: **1-855-812-9211**
credentialing@skygenusa.com

Horizon NJ Health Main Provider Services: **1-800-682-9091**
horizonnjhealth.com

Horizon NJ Health Main Member Services: **1-877-765-4325**

Department of Billing and Insurance: **1-800-446-7467**
state.nj.us/dobi

Welcome

Welcome to the Horizon NJ Health Dental Program provider network! We are Horizon NJ Health, a program of Horizon Blue Cross Blue Shield of New Jersey. We are committed to providing our members the best possible care, keeping them healthy, stable, and independent – it's our reason for being here. We are pleased to welcome you to our team.

Horizon NJ Health offers comprehensive dental services to NJ FamilyCare A, B, C, D, and ABP members as well as MLTSS members and Horizon NJ TotalCare (HMO D-SNP) members. These services include preventive, diagnostic, restorative, endodontic, periodontal, prosthodontic, oral surgical, and adjunctive dental services. Some procedures require prior authorization. When necessary, orthodontic services are age-restricted (covered for members under 21 years of age or as allowed by Early and Periodic Screening, Diagnosis, and Treatment (EPSDT) and only approved with adequate documentation of medical necessity. Referral to a dentist is mandatory when a member reaches 1 year of age and annually thereafter.

Dental services include an initial examination and any required dental services determined to be medically necessary. A referral to a dental specialist or dentist that provides dental treatment to patients with special needs shall be allowed when a Primary Care Dentist (PCD) requires a consultation for services by that provider. Any Primary Care Provider (PCD) or PCD may refer a member to a participating dental specialist. All dental specialists are required to have a current NJ specialty permit and to be either board eligible or board certified. All general dentists and dental specialists are listed in the Doctor & Hospital Finder at horizonNJhealth.com/findadoctor. NJ FamilyCare C and D members are responsible for a \$5 copayment for dental services with the exception of diagnostic and preventive dentistry services.

Additional diagnostic, preventive and periodontal services shall be available beyond the frequency limitations of every six months and be allowed four times a rolling year to enrollees with special needs when medical necessity for these services is documented and submitted for consideration. Documentation shall include the expected prognosis and improvement in the oral condition associated with the increased frequency for the requested service. As part of the State contract with Horizon NJ Health, members have the option to obtain a second opinion for diagnosis and treatment of dental conditions that are treated within a dental specialty.

The Plan may arrange for the member to obtain a second opinion outside the network at no cost to the member when the plan's network of providers does not have a provider located in the member's geo-access area to provide the services the member needs. Every effort will be made to locate an in-network provider. Members who seek self-initiated care from a nonparticipating dentist or a non-covered service will be responsible for the cost of the care.

Throughout your ongoing relationship with us, refer to this provider manual for quick answers and useful information, including how to contact us, how to submit claims and authorizations, and what covered benefits are offered to members.

When you need answers, log on to pwp.sciondental.com or horizonNJhealth.com, send an email message to providerservices@skygenusa.com, or call Provider Services: **1-855-878-5368**.

Horizon NJ Health, under New Jersey law, has the right to make any changes to dental policies and procedures in this manual, which become effective 30 days after such changes are posted to horizonNJhealth.com.

*This manual describes policies and procedures that govern administration of dental benefits for Horizon Blue Cross Blue Shield of New Jersey for the State of New Jersey. Horizon NJ Health makes every effort to maintain accurate information in this manual; however, we will not be held liable for any damages due to unintentional errors. If you discover an error, please report it to us by calling **1-800-682-9091**. If information in this manual differs from your Provider Agreement, the Provider Agreement takes precedence and shall control.*

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Member Rights and Responsibilities

Members of Horizon NJ Health have the following rights and responsibilities.

Member Rights

The Horizon NJ Health Dental Program is committed to the following core concepts in our approach to member care:

- **Access** to providers and services.
- **Wellness** programs, which include member education and disease management initiatives.
- **Outreach** programs that educate members and give them the tools they need to make informed decisions about their dental care.
- **Feedback** that measures provider and member satisfaction.

We believe all members have the right to:

- **Privacy**, respectful treatment, and recognition of their dignity when receiving dental care.
- **Participate** fully with caregivers in making decisions about 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 complaint** against the Horizon NJ Health Dental Program, or 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 our member rights and responsibilities policies.
- **Receive relevant, updated information** about the Horizon NJ Health Dental Program, the services provided, the participating dentists and dental offices, as well as member rights and responsibilities.

Member Responsibilities

Along with rights, members have important responsibilities, including:

- Becoming familiar with benefit plan coverage and rules.
- Giving dental providers complete and accurate information they need to provide care.
- Following treatment plans and instructions received from dental providers.
- Supporting the care given to other patients and behaving in a way that helps the clinic, dental office, and other dental locations run smoothly.
- Notifying Customer Service of any questions, concerns, problems, or suggestions.

Provider Rights & Responsibilities

The Horizon NJ Health Dental Program has established the following core concepts in our approach to a positive provider experience:

- **Access** to flexible participation options in provider networks.
- **Outreach** programs that lower provider participation costs.
- **Technology** tools that increase efficiency and lower administrative costs.
- **Feedback** that measures provider and member satisfaction.

Provider Rights

Enrolled participating providers have the right to:

- **Communicate with patients** about dental treatment options.
- **Recommend a course of treatment** to a member, even if the treatment is not a covered benefit or approved by the Horizon NJ Health Dental Program.
- **File an appeal or complaint** about the procedures of Horizon NJ Health Dental Program.
- **Supply accurate, relevant, and factual information** to a member in conjunction with an appeal or complaint filed by the member.
- **Object to policies, procedures, or decisions** made by Horizon NJ Health Dental Program.
- **Be informed of the status** of their credentialing or recredentialing application, upon request.

Provider Responsibilities

Participating providers have the following responsibilities:

- If a recommended treatment plan is not covered (not approved by the Horizon NJ Health Dental Program), the participating dentist, if intending to charge the member for the non-covered services, must notify and obtain agreement from the member in advance. (See **Payment for Non-Covered Services** on **page 39**.)
- A provider wishing to terminate participation with the Horizon NJ Health Dental Program provider network must follow the termination guidelines stipulated in the provider contract.
- A provider may not bill both medical codes and dental codes for the same procedure.

Provider Bill of Rights

- To be treated with respect
- To be paid accurately
- To be paid on time

Positive Provider Experience

We consider ourselves to be **your partner** in patient care. Committed dentists are essential to the success of every government-sponsored dental program. The Horizon NJ Health Dental Program invites all licensed dentists, regardless of their past commitment to government-sponsored dental programs, to participate in our provider network. You can choose your own level of participation for each location where you practice. For each location you can choose to:

- Be listed in a directory and accept appointments for all new patients.
- Be excluded from directories and accept appointments for only new patients directed to your office from Horizon NJ Health.
- Treat only emergencies or special needs cases on an individual basis.

To make it as fast and easy as possible to join our network, Horizon NJ Health streamlines the contracting and credentialing process by accepting electronic documents.

Consistent, Transparent Authorization Decisions

Trained paraprofessionals and dental consultants use predefined clinical guidelines to ensure a consistent approach for determining authorizations submitted for review.

When you submit an online authorization through the Provider Web Portal, you have the option of stepping through the guideline yourself, for a quick indication of whether your authorization request is likely to be approved. Authorization requirements are also outlined in this provider manual. See **Benefit Plan Details & Authorization Requirements** on **page 120**.

In addition, when you submit an authorization through the Provider Web Portal, you can see at a glance whether documentation, such as X-rays or medical necessity narratives, are required. You can attach and send electronic documents as part of your online authorization request saving both time and money.

Cultural Competency

Your office and staff should demonstrate behaviors and policies of cultural competency by:

- Assessing and documenting cultural and/or language barriers to member care.
- Seeking information from community resources to assist in servicing the needs of culturally and ethnically diverse members and families.
- Displaying pictures, posters, and other materials to reflect the cultures and ethnic backgrounds of members and families.
- Providing magazines and brochures in the waiting area that emphasize diversity.
- Understanding that folk and religious beliefs may influence how families respond to illness, disease, death, and their reaction and approach to children with special health needs.
- Accepting that the family unit can be defined differently by different cultures.
- Seeking bilingual staff or trained personnel to serve as interpreters, when possible.
- Understanding that a limited English proficiency in no way reflects intellect.

Patients with Special Health Needs

Dentists who treat patients with special health needs (including physical, developmental, or emotional disabilities) must assist and consult with patient caregivers. When a caregiver seeks advice, clarification, or education, you, as the treating dentist, should provide this information.

Dentists may receive a behavior management fee for treating patients with special needs, based on the needs of the member. If the patient is, by clinical presentation or medical condition determined to be a member to have special needs, we will allow that patient to receive services as a special needs member. Forward a narrative to providerservices@skygenusa.com, or call Provider Services at **1-855-878-5368**. Horizon NJ Health pays a fee per 15-minute unit, and prior authorization is not necessary. Reimbursement for two or more units is at the discretion of a Horizon NJ Health Dental Consultant and based on services provided in the patient's record. This documentation includes, but is not limited to:

- A visual examination of the patient
- Appropriate radiographs
- Dental prophylaxis, including extra scaling and topical applications such as fluoride treatments
- Nonsurgical periodontal treatment, including root planing and scaling
- Thorough inquiries regarding the patient's medical history
- Consultations with patient caregivers to establish a thorough understanding of proper dental management during visits

The Head Start Initiative

The Head Start Initiative is a pediatric oral health action plan established to ensure Head Start programs in the State of New Jersey are given resources for all Early Head Start/Head Start children. This is a part of a statewide initiative to increase optimal oral care access and oral health education for children ages 0–6 in communities served by the Head Start program.

Horizon NJ Health Dental Operations is tasked with:

- Determining the status of early childhood oral health in New Jersey and educating Head Start staffers.
- Increasing access to high quality, comprehensive oral health services through provider recruitment and engagement.
- Promoting the importance of oral health to all health care professionals, family members, and educators through the individual Head Start programs by:
 - Identifying and reviewing risk factors for poor oral health including access to care.
 - Ongoing discussions on health disparities and underlying medical conditions.
 - Educating on the best practices relative to collaborations that may improve quality healthcare.
 - Utilizing resources available to assist in this endeavor, NJDA, NJAAPD, The Pediatric Oral Health Committee, and our own participating dental providers.

Domestic Violence Reporting

The health care provider is a primary source in identifying members who may have been subjected to domestic violence. Domestic violence includes both abuse and battery. Abuse is a pattern of coercive control that one person exercises over another. Battery is a behavior that physically harms, arouses fear, prevents a partner from doing what they wish, or forces them to behave in ways they do not want.

State law requires the reporting of child abuse. Reporting can be done anonymously. Report any injuries from firearms and other weapons to the police. Immediately report any suspected child abuse or neglect to the Division of Child Protection and Permanency at **1-877-NJABUSE (1-877-652-2873)**. Calls can be received 24 hours a day, seven days a week.

The provider is responsible to report suspected cases of elder or partner abuse, neglect, or exploitation that occurs in the community. Immediately report any suspected elder or partner abuse to the State's Department of Adult Protective Services at **1-609-588-6501**.

State law provides immunity from any criminal or civil liability as a result of good faith reports of child abuse or neglect. Any person who knowingly fails to report suspected abuse or neglect may be subject to a fine up to \$1,000 or imprisonment up to six months. To help identify domestic violence, the following questions have been developed by the Family Violence Prevention Fund. A complete copy of the guidelines can be found at [futureswithoutviolence.org](https://www.futureswithoutviolence.org).

Domestic Violence Screening Tools

Framing Questions

- "Because violence is so common in many people's lives, I've begun to ask all my patients about it."
- "I'm concerned that your symptoms may have been caused by someone hurting you."
- "I don't know if this is a problem for you, but many of the women I see as patients are dealing with abusive relationships. Some are too afraid or uncomfortable to bring it up themselves, so I've started asking about it routinely."

Direct Verbal Questions

- "Are you in a relationship with a person who physically hurts or threatens you?"
- "Did someone cause these injuries? Was it your partner/husband?"
- "Has your partner or ex-partner ever hit you or physically hurt you? Has he ever threatened to hurt you or someone close to you?"
- "Do you feel controlled or isolated by your partner?"
- "Do you ever feel afraid of your partner? Do you feel you are in danger? Is it safe for you to go home?"
- "Has your partner ever forced you to have sex when you didn't want to? Has your partner ever refused to practice safe sex?"

For History Intake Forms/New Patient Questionnaires

Option 1

- “Have you ever been hurt or threatened by your boyfriend/husband/partner?”
-OR-
- “Have you ever been hit, kicked, slapped, pushed or shoved by your spouse/partner?”
-OR-
- “Have you ever been hit, kicked, slapped, pushed or shoved by your boyfriend/husband/partner during this pregnancy?”
-AND-
- “Have you ever been raped or forced to engage in sexual activity against your will?”

Option 2

- “Are you currently or have you ever been in a relationship in which you were physically hurt, threatened or made to feel afraid?”

Option 3

- “Have you ever been forced or pressured to have sex when you did not want to?”
- “Have you ever been hit, kicked, slapped, pushed or shoved by your boyfriend/husband/partner?”

Reporting Abuse, Neglect or Exploitation

All members have the right to be free from exploitation, fraud and abuse. Providers are required to report suspected abuse, neglect, or exploitation of any person who answers in the affirmative to:

- “Are you in a relationship with a person who physically hurts or threatens you?”
- “Did someone cause these injuries? Was it your partner/husband?”

Adult Protective Services

The New Jersey Adult Protective Services (APS) program has offices in each of the 21 counties. Reports may be made to those County APS offices or to:

The Public Awareness, Information, Assistance & Outreach Unit: **1-800-792-8820**

Child Protective Services

The New Jersey Division of Child Protection and Permanency (DCP&P) handles all reports of child abuse and neglect, including those occurring in institutional settings such as child care centers, schools, foster homes and residential treatment centers. These must be reported to the State Central Registry (SCR):

Child Abuse Hotline (SCR) 24-Hour Toll-Free Hotline: **1-877 NJ ABUSE (1-877-652-2873)** | TTY: **1-800-835-5510**.

Facility-Based Complaints and Investigation

Office of the Ombudsman for the Institutionalized Elderly investigates claims of abuse and neglect of people age 60 and older living in nursing facilities and other long-term health care facilities, such as assisted living facilities.

- 24-Hour Toll-Free Hotline: **1-877-582-6995**
- Fax: **1-609-943-3479**
- Email: ombudsman@advocate.state.nj.us
- Write to:
The Office of the Ombudsman
PO Box 852
Trenton, NJ 08625-0852

NJ Division of Health Facilities Evaluation and Licensing investigates all complaints against health care facilities, nursing homes, assisted living residences, comprehensive personal care homes, adult medical day care, and other licensed acute and long-term care facilities.

24-Hour Toll-Free Hotline: **1-800-792-9770**

Write to:

New Jersey Department of Human Services Division of Health Facilities
Evaluation and Licensing
PO Box 367
Trenton, NJ 08625-0367

Confidentiality

All participating dentists must treat their member dental records confidentially and comply with all federal and state laws and regulations.

The enrollment form, signed by Horizon NJ Health members, authorizes the release of dental information to Horizon NJ Health on behalf of Horizon NJ Health staff.

Standards of Service

The level of care specified in the dental treatment plan must meet the ethical and professional standards of the dental profession and offer the same high standard of quality provided to the community at large.

All materials used, and all therapeutic agents used or prescribed, must meet the specifications established by the American Dental Association. Horizon NJ Health does not reimburse experimental procedures that are not approved by the New Jersey Board of Dental Examiners.

When an emergency arises and the attending practitioner is unavailable for consultation, due consideration should be given to the preservation of those teeth that could be involved in the overall treatment plan of the attending practitioner.

Special Standards of Services

Dental services without specific provisions—or services limited or prohibited in these policies and procedures—may be considered on an individual basis. Send these requests and all supporting documentation to:

Horizon NJ Health: Authorizations
PO Box 362
Milwaukee, WI 53201

Office Practice Standards for General Dentists

The State of New Jersey requires the following Office Practice Standards for Primary Care Dentists. Compliance with these standards is audited by periodic onsite reviews of offices, chart sampling, and member satisfaction surveys. General dentists must:

- Render dental care services within 45 minutes from the time of scheduled appointment.
- Implement and document a policy to track missed appointments, and follow up with rescheduling to maintain continuity of care.
- Offer dental care in an office environment that meets OSHA and CDC standards.

Recordkeeping Requirements

Dentists are required to maintain individual records, which fully disclose the type and extent of services provided to members in the Horizon NJ Health Dental Program. Providers must maintain and make these records available per state law, including details of all services rendered for each encounter date.

Office Records

Member records must be kept in the dentist's office regardless of the actual place of service (dental office, long-term care facility, or hospital). Per the State of New Jersey requirements, these records must be available for a minimum of seven years following the last date of service. These records will include, but not be limited to, the following:

Member Identification and History

- Name, address, telephone number, birth date, and Medicaid ID number of the member
- If the member is a minor, names of parents or guardians
- Documentation of any cultural or linguistic needs of the member
- Pertinent dental and medical history

Clinical Examination Data

Detailed clinical examination data to include, when applicable:

- Member's chief complaint
- Diagnosis
- Caries
- Missing teeth (Periodontal charting, when necessary)
- Abnormalities
- Risk assessment

Radiographs

- Preoperative, progressive, and postoperative radiographs retained in accordance with state law for a minimum of seven years following the last date of service (To accommodate possible retention for longer periods, contact professional liability insurance companies.)
- Number and type of radiographs entered on the member's record
- Postoperative radiographs, taken only when dentally necessary and meriting diagnostic value

Treatment Plan

The treatment plan with description of treatment rendered, including:

- Tooth number
- Surfaces involved
- Site and size of treatment area (lesion, laceration, fracture, etc.)
- Materials used
- Dates of services
- Description of treatment or services rendered at each visit with the name of the dentist or hygienist
- All medications
- Diagnostic laboratory and/or radiographic procedures ordered and the results
- Copy of the dental prosthetic work authorizations (prescriptions) and dental prosthetic laboratory receipts
- Explanation for any duplication of services within one year (Prosthetic services within seven and a half years)
- Reasons for discontinuation of services, and attempts to complete treatment
- Referral and consultation reports

Hospital Facility Records

For any members treated at hospital facilities, providers must also document services in facility records that are readily available to Horizon NJ Health representatives. Enter a complete description of treatment, as described above, into a hospital's clinical records for any member you treat at that facility. These entries must also meet the hospital's specific regulations.

Nursing Facility Records

In addition to the office records, dentists who provide services for members who reside at a nursing facility—regardless of the place of service—must provide the nursing facility with an entry for the member’s clinical record as follows:

- **The results of an examination to establish an admission record of the member’s dental status.** If an examination is required within six months of a previous examination billed to Horizon NJ Health and performed by the same physician or healthcare professional, the results of the original examination must also appear in the clinical record as the current dental status.
- **A time frame, established on an individual basis, for the next periodic examination of the member.** The time frame must be documented either at the time of examination or at the completion of treatment. The clinical record may reflect six months, one year, two years, three years, or any other time period that the attending dentist learned of the member’s dental status.
- **A record of dental treatment provided at each encounter.** Horizon NJ Health accepts a photocopy of the completed and signed current ADA Claim Form with the examination and treatment instead of a separate entry only when descriptions of treatments preceding or following the dates of service entered on the claim form—are listed separately on the member’s clinical record in addition to the other recordkeeping requirements.

Mobile Dental Practice and Mobile Dental Van Definitions

Mobile Dental Practice (utilizing portable equipment) is a provider traveling to various locations and utilizing portable dental equipment to provide dental services outside of a dental office/clinic in settings to include but not limited to facilities, schools and residences.

- Facilities: These providers are expected to provide on-site comprehensive dental care (to include intra-oral radiographs), necessary dental referrals to general dentist or specialists and emergency dental care in accordance with all New Jersey State Board of Dentistry regulations and the NJ FamilyCare MCO Contract. The sites served by the Mobile Dental Practice must allow Member access to treatment and allow for continuity of care.
- Schools: These locations are not considered a dental home and are limited to providing the following services: oral assessment/screening, prophylaxis, fluoride treatment, emergency care and referral to the member's dental home when known or their MCO for assistance in locating a dentist.

Private Residences and other residential settings: These providers are expected to provide on-site dental care for the homebound based on patient safety and ability to tolerate procedures outside of a clinical setting.

- The MCO is responsible for assisting the member, family, facility or school in locating a dentist when referrals are issued. Patient records must be maintained at the facility when this is a long term care facility, skilled nursing facility or school and duplicates may also be maintained in a central and secure area in accordance with State Board of Dentistry regulations. The provider must submit documentation to the MCO of all locations they visit and serve and include the days and times for each location, except when a visit is to a residence.

Mobile Dental Practice (utilizing van) is a vehicle specifically equipped with stationary dental equipment and is used to provide dental services within the van.

- Providers using a mobile dental van to render dental services must also be associated with a dental practice that is located in a "brick and mortar" facility located in New Jersey that serves as a dental home offering comprehensive care, emergency care and appropriate dental specialty referrals to the mobile dental van's patients of record (Members). They must demonstrate their ability to render dental treatment services and assist with dental referrals as needed.
- An exception to the brick and mortar requirements can be considered for providers using mobile dental vans that demonstrate they are only providing dental services to NJ FamilyCare enrollees residing in a long term care facility or that are in a private residence/group home and unable to travel.
- The distance between the dental practice and the sites and locations served by the mobile dental van must not be a deterrent to the Member accessing treatment and allow for continuity of care by meeting the network standards for distance in miles as described in **section 4.8.8** Provider Network Requirements.

- When a mobile dental van is used for school visits, health fairs or other one-time events, services will be limited to oral screenings, exams, fluoride varnish/topical fluoride treatment, prophylaxis and palliative care to treat an acute condition. State Board regulations must still be followed and patient records are to be maintained in accordance with State Board of Dentistry regulations.
- Providers utilizing Mobile Dental Vans must submit to the MCO documentation of all locations they will visit including the days and times (except when visit is to homebound members).

Provisions will be granted for visits to a Member's place of residence, long term care facility, skilled nursing facility or medical day care facility when medically necessary and where available. The contractor must monitor on an annual basis the standard of dental care rendered and ensure that needed referrals for dental treatment that cannot be provided by a mobile dental practice occur.

Provider Web Portal

Dental services may be provided in these settings through the following modalities. Our Provider Web Portal offers quick access to easy-to-use self-service tools for managing daily administration tasks. The Provider Web Portal offers you many benefits including:

- Lower administrative and participation costs.
- Faster payment through streamlined claim and authorization submissions.
- Real-time member eligibility verification.
- Immediate access to member information, claim and authorization history, and payment records at any time, 24 hours a day, 7 days a week.

Get Started! For help getting started with the Provider Web Portal, call the Electronic Outreach Team at **1-855-434-9239**.

A web browser, internet connection, and a valid User ID and password are required for online access. From the Provider Web Portal, providers and authorized office staff can log in for secure access anytime from anywhere and handle a variety of day-to-day tasks, including:

- Verify eligibility for multiple members simultaneously, and review individual patient treatment history.
- Set up office appointment rosters that automatically verify eligibility and fill in claim forms for online submission.
- Submit claims and authorizations using pre-filled electronic forms and data entry shortcuts.
- Step through clinical guidelines as part of submitting authorizations for a quick indication of whether a service request is likely to be approved.
- Attach and securely send supporting documents, such as digital X-rays, EOBs, and treatment plans, for no extra charge.
- Generate a pricing estimate before submitting a claim for a quick indication of whether a service may be denied and a likely reason for denial.
- Check the real-time status of in-process claims and authorizations, and review historical payment records.
- Review provider clinical profiling data relative to your peers.
- Download and print a provider manual, remittance reports, and more.

Online help is available from every page of the Provider Web Portal, offering quick answers, animated videos, and step-by-step instructions.

Provider Web Portal Registration

The Provider Web Portal was designed to help you keep your administrative costs low, give you immediate access to real-time information, and make it fast and easy to submit claims and authorizations.

To register for our Provider Web Portal, visit pwp.sciondental.com and click the provider login link. On the login page, click **Register Now**.

Call the Electronic Outreach Team at **1-855-434-9239** to register for the Provider Web Portal.

As soon as you register, you can log in and start using the portal. Quick and easy online help is just a click away on every page in the portal.

If you don't find answers to your questions, or if you want personalized training for yourself or your office staff, call the Electronic Outreach Team at **1-855-434-9239**.

Electronic Payments

Electronic Funds Transfer (EFT)

Horizon NJ Health offers all providers the option of Electronic Funds Transfer (EFT) for claims payments. With EFT, we can pay claims more efficiently—and you can receive payments faster—because funds are deposited directly into your bank account, eliminating the steps of printing and mailing paper checks. To receive claims payments through the EFT program:

1. Complete and sign the **EFT Authorization Agreement**. The form is included in this manual and is also available from the Provider Web Portal at pwp.sciondental.com.
2. Include a voided check with the EFT Authorization Agreement. The transaction cannot be processed without a voided check.
3. Send the EFT Authorization Agreement form and voided check to Horizon NJ Health by fax or email:
 - Fax: **1-262-721-0722**
 - Email: providerservices@skygenusa.com

Allow up to six weeks for the EFT program to be implemented after we receive your completed paperwork. Once you are enrolled in the EFT program, you will no longer receive paper remittance statements through postal mail. Instead, your Remittance Reports will be posted online and made available from the Provider Web Portal as soon as your claims are paid: pwp.sciondental.com.

Once you are enrolled in the EFT program, notify us of any changes to bank accounts, including changes in Routing Number or Account Number, or if you switch to a different bank. Use the EFT Authorization Agreement form to submit your changes. Allow up to three weeks for changes to be implemented after we receive your change request. Horizon NJ Health is not responsible for delays in payment if we are not properly notified, in writing, of banking changes.

Electronic Remittance Reports

If you enroll in the Horizon NJ Health EFT program, your Remittance Reports will be made available automatically from the Provider Web Portal. For help registering for the portal or accessing your Remittance Reports, call the Electronic Outreach team at **1-855-434-9239**.

If you prefer to receive paper checks rather than electronic funds transfers, you can still eliminate paper Remittance Reports and access your payment reports online. To have quick, easy access to Remittance Reports as soon as your claims are paid, send an email message to Provider Services to request online Remittance Reports at providerservices@skygenusa.com.

As soon as the Provider Services team processes your request, paper Remittance Reports will no longer be mailed to you. Your Remittance Reports will be available online through the Provider Web Portal. For help, or for more information about electronic Remittance Reports, call the Electronic Outreach team at **1-855-434-9239**.

EFT Authorization Agreement

A copy of the Horizon NJ Health EFT Authorization Agreement form is included on the following page. The form is also available for download from the Provider Web Portal:

pwp.sciondental.com.

Be sure to include a voided check with the EFT Authorization Agreement. The transaction cannot be processed without a voided check.

Send the EFT Authorization Agreement form and voided check to Horizon NJ Health by fax or email:

- Fax: **1-262-721-0722**
- Email: providerservices@skygenusa.com

Eligibility & Member Services

The Horizon NJ Health Dental Program offers dental coverage for children and pregnant women enrolled in the State of New Jersey Medicaid Program, and for adult members with disabilities, special health needs, or who qualify on the basis of financial need.

The Horizon NJ Health Dental Program includes the following Medicaid plans and Fully Integrated Dual Eligible Special Needs Plans (FIDE-SNP):

- NJ FamilyCare A
- NJ FamilyCare ABP
- NJ FamilyCare B
- NJ FamilyCare C (*requires \$5 copayment*)
- NJ FamilyCare D (*requires \$5 copayment*)
- Managed Long Term Services & Supports (MLTSS)
- Horizon NJ TotalCare (HMO D-SNP)

More detailed descriptions of these Medicaid dental plans are available in the **Benefit Plan Details & Authorization Requirements** section beginning on **page 120**.

If your patients have questions about how to enroll in the Horizon NJ Health Dental Program, or if they have questions about loss of eligibility, refer them to their local health department, or ask them to call Horizon NJ Health Main Member Services at **1-800-682-9090 (TTY/TDD 711)**.

Member ID Cards

Members enrolled in Horizon NJ Health receive blue and white Horizon NJ Health ID cards in addition to the New Jersey Medicaid Health Benefit ID card (HBID) provided by the State of New Jersey.

The Horizon NJ Health ID cards contain the following information:

- Member name
- Member Medicaid ID number
- Primary Care Physician name and phone number
- Coverage effective date
- Copayment amounts (NJ FamilyCare C and NJ FamilyCare D only)
- Status of member dental coverage (covered or not covered)
- Mailing address for dental claims on the back of the card


Participating providers are responsible for verifying that members are eligible when services are rendered and for determining whether members have other health insurance. Because it is possible for a member's eligibility status to change at any time without notice, presenting ID cards does not guarantee a member's eligibility, nor does it guarantee provider payment.

Horizon NJ Health recommends each dental office make a photocopy of the member's ID card each time treatment is provided. Horizon NJ Health dentists may disregard the Horizon NJ Health codes **280**, **780**, or YHZ prefixes before the Member Medicaid ID number.

Presenting a Horizon NJ Health ID card and New Jersey Medicaid Health Benefit ID card (HBID) **does not guarantee** that a person is currently eligible for benefits in the Horizon NJ Health Dental Program.

Sample Horizon NJ Health Member ID Cards

NJ FamilyCare



Horizon NJ Health

NAME

MEMBER ID NO: YHZ

PCP

PHONE

ISSUE DATE

EFFECTIVE

BC/BS Plan Codes 280/780

www.horizonNJhealth.com

NJ FamilyCare

Plan

Dental Benefit

Emergency **\$**

PCP Copay **\$**


Dental Copay **\$**

Specialist Copay **\$**

Rx Generic **\$**

Rx Brand **\$**

Pharmacies Group: HORIZON, BIN 610606, ProCrt: HMC



Horizon NJ Health

Independent licensees of the Blue Cross and Blue Shield Association.
Horizon NJ Health, a product of Horizon HMO.

- Always carry this ID card. You must use your selected Primary Care Provider (PCP) for medical care. Members with Medicare Advantage or other insurance must use that plan's PCP. If you need to see a Specialty doctor, you must get a referral from your PCP. You do not need a referral to see a Horizon NJ Health Eye Doctor, Dentist, OB/GYN provider, get ER care or a mammogram. Refer to the member handbook for specific copay information.
- EMERGENCIES – If you are having an emergency, call "911." You do not need approval to go to the ER. If you get emergency care, you should follow up with your PCP within 24 hours or as soon as possible.

www.horizonNJhealth.com

Member Services (including dental and vision): **1-800-682-9090**

TTY/TDD: **711**


Provider Services: **1-800-682-9091**

Dental Provider Services: **1-855-878-5368**

Hospital or Pharmacy Prior Auth: **1-800-682-9094**

- Hospitals must call to verify eligibility and obtain precertification for inpatient and outpatient hospital services.
- Standard Claims: Horizon NJ Health Claims Processing Department
PO Box 24078 Newark, NJ 07101-0406
- Dental Claims: Horizon NJ Health, P.O. Box 299, Milwaukee, WI 53201
- Outside of NJ, the member only has coverage for urgent and emergent care. Out of state, non-Horizon NJ Health providers: submit claims to local BCBS plan.

Managed Long Term Services and Supports (MLTSS)



Horizon NJ Health

NAME

MEMBER ID NO: YHZ

PCP

PHONE

ISSUE DATE

EFFECTIVE

BC/BS Plan Codes 280/780


www.horizonNJhealth.com

Managed Long Term Services and Supports (MLTSS)

Dental Benefit

No Copayments

Pharmacies Group: HORIZON, BIN 610606, ProCrt: HMC



Horizon NJ Health

Independent licensees of the Blue Cross and Blue Shield Association.
Horizon NJ Health, a product of Horizon HMO.

- Always carry this ID card. You must use your selected Primary Care Provider (PCP) for medical care. Members with Medicare Advantage or other insurance must use that plan's PCP. If you need to see a Specialty doctor, you must get a referral from your PCP. You do not need a referral to see a Horizon NJ Health Eye Doctor, Dentist, OB/GYN provider, get ER care or a mammogram. Refer to the member handbook for specific copay information.
- EMERGENCIES – If you are having an emergency, call "911." You do not need approval to go to the ER. If you get emergency care, you should follow up with your PCP within 24 hours or as soon as possible.

www.horizonNJhealth.com

MLTSS Member Services (including dental and vision): **1-844-444-4410**

TTY/TDD: **711**


MLTSS Provider Services: **1-855-777-0123**

Dental Provider Services: **1-855-878-5368**

Prior Authorization: **1-800-682-9094**

- Hospitals must call to verify eligibility and obtain precertification for inpatient and outpatient hospital services.
- Standard Claims: Horizon NJ Health Claims Processing Department
PO Box 24078 Newark, NJ 07101-0406
- Dental Claims: Horizon NJ Health, P.O. Box 299, Milwaukee, WI 53201
- Outside of NJ, the member only has coverage for urgent and emergent care. Out of state, non-Horizon NJ Health providers: submit claims to local BCBS plan.

Horizon NJ TotalCare (HMO D-SNP)



Horizon NJ TotalCare (HMO SNP)

MEMBER NAME

FIRST NAME LAST NAME

MEMBER ID NUMBER

YKU12345678

EFFECTIVE DATE

BCBS PLAN CODE S 280/780

ISSUER (80840)

PCP: LAST NAME, FIRST NAME

PHONE:

OFFICE VISIT: \$0

SPECIALIST \$0

EMERGENCY ROOM: \$0

RxBIN 016499

RxPCN DSNPPRI

RxGrp RXHRZN

RxID 12345678

CMS-H8298-001

Medicare
Prescription Drug Coverage



Horizon NJ TotalCare (HMO SNP)

Members: See your benefit booklet for covered services. Possession of this card does not guarantee eligibility for benefits.

PROVIDERS MUST NOT BILL MEDICARE.

MA HMO products are provided by Horizon Healthcare of New Jersey, Inc., an independent licensee of the Blue Cross and Blue Shield Association, Insured by Horizon Healthcare of New Jersey, Inc. In case of an emergency, dial 911 or go to the nearest emergency room. Prior authorization is not required for emergency services.

HorizonBlue.com/Medicare

Member Services: **1-800-543-5656**

Pharmacy Services: **1-855-457-1346**

Prior Authorization: **1-888-621-5894**

Dental Services: **1-800-543-5656**

Behavioral Health: **1-800-543-5656**

TTY/TDD: **711**

24/7 Nurse Line: **1-900-711-5952**

Lab Services in NJ: **1-800-631-5250**

Provider Services: **1-855-955-5590**

Emergency Services: **911**

Submit medical claims to: Horizon NJ TotalCare Claims Processing Department
PO Box 24080
Newark, NJ 07101-0406

Submit Rx claims to: Prime Therapeutics LLC
PO Box 20970
Lehigh Valley, PA 18002-0970

AN INDEPENDENT COMPANY ADMINISTERING PHARMACY BENEFITS.

Verifying Member Eligibility

To verify member eligibility, you can:

- Log on to Provider Web Portal at pwp.sciondental.com.
- Call Interactive Voice Response (IVR) eligibility line at **1-844-275-8753**.
- Call Horizon NJ Health Main Provider Services at **1-800-682-9091**

The Provider Web Portal and IVR system are both available 24 hours a day, seven days a week — giving you quick access to information without requiring you to wait for an available Customer Service Representative during business hours.

Because a member's eligibility can change at any time without prior notice, **verifying eligibility does not guarantee payment.**

Verifying Eligibility via Provider Web Portal

Our Provider Web Portal allows quick, accurate verification of a member's eligibility for covered benefits, as of the date of service. Log in using your User ID and password at pwp.sciondental.com. First-time users should contact the Electronic Outreach Team at **1-855-434-9239** to register on the Provider Web Portal.

For help registering or using the Provider Web Portal, call the Electronic Outreach Team at **1-855-434-9239**.

Once logged in, you can quickly verify eligibility for an individual patient or for a group of patients, and you can print an online eligibility summary report for your records.

Verifying Eligibility via IVR

Use our Interactive Voice Response (IVR) system to verify eligibility for an unlimited number of patients. Call **1-844-275-8753** and follow the prompts to identify yourself and the patient whose eligibility you are verifying.

Our system analyzes the information entered and verifies the patient's eligibility. If the system cannot verify the member information, you will be transferred to a Customer Service Representative. You also have the option of transferring to a Customer Service Representative after completing eligibility checks, if you have other inquiries.

Specialist Referrals

A patient who requires a referral to a dental specialist can be referred directly to any specialist contracted with the Horizon NJ Health Dental Program provider network without authorization from Horizon NJ Health. The dental specialist is responsible for obtaining prior authorization for services, as defined in the **Benefit Plan Details & Authorization Requirements** section of this provider manual on **page 120**.

If you are unfamiliar with the contracted specialty network for the Horizon NJ Health Dental Program or need help locating a specialist provider, call Provider Services at **1-855-878-5368**.

Appointment Availability Standards

The Horizon NJ Health Dental Program has established appointment time requirements to ensure patients receive dental services within a time period appropriate to their health condition. We expect dental providers to meet these appointment standards for a number of important reasons, including:

- Ensure patients receive the care they need to protect their health.
- Maintain member satisfaction.
- Reduce unnecessary use of alternative services such as emergency room visits.

Dentists are expected to meet the following minimum standards for appointment availability:

- **Routine appointments.** Routine preventive care and follow-up appointments must be scheduled within four weeks. Participating dentists must be available at any time via answering service or covering dentist.
- **Specialist referrals.** Specialty care appointments must be scheduled within 60 days of initial referral from the patient's primary or general dentist—or more quickly, if deemed necessary by the primary dentist.
- **Urgent care.** Appointments for urgently needed care must be made available within 72 hours.
- **Emergency situation.** Provide care immediately.

Horizon NJ Health has an ongoing monitoring program in place to ensure dental offices are meeting standards for appointment availability. Non-compliance may result in a Corrective Action Program (CAP) for providers.

Summary: Appointment Availability Standards

Appointment Type	Required Appointment Timeline
Emergency	Provide care immediately
Urgent dental care	Within 72 hours
Specialist referral	Within 60 days, or sooner, per request from referring dentist
Routine preventive, follow-up visits	Within four weeks

After-Hours Calls and Coverage

A true dental emergency is a specific condition of the oral cavity or contiguous tissues that causes severe or intractable pain, and could compromise the life, health, or safety of the member unless treated immediately.

Emergency symptoms may include the following:

- Pain or acute infection from a restorable or not restorable tooth
- Pain resulting from injuries to the oral cavity and related structures
- Extensive, abnormal bleeding
- Fractures of the maxilla, mandible, or related structures, as well as dislocation of the mandible

If members experience any of these conditions or life-threatening situations, they should go to the emergency room at their local hospital. Without a life-threatening situation, members with a sore throat, pain in the ear, etc., should not seek emergency room care.

All after-hours calls for dental emergencies are handled by Horizon NJ Health Main Member Services between 5 p.m. and 8 a.m. ET at **1-609-203-7095**. Requests are routed to the appropriate after-hours Horizon NJ Health nurse via the after-hours cell phone.

Response Time Requirements

All general dentists and specialty care dentists must be available to Horizon NJ Health members 24 hours a day, seven days a week, as stated in the contractual agreement. General dentists and specialists should make arrangements with an answering service to receive calls during off-hours. Providers must respond to after-hours telephone calls regarding dental care within 15 minutes for crisis situations; 45 minutes for non-emergent, symptomatic issues; and same day for asymptomatic concerns.

Response times are contractually required and monitored by Horizon NJ Health. If a general dentist or specialist is identified as noncompliant, we make every effort to educate the dentist about response policies. Continued noncompliance may result in a Corrective Action Program. For information about Corrective Action Programs to address noncompliance, contact Horizon NJ Health at **1-800-682-9094**.

Summary: After-Hours Call Response Standards

After-Hours Call Type	Required Response Timeline
Emergency services	Within 15 minutes
Non-emergent, symptomatic issues	Within 45 minutes
Asymptomatic concerns	Within the same day

Missed Appointments

Providers who participate in the Horizon NJ Health Dental Program are not allowed to charge members for missed appointments.

If your office sends letters or postcards 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 checkups are needed to keep your teeth healthy. Call us to schedule another appointment.”
- “Please call to reschedule another dental appointment. Call us in advance if you cannot keep the appointment. Missed appointments are very costly to us. Thank you for your help.”

The Centers for Medicare & Medicaid Services (CMS) interpret federal law to prohibit a provider from billing any Medicaid Plan member for a missed appointment. In addition, your missed appointment policy for members enrolled in the Horizon NJ Health Dental Program cannot be stricter than your policy for private or commercial patients.

If a Horizon NJ Health Dental Program member exceeds your office policy for missed appointments and you choose to discontinue seeing the patient, ask them to contact Horizon NJ Health for a referral to another dentist.

Payment for Non-Covered Services

Non-covered services are any procedures deemed outside the benefit package per our dental consultants, including those with primarily cosmetic purposes and those without dental necessity.

Horizon NJ Health allows medical and dental supplies, equipment, and other devices essential to treat member conditions unless otherwise available at no charge from community services (such as the American Cancer Society or other service organizations).

Standard toothbrushes, dental floss, and like items are considered personal hygiene items and not covered by the program.

Providers **must** inform patients **in advance and in writing** when a member is responsible for non-covered services.

Enrolled participating providers shall hold members and the Horizon NJ Health Dental Program harmless for the payment of non-covered services except as provided in this paragraph. A provider may bill a patient for non-covered services if the provider obtains written agreement from the patient in advance, before rendering the service. The written agreement must indicate:

- The services to be provided (CDT code);
- The Horizon NJ Health Dental Program will not pay for or be liable for these services; and
- Patient will be financially liable for such services.

Prior Authorization & Documentation Requirements

Prior Authorization for Treatment

The Horizon NJ Health Dental Program has specific utilization criteria, as well as a prior authorization review process, to manage the utilization of services. Whether prior authorization is required for a particular service, and whether supporting documentation is also required, is defined in this provider manual in **Benefit Plan Details & Authorization Requirements** beginning on **page 120**.

Non-emergency services requiring prior authorization should not be started until the authorization request is reviewed and approved by a Horizon NJ Health Dental Consultant. 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 or the Horizon NJ Health Dental Program.

Should a procedure need to be initiated to relieve pain and suffering in an emergency situation, you must provide treatment to alleviate the patient's condition. For more details regarding emergency services, see **Emergency Treatment** on **page 84**.

Submit requests for prior authorization online through the Provider Web Portal (pwp.sciondental.com), electronically in a HIPAA-compliant data file, or via postal mail on a paper ADA Dental Claim Form. (See

Authorization Submission Procedures on **page 45**.) Any authorizations submitted without the required documentation will be denied and must be resubmitted for determination.

Do not submit duplicate authorizations. Submitting duplicate authorizations results in automated system denials, slower claims processing, and delayed claims payment.

Horizon NJ Health will make a decision on a request for prior authorization within 10 business days from the date we receive the request, provided all information is complete.

Horizon NJ Health will honor prior authorizations for 365 days from the date they are determined. ***An authorization does not guarantee payment.*** The member must be eligible for benefits at the time services are provided. Horizon NJ Health reviewers and licensed dental consultants approve or deny authorization requests based on whether:

- The item or service is medically necessary.
- A less expensive service would adequately meet the member's needs.
- The proposed item or service conforms to commonly accepted standards in the dental community.

All final decisions regarding denials of referrals, prior authorizations, treatment and treatment plans for nonemergency services shall be made by a licensed New Jersey dentist/dental specialist.

Dental Treatment Plan

Following a comprehensive examination and per good dental practice, providers should develop and describe a treatment plan for each patient on the current ADA Claim Form. Horizon NJ Health Dental Consultants may review any dental treatment plan, including those not requiring prior authorization.

When prior authorization is necessary, a Horizon NJ Health Dental Consultant may deny the dentist's treatment plan when the treatment is not comprehensive and/or is missing appropriate supporting documentation. The comprehensive treatment plan must be based on the New Jersey Administrative Code 10:56 and the State Clinical Criteria Guidelines. The treatment plan must be designed to provide adequate dental treatment to correct problems, last for the longest period of time, and represent an efficient allocation of Horizon NJ Health resources. If the professional judgment of the dentist determines the denied treatment plan is appropriate for the member, the provider may appeal the denied authorization.

For any dental treatment plan, the dentist must discuss the proposed treatment and receive approval from the member and/or their family member or guardian before submission for authorization and before starting treatment. Horizon NJ Health encourages providers to get formal approval of the treatment plan with a member signature on office records or in a separate statement. No alteration of the treatment plan is reimbursed based on subsequent rejection of all or part of plan by the member, family member, or guardian.

Following post-utilization review, Horizon NJ Health Dental Consultants may review any dental treatment plan—including those not requiring prior authorization—to determine appropriateness of treatment. If the treatment is not appropriate, the payment may be recovered.

Authorization for a dental treatment plan does not guarantee eligibility for payment under the Horizon NJ Health Dental Program. Horizon NJ Health recommends providers check eligibility on the first visit of each month through the Provider Web Portal or by calling Horizon NJ Health Main Provider Services at **1-800 682-9091**.

Dental OR/ASC Services

Dental services that are to be performed outside your office, either in an outpatient department of a hospital or at an ambulatory surgical center (ASC), must be approved by Horizon NJ Health to ensure the services meet the medical necessity criteria for services rendered in an outpatient facility (hospital or ASC). See

Authorization Submission Procedures on **page 45** and **Hospital Calls** on **page 89**.

Appealing an Authorization Decision

If you have questions about a prior authorization decision or wish to speak to the dental reviewer, call Provider Services at **1-855-878-5368**. For more about utilization management appeals, see **Utilization Management/Authorization Appeal** on **page 61**.

If Horizon NJ Health denies approval for any requested service, the member will receive written notice of the reasons for each denial and will be notified of how to appeal the decision. The requesting provider will also receive notice of the decision.

To appeal an authorization decision, submit the appeal in writing along with any necessary documentation within 60 days of the original determination date to:

Horizon NJ Health: Complaints/Appeals
 PO Box 295
 Milwaukee, WI 53201

Summary: Prior Authorization Timelines

Authorization Request	Timeline
Decision on authorization request	Horizon NJ Health approves or denies request within 10 business days.
Prior authorization expiration	Horizon NJ Health honors approved prior authorizations for 365 calendar days from decision date.
Authorization decision appeal—Members	Members must appeal within 60 days of the original authorization denial date.
Authorization decision appeal—Providers	Providers must appeal within 60 days of the original authorization denial date. Providers must have the member’s written consent to appeal a decision on the member’s behalf.
UM/Authorization appeal decision—Non-expedited (Internal)	Horizon NJ Health renders decision within 30 calendar days of receiving the appeal.
UM/Authorization appeal decision—Expedited (Internal)	Horizon NJ Health renders decision within 72 hours of receiving the expedited appeal.

Authorization Submission Procedures

Horizon NJ Health accepts authorizations submitted in any of the following formats:

- Provider Web Portal at pwp.sciondental.com
- Electronic submission via clearinghouse, Payer ID: **22099**
- HIPAA-compliant 837D file
- Paper ADA Dental Claim Form, available from the American Dental Association

Submitting Authorizations via Provider Web Portal

Providers may submit authorizations along with any required treatment documentation directly to Horizon NJ Health through our Provider Web Portal at pwp.sciondental.com.

Submitting authorizations via the web portal has several significant advantages:

- The online dental form has built-in features that automatically verify member eligibility, pre-fill the authorization form with member information, and make data entry quick and easy.
- The online authorization process steps you through clinical guidelines, when applicable, giving you a quick indication of how your authorization request will be evaluated and whether it's likely to be approved. (Successfully completing a clinical guideline does not guarantee payment.)
- The online authorization process indicates whether supporting documentation is required and allows you to attach and send documents as part of the authorization request—**for no charge**.
- Dental reviewers and consultants receive your authorization requests and supporting documentation as soon as you submit them online—which means you receive decisions faster.
- As soon as an authorization is determined, its status is instantly updated online and available for review. You don't have to wait for a letter to find out whether your authorization request is approved.

If you have questions about submitting authorizations online, attaching electronic documents, or accessing the Provider Web Portal, call the Electronic Outreach Team at **1-855-434-9239**.

Submitting Authorizations via Clearinghouses

Providers may submit electronic claims and authorizations to Horizon NJ Health directly via either the Change Healthcare (formerly Emdeon) or DentalXChange clearinghouses. If you use a different clearinghouse, your software vendor can provide you with information you may need to ensure electronic files are forwarded to Horizon NJ Health.

The Horizon NJ Health Payer ID is **22099**. By using this unique Payer ID with electronic files, Change Healthcare (formerly Emdeon) and DentalXChange can ensure that claims and authorizations are submitted successfully to Horizon NJ Health.

For more information about Change Healthcare (formerly Emdeon) and DentalXChange, visit their websites: [changehealthcare.com](https://www.changehealthcare.com) and [dentalxchange.com](https://www.dentalxchange.com).

Submitting Authorizations via 837D File

If you can't submit claims and authorizations electronically through the Provider Web Portal or a clearinghouse, Horizon NJ Health will work with you individually to receive electronic files submitted using the HIPAA-Compliant 837D transaction set format. To inquire about this option, call Provider Services at **1-855-878-5368**.

Attaching Electronic Documents

If you use the Provider Web Portal (pwp.sciondental.com), you can quickly and easily send electronic documents as part of submitting a claim or authorization—**for no charge**.

Horizon NJ Health also accepts dental radiographs and other documents electronically via Fast Attach™ for authorization requests. For more information, visit [nea-fast.com](https://www.nea-fast.com) or call the National Electronic Attachment, Inc. (NEA) at **1-800-782-5150**.

Submitting Authorizations on Paper Forms

To ensure timely processing of submitted authorizations, the following information must be included on the current ADA Dental Claim Form:

- Member Name
- Member Medicaid ID Number
- Member Date of Birth
- Provider Name
- Provider Location
- Billing Location
- Provider NPI
- Payee Tax Identification Number (TIN)

Use approved ADA dental codes, as published in the current CDT book or as defined in this manual, to identify all services. Include on the form: all quadrants, tooth numbers, and surfaces for dental codes that require identification (extractions, root canals, amalgams, and resin fillings).

Horizon NJ Health recognizes tooth letters A through T for primary teeth and tooth numbers 1 to 32 for permanent teeth. Designate supernumerary teeth with 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 1, then chart the supernumerary tooth as 51. Likewise, if the nearest tooth is A, chart the supernumerary tooth as AS.

Missing, incorrect, or illegible information could result in the authorization being returned to the submitting provider's office, causing a delay in determination. Use the proper postage when mailing bulk documentation. Mail with postage due will be returned.

No X-Ray Return Policy. Providers should maintain copies of all dental prior authorization forms and supporting documentation, including X-rays. X-rays and other documentation are shredded and not returned.

Mail paper authorizations to:

Horizon NJ Health: Authorizations
PO Box 362
Milwaukee, WI 53201

Duplicate Authorizations Automatically Denied

Do not submit duplicate authorizations. Submitting duplicate authorization incurs unnecessary administrative costs for providers. When authorizations are processed, they are automatically checked to verify required documentation is on file. Approved authorizations are then automatically matched against corresponding claims, ensuring claims are paid accurately and efficiently. Duplicate authorizations are automatically denied and result in slower claims processing and delayed claims payment.

For the fastest, most efficient authorization determinations and claim payments, be sure to:

- Submit just ***one*** original authorization with all required documentation attached, and
- Include a ***comprehensive*** treatment plan—because a fragmented plan will be denied.

ADA-Approved Dental Claim Form

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/DENTAL BENEFIT PLAN INFORMATION

3. Company/Plan Name, Address, City, State, Zip Code

POLICYHOLDER/SUBSCRIBER INFORMATION (For Insurance Company Named in #3)

12. Policyholder/Subscriber Name (Last, First, Middle Initial, Suffix), Address, City, State, Zip Code

13. Date of Birth (MM/DD/CCYY) 14. Gender M F 15. Policyholder/Subscriber ID (SSN or ID#)

16. Plan/Group Number 17. Employer Name

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)

PATIENT INFORMATION

6. Date of Birth (MM/DD/CCYY) 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 Other

11. Other Insurance Company/Dental Benefit Plan Name, Address, City, State, Zip Code

18. Relationship to Policyholder/Subscriber in #12 Above
 Self Spouse Dependent Child Other 19. Reserved For Future Use

20. Name (Last, First, Middle Initial, Suffix), Address, City, State, Zip Code

21. Date of Birth (MM/DD/CCYY) 22. Gender M F 23. Patient ID/Account # (Assigned by Dentist)

RECORD OF SERVICES PROVIDED

	24. Procedure Date (MM/DD/CCYY)	25. Area of Oral Cavity	26. Tooth System	27. Tooth Number(s) or Letter(s)	28. Tooth Surface	29. Procedure Code	29a. Diag. Pointer	29b. Obj.	30. Description	31. Fee
1										
2										
3										
4										
5										
6										
7										
8										
9										
10										

33. Missing Teeth Information (Place an "X" on each missing tooth.)
 1 2 3 4 5 6 7 8 9 10 11 12 13 14 15 16

34. Diagnosis Code List Qualifier (ICD-9 = B; ICD-10 = AB)
 34a. Diagnosis Code(s) A _____ C _____
 (Primary diagnosis in "A") B _____ D _____

31a. Other Fee(s) _____
 32. Total Fee _____

35. Remarks

AUTHORIZATIONS

36. I have been informed of the treatment plan and associated fees. I agree to be responsible for all charges for dental services and materials not paid 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. To the extent permitted by law, I consent to your use and disclosure of my protected health information to carry out payment activities in connection with this claim.

X Patient/Guardian Signature _____ Date _____

37. I hereby authorize and direct payment of the dental benefits otherwise payable to me, directly to the below named dentist or dental entity.

X Subscriber Signature _____ Date _____

ANCILLARY CLAIM/TREATMENT INFORMATION

38. Place of Treatment (e.g. 11=office; 22=O/P Hospital)
 (Use "Place of Service Codes for Professional Claims")

39. Enclosures (Y or N)

40. Is Treatment for Orthodontics?
 No (Skip 41-42) Yes (Complete 41-42)

41. Date Appliance Placed (MM/DD/CCYY)

42. Months of Treatment 43. Replacement of Prosthesis
 No Yes (Complete 44)

44. Date of Prior Placement (MM/DD/CCYY)

45. Treatment Resulting from
 Occupational illness/injury Auto accident Other accident

46. Date of Accident (MM/DD/CCYY) 47. Auto Accident State

BILLING DENTIST OR DENTAL ENTITY (Leave blank if dentist or dental entity is not submitting claim on behalf of the patient or insured/subscriber.)

48. Name, Address, City, State, Zip Code

49. NPI 50. License Number 51. SSN or TIN

52. Phone Number () - 52a. Additional Provider ID

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.

X _____ Date _____
 Signed (Treating Dentist)

54. NPI 55. License Number

56. Address, City, State, Zip Code 56a. Provider Specialty Code

57. Phone Number () - 58. Additional Provider ID

©2012 American Dental Association
 J430D (Same as ADA Dental Claim Form – J430, J431, J432, J433, J434)

To reorder call 800.947.4746
 or go online at adacatalog.org

ADA American Dental Association®

America's leading advocate for oral health

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 web site (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.

Category / Description Code	Code
Dentist 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.	122300000X
General Practice	1223G0001X
Dental Specialty (see following list)	Various
Dental Public Health	1223D0001X
Endodontics	1223E0200X
Orthodontics	1223X0400X
Pediatric Dentistry	1223P0221X
Periodontics	1223P0300X
Prosthodontics	1223P0700X
Oral & Maxillofacial Pathology	1223P0106X
Oral & Maxillofacial Radiology	1223D0008X
Oral & Maxillofacial Surgery	1223S0112X

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

Claim Submission Procedures

Horizon NJ Health accepts claims submitted in any of the following formats:

- Provider Web Portal at pwp.sciondental.com
- Electronic submission via clearinghouse, Payer ID: **22099**
- HIPAA-compliant 837D file
- Paper ADA Dental Claim Form, available from the American Dental Association

Submitting Claims via Provider Web Portal

Providers may submit claims directly to Horizon NJ Health through the Provider Web Portal at pwp.sciondental.com. Submitting claims via the web portal has several significant advantages:

- The online dental form has built-in features that automatically verify member eligibility, pre-fill the claim form with member information, and make data entry quick and easy.
- The online process allows you to attach and send electronic documents as part of submitting a claim—**for no charge**.
- Before submitting a claim—or before rendering services—you can generate an online claim estimate to find out how much you are likely to be paid or whether your claim may be denied—and the reasons why.
- Claims enter our benefits administration system faster—which means you receive payment faster.
- As soon as a claim is paid, its status is instantly updated online, and a Remittance Report is available for review.

If you have questions about submitting claims online, attaching electronic documents, or accessing the Provider Web Portal, call the Electronic Outreach Team at **1-855-434-9239**.

Submitting Claims via Clearinghouses

Providers may submit electronic claims and authorizations to Horizon NJ Health directly via either the Change Healthcare (formerly Emdeon) or DentalXChange clearinghouses. If you use a different clearinghouse, your software vendor can provide you with information you may need to ensure electronic files are forwarded to Horizon NJ Health.

The Horizon NJ Health Payer ID is **22099**. By using this unique Payer ID with electronic files, Change Healthcare (formerly Emdeon) and DentalXChange can ensure that claims and authorizations are submitted successfully to Horizon NJ Health.

For more information about Change Healthcare (formerly Emdeon) and DentalXChange, visit their websites at changehealthcare.com and dentalxchange.com.

Submitting Claims via HIPAA-Compliant 837D File

If you can't submit claims and authorizations electronically through the Provider Web Portal or a clearinghouse, Horizon NJ Health will work with you individually to receive electronic files submitted using the HIPAA-Compliant 837D transaction set format. To inquire about this option, call Provider Services: **1-855-878-5368**.

Attaching Electronic Documents

If you use the Provider Web Portal (pwp.sciondental.com), you can quickly and easily send electronic documents as part of submitting a claim or authorization—**for no charge**. Horizon NJ Health, in conjunction with NEA (National Electronic Attachment, Inc.), also allows enrolled providers to submit documents electronically via FastAttach™. This program allows secure transmissions of radiographs, periodontics charts, intraoral pictures, narratives, and Explanation of Benefits (EOBs). FastAttach™ is compatible with most claims clearinghouses and practice management systems. For more information, visit nea-fast.com or call NEA at **1-800-782-5150**.

Submitting Claims on Paper Forms

To ensure timely processing of paper claims, the following information must be included on the current ADA Dental Claim Form:

- Member Name
- Member Medicaid ID Number
- Member Date of Birth
- Provider Name
- Provider Location
- Billing Location
- Provider NPI
- Payee Tax Identification Number (TIN)
- Date of Service for each service line

Use approved ADA dental codes, as published in the current CDT book or as defined in this manual, to identify all services. Include on the form: all quadrants, tooth numbers, and surfaces for dental codes that require identification (extractions, root canals, amalgams and resin fillings). Horizon NJ Health recognizes tooth letters A through T for primary teeth and tooth numbers 1 to 32 for permanent teeth. Designate supernumerary teeth with 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 1, then chart the supernumerary tooth as 51. Likewise, if the nearest tooth is A, chart the supernumerary tooth as AS. Missing, incorrect, or illegible information could result in the claim being returned to the submitting provider's office, causing a delay in payment. Use the proper postage when mailing bulk documentation. Mail with postage due will be returned. Mail paper claims to:

Horizon NJ Health: Claims
PO Box 299
Milwaukee, WI 53201

Coordination of Benefits (COB)

The Horizon NJ Health Dental Program is the payer of last resort. When a member arrives for an appointment, always ask if they have other dental insurance coverage.

When the Horizon NJ Health Dental Program is the secondary insurance carrier, submit a copy of the primary carrier's Explanation of Benefits (EOB) with the claim. For electronic claim submissions, indicate the payment made by the primary carrier in the appropriate Coordination of Benefits (COB) field, and attach an electronic copy of the EOB.

When a primary carrier's payment meets or exceeds a provider's contracted rate or fee schedule, the Horizon NJ Health Dental Program will consider the claim paid in full and no further payment will be made on the claim.

Timely Filing Limits

Horizon NJ Health must receive claims requesting payment within 180 calendar days from the date of service. Claims submitted more than 180 calendar days from the date of service will be denied for "untimely filing." If a claim is denied for untimely filing, you may not bill the member.

Timely filing for corrected claim submissions is 365 days from the date of service.

Corrected Claim Process

If a claim or a service line is denied because information was missing from the submitted claim, or if you have additional information or documentation that you believe may change the payment decision, simply resubmit the claim and include the missing information.

For example, resubmit a claim with additional information if a service was denied because of a missing tooth number or surface, or if a claim was denied because documentation showing medical necessity was not originally submitted.

However, if a service line on a claim was paid that should not have been paid—or if a claim was paid to the wrong payee or on behalf of the wrong member, then submit a new "Corrected" claim to reverse the incorrect payment and reprocess the claim with the corrected information.

For example, if a claim is submitted and paid with the wrong provider NPI or clinic location, incorrect payee Tax ID, wrong member, incorrect procedure code, etc., then the paid claim must be corrected and reprocessed.

Resubmitting a Denied Claim

To resubmit a denied claim with additional supporting information, follow the standard **Claim Submission Procedures** on **page 50** of this provider manual. Timely filing limitations apply when a claim is resubmitted for reprocessing.

Submitting a Corrected Claim

To reverse and correct a payment that should not have been made, submit a corrected claim on the current ADA Dental Claim Form via postal mail.

- Identify the claim as **Corrected** by writing “**Corrected**” across the top of a paper claim form.
- Identify the original Claim/Encounter Number and the intended change by writing them in the **Remarks** section (Box 35) on a paper ADA form.
- Attach supporting documentation, and send documentation in the same package with the paper claim form.

Send paper forms and documents to:

Horizon NJ Health: Corrected Claims
PO Box 541
Milwaukee, WI 53201

Receipt & Audit of Claims

To ensure timely, accurate payment to each participating provider, Horizon NJ Health audits claims for completeness as they are received. This audit validates member eligibility, procedure codes, and provider identification information. A Dental Reimbursement Analyst reviews any claim conditions that would result in nonpayment. When potential problems are identified, your office may be asked to help resolve the issue. For questions about claims submission or remittances, call Provider Services at **1-855-878-5368**.

Claims Adjudication & Payment

The Horizon NJ Health software system imports claim and authorization data, evaluates and edits the data for completeness and correctness, analyzes the data for clinical appropriateness and coding correctness, evaluates services against plan coverage and benefit limits, calculates the appropriate payment amounts, and generates payments and remittance summaries. The system also evaluates and automatically matches claims and services against prior authorizations and matches claims and services to the appropriate member record for efficient and accurate claims processing.

As soon as the system prices and pays claims, checks and electronic payments are generated, and remittance summaries are posted and available for online review from the Provider Web Portal at pwp.sciondental.com.

To appeal a reimbursement decision, submit the appeal in writing within 90 calendar days of the decision date, along with any necessary documentation to:

Horizon NJ Health: Complaints/Appeals
PO Box 295
Milwaukee, WI 53201

Total Maximum Payment Allowance

If a member receives care from more than one provider as part of a partnership or corporation in the same discipline for the same service, the total maximum payment allowance is the same as that for a single attending dentist. The allowance fee for a given service is considered full payment. Horizon NJ Health does not allow any additional charge by the dentist or on behalf of the member.

The Horizon NJ Health Dental Program pays a fee only for eligible services rendered. If a member does not complete the treatment plan, providers may bill only for those services already performed.

Stage of Completion

If a provider cannot complete a service and/or an authorized appliance for a member due to circumstances beyond their control, Horizon NJ Health reimburses the provider an amount consistent with the stage of completion of the authorized service and/or appliance. The current ADA Claim Form must document the stage of completion of the service. For an appliance, denture, or crown, a Horizon NJ Health Dental Consultant reviews and prorates the case respective to the point of completion. The case is then sent to the provider to retain for at least one year, pending the possible return of the member.

Partial Reimbursement

Horizon NJ Health may authorize partial reimbursement for an appliance that is completed but not delivered to the member due to circumstances beyond the control of the provider. We deduct an amount equivalent to the professional component for inserting and adjusting the appliance from the total reimbursement for such an appliance. If the member returns to the provider and the service is completed, the healthcare professional may request reimbursement for the deducted amount.

Prorated Basis for Dental Services

Horizon NJ Health will pay on a prorated basis for dental services that have a dental lab component, including cast crowns, fixed and removable prosthetics, retainers, and habit appliances based on stage of completion, if an enrollee dies or does not return to complete these services within three months from the last office visit for that service.

- For cast restorative and fixed prosthodontics, the prorate shall be 10 percent of the total payment for preparation of tooth with or without temporary, 85 percent of the total payment for impression and 95 percent of the total payment for completed not inserted.
- For removable prosthodontics, the prorate shall be 10 percent of the total payment for impression, 55 percent of the total payment for bite registration, 75 percent of the total payment for “try-in” stage and 85 percent of the total payment for completed not inserted.
- For appliances and retainers, the prorate shall be 10 percent of the total pay.

This information will be available in the Member Handbook and by visiting horizonNJhealth.com/for providers.

Missed Appointments

Horizon NJ Health does not reimburse for missed appointments and does not allow a provider to bill a member for any payment. For more information, see **Missed Appointments** on **page 38**.

Period of Eligibility

Reimbursement for dental treatment can be made only during the period of member eligibility. However, exceptions are available under certain circumstances.

Eligibility Exceptions

When authorized and in process of being rendered for an eligible member, the provider may bill for the following treatments if all services are completed within 60 calendar days after the termination of a member's eligibility:

- Prostheses, such as dentures, crowns, space maintainers, and appliances, in process of fabrication.
- Extractions and ancillary services, such as general anesthesia and radiographs, in conjunction with the insertion of an immediate denture if initial impressions were taken during a period of eligibility.
- Endodontic treatment with pulp extirpated, as well as those services necessary to complete the restoration of that tooth, such as filling restorations or post and core and crown, if authorized during a period of eligibility.

Dentures

Horizon NJ Health reimburses for dentures furnished after termination of eligibility when the last tooth in any specific arch is extracted during a period of eligibility.

- The provider may furnish a complete or partial denture in the opposing arch if it meets the guidelines of the program and is authorized in conjunction with such a denture.
- To receive reimbursement for the denture, the provider must initiate the primary impressions within 120 days and insert the denture within 180 days after the extraction of the last tooth. Prior authorization procedures apply.

Immediate Dentures

For immediate dentures, similar to procedures for dentures inserted after the healing period, the provider must obtain prior authorization during the eligibility period and complete all preliminary extractions within the same time frame. The provider must complete authorized complete or partial dentures, in conjunction with immediate replacement codes, within 180 days after termination of eligibility.

- The provider may furnish a complete or partial denture in the opposing arch if it meets the guidelines of the program and is authorized in conjunction with such a denture.
- To receive reimbursement for this denture, the provider must initiate the primary impression within 120 days and insert the denture within 180 days after the last preliminary extraction. Prior authorization procedures apply.

Third-Party Liability (TPL)

When available, the provider must utilize and report any other public or private third-party sources of payment for services rendered to members. As a Medicaid plan, Horizon NJ Health is always the payer of last resort. Submit all claims to the appropriate third-party first before submitting claims to Horizon NJ Health.

If the provider determines that the third party will neither pay nor provide the covered service, and the service is medically necessary, dentists may bill Horizon NJ Health without a written denial from the third party.

- The provider must notify Horizon NJ Health within 30 days after learning a member has third-party health insurance coverage beyond the Horizon NJ Health insurance. Also, notify Horizon NJ Health of any casualty insurance coverage or any change in the member's health insurance coverage.
- If a member retains counsel who institutes a legal cause of action for damages against a third party, the provider must notify Horizon NJ Health in writing. This notification must include the member's name, Member Medicaid ID number, date of accident or incident, nature of injury, name and address of the member's legal representative, copies of pleadings, and any other document related to the action in possession of the provider. This information may include, but not be limited to, data for each date of service on or subsequent to the date of the accident or incident, the member diagnosis, and the nature of any service provided to the member.
- Providers must notify Horizon NJ Health within 30 days of the date when they learn of the death of a Medicaid member age 55 or older, including the member's full name, Social Security Number, Member Medicaid ID number, and date of death.
- To maximize the collection of third-party payments, the provider must agree to cooperate with Horizon NJ Health and State efforts to offer Horizon NJ Health any updates to the information required in this section of the manual.

Complaints, Grievances & Appeals

The Horizon NJ Health Dental Program is committed to providing high-quality dental services to all members. As part of that commitment, we offer both providers and members the opportunity submit complaints about care or services received, and to submit appeals requesting adverse decisions be reviewed and reconsidered.

Horizon NJ Health provides both members and providers a copy of their appeal rights with each pre- or post-service denial. A designated Horizon NJ Health Appeals Specialist is dedicated to the expedient, satisfactory resolution of both provider and member complaint and appeals.

Our procedures for handling and resolving complaints and appeals are designed to:

- Ensure fair, just, and speedy resolutions by working cooperatively with providers and supplying any documentation related to complaints and/or appeals, upon request.
- Treat providers and members with dignity and respect at all levels of the complaints and appeals resolution process.
- Inform providers and members of their full rights as they relate to complaint and appeal resolutions, including their rights of appeal at each step in the process.
- Resolve complaints and appeals in a satisfactory and acceptable manner within the Horizon NJ Health Dental Program protocol.
- Comply with all regulatory guidelines and policies with respect to complaints and appeals.
- Efficiently monitor the resolution of complaints, to allow for tracking and identifying unacceptable patterns of care over time.

Differences sometimes arise between dental providers and insurers or their benefit administrators regarding prior authorization determinations and payment decisions. Since many of these issues result from misunderstanding of service coverage, processing policy, or payment levels, we encourage providers to contact us for explanations and education. For assistance, call Provider Services at **1-855-878-5368**.

Horizon NJ Health will never penalize any provider or member for filing a complaint, grievance, or appeal. We are committed to resolving disputes and appeals promptly, with a fair and full investigation and resolution.

Making a Complaint

If providers or members are dissatisfied with care or services received, they may make a complaint by calling a toll-free number or by sending a written description of the issue. Telephone inquiries will be answered on the same day or within one business day.

If we can resolve a non-urgent complaint within five business days, we will notify you of the decision by telephone. If we can't reach you (or the member) by phone, we will send written notification within 30 calendar days.

Resolution Timeline	
Complaint	Resolved with verbal notification within 5 business days or written notification within 30 calendar days.
Grievance	Complaint not resolved within 5 business days is considered a grievance. Resolved with written notification within 30 calendar days.

If a complaint cannot be resolved within five business days, we classify it as a "grievance," and we send you written notification of the resolution within 30 calendar days.

Verbal complaints

To initiate a verbal complaint about care or services received, call Horizon NJ Health Customer Service:

PROVIDERS: **1-800-682-9091**

MEMBERS: **1-800-682-9090**

Complaints mailing address

Send a written complaint to:

Horizon NJ Health: Complaints/Appeals

PO Box 295

Milwaukee, WI 53201

Submitting Appeals

An appeal is a request for a decision to be reviewed and reconsidered. Horizon NJ Health has defined several different types of appeals, and each type has its own timelines, requirements, and processes, described below and on the following pages.

Types of appeals include:

- Claims Payment Appeal
- Utilization Management/Authorization Appeal

Expedited Appeals

If a member is in pain or at a high health risk, providers or members may request an expedited appeal, either verbally or in writing. For an expedited verbal request, call **1-855-878-5371 (TTY: 1-800-508-6975)**. Horizon NJ Health will make a decision as soon as possible, within a maximum of 72 hours after receiving the request for an expedited appeal.

Appeal Submission Guidelines

Appeals may be submitted by providers, by members, and may also be requested by representatives who are authorized to appeal on behalf of a member, such as a lawyer, parent or guardian, dental provider, or other authorized representative. Horizon NJ Health provides both members and providers copies of their appeal rights with each pre- or post-service denial.

To be considered, appeals must be submitted within defined timelines. The timelines for each type of appeal are summarized on the following pages.

Providers:

- Must submit all appeal requests in writing, unless the request is expedited.
- May submit a utilization management appeal on behalf of a member, with the member's written consent. Written member consent can be waived when the request is for an expedited resolution.
- May submit only one utilization management appeal for a particular case. The appeal may be on the provider's behalf or the member's behalf, but not both.
- May request written documentation for the clinical rationale Horizon NJ Health used to make appeal decisions.

Members:

- May submit appeal requests verbally or in writing.
- May call Horizon NJ Health Main Member Services for help with complaints or appeals at **1-877-765-4325**.
- May revoke consent for a provider to appeal on their behalf at any time.

Documentation Requirements

Regardless of the level or type of appeal, the following information must be included with each appeal request:

- Name, address, phone number of the provider or member making the appeal
- Member Medicaid ID
- Dates of service
- Names of providers and/or facilities involved in the situation
- Description and specific details about the actions or decision in question
- Reason for the appeal
- Desired outcome from the appeal
- Supporting documentation (including dental record, X-rays, treatment notes, etc.)
- Signed member consent form (if applicable)

Continuation of Benefits

Services are covered while an appeal is pending. If the appeal is denied, the member may be required to pay for the cost of these services.

To request continuation of benefits while a Medicaid Fair Hearing is pending, members must submit a request in writing within 10 days of receiving notification of a denied appeal. If the Fair Hearing appeal is denied, the member may be required to pay for the cost of the services.

Claims Payment Appeal

If you are dissatisfied with the reimbursement amount or timeliness of a claims payment, you may file an internal claims payment appeal within 90 calendar days after receiving notification of the claim determination. Submit your written claim appeal on the appropriate Department of Banking and Insurance (DOBI) claim form (state.nj.us/dobi).

The ADR organization's arbitrator will make a decision within 30 calendar days after receiving all documentation necessary for the review. The arbitrator's decision is binding and cannot be appealed. Horizon NJ Health may change the ADR arbitrator at any time.

Claims Payment Appeal Timelines

Stage	Appeal Submission Timeline	Resolution Timeline
One	Submit appeal on DOBI claim form within 90 days of receiving claim dispute resolution.	Resolved within 30 days.

All days refer to calendar days.

Internal review

To appeal the resolution of a claim dispute, send the applicable DOBI appeal form and supporting documentation to:

Horizon NJ Health: Complaints/Appeals
PO Box 295
Milwaukee, WI 53201

Utilization Management/Authorization Appeal

Any provider or member who has questions or is not satisfied with a utilization management decision may request to speak personally with the dental consultant who made the determination to deny services. The dental consultant should return the phone call from the provider within 72 hours.

If you are not satisfied with the decision, you may submit an internal utilization management appeal. If the member remains dissatisfied, a provider may submit a written appeal on behalf of the member (with the member's written consent), or the member may appeal the decision. As a provider, you may submit only one UM appeal for a particular case. You may submit an appeal on your behalf or on the member's behalf, but not both. Requests for an internal appeal must be submitted within 60 calendar days of receiving a denial letter.

Providers must submit written appeals. Members may submit a written appeal or may appeal a decision by calling **1-800-682-9090**. Horizon NJ Health will notify you or the member of an internal decision within 10 calendar days.

Member Written Consent for Appeal

If you, as a provider, submit an appeal on behalf of a member, you must include a consent form signed by the member (unless you are requesting an expedited resolution). You must also notify the member when you initiate the appeal and each time the appeal advances to the next stage, including any appeal to an Independent Utilization Review Organization (IURO). The member's consent remains valid unless it is revoked. A member may revoke consent at any time.

Utilization Management Appeal Timelines

Stage	Appeal Submission Timeline	Resolution Timeline
Expedited	May be either written or verbal request.	Resolved as soon as possible, not to exceed 72 hours after receiving appeal request.
Internal	Submit appeal for internal reconsideration within 60 days of receiving denial letter.	Resolved within 10 days.
External	Member (or provider with member's consent) may submit request for IURO review within 4 months of receiving Internal decision.	Resolved within 30 days.

*All days refer to calendar days. *Resolution required within 20 business days, not to exceed 30 calendar days.*

Internal review

To request reconsideration of a utilization management decision, send a Stage One appeal request to:

Horizon NJ Health: Complaints/Appeals
PO Box 295
Milwaukee, WI 53201

External review

A member, or a provider acting with a member's written content, may submit an External UM Appeal request, along with all required documentation for the case, to:

Independent Utilization Review Organization
Office of Managed Care, Division of Health Care Quality and Oversight
PO Box 360
West Trenton, NJ 08625-0360

Additional Appeal Resources

Providers and members may seek assistance with complaints, grievances, and appeals at any time for any issue by contacting the New Jersey Department of Health or the Department of Banking and Insurance (DOBI).

New Jersey Department of Health

Providers may submit an appeal by writing to:

**New Jersey Department of Health and Senior Services
Office of Managed Care
PO Box 367
Trenton, NJ 08625-0360**

Members may submit an appeal by writing to:

**New Jersey State Department of Health and Senior Services
Office of Managed Care
PO Box 360
Trenton, NJ 08625-0360**

New Jersey Department of Banking and Insurance (DOBI)

Providers and members may call the department with a complaint (**1-800-446-7467**, state.nj.us/dobi) or may submit an appeal by writing to:

**Department of Banking and Insurance
Office of Enforcement and Consumer Protection
20 West State St
PO Box 329
Trenton, NJ 08625-0329**

Medicaid Fair Hearing

Members may request a Medicaid Fair Hearing within 20 days of notice of an adverse action by writing to:

**New Jersey Division of Medical Assistance and Health Services (DMAHS)
Fair Hearing Services
PO Box 712
Trenton, NJ 08625-0712**

To request continuation of benefits while a Medicaid Fair Hearing is pending, members must submit a request in writing within 10 days of receiving notification of a denied appeal. If the Fair Hearing appeal is denied, the member may be required to pay for the cost of the services.

Credentialing & Recredentialing

High-quality dental providers are essential to the success of the Horizon NJ Health Dental Program, and even more importantly, essential to the health of members enrolled in its Medicaid benefit plans.

While the Horizon NJ Health Dental Program has an open recruitment strategy that encourages all providers to participate, all dentists seeking acceptance into the network must undergo a qualification process, which includes a background check, licensing verification, and primary source verification of professional credentials.

As required by law, any dentist (DDS or DMD) who is interested in participating with the Horizon NJ Health Dental Program is invited to apply and submit a credentialing application for review by Horizon NJ Health's Credentialing Committee. We do not differentiate or discriminate in the treatment of providers seeking credentialing on the basis of race, ethnicity, gender, age, national origin, or religion.

Providers must be credentialed before participating in the Horizon NJ Health Dental Program network. Providers accepted into the network are re-credentialed at least every 36 months.

Credentialing Process

The Horizon NJ Health credentialing process follows NCQA (National Committee for Quality Assurance) credentialing guidelines for dentistry. All credentialing applications must satisfy NCQA and/or URAC standards of credentialing as they apply to dental services. Horizon NJ Health has the sole right to determine which dentists it accepts and continues to allow as participating providers in the Horizon NJ Health Dental Program network.

In reviewing an application, the Credentialing Committee may request further information from the applicant. The Credentialing Committee may postpone a decision pending the outcome of an investigation of the applicant by a hospital, licensing board, government agency, institution, or any other organization, or the Committee may recommend other actions it deems appropriate. Horizon NJ Health notifies the State of New Jersey of all disciplinary actions that involve participating providers.

Any acceptance of an applicant is conditioned upon the applicant's execution of a participation agreement with the Horizon NJ Health Dental Program network.

If you have questions about the credentialing process or need assistance, call the Horizon NJ Health Credentialing team at **1-855-812-9211**.

Credentialing Documentation

Horizon NJ Health considers effective screening and credentialing criteria an important tool for maintaining the quality of its provider network. Horizon NJ Health complies with state, regulatory, and accrediting body standards for credentialing of its healthcare professional network.

A Doctor of Dental Medicine (DMD) or a Doctor of Dental Surgery (DDS), who is authorized to provide dental and surgical services by the State of New Jersey and approved by Horizon NJ Health, is eligible to provide dental and surgical dental services to Horizon NJ Health members. An out-of-state dentist, credentialed as a Horizon NJ Health participating dentist, may provide dental and surgical services if documentation and licensing requirements are met for the state in which they practice. Participants must provide information on the following:

- Education/training
- Current state licensure
- For oral surgeons, full admitting privileges at Horizon NJ Health participating hospitals
- For Endodontists, Prosthodontists, Periodontists, and Oral and Maxillofacial Surgeons, proof of a current, unrestricted New Jersey Controlled Drug Substance (CDS) and Drug Enforcement Agency (DEA) certificates
 - Must have or have confirmation of application submission of
- Information regarding breaks in practice/training
- Current adequate professional liability insurance (malpractice)
- Satisfactory history of malpractice claims and settlements
- Satisfactory National Practitioner Data Bank inquiry
- Satisfactory inquiry of New Jersey Treasury and federal Office of Inspector General (OIG) websites
- Copy of a written certification to perform anesthesia, intravenous sedation, and analgesia, if applicable
- Work history
- Any sanctions imposed by Medicare and/or Medicaid
- Any censure by the State Board of Dental Examiners
- Physical/mental health, history of chemical dependency/substance abuse, loss of license, and/or felony convictions, loss or limitation of hospital privileges or disciplinary activity, and an attestation to the correctness and completeness of the submitted information

Horizon NJ Health may utilize the services of an external Credentialing Verification Organization to meet State requirements. We require cooperation with these services by all dentists applying for participation in the program. Failure to do so results in a denied application by the Horizon NJ Health Credentialing Committee. In addition, all primary and specialty care offices must cooperate with site reviews to ensure our members receive treatment in an appropriate, clean, and safe environment that also respects member privacy. An initial site visit is required in conjunction with credentialing and every three years thereafter. After six months participation with Horizon NJ Health, reviews of dental records may be conducted to ensure all records comply with our dental recordkeeping standards. (See **Recordkeeping Requirements** on **page 23**.)

Recredentialing Process

Recredentialing is required at least every 36 months, per NCQA guidelines. Six months before you are due for recredentialing, Horizon NJ Health will notify you of your upcoming recredentialing due date. Our notification letter will include instructions for how to complete the recredentialing process. If you have questions about recredentialing or need assistance, call the Horizon NJ Health Credentialing team: **1-855-812-9211**. The recredentialing process for Horizon NJ Health includes a review and update of all credentialing information, as well as the following:

- Correspondence between the dental program and the dentist or healthcare professional
- Utilization management and quality reviews
- Compliance with Horizon NJ Health policies and procedures
- Patient satisfaction or complaint response information
- Other pertinent data

Submitting an Application for Credentialing/Recredentialing

An initial site visit is required in conjunction with credentialing at which time the Credentialing Team provides an application form. In addition, providers can complete the application through the Council for Affordable Quality Healthcare (CAQH) or online at the Horizon NJ Health website. Send credentialing and recredentialing applications and documents to Horizon NJ Health by fax, email, or mail. Or, call the Credentialing Team: **1-855-812-9211**.

- Fax: **1-866-396-5686**
- Email: credentialing@skygenusa.com
- Write to:

Horizon NJ Health: Credentialing
PO Box 2059
Milwaukee, WI 53201

Appealing a Credentialing Decision

The Horizon NJ Health Credentialing Committee has the discretion and authority to accept an application without restrictions. However, if the Credentialing Committee determines an application should be accepted with restriction or declined, the Committee recommends the appropriate action to the Executive Subcommittee for approval and offers the applicant an opportunity to request a reconsideration review or appeal the recommendation.

If the applicant accepts the opportunity for a reconsideration review, the Credentialing Committee reviews all original documents, as well as any additional information submitted for the reconsideration review. If an applicant appeals the Credentialing Committee's recommendation, a Peer Review Committee completes the review. Horizon NJ Health retains ultimate responsibility for the credentialing process and final credentialing decisions. To appeal a decision, send a written request for a reconsideration review within 30 days of receiving an adverse recommendation to:

Horizon NJ Health: Credentialing Appeals
PO Box 2059
Milwaukee, WI 53201

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 Health Insurance Portability and Accountability Act (HIPAA) regulations that have gone and will go into effect as indicated in the final publications of the various rules covered by HIPAA.

Horizon NJ Health has implemented numerous operational policies and procedures to ensure we comply with all HIPAA Privacy Standards, and we intend to comply with all Administrative Simplification and Security Standards by their compliance dates. We also expect all providers in our networks to work cooperatively with us to ensure compliance with all HIPAA regulations.

Together, you (the provider) and Horizon NJ Health agree to conduct our respective activities in accordance with the applicable provisions of HIPAA and such implementing regulations. When you contact Provider Services, you will be asked to supply your Tax ID or NPI number. When you call regarding member inquiries, you will be asked to supply specific member identification such as Member Medicaid ID number or Social Security Number, date of birth, name, and/or address.

As regulated by the Administrative Simplification Standards, the benefit tables included in this provider manual reflect the most current CDT coding standards recognized by the American Dental Association (ADA). Effective as of the date of this manual, the Horizon NJ Health Dental Program 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 ADA claim form.

To request copies of Horizon NJ Health HIPAA policies, call Provider Services or send an email to providerservices@skygenusa.com.

To report a potential security issue, call our
Hotline at **1-877-378-5292**.

National Provider Identifier (NPI)

The Health Insurance Portability and Accountability Act (HIPAA) of 1996 required the adoption of a standard unique provider identifier for healthcare providers. An NPI number is required for all claims submitted to Horizon NJ Health for payment. All providers must register as an individual practitioner and get an individual NPI. If you own and operate a group practice, you must also register as a group and obtain a group or organizational NPI. To apply for an NPI, do one of the following:

- Complete the application online at nppes.cms.hhs.gov.
- Download and complete a paper copy from nppes.cms.hhs.gov.
- Call **1-800-465-3203** to request an application.

Utilization Management

Community Practice Patterns

To ensure fair and appropriate reimbursement, the Horizon NJ Health Utilization Management philosophy recognizes the relationships between the dentist's treatment planning, treatment costs, and outcomes. The dynamics of these relationships are typically influenced by community practice patterns. With this in mind, our Utilization Management guidelines are designed to ensure healthcare dollars are distributed fairly and appropriately, 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 community practice patterns. Horizon NJ Health Utilization Management recognizes individual dentist variance within these patterns among a community of dentists and accounts for such variance. To ensure fair comparisons within peer groups, our Utilization Management evaluates specialty dentists as a separate group and not with general dentists, since the types and nature of treatment may differ.

Evaluation

Horizon NJ Health Utilization Management evaluates 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 fair and appropriate reimbursement to providers, Horizon NJ Health Utilization Management helps identify providers whose treatment patterns show significant deviation from the normal practice patterns of the community of their peers (typically less than 5 percent of all dentists).

Peer Review: Reimbursement Consequences

If a dentist fails to respond to a request of the New Jersey Division of Medical Assistance and Health Services (DMAHS) for office records, radiographs, correspondence, or other materials within 30 days, the Division may recover any reimbursement related to the services involved, or if in reference to unpaid services, deny any payment.

TAMI Review

Horizon NJ Health claims examiners use Tooth Allocation Map Inquiry (TAMI) Review to systematically review payment processing. A claims examiner selects certain claims that reveal duplication of services or services presented in an illogical or impossible sequence for further review and investigation.

Non-Incentivization Policy

It is Horizon NJ Health practice to ensure our contracted providers make treatment decisions based on medical necessity for individual members. Providers are never offered, nor shall they ever accept, any kind of financial incentives or any other encouragement to influence their treatment decisions.

The Horizon NJ Health Utilization Management team bases their decisions on only appropriateness of care, service, and existence of coverage. Horizon NJ Health does not specifically reward practitioners or other individuals for issuing denials of coverage or care. If financial incentives exist for Utilization Management decision makers, they do not include or encourage decisions which result in underutilization.

Fraud, Waste & Abuse

Horizon NJ Health conducts our business operations in compliance with ethical standards, contractual obligations, and all applicable federal and state statutes, regulations, and rules. We are committed to detecting, reporting, and preventing potential fraud, waste, and abuse, and we look to our providers to assist us. We expect our dental partners to share this same commitment, conduct their businesses similarly, and report suspected noncompliance, fraud, waste or abuse.

Definitions

Fraud, waste, and abuse are defined as:

Fraud. Fraud is intentional deception or misrepresentation made by a person with knowledge the deception could result in some unauthorized benefit to themselves or some other person or entity. It includes any act which constitutes fraud under federal or state law.

Waste. Waste is the unintentional, thoughtless, or careless expenditures, consumption, mismanagement, use, or squandering of federal or state resources. Waste also includes incurring unnecessary costs as a result of inefficient or ineffective practices, systems, or controls.

Abuse. Abuse is defined as practices 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. Abuse includes intentional infliction of physical harm, injury caused by negligent acts, or omissions, unreasonable confinement, sexual abuse, or sexual assault. Abuse also includes beneficiary practices that result in unnecessary costs to the healthcare program.

Provider Fraud. Provider fraud is any deception or misrepresentation committed intentionally, or 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 or false representations or other violations of federal healthcare program requirements, its associates, or contractors.

Reporting Suspected Fraud, Waste, or Abuse

To report a suspected case of noncompliance, fraud, waste, or abuse, call the Horizon NJ Health Fraud and Abuse hotline: **1-877-378-5292** or write to:

Horizon NJ Health
Attention: Fraud and Abuse
10201 N Port Washington Rd
Mequon, WI 53092

To report potential fraud or abuse, call our
Hotline at **1-877-378-5292**.

Deficit Reduction Act: The False Claims Act

Section 6034 of the Deficit Reduction Act of 2005 signed into law in 2006 established the Medicaid Integrity Program in section 1936 of the Social Security Act. The legislation directed the Secretary of the United States Department of Health and Human Services (HHS) to establish a comprehensive plan to combat provider fraud, waste, and abuse in the Medicaid program, beginning in 2006. The Comprehensive Medicaid Integrity Plan is issued for successive five-year periods.

Under the False Claims Act, those who knowingly submit or cause another person to submit false claims for payment of government funds are liable for up to three times the government's damages plus civil penalties of \$5,500 to \$11,000 for each false claim.

The False Claims Act 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 False Claims Act, the person bringing the suit may receive a percentage of the recovered funds.

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

The False Claims Act is the most effective tool U.S. taxpayers have to recover the billions of dollars stolen through fraud every year. Billions of dollars in healthcare fraud have been exposed, largely through the efforts of whistleblowers acting under federal and state false claims acts.

For more information about the False Claims Act visit www.TAF.org.

Whistleblower Protection

The False Claims Act (FCA) provides protection to qui tam relators who are discharged, demoted, suspended, threatened, harassed, or in any other manner discriminated against in the terms and conditions of their employment as a result of their furtherance of an action under the FCA

31 U.S.C. § 3730(h). Remedies include reinstatement with comparable seniority as the qui tam relator would have had but for the discrimination, two times the amount of any back pay, interest on any back pay, and compensation for any special damages sustained as a result of the discrimination, including litigation costs and reasonable attorneys' fees.

Sanctions

To resolve identified deficiencies in a fair manner, Horizon NJ Health allows the opportunity for reeducation and fair due process. When noncompliance significantly affects the quality of care provided to a member, Horizon NJ Health may impose sanctions after a thorough review of the issue through the Corrective Action Program. The provider under review is afforded ample opportunity to respond to the issue.

If formal sanctions are implemented and the outcome lasts 30 days or more, Horizon NJ Health notifies the National Practitioner Data Bank.

Practice Guidelines

Horizon NJ Health accepts the periodicity schedule developed by the State of New Jersey as the dental periodicity schedule for the Horizon NJ Health Dental Program.

The EPSDT (Early and Periodic Screening, Diagnostic, and Treatment) program is a federally mandated program for children from birth through 20 years that emphasizes the importance of prevention, early detection, risk assessment, and timely treatment of conditions identified as a result of dental screening. Children enrolled in Medicaid or SCHIP are eligible for full EPSDT benefits in the state. Members attaining the age of 21 are treated as adults beginning with the first month following their birthday.

All EPSDT services provided to children enrolled in the Horizon NJ Health Dental Program must be medically necessary. These include:

- **Early.** A child's dental health is assessed as early as possible in the child's life by the Primary Care Dentist (PCD) in order to prevent or find potential diseases and/or disabilities in their early stages, when they are most effectively treated.
- **Periodic.** The PCD will assess a child's dental health at regularly scheduled intervals to assure that a condition, illness, or injury is not incipient or present.
- **Screening.** A dental health assessment to determine if a child is at risk and/or has a condition, illness, or injury that requires more definitive evaluation and/or treatment.
- **Diagnosis.** The definitive evaluation by appropriate dental practitioners to determine the nature, extent or cause of a condition, illness, or injury.
- **Treatment.** The dental services determined to be medically necessary for problems identified during screening or diagnostic evaluations.

Dental services should be provided at intervals that meet reasonable standards of dental practice.

NJ Smiles

NJ Smiles is a directory listing every pediatric and general dentist seeing children through 6 years of age who participates with Horizon NJ Health. The directory is available on horizonNJhealth.com/membersupport.

Dental services may not be limited to emergency services. Dental screening by the PCP in this context means, at a minimum, observation of tooth eruption, occlusion pattern, presence of caries, or oral infection.

- A. A referral to a dentist by one year of age or soon after the eruption of the first primary tooth is mandatory and at a minimum a dental visit twice a year with follow up during well child visits to ensure that all needed dental preventive and treatment services are provided thereafter through the age of 20.
- B. A referral to a dental specialist or dentist that provides dental treatment to patients with special needs shall be allowed when a PCD requires a consultation for services by that specialty provider.

Fluoride varnish application will be combined with anticipatory guidance, risk assessment and referral to a dentist that treats children under the age of six and will be linked to well child visits for children through the age of six.

1. These three services will be reimbursed as an allinclusive service billed using CPT code 99188 and can be provided up to four times a year. This frequency does not affect the frequency of this service by the dentist. Training for Caries Risk Assessment, Fluoride Varnish & Counseling is available online by visiting smilesforlifeoralhealth.org, click Learn Online then select Course Six: Caries Risk Assessment, Fluoride Varnish & Counseling.
2. PCPs are required to refer members by 12 months of age to a dentist for a dental visit. Every quarter PCPs receive a list of members that have not had a dental appointment in the past 12 months. PCPs are required to assist the member with getting a dental appointment.
3. Bidirectional communication between PCPs and PCDs is required between these provider groups.
4. Prescribing fluoride supplements is based on access and use to fluoridated public water. PCPs and PCDs should be aware of the towns that fluoridate their water. According to the NJ Dental Association, the following locations have fluoridated water:
 - Atlantic County: Atlantic City, Egg Harbor City
 - Burlington County: McGuire Air force base, Willingboro, Mt. Laurel, Fort Dix and Aqua
 - Gloucester County: Washington
 - Hunterdon County: Flemington, Readington, Three Bridges, Whitehouse, Whitehouse Station
 - Mercer County: Ewing, Hamilton, Hightstown, Hopewell Township, Lawrence, Pennington, Princeton, West Windsor
 - Monmouth County: Allentown, Colts Neck, Freehold, NJ American Coastal North
 - Somerset County: MJ American
 - Sussex County: Newton
 - Union County: Rahway

5. PCDs and PCPs are responsible to counsel parents and guardians of young children on oral health, age appropriate oral habits and safety to include what dental emergencies are and use of the emergency room for dental services.
6. The caries risk assessment service shall also be allowed by the PCD and is billed using a CDT procedure code. The reimbursement will be the same regardless of the determined risk level. The risk assessment must be provided at least once per year in conjunction with an oral evaluation service by a PCD and is linked to the provider not the member. It may be provided a second time with prior authorization and documentation of medical necessity.

New Jersey Periodicity Schedule

Periodicity of Dental Services for Children in NJ FamilyCare/Medicaid

The New Jersey Division of Medical Assistance and Health Services (DMAHS) recommends the following professional dental services for children.

Dental Service	0–1 year	2–6 years	7–20 years
A1. Oral Evaluation (Exam)	●	●	●
A2. Caries/Cavities Risk Assessment	●	●	●
B. Fluoride Supplements	●	●	●
C. Fluoride Varnish*	●	●	●
D. Prophylaxis with Fluoride		●	●
E. Sealants (Permanent teeth to age 16 yrs)		●	●
F. Radiographs/x-rays (Non-emergency)	●	●	●
G. Dental Treatment	●	●	●

- **Oral Evaluations** (including oral hygiene instructions), **Fluoride varnish** and **Cleanings** with fluoride can be provided twice a year or more frequently based on medical necessity and for children with special health care needs.
- A prescription for **fluoride supplements** may be given by either your dentist or primary care provider (PCP) to help prevent cavities.
- *The application of **fluoride varnish** to protect teeth from cavities can also be done for children under the age of 4 by their PCP followed by a referral to the dentist for an oral evaluation, X-rays as needed, cleaning and dental treatment.
- **A Caries/Cavities Risk Assessment** – should be done once a year to determine your child’s risk of developing cavities. The visit includes an oral evaluation, instructions on brushing, oral health, safety and nutritional counselling to parents/caregivers and children.
- **Sealants and repairs of sealants** should be provided to premolars and permanent molars of children between the ages of 6 through 16 to help prevent cavities
- **Dental treatment** services for primary “baby teeth” and permanent teeth include: **fillings, stainless steel crowns, treatment for toothache and extractions** and should be provided when recommended by your child’s dentist.

Providers may receive reimbursement for the cost of providing oral hygiene instructions to caregivers to maintain a patient’s overall oral health between dental visits. In situations where the treating dentist recommends a non-standard, specialized toothbrush to improve a member’s oral hygiene, Horizon NJ Health will include these devices as a benefit. Such provisions shall include designing and implementing a “dental management” plan, coordinated by the Horizon NJ Health Care Manager, for overseeing a patient’s oral health. A Care Manager will be assigned to members requiring these additional services and reimbursed by report to the Horizon NJ Health Dental Director.

Fluoride Varnish Provider Incentive Program

In an effort to help quell the alarming rate of early childhood caries for Horizon NJ Health members under the age of 4, Horizon NJ Health has developed a pediatric fluoride varnish program. This program encourages trained non-dental providers in pediatric practices to apply fluoride varnish to children's teeth, perform caries risk assessments and anticipatory guidance, and refer our young members to a dental home.

Horizon NJ Health is offering reimbursement to trained pediatrician offices when their pediatricians, nurse practitioners or physician assistants or other trained medical staff apply fluoride varnish to the teeth of Horizon NJ Health members at well-child visits under the age of 4. Pediatricians will receive \$15 for each fluoride varnish application up to four times a year, per patient. Pediatricians are also encouraged to discuss with patients the importance of nutrition and oral hygiene and provide anticipatory guidance.

In order to receive CME training credit (in some cases) and collect the reimbursement, practitioners must complete the following online training and assessment:

- Go to smilesforlifeoralhealth.org and click Course Six in the right column – Caries Risk Assessment, Fluoride Varnish & Counseling.
- One provider per facility may complete the curriculum and agree to train their colleagues.
- After completing the curriculum, that provider must sign the Fluoride Varnish Attestation Form attesting that they completed the training and agree to train the other providers in their office.

After completing the curriculum, that provider must sign and fax the [Fluoride Varnish Application Attestation Form](#), attesting that they completed the training, to **1-973-274-3865**, ATTN: Fred DiOrio, DMD. Please include a list of any other providers in your office that you trained. All providers under the PCP's TIN should be listed on the attestation form. Please use CPT code 99188. A copy of the form is on the Horizon NJ Health website in the For Providers tab, select Resources and then Forms.

Note that providers who have not completed the training are not eligible for reimbursement.

Caries Risk Assessment Form (Age >6)

Patient Name:	
Birth Date:	Date:
Age:	Initials:

		Low Risk	Moderate Risk	High Risk
Contributing Conditions		Check or Circle the conditions that apply		
I.	Fluoride Exposure (through drinking water, supplements, professional applications, toothpaste)	<input type="checkbox"/> Yes	<input type="checkbox"/> No	
II.	Sugary Foods or Drinks (including juice, carbonated or non-carbonated soft drinks, energy drinks, medicinal syrups)	Primarily at mealtimes <input type="checkbox"/>		Frequent or prolonged between meal exposures/day <input type="checkbox"/>
III.	Caries Experience of Mother, Caregiver and/or other Siblings (for patients ages 6-14)	No carious lesions in last 24 months <input type="checkbox"/>	Carious lesions in last 7-23 months <input type="checkbox"/>	Carious lesions in last 6 months <input type="checkbox"/>
IV.	Dental Home: established patient of record, receiving regular dental care in a dental office	<input type="checkbox"/> Yes	<input type="checkbox"/> No	
General Health Conditions		Check or Circle the conditions that apply		
I.	Special Health Care Needs (developmental, physical, medical or mental disabilities that prevent or limit performance of adequate oral health care by themselves or caregivers)	<input type="checkbox"/> No	Yes (over age 14) <input type="checkbox"/>	Yes (ages 6-14) <input type="checkbox"/>
II.	Chemo/Radiation Therapy	<input type="checkbox"/> No		<input type="checkbox"/> Yes
III.	Eating Disorders	<input type="checkbox"/> No	<input type="checkbox"/> Yes	
IV.	Medications that Reduce Salivary Flow	<input type="checkbox"/> No	<input type="checkbox"/> Yes	
V.	Drug/Alcohol Abuse	<input type="checkbox"/> No	<input type="checkbox"/> Yes	
Clinical Conditions		Check or Circle the conditions that apply		
I.	Cavitated or Non-Cavitated (incipient) Carious Lesions or Restorations (visually or radiographically evident)	No new carious lesions or restorations in last 36 months <input type="checkbox"/>	1 or 2 new carious lesions or restorations in last 36 months <input type="checkbox"/>	3 or more carious lesions or restorations in last 36 months <input type="checkbox"/>
II.	Teeth Missing Due to Caries in past 36 months	<input type="checkbox"/> No		<input type="checkbox"/> Yes
III.	Visible Plaque	<input type="checkbox"/> No	<input type="checkbox"/> Yes	
IV.	Unusual Tooth Morphology that compromises oral hygiene	<input type="checkbox"/> No	<input type="checkbox"/> Yes	
V.	Interproximal Restorations - 1 or more	<input type="checkbox"/> No	<input type="checkbox"/> Yes	
VI.	Exposed Root Surfaces Present	<input type="checkbox"/> No	<input type="checkbox"/> Yes	
VII.	Restorations with Overhangs and/or Open Margins; Open Contacts with Food Impaction	<input type="checkbox"/> No	<input type="checkbox"/> Yes	
VIII.	Dental/Orthodontic Appliances (fixed or removable)	<input type="checkbox"/> No	<input type="checkbox"/> Yes	
IX.	Severe Dry Mouth (Xerostomia)	<input type="checkbox"/> No		<input type="checkbox"/> Yes

Overall assessment of dental caries risk: Low Moderate High

Patient Instructions:

Caries Risk Assessment Form (Age >6)

Circle or check the boxes of the conditions that apply. Low Risk = only conditions in "Low Risk" column present; Moderate Risk = only conditions in "Low" and/or "Moderate Risk" columns present; High Risk = one or more conditions in the "High Risk" column present.

The clinical judgment of the dentist may justify a change of the patient's risk level (increased or decreased) based on review of this form and other pertinent information. For example, missing teeth may not be regarded as high risk for a follow up patient; or other risk factors not listed may be present.

The assessment cannot address every aspect of a patient's health, and should not be used as a replacement for the dentist's inquiry and judgment. Additional or more focused assessment may be appropriate for patients with specific health concerns. As with other forms, this assessment may be only a starting point for evaluating the patient's health status.

This is a tool provided for the use of ADA members. It is based on the opinion of experts who utilized the most up-to-date scientific information available. The ADA plans to periodically update this tool based on: 1) member feedback regarding its usefulness, and; 2) advances in science. ADA member-users are encouraged to share their opinions regarding this tool with the Council on Dental Practice.

Caries Risk Assessment Form (Age 0-6)

Patient Name:			
Birth Date:		Date:	
Age:		Initials:	
	Low Risk	Moderate Risk	High Risk
Contributing Conditions		Check or Circle the conditions that apply	
I.	Fluoride Exposure (through drinking water, supplements, professional applications, toothpaste)	<input type="checkbox"/> Yes	<input type="checkbox"/> No
II.	Sugary Foods or Drinks (including juice, carbonated or non-carbonated soft drinks, energy drinks, medicinal syrups)	Primarily at mealtimes <input type="checkbox"/>	Frequent or prolonged between meal exposures/day <input type="checkbox"/>
			Bottle or sippy cup with anything other than water at bed time <input type="checkbox"/>
III.	Eligible for Government Programs (WIC, Head Start, Medicaid or SCHIP)	<input type="checkbox"/> No	<input type="checkbox"/> Yes
IV.	Caries Experience of Mother, Caregiver and/or other Siblings	No carious lesions in last 24 months <input type="checkbox"/>	Carious lesions in last 7-23 months <input type="checkbox"/>
			Carious lesions in last 6 months <input type="checkbox"/>
V.	Dental Home: established patient of record in a dental office	<input type="checkbox"/> Yes	<input type="checkbox"/> No
General Health Conditions		Check or Circle the conditions that apply	
I.	Special Health Care Needs (developmental, physical, medical or mental disabilities that prevent or limit performance of adequate oral health care by themselves or caregivers)	<input type="checkbox"/> No	<input type="checkbox"/> Yes
Clinical Conditions		Check or Circle the conditions that apply	
I.	Visual or Radiographically Evident Restorations/ Cavitated Carious Lesions	No new carious lesions or restorations in last 24 months <input type="checkbox"/>	Carious lesions or restorations in last 24 months <input type="checkbox"/>
II.	Non-cavitated (incipient) Carious Lesions	No new lesions in last 24 months <input type="checkbox"/>	New lesions in last 24 months <input type="checkbox"/>
III.	Teeth Missing Due to Caries	<input type="checkbox"/> No	<input type="checkbox"/> Yes
IV.	Visible Plaque	<input type="checkbox"/> No	<input type="checkbox"/> Yes
V.	Dental/Orthodontic Appliances Present (fixed or removable)	<input type="checkbox"/> No	<input type="checkbox"/> Yes
VI.	Salivary Flow	Visually adequate <input type="checkbox"/>	Visually inadequate <input type="checkbox"/>

Overall assessment of dental caries risk: Low Moderate High

Instructions for Caregiver:

Caries Risk Assessment Form (Age 0-6)

Circle or check the boxes of the conditions that apply. Low Risk = only conditions in "Low Risk" column present; Moderate Risk = only conditions in "Low" and/or "Moderate Risk" columns present; High Risk = one or more conditions in the "High Risk" column present.

The clinical judgment of the dentist may justify a change of the patient's risk level (increased or decreased) based on review of this form and other pertinent information. For example, missing teeth may not be regarded as high risk for a follow up patient; or other risk factors not listed may be present.

The assessment cannot address every aspect of a patient's health, and should not be used as a replacement for the dentist's inquiry and judgment. Additional or more focused assessment may be appropriate for patients with specific health concerns. As with other forms, this assessment may be only a starting point for evaluating the patient's health status.



This is a tool provided for the use of ADA members. It is based on the opinion of experts who utilized the most up-to-date scientific information available. The ADA plans to periodically update this tool based on: 1) member feedback regarding its usefulness, and; 2) advances in science. ADA member-users are encouraged to share their opinions regarding this tool with the Council on Dental Practice.





Oral Health Risk Assessment Tool

The American Academy of Pediatrics (AAP) has developed this tool to aid in the implementation of oral health risk assessment during health supervision visits. This tool has been subsequently reviewed and endorsed by the National Interprofessional Initiative on Oral Health.

Instructions for Use

This tool is intended for documenting caries risk of the child, however, two risk factors are based on the mother or primary caregiver's oral health. All other factors and findings should be documented based on the child.

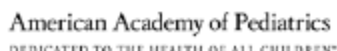
The child is at an absolute high risk for caries if any risk factors or clinical findings, marked with a  sign, are documented yes. In the absence of  risk factors or clinical findings, the clinician may determine the child is at high risk of caries based on one or more positive responses to other risk factors or clinical findings. Answering yes to protective factors should be taken into account with risk factors/clinical findings in determining low versus high risk.

Patient Name: _____ Date of Birth: _____ Date: _____		
Visit: <input type="checkbox"/> 6 month <input type="checkbox"/> 9 month <input type="checkbox"/> 12 month <input type="checkbox"/> 15 month <input type="checkbox"/> 18 month <input type="checkbox"/> 24 month <input type="checkbox"/> 30 month <input type="checkbox"/> 3 year <input type="checkbox"/> 4 year <input type="checkbox"/> 5 year <input type="checkbox"/> 6 year <input type="checkbox"/> Other _____		
RISK FACTORS	PROTECTIVE FACTORS	CLINICAL FINDINGS
<ul style="list-style-type: none">  Mother or primary caregiver had active decay in the past 12 months <input type="checkbox"/> Yes <input type="checkbox"/> No ● Mother or primary caregiver does not have a dentist <input type="checkbox"/> Yes <input type="checkbox"/> No ● Continual bottle/sippy cup use with fluid other than water <input type="checkbox"/> Yes <input type="checkbox"/> No ● Frequent snacking <input type="checkbox"/> Yes <input type="checkbox"/> No ● Special health care needs <input type="checkbox"/> Yes <input type="checkbox"/> No ● Medicaid eligible <input type="checkbox"/> Yes <input type="checkbox"/> No 	<ul style="list-style-type: none"> ● Existing dental home <input type="checkbox"/> Yes <input type="checkbox"/> No ● Drinks fluoridated water or takes fluoride supplements <input type="checkbox"/> Yes <input type="checkbox"/> No ● Fluoride varnish in the last 6 months <input type="checkbox"/> Yes <input type="checkbox"/> No ● Has teeth brushed twice daily <input type="checkbox"/> Yes <input type="checkbox"/> No 	<ul style="list-style-type: none">  White spots or visible decalcifications in the past 12 months <input type="checkbox"/> Yes <input type="checkbox"/> No  Obvious decay <input type="checkbox"/> Yes <input type="checkbox"/> No  Restorations (fillings) present <input type="checkbox"/> Yes <input type="checkbox"/> No ● Visible plaque accumulation <input type="checkbox"/> Yes <input type="checkbox"/> No ● Gingivitis (swollen/bleeding gums) <input type="checkbox"/> Yes <input type="checkbox"/> No ● Teeth present <input type="checkbox"/> Yes <input type="checkbox"/> No ● Healthy teeth <input type="checkbox"/> Yes <input type="checkbox"/> No
ASSESSMENT/PLAN		
Caries Risk: <input type="checkbox"/> Low <input type="checkbox"/> High Completed: <input type="checkbox"/> Anticipatory Guidance <input type="checkbox"/> Fluoride Varnish <input type="checkbox"/> Dental Referral	Self Management Goals: <input type="checkbox"/> Regular dental visits <input type="checkbox"/> Dental treatment for parents <input type="checkbox"/> Brush twice daily <input type="checkbox"/> Use fluoride toothpaste	<input type="checkbox"/> Wean off bottle <input type="checkbox"/> Less/No juice <input type="checkbox"/> Only water in sippy cup <input type="checkbox"/> Drink tap water <input type="checkbox"/> Healthy snacks <input type="checkbox"/> Less/No junk food or candy <input type="checkbox"/> No soda <input type="checkbox"/> Xylitol

Treatment of High Risk Children

If appropriate, high-risk children should receive professionally applied fluoride varnish and have their teeth brushed twice daily with an age-appropriate amount of fluoridated toothpaste. Referral to a pediatric dentist or a dentist comfortable caring for children should be made with follow-up to ensure that the child is being cared for in the dental home.

Adapted from Ramos-Gomez FJ, Crystal YO, Ng MN, Orall JJ, Featherstone JD. Pediatric dental care: prevention and management protocols based on caries risk assessment. J Calif Dent Assoc. 2010;38(10):745-781. American Academy of Pediatrics Section on Pediatric Dentistry and Oral Health. Preventive oral health intervention for pediatricians. Pediatrics. 2009; 122(6):1387-1394. and American Academy of Pediatrics Section of Pediatric Dentistry. Oral health risk assessment timing and establishment of the dental home. Pediatrics. 2003;111(2):1113-1116. The recommendations in this publication do not indicate an exclusive course of treatment or serve as a standard of medical care. Variations, taking into account individual circumstances, may be appropriate. Copyright © 2011 American Academy of Pediatrics. All Rights Reserved. The American Academy of Pediatrics does not review or endorse any modifications made to this document and in no event shall the AAP be liable for any such changes.



Timing of Risk Assessment

The Bright Futures/AAP "Recommendations for Preventive Pediatric Health Care," (ie, Periodicity Schedule) recommends all children receive a risk assessment at the 6- and 9-month visits. For the 12-, 18-, 24-, 30-month, and the 3- and 6-year visits, risk assessment should continue if a dental home has not been established. View the Bright Futures/AAP Periodicity Schedule—http://brightfutures.aap.org/clinical_practice.html.

Risk Factors

⚠ Maternal Oral Health
 Studies have shown that children with mothers or primary caregivers who have had active decay in the past 12 months are at greater risk to develop caries. **This child is high risk.**

Maternal Access to Dental Care
 Studies have shown that children with mothers or primary caregivers who do not have a regular source of dental care are at a greater risk to develop caries. A follow-up question may be if the child has a dentist.

Continual Bottle/Sippy Cup Use

Children who drink juice, soda, and other liquids that are not water, from a bottle or sippy cup continually throughout the day or at night are at an increased risk of caries. The frequent intake of sugar does not allow for the acid it produces to be neutralized or washed away by saliva. Parents of children with this risk factor need to be counseled on how to reduce the frequency of sugar-containing beverages in the child's diet.

Frequent Snacking

Children who snack frequently are at an increased risk of caries. The frequent intake of sugar/refined carbohydrates does not allow for the acid it produces to be neutralized or washed away by saliva. Parents of children with this risk factor need to be counseled on how to reduce frequent snacking and choose healthy snacks such as cheese, vegetables, and fruit.

Special Health Care Needs

Children with special health care needs are at an increased risk for caries due to their diet, xerostomia (dryness of the mouth, sometimes due to asthma or allergy medication use), difficulty performing oral hygiene, seizures, gastroesophageal reflux disease and vomiting, attention deficit hyperactivity disorder, and gingival hyperplasia or overcrowding of teeth. Premature babies also may experience enamel hypoplasia.

Protective Factors

Dental Home

According to the American Academy of Pediatric Dentistry (AAPD), the dental home is oral health care for the child that is delivered in a comprehensive, continuously accessible, coordinated and family-centered way by a licensed dentist. The AAP and the AAPD recommend that a dental home be established by age 1. Communication between the dental and medical homes should be ongoing to appropriately coordinate care for the child. If a dental home is not available, the primary care clinician should continue to do oral health risk assessment at every well-child visit.

Fluoridated Water/Supplements

Drinking fluoridated water provides a child with systemic and topical fluoride exposure, a proven caries reduction intervention. Fluoride supplements may be prescribed by the primary care clinician or dentist if needed. View fluoride resources on the Oral Health Practice Tools Web Page <http://aap.org/oralhealth/PracticeTools.html>.

Fluoride Varnish in the Last 6 Months

Applying fluoride varnish provides a child with highly concentrated fluoride to protect against caries. Fluoride varnish may be professionally applied and is now recommended by the United States Preventive Services Task Force as a preventive service in the primary care setting for all children through age 5 <http://www.uspreventiveservicestaskforce.org/Page/Topic/recommendation-summary/dental-caries-in-children-from-birth-through-age-5-years-screening>. For online fluoride varnish training, access the Caries Risk Assessment, Fluoride Varnish, and Counseling Module in the Smiles for Life National Oral Health Curriculum, www.smilesforlifeoralhealth.org.

Tooth Brushing and Oral Hygiene

Primary care clinicians can reinforce good oral hygiene by teaching parents and children simple practices. Infants should have their mouths cleaned after feedings with a wet soft washcloth. Once teeth erupt it is recommended that children have their teeth brushed twice a day. For children under the age of 3 (until 3rd birthday) it is appropriate to recommend brushing with a smear (grain of rice amount) of fluoridated toothpaste twice per day. Children 3 years of age and older should use a pea-sized amount of fluoridated toothpaste twice a day. View the AAP Clinical Report on the use of fluoride in the primary care setting for more information <http://pediatrics.aappublications.org/content/early/2014/08/19/peds.2014-1699>.



Clinical Criteria

Medical Necessity

Horizon NJ Health defines medical necessity as accepted healthcare services and supplies provided by healthcare entities appropriate to the evaluation and treatment of a disease, condition, illness, or injury and consistent with the applicable standard of care.

Dental care is medically necessary to prevent and eliminate orofacial disease, infection, and pain, to restore form and function to the dentition, and to correct facial disfiguration or dysfunction. Medical necessity is the reason why a test, a procedure, or an instruction is performed.

Medical necessity is different for each person and changes as the individual changes. The dental team must provide consistent methodical documentation of medical necessity for coding.

Prior Authorization of Treatment

Some procedures require prior authorization before treatment is started. When submitting these procedures for prior review, also submit supporting documentation, if required. Horizon NJ Health uses the criteria and guidelines in this manual to approve requested dental services. Prior authorization requirements and documentation requirements are summarized in this manual in **Benefit Plan Details & Authorization Requirements** beginning on **page 120**.

An approved authorization does not guarantee payment. Dental providers must verify coverage prior to rendering services. Providers are prohibited from billing Medicaid or NJ FamilyCare members for any amount, except under specific scenarios (see N.J.A.C 10-49 7.3(d).)

For information about submitting prior authorizations and required documentation, see

Authorization Submission Procedures on **page 45**.

Emergency Treatment

To relieve pain and suffering in an emergency situation, providers should initiate treatment to alleviate the patient's condition. For reimbursement of emergency treatment, submit all required documentation along with the claim for services rendered. Horizon NJ Health applies the same clinical criteria and requires the same supporting documentation for claims submitted after emergency treatment that we use to determine prior authorizations for the same services.

Informed Consent

Prior to any surgical procedure, the provider should obtain informed consent, signed by the patient or authorized person. Horizon NJ Health Professional Relations Service Representatives coordinate all dentally necessary hospitalizations for patients with developmental disabilities.

Dental OR/ASC Services

Reimbursement of the facility charges for dental services performed in the outpatient department of a hospital or at an ambulatory surgical center (ASC) are part of the dental carve out and will be covered by the State of New Jersey Medicaid Program. The anesthesiologist services related to those dental services are also part of the dental carve out and will be covered and reimbursed by the State of New Jersey Medicaid Program.

However, dental services that are to be performed outside your office, either in an outpatient department of a hospital or at an ASC, must be approved by Horizon NJ Health to ensure the services meet the medical necessity criteria for services rendered in an outpatient facility (hospital or ASC).

Obtaining a Patient Authorization Number

When a physician, dentist, or healthcare professional determines that a patient needs dental services performed at a surgical facility, an authorization number is required. To obtain an authorization number, submit a prior authorization request that includes:

- A list of the planned dental services
- Procedure code D9999
- Completed General Anesthesia Checklist
- Letter of necessity. Include the member's name, Member Medicaid ID number, and date of birth; physician submitting the request; facility location; necessity for admission; and required dental procedures.
- **Facility ID, name of the facility and address. If this is not included, processing can be delayed and/or denied.**

For more information on OR/ASC, visit horizonNJhealth.com/dental and click on *Prior Authorization* or refer to the Member Handbook by visiting horizonNJhealth.com/handbooks. You can also view a list of OR/ASC Facility ID's on the Horizon NJ Health website at horizonNJhealth.com/ORASC. Fax the authorization request and required documentation to: **1-866-899-6186**.

Horizon NJ Health will review your request and may contact you to determine necessity. Upon approval, Horizon NJ Health issues an authorization number for the patient. When submitting prior-authorizations, remember to:

- Report CDT procedure code D9999 to request prior authorization on ADA 2012 Claim/prior-authorization form.
- Report the beneficiary's medical condition and related diagnosis codes on office letterhead.
- Report on office letterhead how the clinical presentation of the beneficiary prevents the beneficiary from receiving dental treatment in an office or clinic setting, including reason(s) why other levels of sedation are not an option.
- Report the planned or expected treatment (e.g., oral examination, cleaning, restorative dental treatment, extractions) to be provided during the hospital visit and a summary of the beneficiary's most recent dental history, including dental treatment provided in the last 12 calendar months.

Submitting an Authorization for Dental OR/ASC Services

To ensure services rendered in a hospital operating room or outpatient facility meet the criteria for medical necessity, submit an authorization for procedure code D9999 and include the following required documentation supporting the treatment plan (X-rays, photographs, etc.), if available.

You may submit authorizations along with any required documentation directly to Horizon NJ Health through our Provider Web Portal at pwp.sciondental.com. Alternately, mail paper authorizations along with all required documentation to:

Horizon NJ Health: Authorizations
PO Box 362
Milwaukee, WI 53201

In an emergency, fax the authorization request for D9999 (submitted on an ADA Dental Claim form), along with all required documentation to **1-866-899-6186**.

Dental Prior Authorization Procedures for Special Health Care Needs Members to Access Care in an OR/ASC

All dental services requiring prior authorization should be submitted to:

Horizon NJ Health
PO Box 362
Milwaukee, WI 53201

When submitted prior-authorizations, remember to:

- Report CDT procedure code D9999 to request prior authorization on ADA 2012 Claim/prior-authorization form.
- Report the beneficiary's medical condition and related diagnosis codes on office letterhead.
- Report on office letterhead how the clinical presentation of the beneficiary prevents the beneficiary from receiving dental treatment in an office or clinic setting, including reason(s) why other levels of sedation are not an option.
- Report the planned or expected treatment (e.g., oral examination, cleaning, restorative dental treatment, extractions) to be provided during the hospital visit and a summary of the beneficiary's most recent dental history, including dental treatment provided in the last 12 calendar months.

To ensure services rendered in a hospital operating room or outpatient facility meet the criteria for medical necessity, submit an authorization for procedure code D9999 and include the required documentation supporting the treatment plan. Required documentation includes X-rays, letter of medical necessity, general anesthesia attestation form, treatment plan, diagnosis and facility ID. A signed informed consent along with the dental diagnosis codes are also required.

Dental Diagnosis Codes:

520.0, 520.1, 520.2, 520.3, 520.4, 520.5, 520.8, 520.9, 521.00, 521.01, 521.02, 521.03, 521.04, 521.05, 521.06, 521.07, 521.08, 521.09, 521.10, 521.11, 521.12, 521.13, 521.14, 521.15, 521.20, 521.21, 521.22, 521.23, 521.24, 521.25, 521.30, 521.31, 521.32, 521.33, 521.34, 521.35, 521.40, 521.41, 521.42, 521.49, 521.5, 521.6, 521.7, 521.81, 521.89, 521.9, 522.0, 522.1, 522.2, 522.3, 522.4, 522.5, 522.6, 522.8, 522.9, 523.00, 522.01, 523.10, 522.11, 523.20, 523.21, 523.22, 523.23, 523.24, 523.25, 523.30, 523.31, 523.32, 523.33, 523.40, 523.41

Special Health Care Needs Clinical Criteria and Medical Exception ICD 10 Codes

The codes which relate to clinical criteria for medical exceptions/disabilities/special needs are listed below:

E75-E756, F03-F0391, F06-F068, F07-F079, F09, F48-F489, F53, F60-F609, F70, F71, F72, F73, F78, F79, F84-F849, F88, F89, F90-F909, F91-F919, G10, G25-G259, G31-G319, G40-G409, G71-G719, G72-G729, G73-G737, G80-G809, G93-G939, P04-P049, Q86, Q90-Q99, R56-R569, S06-S069X9, F819, I6783, P154, P158, P159

Oral Surgery Services

Impacted teeth should be extracted only when medically necessary. **Horizon NJ Health does not reimburse for the extraction of asymptomatic impacted teeth or those teeth where dental or medical necessity is not demonstrated.**

To qualify for surgical removal of a tooth with partial or complete bony impaction, providers must establish a case for incision of overlying soft tissue, removal of bone, and/or sectioning of the tooth. Providers must justify extractions in more than one quadrant of the mouth as emergency procedures.

To request reimbursement or prior authorization of oral surgical procedures (when necessary), submit a detailed description, including dates, diagnosis, and site and size of the operative area (i.e., number of lesions and/or number and size of lacerations). Submit prior authorization, preoperative, and any postoperative radiographs—along with radiological, operative, and laboratory reports—directly to the Horizon NJ Health Dental Consultant with the current ADA Dental Claim Form. Provide all other reports, such as hospital radiographs, upon request.

The dentist performing a biopsy receives reimbursement for only the surgical portion. The laboratory performing the diagnostic service—and not the dentist—should bill the program directly for the diagnostic services. When the biopsy is performed as an independent procedure on a different date separate and apart from the excision of the entire lesion, the dentist may request reimbursement.

House Calls

A physician, dentist, or healthcare professional may bill for a house call (D9410) in addition to any other services provided on that day. When medically necessary, Horizon NJ Health reimburses D9410 for home visits for patients with developmental disabilities. We reimburse D9420 for preoperative and postoperative evaluations associated with inpatient operative and surgical procedures.

Hospital Calls

Services performed in hospital and surgical center outpatient dental clinics require prior authorization. An authorization approved by a Horizon NJ Health Dental Consultant covers only dental services; it does not authorize the place of service and does not guarantee payment.

Horizon NJ Health reimburses dental services rendered in an approved, licensed hospital, if the patient requires that level care. Medical necessity must be documented in the hospital records. Dental services are also reimbursed if a member is admitted for an eligible non-dental condition and dental services are rendered as part of the prescribed treatment for the condition or to alleviate the member's discomfort during hospitalization.

A physician, dentist, or healthcare professional may bill for a hospital call (D9420) for an inpatient or outpatient hospital visit, in addition to any other dental services provided on that day.

For an initial hospital call or same-day surgery, the hospital record must minimally include:

- The chief complaints
- Complete history of the present illness and related systematic review including pertinent negative findings
- Complete pertinent past medical history
- Pertinent family history
- Description of full examination pertaining to the history of the present condition
- Record of working diagnosis and treatment plan, and preparation of an "order sheet"

Horizon NJ Health does not reimburse an initial hospital call or same-day surgery call (D9420) if:

- Billed in conjunction with a consultation or other hospital calls on the same day.
- The same practitioner, members of the same group, members of a shared healthcare facility, or practitioner sharing a common record also bill for this procedure code.
- Billed in conjunction with a consultation (D9310) for the same hospital admission and/or stay when billed by the same practitioner, members of the same group, members of a shared healthcare facility, or practitioner sharing a common record.

When the history and examination required for D9420 is not personally performed by the billing practitioner, the dentist or healthcare professional should bill for a hospital call (D9420) if the code criteria are met.

Medical vs. Dental Services

Horizon NJ Health recognizes that medical conditions may exist that can exhibit one or more dental components. These dental components/conditions may be 1) causative to the medical situation of the patient, 2) completely unrelated, or 3) the sequelae of the medical condition or its treatment.

A physician or oral surgeon may perform procedures that may be considered medical or dental (e.g., surgical procedures for fractured jaw, removal of cyst, or provision of maxillofacial prosthetics). Please see Section 8.2 Precertification Process to obtain the authorization process or you may call the Horizon NJ Health Utilization Management Department at **1-800-682-9094**.

- A broad definition of dental services would be those procedures used to treat the dental structures, including primary and permanent dentition and supporting structures including the periodontium and alveolar bone.
- Specific procedures that would fall under the category of dental treatment are:
- Restoration of tooth structure lost by decay, fracture, attrition or erosion using synthetic materials. This can include intra-coronal restorations, such as amalgam, gold or composite, full or partial coverage crowns and tooth strengthening and retention enhancement for endodontically treated teeth.
- Endodontic treatment of teeth, including re-treatment, if necessary, and any necessary periapical or sectioning surgical intervention
- Surgical services and post-op treatment performed on the dental supporting structures that include treatment of periodontal disease, osseous surgery and any other surgery to the periodontium
- Replacement of missing teeth using full dentures, removable partial dentures or fixed prostheses and related services
- Removal of teeth and re-implantation of teeth and associated services
- Orthodontic treatment, even if a component of an eligible medical condition or treatment

Obtain authorization by calling Horizon NJ Health's Utilization Management Department at least five business days prior to the inpatient or outpatient procedure if the procedure requires anesthesia or is performed in an inpatient setting or non-participating ambulatory surgical center. Utilization Management Department: 1-800-682-9094.

Amalgam Restorations

Reimbursement for amalgam restoration includes treatment of pulp exposure, lining or base, restoration, polishing of restoration, and local anesthesia or analgesia. Select the procedure code based on the number of surfaces restored per individual tooth—not on the basis of individual restorations. In this way, the fee for any surface includes one or more restorations on that surface. Horizon NJ Health reimburses only one code per tooth. Reimbursement for an occlusal restoration includes any extensions onto the occlusal one-third of the buccal or lingual surfaces of the tooth.

Interproximal Fillings

Extensions of interproximal fillings into self-cleansing areas are not considered additional surfaces. Horizon NJ Health reimburses an additional surface only when the buccal (facial) or lingual margin extends beyond the proximal one-third of the buccal (facial) and/or lingual surfaces.

Proximal Restorations

Proximal restorations in anterior teeth are normally considered single-surface restorations. When the dentist gains access to a proximal cavity by involvement of a second surface, Horizon NJ Health permits reimbursement for only one surface. We only reimburse a two- or three-surface proximal restoration when the facial and/or lingual margins of the restoration extends beyond the proximal one-third of the facial and/or lingual surfaces.

Proximal Fillings

Extensions of proximal fillings into self-cleansing areas are not considered additional surfaces. When selecting the appropriate code for an individual tooth, note that only one code is reimbursable per tooth. The fee for any surface includes one or more restorations on that surface. A reimbursement for an occlusal restoration includes any extensions onto the occlusal one-third of the buccal (facial) or lingual surfaces of the tooth. Reimbursements for a restoration includes treatment of pulp exposure, lining or base, restoration, and local anesthesia or analgesia.

Diagnostic Services

Clinical laboratory services include services provided by the following:

- Independent clinical laboratories, such as physician/dentist-operated and out-of-hospital laboratories that primarily perform diagnostic work referred by other practitioners.
- Hospital laboratories and laboratories of educational institutions that provide laboratory services to ambulatory members as requested by a licensed practitioner.

Dentists should not bill for any services provided by these clinical laboratories. Instead, the laboratories should bill Horizon NJ Health directly. Horizon NJ Health members are capitated to LabCorp for all laboratory services, except during an inpatient hospitalization.

All facilities or entities that perform clinical laboratory testing must be certified for any performed services. Reimbursement for laboratory testing is not eligible to any facility without Clinical Laboratory Improvement Amendments (CLIA) certification and a valid CLIA identification number.

The dental treatment plan provided shall be in accordance with the ethical and professional standards of the dental profession and meet the same high standards of quality normally provided to the community at large.

In situations where a complex treatment plan is being considered, the provider may sequentially submit several prior authorization requests, one for each of the various stages of the treatment. Those services that require prior authorization are defined as “non-routine services.” Prior authorization requests cannot be transferred from one dentist to another. Horizon NJ Health will not impose an arbitrary number of attempted dental treatment visits by a Primary Care Dentist (PCD) as a condition prior to the PCD initiating any specialty referral requests. The referring dentist is not obligated to supply diagnostic documentation similar to that required for a prior authorization request for treatment services as part of a referral request. The dentist receiving the referral is not obligated to prepare and submit diagnostic materials in order to approve or reimburse for a referral.

Anesthesia

Horizon NJ Health considers the administration of local anesthesia part of the operative or surgical procedure and does not allow additional reimbursement. When a dentist provides general anesthesia in a hospital setting, reimbursement is subject to demonstrating dental or medical necessity.

Reimbursement is made only to a dentist who satisfies all established rules and regulations and holds a written certification (permit), which may be required by the State of New Jersey or state where service is rendered. When the attending dentist performing the dental service also administers the general anesthesia, the provider should submit procedure code D9223.

When a dentist administers the general anesthesia whose sole function is to administer general anesthesia, Horizon NJ Health reimburses the service if:

- Anesthetic management is necessary to perform restorative dentistry alone or restorative dentistry in conjunction with other dental services.
- The documentation contains unique general anesthesia codes.
- An anesthesia record is maintained and submitted with the current ADA Claim Form for anesthesia and treatment. The anesthesia record must contain the elapsed anesthesia time, specific time and amounts of drugs administered, pulse rate and character, blood pressure, and respiration. (Note: The elapsed anesthesia time means the time from induction of the general anesthesia to the point in time when the anesthetist is no longer in personal attendance).

Intravenous Sedation

Horizon NJ Health reimburses the administration of intravenous sedation as follows:

- This sedation is administered continuously during the operative or surgical procedure.
- We offer no reimbursement if an injection is administered as a preoperative medication.
- The practitioner must document the need for this service.
- Reimbursement is made only to a dentist who satisfies all established rules and regulations, and holds a written certification (permit), which may be required by the State of New Jersey or state where service is rendered.

Analgesia

Horizon NJ Health reimburses an inhalation anesthetic for the purposes of analgesia as part of an operative or surgical procedure as follows:

- Analgesia is administered, as needed, continuously during the operative or surgical procedure.
- We offer no reimbursement if an injection is administered as a preoperative medication.
- The practitioner must document the need for this service.
- Reimbursement is only made to a dentist who satisfies all established rules and regulations, and holds a written certification (permit), which may be required by the State of New Jersey or state where service is rendered.
- We allow only one charge per visit for analgesia.

Injections

Horizon NJ Health reimburses intradermal, subcutaneous, intramuscular, and intravenous injections in the office or home within the scope of accepted dental practice as follows:

- Reimbursement for these injections applies as an all-inclusive flat fee, covering both the cost of the service and the drug.
- A dental visit for the sole purpose of an injection is reimbursable for only the injection. If other reimbursable dental procedures are performed, we reimburse the injection when medically necessary as well as the other procedures. The administered drug must be consistent with the diagnosis and conform to accepted medical and pharmacological principles in respect to dosage, frequency, and route of administration.
- Intravenous injections are reimbursable only when performed by the dentist.
- We do not reimburse for vitamins, liver, or iron injections—or combinations thereof—except in laboratory-proven deficiency states requiring parenteral therapy.
- We do not reimburse placebos or any injections containing amphetamines or derivatives thereof.
- We do not reimburse an injection administered as a preoperative medication in conjunction with general anesthesia or local anesthetic as part of an operative or surgical procedure.
- Annotate the **Remarks** section in the current ADA Claim Form with the following items: the appropriate procedure code, name of the injected drug, dosage, route of administration, and the complete diagnosis for the injection.

Horizon NJ Health considers drugs, biologicals, or supplies used, administered, or provided by the dentist part of the professional service, and does not allow additional reimbursement for them.

Orthodontic Services

The following standards and procedures apply to the provision of orthodontic services for children in NJ FamilyCare programs.

Orthodontic Consultation (D9310) - must include a visual examination and may also include a completed HLD (NJ-Mod3) Assessment Tool by the attending provider or a provider in the same group. This consultation does not require prior authorization, can be provided once a year and will be linked to the provider and not to the patient (which allows for a second opinion with a different provider).

Pre-Orthodontic Treatment Visit (D8660) - includes the diagnostic workup, clinical evaluation, orthodontic treatment plan and completion of HLD (NJ-Mod3) assessment tool.

The HLD (NJ-Mod3) is only required for consideration of comprehensive orthodontic treatment. The HLD (NJ-Mod3) is completed by the dentist that will be rendering the orthodontic treatment.

If the HLD (NJ-Mod3) Assessment Tool has an “X” and correctly documented clinical criteria found in sections 1-6A and 15 of the assessment tool or a total score that is equal to or greater than 26, the pre-orthodontic treatment work-up can proceed. A total score of less than 26 points on the HLD (NJ-Mod3) Assessment Tool requires documentation of the extenuating circumstances, functional difficulties and/or medical anomaly be included in the submission.

- The visit does not require prior authorization and should occur with the expectation that the case will be completed prior to the client exceeding the age of eligibility for the benefit;
- This service can be provided once a year and will be linked to the provider and not to the patient;
- The orthodontic work-up includes the consultation; therefore, consultation will not be reimbursed separately.

Minor Treatment to Control Harmful Habits

Minor treatment can be used for the correction of oral habits in any dentition. Approval for treatment to control harmful habits when not part of a limited, interceptive or comprehensive case will include appliances, removable or fixed, insertion, all adjustments, repairs, removal, retention and treatment visits to the provider of placement. Replacement of appliances due to loss or damage beyond repair is allowed once and thereafter requires prior authorization and can be considered with documentation of incident and documentation of medical necessity.

For prior authorization, a narrative of the clinical findings, treatment plan, estimated treatment time with prognosis and diagnostic photographs and/or models shall be submitted and maintained in the treatment records.

Upon completion of the case pre-treatment and post-treatment photographs must be submitted.

Orthodontic Treatment Services

Limited, interceptive and comprehensive orthodontic services **must be prior authorized** and will be considered for the treatment of the primary dentition, permanent dentition or mixed dentition for treatment of the permanent teeth.

Prior authorization determinations shall be made and notice sent to the provider within ten (10) days of receipt of all necessary information sufficient for a dental consultant to make an informed decision.

In cases where prior authorization is denied, the denial decision must be made by an orthodontist. The denial letter must contain a detailed explanation of the reason(s) for denial; indicate whether additional information is needed and the process for reconsideration. It must also include the name and contact information of the orthodontic consultant that reviewed and denied the treatment request which will allow the treating provider an opportunity to discuss the case.

An approved case must be started within six (6) months of receiving the approval.

Limited Orthodontic Treatment

Limited orthodontic treatment can be considered for treatment not involving the entire dentition and can be used for corrections in any dentition.

For prior authorization, the following shall be submitted:

- Narrative of clinical findings, treatment plan and estimated treatment time
- Diagnostic photographs
- Diagnostic X-rays or digital films
- Diagnostic study models or diagnostic digital study cast images
- The referring primary care dentist must provide attestation that all needed preventive and dental treatment services have been completed. A copy must be submitted with the orthodontic treatment request.

The reimbursement for the service includes the appliance, insertion, all adjustments, repairs, removal, retention and treatment visits to the provider of placement. Therefore, the case shall be completed even if eligibility is terminated at no additional charge to the member. Replacement of retainers or removable appliances due to loss or damage beyond repair requires prior authorization and can be considered with documentation of medical necessity.

If it is determined that limited orthodontic treatment is part of a comprehensive treatment plan which will occur within less than 12 months, it will be considered part of the comprehensive case and will not be reimbursed separately. In this case, the prior authorization should be submitted for comprehensive orthodontic treatment with an attached treatment plan that indicates the limited treatment phase including the expected time frame for this and the expected initiation (month/year) of the comprehensive treatment. Upon completion of the case, pre-treatment and post-treatment photographs must be submitted.

Interceptive and Comprehensive Orthodontic Treatment

For prior authorization requests the following shall be submitted:

- The completed HLD (NJ-Mod3) assessment tool for comprehensive orthodontic treatment
- Narrative of clinical findings for dysfunction and dental diagnosis
- The interceptive or comprehensive orthodontic treatment plan and estimated treatment time
- Attestation from the referring primary care dentist that all needed preventive and dental treatment services have been completed
- Diagnostic study models or diagnostic digital study models
- Diagnostic photographs (which may suffice in place of models)
- Diagnostic x-rays, digital x-rays or cephalometric film with tracing (when applicable); and
- When applicable:
 - Medical diagnosis and surgical treatment plan
 - Detailed documentation of extenuating circumstances
 - Detailed documentation from **a mental health professional** as described in the managed care contract indicating the psychological or psychiatric diagnosis, treatment history and prognosis and an attestation stating and substantiating that orthodontic correction will result in a favorable prognosis of the mental/psychological condition.

Interceptive Orthodontics

Interceptive treatment can be considered for localized tooth movement and may be for redirection of ectopic eruptions, correction of dental crossbites or recovery of space in the primary or transitional dentition. Approval for the interceptive treatment when not part of the comprehensive case will include all appliances, insertion, all adjustments, repairs, removal, retention and treatment visits and initial retainers to the provider of placement. Replacement of retainers or removable appliances due to loss or damage beyond repair requires prior authorization and documentation of medical necessity.

If it is determined that interceptive orthodontic treatment is part of a comprehensive treatment plan which will occur within less than 12 months, it will be considered part of the comprehensive case and will not be reimbursed separately. In this case, the prior authorization should be submitted for comprehensive orthodontic treatment with an attached treatment plan that indicates the interceptive treatment phase, including the expected time frame and expected initiation (month/year) of comprehensive treatment.

Upon completion of the case, pre-treatment and posttreatment diagnostic photographs must be submitted.

Comprehensive Orthodontics

Eligibility should be checked prior to each visit.

The NJFC Medicaid Fee-for-Service (FFS) program reimburses for periodic treatment visits (D8670) which are billed for the date of service. A maximum of 36 units of D8670 are allowed for each comprehensive orthodontic case, which is expected to last no longer than 36 months from the date of banding.

The reimbursement for comprehensive treatment is requested using the date the appliances are placed and billed as D8080. The date of each periodic visit (D8670) is billed separately on the date of service. Services reimbursed through these codes will include all appliances, their insertions, adjustments, repairs and removal as well as the retention phase of treatment to the provider of placement.

Initial retainer(s) are included with the service; however replacement of retainers or removable appliances due to loss or damage beyond repair is allowed once. If additional replacements are needed, the service requires prior authorization and can be considered with documentation of the incident and medical necessity.

Reimbursement for orthodontic services includes the placement **and removal** of all appliances and brackets; therefore should it become necessary to remove the bands following or due to loss of eligibility, non-compliance or elective discontinuation of treatment by the parent, guardian or patient **the appliance shall be removed with no additional reimbursement to the provider of placement because reimbursement for comprehensive orthodontics includes this service.** In cases where treatment is discontinued, a "Release from Treatment" letter must be provided by the dental office which documents the reason for discontinuing care and releases the dentist from the responsibility of completing the case. The release form must be reviewed and signed by the parent/guardian and patient, and a copy maintained in the patient's records.

Requesting Prior Authorization

Prior authorization for comprehensive orthodontic treatment will only be considered for the permanent dentition. As an exception, cases with late mixed dentition will require documentation of the planned treatment for the existing primary teeth and the reason for starting treatment prior to their natural exfoliation.

Beginning Treatment

- In addition to submission requirements already noted, the prior authorization form to request the beginning phase of treatment should be completed for procedure code D8080 and the treatment visits with a maximum number of units for treatment visits to be considered on any one prior authorization being twelve (12)
- The case start date is considered to be the banding date which must occur within six (6) months of approval
- If the prior authorization expires before all approved units are used, a prior authorization may be submitted for the remaining units along with an explanation that includes the original prior authorization number and why treatment did not occur within the active time of the prior authorization.

Continuing Treatment

- Prior authorization for the continuation of treatment visits for the continuation of the case shall be submitted after completing the first twelve (12) units of treatment visits or at the mid-point of treatment.
- The maximum number of additional treatment visits allowed to continue the case is twelve (12).
- If the prior authorization expires before all approved units were used, a prior authorization may be submitted for the remaining units along with an explanation that includes the original prior authorization number and why treatment did not occur within the active time of the prior authorization.
- The following shall be included with the prior authorization request:
 - A copy of the treatment notes
 - Documentation of any problems with compliance
- Attestation from the current primary care dentist that recall visits occurred and that all needed preventive and dental treatment services have been completed
- Pre-treatment and current treatment diagnostic photographs and/or diagnostic panoramic radiographs to show status and to demonstrate case progression
- A copy of the initial approval if the case was started under a different NJ FamilyCare Medicaid MCO or fee-for-service program

Prior Authorization for Orthodontic Services Transferred or Started Outside of the NJ FamilyCare Medicaid Program

For continuation of care for transfer cases whether they were or were not started by another NJ FamilyCare Medicaid provider, a prior authorization must be submitted to request the remaining treatment visits to continue a case with a maximum of twelve (12) per prior authorization to be considered. The following must be submitted with the prior authorization:

- A copy of the initial orthodontic case approval (if applicable)
- Attestation from the referring or treating primary care dentist that preventive and dental treatment services have been completed
- A copy of the orthodontic treatment notes from provider that started the case (if available)
- Recent diagnostic photographs and/or panoramic radiographs and if available pre-treatment photographs
- The date when active treatment was started
- The expected number of months to complete the case along with the number of units for treatment visits with maximum number of 24 units allowed
- If applicable a new treatment plan and documentation to support the treatment change if re-banding is planned.

A case in treatment cannot be denied if the patient is eligible for orthodontic coverage based on age.

Orthognathic Surgical Cases with Comprehensive Orthodontic Treatment

- The surgical consult, treatment plan and approval for surgical case must be included with the request for prior authorization of the orthodontic services;
- Prior authorization and documentation requirements are the same as those for comprehensive treatment and shall be submitted by the treating orthodontist;
- The parent/guardian and patient should understand that loss of eligibility at any time during treatment will result in the loss of all benefits and payment by the NJFC Medicaid program.

Conclusion of Active Treatment

- Attestation of case completion must be submitted to document that active treatment had a favorable outcome and that the case is ready for retention.
- Procedure code D8680, orthodontic retention, shall be submitted for prior authorization along with recent panorex and photographs when the active phase of orthodontic treatment is completed.
- Once approved, the bands can be removed and the case placed in retention.

Documentation for Completion of Comprehensive Cases – Final Records

The following **must** be submitted to document the completion of comprehensive cases:

- Final diagnostic photographs and/or panoramic radiograph
- Final diagnostic study models or diagnostic digital study models must be taken and be available upon request.

If this is not received, reimbursement provided may be recovered until required documentation is submitted.

Behavior Not Conducive to Favorable Treatment Outcomes

It is the expectation that the case selection process for orthodontic treatment takes into consideration the patient's ability, over the course of treatment to:

- Tolerate the treatment
- Keep multiple appointments over several years
- Maintain an oral hygiene regimen, and
- Be cooperative and complete all needed preventive and treatment visits

If it is determined that treatment is not progressing because the patient is exhibiting non-compliant behavior which may include any of the following: multiple missed orthodontic or general dental appointments, continued poor oral hygiene, failure to maintain the appliances or untreated dental disease, discontinuation of treatment can be considered.

A letter must be sent to the parent/guardian and/or patient that documents the factors of concern, the corrective actions needed and informs that failure to comply can result in the discontinuation of treatment with de-banding. A copy of this letter and the patient treatment records must be sent to Horizon NJ Health, 1700 American Blvd., Pennington, NJ, 08534.

If the case is discontinued for reasons other than the completion of treatment (D8695), the "Release from Treatment" letter should be signed by parent/guardian and/or patient. For members enrolled in Horizon NJ Health, a copy of the signed form and the patient treatment records must be sent to Horizon NJ Health, 1700 American Blvd., Pennington, NJ, 08534.

The reimbursement for appliance placement includes their removal; however, prior authorization to allow reimbursement can be considered when removal is by a provider that did not start the case.

Instructions for Completing the New Jersey Orthodontic Evaluation HLD (NJ-Mod3) Index Form:

The intent of the HLD (NJ-Mod3) Index is to measure the presence or absence and the degree of the handicap caused by the components to be scored with the index and NOT to diagnose Malocclusion. Presence of any of the conditions sections 1 through 6A and 15, or a score total equal to or greater than 26 (when scored correctly) qualifies for medical necessity exception. Total scores less than 26 with extenuating circumstances must include appropriate documentation.

GENERAL INFORMATION:

- **Only cases with late mixed and permanent dentition will be considered (see Pre-orthodontic Treatment Visit (D8660) for exception).**
- A Boley Gauge or disposable ruler scaled in millimeters should be used;
- The patient's teeth are positioned in centric occlusion;
- All measurements are recorded and rounded off to the nearest millimeter (mm);
- For sections 1 to 6A and 15 an X is placed if the condition exists and **scoring is completed, as needed;**
- For sections 6B to 14, indicate the measurement or if a condition is absent, a 0 score is entered;
- **Diagnostic models are required** with the submission of prior authorization. Casts must be properly poured, adequately trimmed without voids or bubbles and marked for centric occlusion; or,
- **Diagnostic Digital models may be submitted** to show right and left lateral, frontal and posterior and maxillary and mandibular occlusal views;
- **Diagnostic quality photographs** to show facial, frontal and profile, intra-oral front, left and right side, maxillary and mandibular occlusal views (minimum of seven views). Photographs shall include views with a millimeter ruler in place to demonstrate measurement for the following condition(s) when present as found in sections 6A, 6B, 7, 8, 9 and 13.

INSTRUCTIONS FOR FORM COMPLETION:

- 1. Cleft Palate Deformity** – acceptable documentation must include at least one of the following: intraoral photographs of the palate, written consultation report by a qualified specialist or craniofacial panel. Score an X if present.
- 2. Cranio-facial Anomaly** – acceptable documentation must include written report by qualified specialist or craniofacial panel and photographs. Score an X if present.
- 3. Impacted Permanent Anterior Teeth** – demonstrate that anterior tooth or teeth (incisors and cuspids) is or are impacted (soft or hard tissue); not indicated for extraction and treatment planned to be brought into occlusion. Arch space available for correction. Score an X if present.

4. Crossbite of Individual Anterior teeth – Score an X if present. – demonstrate that anterior tooth or teeth (incisors and cuspids) is or are in crossbite resulting in occlusal trauma with excessive wear, significant mobility or soft tissue damage. A narrative to include the class of mobility for the involved teeth and photographs of all areas with soft tissue damage. Score X as noted. **If these conditions do not exist, it is to be considered an ectopic eruption and scored in section 10.**

5. Severe Traumatic Deviation – damage to skeletal and or soft tissue as a result of trauma or other gross pathology. Include written report and intraoral photographs. Score an X if present.

6A. Overjet greater than 9mm or mandibular protrusion (reverse overjet) greater than 3.5 – Overjet is recorded with the patient's teeth in centric occlusion and is measured from the labial of the lower incisors to the labial of the corresponding upper central incisors. This measurement should record the greatest distance between any one upper central incisor and its corresponding lower central or lateral incisor. If the overjet is greater than 9mm or mandibular protrusion (reverse overjet) is greater than 3.5mm, score an X if present.

6B. Overjet equal to or less than 9mm – Overjet is recorded as in condition in section 6A. The measurement is rounded to the nearest millimeter and entered on the score form.

7. Overbite – A pencil mark on the tooth indicating the extent of the overlap facilitates the measurement. It is measured and rounded off the nearest millimeter and entered on the score form.

8. Mandibular protrusion (reverse overjet) equal to or less than 3.5 mm – Mandibular protrusion (reverse overjet) is recorded as a condition and rounded to the nearest millimeter. Enter the score on the form and multiply the measurement by five (5).

9. Open Bite in millimeters – This condition is defined as the absence of occlusal contact in the anterior region. It is measured from the incisal edge of a maxillary central incisor to the incisal edge of a corresponding mandibular incisor, in millimeters. Enter the measurement on the score form and multiply the measurement by four (4). If measurement is not possible, measurement can usually be estimated.

10. Ectopic Eruption – Count each tooth, excluding third molars. Each qualifying tooth must be more than 50% blocked out of the arch. Enter the number of qualifying teeth on the score form and multiply by three (3). If anterior crowding (see condition 12) also exists in the same arch, score the condition that produces the most points. **DO NOT COUNT BOTH CONDITIONS.** The exception to this rule is: (a) posterior ectopic eruptions in the same arch (b) if ectopic eruption score is transferred due to anterior crossbite without trauma, excessive wear or mobility. In these two exceptions, count ectopic eruption PLUS the crowding.

11. Deep Impinging Overbite – This occurs when either destruction of soft tissue on palate, gingival recession and mobility and/or abrasion of teeth are present. Submit intraoral photographs of tissue damage/impingement. The presence of deep impinging overbite is indicated by a total score of three (3) on the score form.

12. Anterior Crowding – Arch length insufficiency must exceed 3.5 mm. Mild rotations are not to be scored as crowded. Score one (1) crowding per arch. Enter the total on score form and multiply the measurement by five (5). If ectopic eruption is scored in section 10 (not from crossbite in section 4) this crowding cannot be scored in addition. However if ectopic eruption is due to a transfer of score from section 4 to section 10, because crossbite did not result in damage, both ectopic and crowding can be counted.

13. Labio-Lingual Spread – A Boley Gauge (or disposable ruler) is used to determine the extent of deviation from a normal arch. Where there is only a protruded or lingually displaced anterior tooth, the measurement should be made from the incisal edge of that tooth to the normal arch line. Otherwise, the total distance between the most protruded anterior tooth and the most lingually displaced adjacent anterior tooth is measured. In the event that multiple anterior crowding of teeth is observed, all deviations from the normal arch should be measured for the labio-lingual spread, but only the most severe individual measurement should be entered on the score form.

14. Posterior Unilateral Crossbite – This condition involves two or more adjacent teeth, one of which must be a molar. The crossbite must be one in which the maxillary posterior teeth involved may either be both palatal or both completely buccal in relation to the mandibular posterior teeth. The presence of posterior unilateral crossbite is indicated by a total score of four (4) on the score form. THERE IS NO ADDITIONAL SCORE FOR BI-LATERAL CROSSBITE.

15. Psychological factors affecting child's development – This condition requires detailed documentation by a **mental health provider** as described in the NJFC Medicaid managed care contract that contains the psychological or psychiatric diagnosis, treatment history and prognosis. An attestation from the mental health provider must state and substantiate that orthodontic correction will result in a favorable prognosis of the mental/psychological condition.

**NJ Orthodontic Assessment Tool for Comprehensive Treatment
HLD (NJ-Mod3)**

****Attach attestation that all needed preventive and dental treatment was completed ****

Date _____
 Name: _____ NJFC ID # _____
 DOB: _____ Sex: M / F Class/Type of Case _____
 Name of Orthodontist: _____

The instructions for completing this form begin on page 7. Sections 1-6A and 15 automatically qualify. Score with an X when these conditions are present. Sections 6B-14 scores must total 26 or more, or when less than 26 must include documentation of medically necessity.

	Condition	Score
1.	Cleft palate deformity (attach description from credentialed specialist)	
2.	Cranio-facial Anomaly (attach description from credentialed specialist)	
3.	Impacted permanent anteriors where extraction is not indicated Note the number of teeth _____	
4.	Crossbite of individual anterior teeth with trauma, mobility and/or soft tissue damage must be present and documented	
5.	Severe traumatic deviations	
6A.	Overjet greater than 9 mm with incompetent lips or reverse overjet greater than 3.5 mm	
6B.	Overjet (mm)	
7.	Overbite (mm)	
8.	Mandibular protrusion (mm) x 5	
9.	Open bite (mm) x 4	
10.	Ectopic eruption or crossbite of individual anterior teeth without damage (# of teeth x 3)	
11.	Deep impinging overbite (intra-oral photos showing palatal soft tissue impingement/destruction, gingival recession or attrition of teeth are required) Score 3 points if present	
12.	Anterior crowding MX _____ MD _____ Total _____ x 5 (score 1 per arch)	
13.	Labiolingual spread (mm)	
14.	Posterior unilateral crossbite (involving molar): Score 4 if present	
15.	Psychological factors affecting development ("X" requires detailed documentation by mental health provider as described per contract of psychological/psychiatric diagnosis, prognosis and that orthodontic correction will improve mental/psychological condition.)	
	TOTAL	

Documentation of extenuating circumstances attached for score total less than 26 (independent of conditions described in #s1-6A and 15).

Clinical Criteria Descriptions

Horizon NJ Health clinical criteria for determining medical necessity 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. A number of procedures require prior authorization before initiating treatment. When submitting authorization requests for these procedures, note the documentation requirements, and include required documentation when submitting authorizations to Horizon NJ Health.

Horizon NJ Health reviewers use the following clinical criteria to approve authorization requests.

Crowns / onlays / coping

- Minimum 50% bone support
- No periodontal furcation
- No subcrestal caries
- Clinically acceptable RCT if present
- Planned RCT if necessary
- Anterior – 50% incisal edge / 4+ surfaces involved
- Bicuspids – 1 cusp / 3+ surfaces involved
- Molar – 2 cusps / 4+ surfaces involved
- Member's home care and long-term prognosis of restoration must be considered when requesting prior authorization for crown

Additional procedures to construct new crown under existing partial

- Documentation supports procedure, missing teeth on at least one side of requested crown.

Root canals

- Minimum 50% bone support
- No periodontal furcation
- No subcrestal caries
- Evidence of apical pathology/fistula
- Pain from percussion/temperature
- Closed apex
- Member's home care and long-term prognosis of restoration must be considered when requesting prior authorization for root canal, retreatment of root canal

Apexification / recalcification

- Minimum 50% bone support
- Evidence of apical pathology/fistula
- Evidence of deep caries/restoration, fracture, near pulpal exposure with open apex
- Percussion or temperature with open apex
- File X-ray with claim

Apicoectomy / periradicular services

- Minimum 50% bone support
- History of RCT
- Apical pathology

Retrograde filling

- History of apicoectomy

Gingivectomy or gingivoplasty

- Hyperplasia or hypertrophy from drug therapy, hormonal disturbances, or congenital defects
- Generalized 5 mm or more pocketing indicated on the perio charting
- Member's home care and long-term perio prognosis must be considered when requesting prior authorizations for periodontal surgery; Additional consideration should be given to members who are compliant with exams, prophys, and X-rays

Gingival flap procedure (D4240)

- Perio classification of Type III or IV
- Lack of attached gingiva
- Member's home care and long-term perio prognosis must be considered when requesting prior authorizations for periodontal surgery; Additional consideration should be given to members who are compliant with exams, prophys, and X-rays

Crown Lengthening (D4249)

- Documentation supports procedure, greater than 50% bone support after surgery due to coronal fracture/caries and not on same day as restoration preparation
- Member's home care and long-term perio prognosis must be considered when requesting prior authorizations for periodontal surgery; Additional consideration should be given to members who are compliant with exams, prophys, and X-rays

Osseous Surgery (D4260, D4261)

- History of periodontal scaling and root planing
- No previous recent history of osseous surgery
- Perio classification of Type III or IV
- Member's home care and long-term perio prognosis must be considered when requesting prior authorizations for periodontal surgery; Additional consideration should be given to members who are compliant with exams, prophys, and X-rays
- Provider must submit an attestation stating member's home care is excellent and member is compliant 3–6 weeks after D4341 or D4342; Can allow only one quadrant of surgery and then follow up with the same documentation before allowing additional quadrants

Bone Replacement Graft (D4263, D4264)

- Documentation supports need to correct bone defect.
- Tooth must be present and not allowed in area of missing tooth or extraction on same date of service

Biologic Materials (D4265)

- Biologic materials to aid in soft and osseous tissue regeneration

Guided Tissue Regeneration (D4266, D4267)

- Documentation supports need in conjunction with bone replacement or to correct deformities resulting from inadequate faciolingual bone
- Member's home care and long-term perio prognosis must be considered when requesting prior authorizations for periodontal surgery; Additional consideration should be given to members who are compliant with exams, prophys, and X-rays

Surgical Revision (D4268)

- Documentation supports need to refine results of previous surgical procedure.

Pedicle Soft Tissue Graft (D4270)

- Cover exposed root; eliminate gingival defect

Connective Tissue Graft (D4273, D4276, D4277, D4278, D4283, D4285)

- Eliminate root sensitivity
- Eliminate frenum pull
- Extend vestibule
- Cover gingival interface with restoration
- Cover bone or ridge regeneration site

Distal or Proximal Wedge (D4274)

- No history of D4260 or D4261 within 12 months
- More than 50% bone to remain after procedure
- To expose coronal fracture or caries but not on same day as restorative procedure

Soft tissue Allograft (D4275)

- Eliminate frenum pull
- Extend vestibule
- Eliminate gingival recession

Splinting (D4320, D4321)

- Documentation supports need for procedure (i.e., facial trauma, accident, etc.)
- Scaling and root planing

Scaling and root planing (D4341, D4342)

- D4341
 - Four or more teeth in the quadrant
 - 5 mm pocketing on 4 or more teeth indicated
 - Presence of root surface calculus and/or noticeable loss of bone support on X-rays
- D4342
 - One to three teeth in the quadrant
 - 5 mm pocketing on 1 or more teeth indicated
 - Presence of root surface calculus and/or noticeable loss of bone support on X-rays

Localized Delivery of Antimicrobial Agents (D4381)

- Documentation supports need for procedure.

Periodontal maintenance

- History of active treatment/D4910 within last 36 months, not sooner than 90 days (if history alternate to prophylaxis)

Full dentures

- Existing denture greater than 7.5 years old
- Remaining teeth do not have adequate bone support or are non-restorable

Immediate Denture (D5130, D5140)

- Remaining teeth do not have adequate bone support or are non-restorable

Partial dentures

- Less than 8 points of contact on posterior teeth
- 8 points of contact must produce a balanced, functional occlusion
- If one partial makes the mouth meet criteria, than one partial allowed and the other denied
- If one or more anterior max or mand tooth missing or will be extracted regardless of posterior teeth
- Existing partial denture greater than 7.5 years old
- Remaining teeth have greater than 50% bone support and are restorable for cast partials, otherwise resin partial considered

Full/partial dentures-adjustments, repairs, replacement, add ons (teeth and clasps)

- Not within 6 months of delivery reline/rebase or 3 months of D5510 or D5610

Rebase / reline denture / tissue conditioning (D5710 – D5851)

- Documentation supports need
- Not within 12 months of delivery except for D5130 and D5140

Overdenture

- Remaining teeth supporting overdenture have adequate bone support

Pediatric partial denture

- Documentation indicates missing anterior teeth

Maxillofacial prosthetics

- Documentation supports need

Surgical Implants / abutments / maintenance

- History of congenitally missing tooth
- Healthy bone and periodontia
- History of the inability to wear a full upper or full lower denture or maxillofacial prosthesis over a two year period; by report
- Surgical implant present or approved
- Documentation supports medical necessity
- Implants are only allowed under specific circumstances of having a facial anomaly or deformity or being edentulous with a history of inability to function with complete dentures for at least two years

Pontics / Crowns

- Only allowed when replacing a defective bridge; New bridge must be exactly like the existing bridge. Cannot extend to add additional teeth
- Minimum 50% bone support
- Clinically acceptable RCT if present
- Planned RCT if necessary

Connector bar / stress breaker / precision attachment / re-cement / coping / repair

- Attachment will significantly enhance function
- Documentation is self-explanatory as to procedure code
- Crowns present on X-rays or approved authorization for crown
- Documentation describes medical necessity

Fixed partial denture repair, by report

- Documentation describes medical necessity.
- Not within 6 months of delivery

Impacted teeth – (asymptomatic impactions will not be approved) (D7220, D7230, D7240, D7241)

- Documentation describes pain, swelling, etc., around tooth (must be symptomatic) and documentation noted in patient record
- Documentation supports procedure for unusual surgical complications (D7241)
- X-rays match type of impaction code described

Surgical removal of residual tooth roots

- Tooth root is completely covered by tissue on x-ray
- Documentation describes pain, swelling, etc., around tooth and documentation noted in patient record

Oroantral fistula closure / sinus perforation

- Documentation supports procedure.

Tooth reimplantation and/or stabilization

- Documentation supports procedure.

Surgical access of an unerupted tooth

- Documentation supports impacted/unerupted tooth
- Tooth is beyond one year of normal eruption pattern

Mobilization of erupted tooth

- Documentation supports procedure

Placement of device to facilitate eruption

- Documentation supports procedure

Biopsy / exfoliative cytological sample collection

- Documentation supports procedure

Surgical Repositioning of Teeth

- Documentation supports procedure

Harvest of bone

- Documentation indicates autogenous grafting procedure that does not include harvest of bone

Alveoloplasty

- Documentation supports procedure

Excision of lesion / tumor

- Documentation supports procedure

Excision of bone tissue

- Documentation supports procedure

Radical resection of maxilla or mandible

- Documentation supports procedure

Incision / drain abscess

- Documentation supports procedure

Removal of foreign body / reaction producing foreign bodies

- Documentation supports procedure

Partial ostectomy

- Documentation supports procedure

Maxillary sinusotomy

- Documentation supports procedure

Fractures- simple / compound

- Documentation supports procedure

Arthroscopy

- Documentation supports procedure

Reduction and dislocation and management of TMJ dysfunctions

- Documentation supports history of TMJ pain
- Not for bruxism

Suture repairs

- Documentation describes accident
- Not for tooth extraction or to close surgical incision

Skin Graft

- Documentation describes location and type of graft

Osteoplasty / osteotomy

- Documentation describes and supports congenital defect condition

Other repair procedure (Oral & Maxillofacial Surgery)

- Narrative, X-rays, or photos support medical necessity for procedure

Frenulectomy

- Documentation describes tongue-tied, diastema, or tissue pull condition

Frenuloplasty

- Documentation indicates frenum will be repositioned instead of being excised

Excision of hyperplastic tissue

- Documentation describes medical necessity due to ill-fitting dentures

Excision of pericoronal gingiva

- Documentation shows tissue partially covers occlusal surface

Surgical reduction of fibrous tuberosity

- Documentation indicates medical necessity need for future denture placement

Sialolithotomy / excision of salivary gland / sialodochoplasty / closure of salivary fistula

- Narrative, X-rays, or photos support medical necessity for procedure

Emergency tracheotomy

- Narrative, X-rays, or photos support medical necessity for procedure

Coronoidectomy

- Narrative, X-rays, or photos support medical necessity for procedure

Synthetic Graft / Implant-Mandible for augmentation / appliance removal / intraoral placement of a fixation device

- Narrative, X-rays, or photos support medical necessity for procedure

Unspecified Oral Surgery Procedure

- Narrative, X-rays, or photos support medical necessity for procedure

Limited Orthodontic Treatment

- Partial treatment to correct crowding in one arch
- Minor tooth movement
- Up-righting teeth
- Rotating teeth
- Opening space(s)
- Closing space(s)
- Palatal expansion, skeletal disharmonies, space deficiency to lessen future effects of malformation dentition (primary / transitional dentition)

Comprehensive Orthodontic Treatment

- Case must be submitted for authorization a minimum of 36 months prior to age limit for this benefit

Appliance Therapy

- Documentation of thumb sucking or tongue thrusting habit
- Not covered in conjunction with interceptive / comprehensive ortho

Pre-Orthodontic Treatment

- Narrative, X-rays, or photos support medical necessity for procedure
- Mid-course treatment evaluation – For additional retention payments beyond first 12 payments

Orthodontic Retention

- Documentation substantiating completed orthodontic treatment

Removable Retainer Adjustment

- History of removable retainer insertion

Repair / Replacement of Orthodontic Appliance

- Documentation of an active ortho case

Unspecified Orthodontic Procedure, by report

- Documentation supports need for transfer case

General anesthesia / IV sedation (Dental Office Setting) 1 or more of the criteria below

- Extractions of impacted teeth or unerupted cuspids or wisdom teeth or surgical exposure of unerupted cuspids
- 2 or more extractions in 2 or more quadrants
- 4 or more extractions in 1 quadrant
- Excision of lesions greater than 1.25 cm
- Surgical recovery from the maxillary antrum
- Documentation that patient is less than 9 years old with extensive treatment (described)
- Documentation of failed local anesthesia and documentation noted in patient record
- Documentation of situational anxiety and documentation noted in patient record
- Documentation and narrative of medical necessity supported by submitted medical records (cardiac, cerebral palsy, epilepsy, or condition that would render patient noncompliant)

Non-intravenous conscious sedation (Dental Office Setting) – 1 or more of the following criteria

- Extractions of impacted or unerupted cuspids or wisdom teeth or surgical exposure of unerupted cuspids
- 2 or more extractions in 2 or more quadrants
- 4 or more extractions in 1 quadrant
- Excision of lesions greater than 1.25 cm
- Surgical recovery from the maxillary antrum
- Documentation that patient is less than 9 years old with extensive treatment (described)
- Documentation of failed local anesthesia and documentation noted in patient record
- Documentation of situational anxiety and documentation noted in patient record
- Documentation and narrative of medical necessity supported by submitted medical records (cardiac, cerebral palsy, epilepsy or condition that would render patient noncompliant)

House/Extended Care Facility Call (D9410)

- Documentation and narrative of medical necessity supported by submitted medical records

Hospital Call (D9420)

- Use for OR (Hospital Operating Room or Outpatient Facility) request
- Patient under the age of 6 years with extensive treatment needed
- Documentation supports indication of patient with a medical condition (cardiac, cerebral palsy, epilepsy), or other condition that would render the patient non-compliant

Therapeutic drug injection

- Documentation and narrative of medical necessity supported by submitted medical records

Behavior Management

- Documentation (treatment history) supports indication of non-cooperative child under the age of 9 years
- Documentation supports indication of patient with a medical condition (cardiac, cerebral palsy, epilepsy), or other condition that would render the patient non-compliant
- Not in conjunction with D9223 or D9243; Two units allowed per same date of service

Treatment of complications (post-surgical)

- By report

Occlusal Guard to include adjustments

- Removable dental appliances, which were designed to minimize the effects of bruxism and other occlusal factors

Unspecified procedures, by report

- By report

OR (Hospital Operating Room or Outpatient Facility) request – use D9999

- Patient under the age of 6 years with extensive treatment needed
- Documentation supports indication of patient with a medical condition (cardiac, cerebral palsy, epilepsy), or other condition that would render the patient non-compliant

Glossary

Definitions

Unless the context in this manual clearly indicates otherwise, these terms are defined as follows.

Abuse. Provider practices inconsistent with sound fiscal, business, or medical practices that result in unnecessary costs to the Medicaid or NJ FamilyCare program, or reimbursement for services that are not medically necessary, or services that fail to meet professionally recognized standards for health care. (See 42 C.F.R. § 455.2.)

Clinical Laboratory Services. Professional and technical laboratory services ordered by a dentist within the scope of practice as defined by the laws of the state in which the dentist practices.

Concurrent Care. A type of service rendered to a member by practitioners when dental necessity requires the service of dentists of different specialties and the Primary Care Dentist.

Consultation. A service rendered by a qualified dentist, upon the request of another practitioner, to evaluate through personal examination of the member, history, physical finding, and/or other ancillary means, the nature and progress of a dental or related disease, illness or condition, and/or establish or confirm a diagnosis, determine the prognosis, and/or suggest treatment. (Note: A consultation should not be confused with “referral for treatment” when one practitioner refers a member to another practitioner for either specific or general treatment. Examples include: “Endodontic treatment on teeth Nos. 3 and 5,” “Extract teeth Nos. 7, 8, 9, and 10,” or “Extract tooth or teeth causing pain.”)

Cultural Competency. A set of interpersonal skills that allow individuals to increase their understanding, appreciation, acceptance of and respect for cultural differences and similarities within, among and between groups and the sensitivity to how these differences influence relationships with enrollees. This requires a willingness and ability to draw on community-based values, traditions and customs, to devise strategies to better meet culturally diverse enrollee needs, and to work with knowledgeable persons of and from the community in developing focused interactions, communications, and other supports.

Dental Records. The complete, comprehensive records of dental services, to include date of service/visit, chief complaint, treatment needed, treatment planned and treatment provided during each patient visit. The dental record shall include charting of the existing dentition, hard and soft tissue findings, completed assessment tools and diagnostic images to include radiographs and digital views as well as photographs where medically necessary. Dental records shall also be kept in compliance with all DMAHS and NJ State Board of Dentistry regulations. The dental record is to be accessible at the office/clinic location of Member’s participating dentist and also in the records of a residential facility for those Members residing in a facility. Providers who render dental services in other settings such as in an operating room shall also include a record that documents provided treatment in the Member’s dental record located in the office/clinic.

Dental Review. The current, ongoing quality review of the delivery of continuing dental services and health care, which is constantly monitored and maintained by the provision of direction, coordination, and regulation.

Dental Services. Any diagnostic, preventive, or corrective procedures administered by or under the direct personal supervision of a dentist in the practice or the practitioner's professional specialty. (These services include: treatment of the teeth; associated structures of the oral cavity and contiguous tissues; and the treatment of disease, injury, or impairment, which may affect the oral or general health of the individual. Such services maintain a high standard of quality within reasonable limits and are typically available to most persons in the community.)

Direct Personal Supervision. The actual physical presence of the dentist on the premises.

Early and Periodic Screening, Diagnostic and Treatment (EPSDT). A Title XIX mandated program that covers screening and diagnostic services to determine physical and mental defects in enrollees under the age of 21, and health care, treatment, and other measures to correct or ameliorate any defects and chronic conditions discovered, pursuant to Federal Regulations found in Title XIX of the Social Security Act.

Emergency Dental. A specific condition of the oral cavity and/or contiguous tissues that causes severe pain, intractable pain, and/or compromises the life, health, or safety of the member unless treated immediately. (Examples include: pain or acute infection from a restorable or non-restorable tooth; pain resulting from injuries to the oral cavity and related structures; extensive, abnormal bleeding; fractures of the maxilla, mandible, or related structures; or dislocation of the mandible.)

General Dentist/Primary Care Dentist. Dentist who assumes responsibility for the primary and continuing dental care of the member.

Horizon NJ Health. A Medicaid managed care organization and a product of Horizon HMO.

Managed Care. A comprehensive approach to the provision of health care committed to combining clinical preventive, restorative, and emergency services, as well as administrative procedures within an integrated, coordinated system to provide timely access to primary care and other medically necessary healthcare services in a cost effective manner.

Medically Necessary Services. Services or supplies necessary to accomplish the following: prevent, evaluate, diagnose, correct, prevent the worsening of, alleviate, ameliorate, or cure a physical or mental illness or condition; maintain health; prevent the onset of an illness, condition, or disability; prevent or treat a condition that endangers life, causes suffering or pain, or results in illness or infirmity; prevent the deterioration of a condition; promote the development or maintenance of maximal functioning capacity in performing daily activities, taking into account functional capacities of the individual and other individuals of the same age; prevent or treat a condition that threatens to cause or aggravate a handicap, cause physical deformity, or malfunction. (Note: *There is no other equally effective, more conservative or substantially less costly course of treatment available or suitable for the enrollee.*)

The services provided, as well as the type of provider and setting, must reflect the level of services that can be safely provided, support the diagnosis of the condition, and remain appropriate to the specific medical needs of the enrollee. Services should exist in accordance with standards of good medical practice and be recognized as effective by the medical scientific community, and they should not be initiated solely for the convenience of the enrollee or provider. The course of treatment may include mere observation or, where appropriate, no treatment at all. Experimental services or services generally regarded by the medical profession as unacceptable treatment are not medically necessary for purposes of the Horizon NJ Health Dental Program.

Medically necessary services are based on peer-reviewed publications, expert pediatric, psychiatric, medical opinion, and medical/pediatric community acceptance.

For pediatric enrollees, this definition applies with additional criteria, including services needed for a child based on a comprehensive screening visit or an inter-periodic encounter, whether or not they are ordinarily covered services for all other Medicaid enrollees, appropriate for the age and health status of the individual, aid in the overall physical and mental growth and development of the individual, and achieve or maintain functional capacity.

Member. Anyone enrolled and eligible to receive services provided by Horizon NJ Health.

Mobile Dental Practice. A provider traveling to various locations and utilizing portable dental equipment as their primary method of delivering dental services. They shall only provide dental services to facilities and residences. They cannot provide dental services at a school, with the exception of school health fairs, where they can provide screenings and findings summaries to parents/guardians, school nurses and assist patients with referrals to a dental home.

Facilities: These providers are expected to provide on-site comprehensive dental care (to include intra-oral radiographs), necessary dental referrals to general dentist or specialists and emergency dental care in accordance with all New Jersey State Board of Dentistry regulations and the NJ FamilyCare Managed Care Contract. The sites served by the Mobile Dental Practice must allow Member access to treatment and allow for continuity of care.

Residences: These providers are expected to provide on-site dental care for the homebound based on patient safety and ability to tolerate procedures outside of a clinical setting.

The Contractor is responsible for assisting the Member, family, facility or school in locating a dentist when referrals are issued. Patient records must be maintained at the facility when this is a long term care facility, skilled nursing facility or school and duplicates may also be maintained in a central and secure area in accordance with State Board of Dentistry regulations. The Mobile Dental Practice must submit documentation to the Contractor of all locations they visit and serve, and include the days and times for each location, except when a visit is to a residence.

Mobile Dental Van. A vehicle specifically equipped with stationary dental equipment and is used to provide dental services within the van. A mobile dental van is not to be considered a dental practice. Providers using a mobile dental van to render dental services must also be associated with a dental practice that is located in a “brick and mortar” facility located in New Jersey that serves as a dental home offering comprehensive care, emergency care and appropriate dental specialty referrals to the mobile dental van’s patients of record (Members). They must demonstrate their ability to render dental treatment services and assist with dental referrals as needed.

An exception from these requirements can be considered for providers using mobile dental vans that demonstrate they are only providing dental services to NJ FamilyCare Members residing in a long term care facility or who are homebound.

The distance between the dental practice and the sites and locations served by the mobile dental van must not be a deterrent to the Member accessing treatment and allow for continuity of care by meeting the network standards for distance in miles as described in section 4.8.8 Provider Network Requirements.

When a mobile dental van is used for school visits, health fairs or other one-time events, services will be limited to oral screenings, exams, fluoride varnish/topical fluoride treatment, prophylaxis and palliative care to treat an acute condition. State Board regulations must still be followed and patient records are to be maintained in accordance with State Board of Dentistry regulations.

Providers utilizing Mobile Dental Vans must submit to the Contractor documentation of all locations they will visit including the days and times (except when visits are to homebound members).

Non-Routine Dental Service. Any dental service that requires prior authorization by a Horizon NJ Health Dental Consultant in order to be reimbursed by Horizon NJ Health.

Participating Dentist. Any dentist licensed and currently registered to practice dentistry by the licensing agency of the state where the dental services are rendered, who accepts the requirements of the New Jersey Division of Medical Assistance and Health Services (DMAHS), and signs an agreement with Horizon NJ Health for the purpose of treating Horizon NJ Health members.

Peer Review. The evaluation by practicing dentists and other healthcare providers as to the quality and efficiency of services ordered and/or performed by other practicing dentists, as well as the all-inclusive term for dental review efforts, including dental practice analysis, inpatient hospital and extended care utilization review, and dental claims audit and review.

Prior Authorization. Approval by a Horizon NJ Health Dental Consultant before a service is rendered.

Program. The Horizon NJ Health Managed Dental Program.

Quality. The standard of dental care or degree of excellence generally prevailing throughout the profession by those who provide similar services, not related to any geographical area or population group when judged by competent practitioners who are qualified to perform those procedures.

Referral. Directing a member from one participating dentist to another for diagnosis and/or treatment—though not required for the purpose of claim payments.

Routine Dental Service. Any dental service reimbursable by the program without authorization by a Horizon NJ Health Dental Consultant.

Specialist. A dentist licensed to practice dentistry in the state where treatment is rendered that limits the practice to a single specialty recognized by the American Dental Association and registered with the licensing agency in the state.

Transfer. Relinquishing responsibility for continuing care of a member from one dentist to another dentist.

Urgent Dental Care. Care for a specific condition of the oral cavity and/or contiguous tissues that not compromise the life, health, or safety of the member if not treated immediately. (Examples include: a fractured tooth with no pulpal involvement, a broken denture, denture adjustments, and recementation of a crown.)

Utilization. The service, procedure, or item provided to a member by a qualified physician or healthcare professional, in a setting, at a time, and in an amount appropriate and acceptable to the standards of the profession.

Utilization Review. The retrospective analysis of a dentist's performance for evaluation of the efficient provision of dental services.

Benefit Plan Details & Authorization Requirements

The following benefit plan details and related authorization requirements apply to the Horizon NJ Health Dental Program benefit plans. The three types of plans include Non-Special Needs Plans, Special Needs Plans, and Not Payable Plans. All members of New Jersey FamilyCare have the same dental benefit package.

Horizon Non-Special Needs Plans

- FamilyCare A
- FamilyCare ABP
- FamilyCare B
- FamilyCare C
- FamilyCare D
- MLTSS – Custodial – Nursing Facility with Medicare
- MLTSS – Custodial – Nursing Facility without Medicare
- MLTSS – Home and Community-based Services (HCBS) with Medicare
- MLTSS – Home and Community-based Services (HCBS) without Medicare
- MLTSS – Specialty Care – Nursing Facility with Medicare – Other
- MLTSS – Specialty Care – Nursing Facility with Medicare Ventilator and/or Pediatric
- MLTSS – Specialty Care – Nursing Facility without Medicare – Other
- MLTSS – Specialty Care – Nursing Facility without Medicare Ventilator and/or Pediatric

Horizon Special Needs Plans

- FIDE-SNP – Aged, Blind, and Disabled (ABD)
- FIDE-SNP – MLTSS – Home and Community-based Services (HCBS)
- FIDE-SNP – MLTSS – Nursing Facility
- FIDE-SNP – MLTSS – Pediatric Ventilator Specialty Care – Nursing Facility
- FIDE-SNP – MLTSS – Specialty Care – Nursing Facility
- Existing Medicaid – Special Needs
- Medicaid Expansion – Special Needs

Note: Members enrolled in Horizon Special Needs plans may qualify for additional frequency of some services. A provider shall contact the Dental Director if a member is not enrolled in a special needs benefit plan, but based on clinical experience the provider has grounds to believe the member has special needs.

- The provider shall provide narrative of medical necessity requesting the member receive the enhanced special needs benefit for a particular service and date of service.
- If approved, the Dental Director will notify SKYGEN USA to allow the special needs level of service for that particular service and date of service
- The provider will work with SKYGEN USA Provider Services to submit that claim accordingly.

Horizon Not Payable Plans

- Acute Care Inpatient – Fee-for-Service (FFS) Only
- DEEM* – Aged, Blind, and Disabled (ABD)
- DEEM* – Home and Community-based Services (HCBS)
- DEEM* – Nursing Facility
- DEEM* – Pediatric Ventilator Specialty Care – Nursing Facility
- DEEM* – Specialty Care – Nursing Facility

** The “DEEM” classification indicates that such members have lost their Medicaid coverage and cannot receive any Medicaid benefits during the 60 days in which they are “deemed ineligible.”*

Note: The Not Payable Plans are not payable and provided for plan use only. Therefore, all claims submitted for these plans will be denied. Treatments should not be performed when they are designated for one of these benefit plans. As a result, there are no relevant codes for these plans in the Dental Benefit Schedule. Please verify the member’s eligibility online or by calling Members Services before designating them for one of these benefits and to establish member’s possible eligibility through another NJ FamilyCare health plan.

Dental Benefit Schedule

The Horizon NJ Health Plan includes Medicaid benefits for the Horizon NJ Health Dental Program.

In the following tables, if **Yes** is indicated in the **Auth Req** column, then a service requires a prior authorization. If documentation is indicated in the **Requirement** column, then supporting documentation is required before the authorization can be approved or the claim can be paid. When a prior authorization is required, submit it (along with any required documentation) to Horizon NJ Health for approval before beginning non-emergency or routine treatment. If immediate treatment is required in an emergency situation, submit required documentation with the claim after treatment.

Members have the option to obtain a second opinion for diagnosis and treatment of dental conditions that are treated within a dental specialty.

In addition, members may receive a second opinion within Horizon NJ Health’s network, or Horizon NJ Health may arrange for the member to obtain for a second opinion outside of the network with no cost to the member.

Your Benefits and Services					
What Horizon NJ Health Covers	BENEFIT PLAN TYPE				
BENEFIT	NJ FAMILYCARE A	NJ FAMILYCARE ABP	NJ FAMILYCARE B	NJ FAMILYCARE C	NJ FAMILYCARE D
EPSDT (Early and Periodic Screening, Diagnosis & Treatment)	Covered, including medical exams, dental, vision, hearing and lead screening services. Covered for treatment services identified through the exam				
Orthodontic Services	Coverage is limited to members up to age 21 or loss of eligibility who require these services due to medical need, including developmental problems or jaw injury. Prior authorization required.		Coverage is limited to members up to age 21 or loss of eligibility who require these services due to medical need, including developmental problems or jaw injury, with a \$5 copayment for Plans C and D only. Prior authorization required.		

For more information on Horizon NJ Health benefits and services, visit horizonNJhealth.com/covered_benefits.

Horizon NJ Health Dental Program

Note: If a **No Special Needs** or **Special Needs** notice appears beneath a code number in the table, the code number and its accompanying requirements are *only* applicable to the designated Non-Special Needs or Special Needs plans. If neither notice appears, the code number applies to *all* dental plans. (Also, there are no applicable codes for *any* Not Payable Plans in the Dental Benefit Schedule.)

Please be aware that the provision of dental services is based on demonstrated medical necessity and EPSDT requirements (for members under the age of twenty-one).

All denials based on frequency limits can be appealed with appropriate documentation of medical necessity. This includes those codes indicated as “once in a life time”, which in the case of certain endodontic, periodontic or surgical codes refers to the tooth or area of the mouth and not the procedure itself.

Dental Benefit Schedule

Horizon NJ Health Dental Program: Non-Special Needs Plans & Special Needs Plans						
Code	Description	Age	Tooth / Quad / Arch	Limitations	Auth Req	Requirement
D0120 No Special Needs	Periodic oral evaluation – established patient	0-999		Twice per floating year per payee. Not paid on same date of service as D0140, D0145, D0150, D0180, or D0190. Not paid within 6 months of D0150.	No	
D0120 Special Needs	Periodic oral evaluation – established patient	0-999		Four per floating year per payee. Not paid on same date of service as D0140, D0145, D0150, D0180, or D0190. Not paid within 6 months of D0150.	No	
D0140	Limited oral evaluation – problem-focused	0-999		Twice per rolling year per payee. Not paid on same date of service as D0120, D0145, D0150, D0180, or D0190.	No	
D0145	Oral evaluation for a patient under three years of age and counseling with primary caregiver	0-2		Twice per floating year per payee. Not paid on same date of service as D0120, D0140, D0150, D0180, or D0190.	No	

Horizon NJ Health Dental Program: Non-Special Needs Plans & Special Needs Plans						
Code	Description	Age	Tooth / Quad / Arch	Limitations	Auth Req	Requirement
D0150	Comprehensive oral evaluation – new or established patient	0-999		One per 36 months per payee. Not paid on same date of service as D0120, D0140, D0145, D0180, or D0190. Not paid within 6 months of D0120.	No	
D0160	Detailed and extensive oral evaluation – problem-focused, by report	0-999		One per 6 months per payee. D0220, D0270, D0277 and D0330 are the only other services paid for on same date of service per payee.	No	
D0170	Re-evaluation – limited, problem-focused (established patient; not post-operative visit)	0-999		Twice per rolling year per payee. D0220, D0270, D0277 and D0330 are the only other services paid for on same date of service.	No	
D0171	Re-evaluation – post-operative office visit	0-999		Twice per rolling year per payee. D0220, D0270, D0277 and D0330 are the only other services paid for on same date of service.	No	
D0180	Comprehensive periodontal evaluation – new or established patient	0-999		One per 36 months per payee. Not paid on same date of service as D0120, D0140, D0145, D0150 or D0190.	No	
D0190	Screening of a patient	0-19		Once per rolling year per payee. Not paid on same date of service as D0120, D0140, D0145, D0150, or D0180.	No	
D0210	Intraoral – complete series of radiographic images	0-999		One per 36 months per payee.	No	
D0220	Intraoral – periapical first radiographic image	0-999			No	
D0230	Intraoral – periapical each additional radiograph image	0-999			No	

Horizon NJ Health Dental Program: Non-Special Needs Plans & Special Needs Plans						
Code	Description	Age	Tooth / Quad / Arch	Limitations	Auth Req	Requirement
D0240	Intraoral – occlusal radiograph image	0-999		Twice per floating year per payee.	No	
D0250	Extraoral – first radiograph image	0-999		Twice per rolling year per payee.	No	
D0251	Extra-Oral Posterior Dental Radiographic Image	0-999		One per rolling 6 months per payee (combined with D0274).	No	
D0260	Extraoral – each additional radiograph image	0-999		One per rolling 6 months per payee.	No	
D0270	Bitewing – single radiograph image	0-999		Twice per rolling 6 months per payee.	No	
D0272	Bitewings – two radiographic images	0-999		Twice per rolling 6 months per payee.	No	
D0273	Bitewings – three radiographic images	0-999		Once per rolling year per payee.	No	
D0274	Bitewings – four radiographic images	0-999		Once per rolling year per payee.	No	
D0277	Vertical bitewings – 7 to 8 radiographic images	0-999		Once per rolling year per payee.	No	
D0310	Sialography	0-999		Documentation supports procedure.	Yes	Narrative of medical necessity

Horizon NJ Health Dental Program: Non-Special Needs Plans & Special Needs Plans						
Code	Description	Age	Tooth / Quad / Arch	Limitations	Auth Req	Requirement
D0320	Temporomandibular joint arthrogram, including injection	0-999		Documentation supports procedure.	Yes	Narrative of medical necessity
D0321	Other temporomandibular joint radiographic images, by report	0-999		Documentation supports procedure.	Yes	Narrative of medical necessity
D0322	Tomographic survey	0-999		Documentation supports procedure.	Yes	Narrative of medical necessity
D0330	Panoramic radiographic image	0-999		One per 36 months per payee.	No	
D0340	Cephalometric radiographic image	0-999		One per 36 months per payee.	No	
D0350	2D oral/facial photographic image obtained intra – orally or extra orally	0-999		Four per rolling year per payee. May be used in lieu of X-rays for services rendered in a nursing facility.	No	
D0351	3D photographic image	0-999		Once per rolling year per payee. Allowed in conjunction with orthodontic and/or orthognathic procedure. Only payable to oral surgeons.	Yes	Narrative of medical necessity

Horizon NJ Health Dental Program: Non-Special Needs Plans & Special Needs Plans						
Code	Description	Age	Tooth / Quad / Arch	Limitations	Auth Req	Requirement
D0364	Cone beam CT capture and interpretation with limited fields of view – less than one whole jaw	0-999		Once per rolling year per payee. Limited to specialists only; not payable to general and pediatric dentists and pedodontists.	Yes	PA x-ray and narrative of medical necessity
D0365	Cone beam CT capture and interpretation with field of view of one full dental arch – mandible	0-999		Once per rolling year per payee. Limited to specialists only; not payable to general and pediatric dentists and pedodontists.	Yes	PA x-ray and narrative of medical necessity
D0366	Cone beam CT capture and interpretation with field of view of one full dental arch – maxilla, with or without cranium	0-999		Once per rolling year per payee. Limited to specialists only; not payable to general and pediatric dentists and pedodontists.	Yes	PA x-ray and narrative of medical necessity
D0367	Cone beam CT capture and interpretation with field of view of both jaws; with or without cranium	0-999		Once per rolling year per payee. Limited to specialists only; not payable to general and pediatric dentists and pedodontists.	Yes	PA x-ray and narrative of medical necessity
D0368	Cone beam CT capture and interpretation for TNJ series including two or more exposures	0-999		Once per rolling year per payee. Limited to specialists only; not payable to general and pediatric dentists and pedodontists.	Yes	PA x-ray and narrative of medical necessity
D0369	Maxillofacial MRI capture and interpretation	0-999		Documentation supports procedure.	Yes	Narrative of medical necessity
D0370	Maxillofacial ultrasound capture and interpretation	0-999		Documentation supports procedure.	Yes	Narrative of medical necessity

Horizon NJ Health Dental Program: Non-Special Needs Plans & Special Needs Plans						
Code	Description	Age	Tooth / Quad / Arch	Limitations	Auth Req	Requirement
D0371	Sialoendoscopy capture and interpretation	0-999		Documentation supports procedure.	Yes	Narrative of medical necessity
D0380	Cone beam CT image capture with limited field of view-less than one whole jaw	0-999		Once per rolling year per payee. Limited to specialists only; not payable to general and pediatric dentists and pedodontists.	Yes	PA x-ray and narrative of medical necessity
D0381	Cone beam CT image capture with field of view of one full dental arch - mandible	0-999		Once per rolling year per payee. Limited to specialists only; not payable to general and pediatric dentists and pedodontists.	Yes	PA x-ray and narrative of medical necessity
D0382	Cone beam CT image capture with field of view of one full dental arch - maxilla, with or without cranium	0-999		Once per rolling year per payee. Limited to specialists only; not payable to general and pediatric dentists and pedodontists.	Yes	PA x-ray and narrative of medical necessity
D0383	Cone beam CT image capture with field of view of both jaws, with or without cranium	0-999		Once per rolling year per payee. Limited to specialists only; not payable to general and pediatric dentists and pedodontists.	Yes	PA x-ray and narrative of medical necessity
D0384	Cone beam CT image capture for TMJ series, including two or more exposures	0-999		Once per rolling year per payee. Limited to specialists only; not payable to general and pediatric dentists and pedodontists.	Yes	PA x-ray and narrative of medical necessity
D0393	Treatment simulation using 3D image volume	0-999		Documentation supports procedure.	Yes	Narrative of medical necessity
D0394	Digital subtraction of two or more images or image volumes of the same modality	0-999		Documentation supports procedure.	Yes	Narrative of medical necessity

Horizon NJ Health Dental Program: Non-Special Needs Plans & Special Needs Plans						
Code	Description	Age	Tooth / Quad / Arch	Limitations	Auth Req	Requirement
D0395	Fusion of two or more 3D image volumes of one or more modalities	0-999		Documentation supports procedure.	Yes	Narrative of medical necessity
D0416	Viral culture	0-999		Documentation supports procedure.	Yes	Narrative of medical necessity
D0417	Collection and preparation of saliva sample for laboratory diagnostic testing	0-999		Documentation supports procedure.	Yes	Narrative of medical necessity
D0470	Diagnostic casts	0-999		Documentation supports procedure; digital casts only.	Yes	Narrative of medical necessity
D0472	Accession of tissue, gross examination, and preparation and transmission of written report	0-999		Documentation supports procedure.	Yes	Narrative of medical necessity
D0473	Accession of tissue, gross and microscopic examination, and preparation and transmission of written report	0-999		Documentation supports procedure.	Yes	Narrative of medical necessity

Horizon NJ Health Dental Program: Non-Special Needs Plans & Special Needs Plans						
Code	Description	Age	Tooth / Quad / Arch	Limitations	Auth Req	Requirement
D0474	Accession of tissue, gross and microscopic examination, including assessment of surgical margins for presence of disease, and preparation and transmission of written report	0-999		Documentation supports procedure.	Yes	Narrative of medical necessity
D0480	Accession of exfoliate cytologic smears, microscopic examination, and preparation and transmission of written report	0-999		Documentation supports procedure.	Yes	Narrative of medical necessity
D0502	Other oral pathology procedures, by report	0-999		Documentation supports procedure.	Yes	Narrative of medical necessity
D0601	Caries risk assessment and documentation, with a finding of low risk	0-20		Once per rolling year per payee. If medically necessary, a second risk assessment can be approved through the appeal process. Only allowed on the same date of service as D0120, D0145, or D0150 per payee.	No	
D0602	Caries risk assessment and documentation, with a finding of moderate risk	0-20		Once per rolling year per payee. If medically necessary, a second risk assessment can be approved through the appeal process. Only allowed on the same date of service as D0120, D0145, or D0150 per payee.	No	

Horizon NJ Health Dental Program: Non-Special Needs Plans & Special Needs Plans						
Code	Description	Age	Tooth / Quad / Arch	Limitations	Auth Req	Requirement
D0603	Caries risk assessment and documentation, with a finding of high risk	0-20		Once per rolling year per payee. If medically necessary, a second risk assessment can be approved through the appeal process. Only allowed on the same date of service as D0120, D0145, or D0150 per payee.	No	
D0999	Unspecified diagnostic procedure, by report	0-999		As required by documentation and narrative.	Yes	Description of procedure and narrative of medical necessity
D1110 No Special Needs	Prophylaxis – adult	16-999		Twice per floating year per payee. Not payable on the same date of service as any other D4000 series codes.	No	
D1110 Special Needs	Prophylaxis – adult	16-999		Four per floating year per payee. Not payable on the same date of service as any other D4000 series codes.	No	
D1120 No Special Needs	Prophylaxis – child	0-15		Twice per floating year per payee. Not payable on the same date of service as any other D4000 series codes.	No	
D1120 Special Needs	Prophylaxis – child	0-15		Four per floating year per payee. Not payable on the same date of service as any other D4000 series codes.	No	

Horizon NJ Health Dental Program: Non-Special Needs Plans & Special Needs Plans						
Code	Description	Age	Tooth / Quad / Arch	Limitations	Auth Req	Requirement
D1206 No Special Needs, Age 0-20	Topical application of fluoride varnish	0-20		Age 0-6: Four per floating year per payee. Age 7-20: Twice per floating year per payee. Combined frequency (codeset limitation) with D1208.	No	
D1206 Special Needs, Age 0-999	Topical application of fluoride varnish	0-999		Four per floating year per payee. Combined frequency (codeset limitation) with D1208.	No	
D1208 No Special Needs, Age 0-20	Topical application of fluoride – excluding varnish	0-20		Age 0-6: Four per floating year per payee. Age 7-20: Twice per floating year per payee. Combined frequency (codeset limitation) with D1206.	No	
D1208 Special Needs, Age 0-999	Topical application of fluoride – excluding varnish	0-999		Four per floating year per payee. Combined frequency (codeset limitation) with D1206.	No	
D1351	Sealant per tooth	0-16	1-5, 12-21, 28-32	One per 3 rolling years per tooth per payee. Not payable with history of a filling.	No	

Horizon NJ Health Dental Program: Non-Special Needs Plans & Special Needs Plans						
Code	Description	Age	Tooth / Quad / Arch	Limitations	Auth Req	Requirement
D1352	Preventive resin restoration in a moderate to high caries risk patient – permanent tooth	16-999	1-5, 12-21, 28-32	One per 3 years per tooth per payee.	No	
D1353	Sealant repair – per tooth	0-16	1-5, 12-21, 28-32	One per 3 rolling years per tooth per payee. Not payable with history of a filling. Must have a history of D1351 more than 36 months prior.	No	
D1354 Special Needs, Age 0-999	Interim Caries Arresting Medicament Application - per tooth	0-6		Twice per rolling year per tooth per payee	No	
D1510	Space maintainer – fixed - unilateral	0-15	2-15, 18-31, and A-T	One per lifetime per payee. Not in conjunction with active ortho.	Yes	Pre-operative X-rays
D1516	Space maintainer – fixed – bilateral, maxillary	0-15	2-15, 18-31, and A-T	One per lifetime per payee. Not in conjunction with active ortho.	Yes	Pre-operative X-rays
D1517	Space maintainer – fixed – bilateral, mandibular	0-15	2-15, 18-31, and A-T	One per lifetime per payee. Not in conjunction with active ortho.	Yes	Pre-operative X-rays
D1526	Space maintainer – removable – bilateral, maxillary	0-15	2-15, 18-31, and A-T	One per lifetime per payee. Not in conjunction with active ortho.	Yes	Pre-operative X-rays

Horizon NJ Health Dental Program: Non-Special Needs Plans & Special Needs Plans						
Code	Description	Age	Tooth / Quad / Arch	Limitations	Auth Req	Requirement
D1527	Space maintainer – removable – bilateral, mandibular	0-15	2-15, 18-31, and A-T	One per lifetime per payee. Not in conjunction with active ortho.	Yes	Pre-operative X-rays
D1550	Re-cement or re-bond space maintainer	0-15	2-15, 18-31, and A-T	One per lifetime per payee.	No	
D1555	Removal of fixed space maintainer	0-15	2-15, 18-31, and A-T	One per lifetime per patient. Not by the same payee as D1510, D1515, D1516, D1517, D1525, D1525, D1527	No	
D1575	Distal shoe space maintainer – fixed – unilateral	0-15	2-15, 18-31, and A-T	One per lifetime per payee. Not in conjunction with active ortho.	Yes	Pre-operative X-rays
D1999	Unspecified preventive procedure -by report	0-999		Documentation supports procedure.	Yes	Narrative of medical necessity
D2140	Amalgam – one surface, primary or permanent	0-999	All teeth; A-T; 1-32	One per 364 days per payee. Duplicate services are denied if less than 365 days. The provider must replace a filling placed within one year of restoration when performed at the same time.	No	
D2150	Amalgam – two surfaces, primary or permanent	0-999	All teeth; A-T; 1-32	One per 364 days per payee. Duplicate services are denied if less than 365 days. The provider must replace a filling placed within one year of restoration when performed at the same time.	No	

Horizon NJ Health Dental Program: Non-Special Needs Plans & Special Needs Plans						
Code	Description	Age	Tooth / Quad / Arch	Limitations	Auth Req	Requirement
D2160	Amalgam – three surfaces, primary or permanent	0-999	All teeth; A-T; 1-32	One per 364 days per payee. Duplicate services are denied if less than 365 days. The provider must replace a filling placed within one year of restoration when performed at the same time.	No	
D2161	Amalgam – four or more surfaces, primary or permanent	0-999	All teeth; A-T; 1-32	One per 364 days per payee. Duplicate services are denied if less than 365 days. The provider must replace a filling placed within one year of restoration when performed at the same time.	No	
D2330	Resin-based composite – one surface, anterior	0-999	Anterior Teeth (6-11, 22-27, C-H, M-R)	One per 364 days per payee. Duplicate services are denied if less than 365 days. The provider must replace a filling placed within one year of restoration when performed at the same time.	No	
D2331	Resin-based composite – two surfaces, anterior	0-999	Anterior Teeth (6-11, 22-27, C-H, M-R)	One per 364 days per payee. Duplicate services are denied if less than 365 days. The provider must replace a filling placed within one year of restoration when performed at the same time.	No	
D2332	Resin-based composite – three surfaces, anterior	0-999	Anterior Teeth (6-11, 22-27, C-H, M-R)	One per 364 days per payee. Duplicate services are denied if less than 365 days. The provider must replace a filling placed within one year of restoration when performed at the same time.	No	

Horizon NJ Health Dental Program: Non-Special Needs Plans & Special Needs Plans						
Code	Description	Age	Tooth / Quad / Arch	Limitations	Auth Req	Requirement
D2335	Resin-based composite – four or more surfaces or involving incisal angle (anterior)	0-999	Anterior Teeth (6-11, 22-27, C-H, M-R)	One per 364 days per payee. Duplicate services are denied if less than 365 days. The provider must replace a filling placed within one year of restoration when performed at the same time.	No	
D2390	Resin-based composite crown, anterior	0-999	Anterior Teeth (6-11, 22-27, C-H, M-R)	One per 364 days per payee. Duplicate services are denied if less than 365 days. The provider must replace a filling placed within one year of restoration when performed at the same time.	No	
D2391	Resin-based composite – one surface, posterior	0-999	Posterior teeth (1-5, 12-21, 28-32, A, B, I, J, K, L, S, T)	One per 364 days per payee. Duplicate services are denied if less than 365 days. The provider must replace a filling placed within one year of restoration when performed at the same time.	No	
D2392	Resin-based composite – two surfaces, posterior	0-999	Posterior teeth (1-5, 12-21, 28-32, A, B, I, J, K, L, S, T)	One per 364 days per payee. Duplicate services are denied if less than 365 days. The provider must replace a filling placed within one year of restoration when performed at the same time.	No	
D2393	Resin-based composite – three surfaces, posterior	0-999	Posterior teeth (1-5, 12-21, 28-32, A, B, I, J, K, L, S, T)	One per 364 days per payee. Duplicate services are denied if less than 365 days. The provider must replace a filling placed within one year of restoration when performed at the same time.	No	

Horizon NJ Health Dental Program: Non-Special Needs Plans & Special Needs Plans						
Code	Description	Age	Tooth / Quad / Arch	Limitations	Auth Req	Requirement
D2394	Resin-based composite – four or more surfaces, posterior	0-999	Posterior teeth (1-5, 12-21, 28-32, A, B, I, J, K, L, S, T)	One per 364 days per payee. Duplicate services are denied if less than 365 days. The provider must replace a filling placed within one year of restoration when performed at the same time.	No	
D2510	Inlay – metallic – one surface	0-999	Permanent Teeth 1-32	One per 5 years; dental school only.	Yes	Full mouth X-rays or panorex, and narrative of medical necessity
D2520	Inlay – metallic – two surfaces	0-999	Permanent Teeth 1-32	One per 5 years; dental school only.	Yes	Full mouth X-rays or panorex, and narrative of medical necessity
D2530	Inlay – metallic – three or more surfaces	0-999	Permanent Teeth 1-32	One per 5 years; dental school only.	Yes	Full mouth X-rays or panorex, and narrative of medical necessity
D2542	Onlay – metallic – two surfaces	0-999	Permanent Teeth 1-32	One per 5 years; dental school only.	Yes	Full mouth X-rays or panorex, and narrative of medical necessity
D2543	Onlay – metallic – three surfaces	0-999	Permanent Teeth 1-32	One per 5 years; dental school only.	Yes	Full mouth X-rays or panorex, and narrative of medical necessity
D2544	Onlay – metallic – four or more surfaces	0-999	Permanent Teeth 1-32	One per 5 years; dental school only.	Yes	Full mouth X-rays or panorex, and narrative of medical necessity

Horizon NJ Health Dental Program: Non-Special Needs Plans & Special Needs Plans						
Code	Description	Age	Tooth / Quad / Arch	Limitations	Auth Req	Requirement
D2610	Inlay – porcelain/ceramic – one surface	0-999	Permanent Teeth 1-32	One per 5 years; dental school only.	Yes	Full mouth X-rays or panorex, and narrative of medical necessity
D2620	Inlay – porcelain/ceramic – two surfaces	0-999	Permanent Teeth 1-32	One per 5 years; dental school only.	Yes	Full mouth X-rays or panorex, and narrative of medical necessity
D2630	Inlay – porcelain/ceramic – three or more surfaces	0-999	Permanent Teeth 1-32	One per 5 years; dental school only.	Yes	Full mouth X-rays or panorex, and narrative of medical necessity
D2642	Onlay – porcelain/ceramic – two surfaces	0-999	Permanent Teeth 1-32	One per 5 years; dental school only.	Yes	Full mouth X-rays or panorex, and narrative of medical necessity
D2643	Onlay – porcelain/ceramic – three surfaces	0-999	Permanent Teeth 1-32	One per 5 years; dental school only.	Yes	Full mouth X-rays or panorex, and narrative of medical necessity
D2644	Onlay – porcelain/ceramic – four or more surfaces	0-999	Permanent Teeth 1-32	One per 5 years; dental school only.	Yes	Full mouth X-rays or panorex, and narrative of medical necessity
D2650	Inlay – resin-based composite – one surface	0-999	Permanent Teeth 1-32	One per 5 years; dental school only.	Yes	Full mouth X-rays or panorex, and narrative of medical necessity

Horizon NJ Health Dental Program: Non-Special Needs Plans & Special Needs Plans						
Code	Description	Age	Tooth / Quad / Arch	Limitations	Auth Req	Requirement
D2651	Inlay – resin-based composite – two surfaces	0-999	Permanent Teeth 1-32	One per 5 years; dental school only.	Yes	Full mouth X-rays or panorex, and narrative of medical necessity
D2652	Inlay – resin-based composite – three or more surfaces	0-999	Permanent Teeth 1-32	One per 5 years; dental school only.	Yes	Full mouth X-rays or panorex, and narrative of medical necessity
D2662	Onlay – resin-based composite – two surfaces	0-999	Permanent Teeth 1-32	One per 5 years; dental school only.	Yes	Full mouth X-rays or panorex, and narrative of medical necessity
D2663	Onlay – resin-based composite – three surfaces	0-999	Permanent Teeth 1-32	One per 5 years; dental school only.	Yes	Full mouth X-rays or panorex, and narrative of medical necessity
D2664	Onlay – resin-based composite – four or more surfaces	0-999	Permanent Teeth 1-32	One per 5 years; dental school only.	Yes	Full mouth X-rays or panorex, and narrative of medical necessity
D2710	Crown – resin-based composite (indirect)	0-999	Permanent Teeth 1-32	One per 5 years; dental school only.	Yes	Full mouth X-rays or panorex
D2712	Crown – ¾ resin-based composite (indirect)	0-999	Permanent Teeth 1-32	One per 5 years; dental school only.	Yes	Full mouth X-rays or panorex
D2720	Crown – resin with high noble metal	0-999	Permanent Teeth 1-32	One per 5 years per payee.	Yes	Full mouth X-rays or panorex

Horizon NJ Health Dental Program: Non-Special Needs Plans & Special Needs Plans						
Code	Description	Age	Tooth / Quad / Arch	Limitations	Auth Req	Requirement
D2721	Crown – resin with predominantly base metal	0-999	Permanent Teeth 1-32	One per 5 years per payee.	Yes	Full mouth X-rays or panorex
D2722	Crown – resin with noble metal	0-999	Permanent Teeth 1-32	One per 5 years per payee.	Yes	Full mouth X-rays or panorex
D2740	Crown – porcelain/ceramic substrate	0-999	Permanent Teeth 1-32	One per 5 years per payee.	Yes	Full mouth X-rays or panorex
D2750	Crown – porcelain fused to high noble metal	0-999	Permanent Teeth 1-32	One per 5 years per payee.	Yes	Full mouth X-rays or panorex
D2751	Crown – porcelain fused to predominantly base metal	0-999	Permanent Teeth 1-32	One per 5 years per payee.	Yes	Full mouth X-rays or panorex
D2752	Crown – porcelain fused to noble metal	0-999	Permanent Teeth 1-32	One per 5 years per payee.	Yes	Full mouth X-rays or panorex
D2780	Crown – ¾ cast high noble metal	0-999	Permanent Teeth 1-32	One per 5 years per payee.	Yes	Full mouth X-rays or panorex
D2781	Crown – ¾ cast predominantly base metal	0-999	Permanent Teeth 1-32	One per 5 years per payee.	Yes	Full mouth X-rays or panorex
D2782	Crown – ¾ cast noble metal	0-999	Permanent Teeth 1-32	One per 5 years per payee.	Yes	Full mouth X-rays or panorex

Horizon NJ Health Dental Program: Non-Special Needs Plans & Special Needs Plans						
Code	Description	Age	Tooth / Quad / Arch	Limitations	Auth Req	Requirement
D2783	Crown – ¾ porcelain/ceramic	0-999	Permanent Teeth 1-32	One per 5 years per payee.	Yes	Full mouth X-rays or panorex
D2790	Crown – full cast high noble metal	0-999	Permanent Teeth 1-32	One per 5 years per payee.	Yes	Full mouth X-rays or panorex
D2791	Crown – full cast predominantly base metal	0-999	Permanent Teeth 1-32	One per 5 years per payee.	Yes	Full mouth X-rays or panorex
D2792	Crown – full cast noble metal	0-999	Permanent Teeth 1-32	One per 5 years per payee.	Yes	Full mouth X-rays or panorex
D2910	Re-cement or re-bond inlay, onlay, veneer or partial coverage restoration	0-999	Permanent Teeth 1-32		No	
D2915	Re-cement or re-bond indirectly fabricated or prefabricated post and core	0-999	Permanent Teeth 1-32		No	
D2920	Re-cement or re-bond crown	0-999	All teeth; A-T; 1-32		No	
D2921	Reattachment of tooth fragment, incisal edge or cusp	0-999	All teeth; A-T; 1-32		No	
D2929	Prefabricated porcelain/ceramic crown – primary tooth	0-999	Primary Teeth A-T	One per 5 years per payee.	No	

Horizon NJ Health Dental Program: Non-Special Needs Plans & Special Needs Plans						
Code	Description	Age	Tooth / Quad / Arch	Limitations	Auth Req	Requirement
D2930	Prefabricated stainless steel crown – primary tooth	0-999	Primary Teeth A-T	One per 5 years per payee.	No	
D2931	Prefabricated stainless steel crown – permanent tooth	0-999	Permanent Teeth 1-32	One per 5 years per payee.	No	
D2932	Prefabricated resin crown	0-999	Anterior Teeth (6-11, 22-27, C-H, M-R)	One per 5 years per payee.	No	
D2933	Prefabricated stainless steel crown with resin window	0-999	Primary Anterior Teeth (C-H, M-R)	One per 5 years per payee.	No	
D2934	Prefabricated esthetic coated stainless steel crown – primary tooth	0-999	C, D, E, F, G, H, M, N, O, P, Q, R	One per 5 years per payee.	No	
D2940	Protective restoration/sedative filling	0-999	All teeth; A-T; 1-32		No	
D2950	Core buildup, including any pins when required	0-999	Permanent Teeth 1-32	One per 5 years per payee.	Yes	Full mouth X-rays or panorex
D2951	Pin retention – per tooth, in addition to restoration	0-999	Permanent Teeth 1-32	One per 5 years per payee.	No	

Horizon NJ Health Dental Program: Non-Special Needs Plans & Special Needs Plans						
Code	Description	Age	Tooth / Quad / Arch	Limitations	Auth Req	Requirement
D2952	Post and core in addition to crown, indirectly fabricated	0-999	Permanent Teeth 1-32	One per 5 years per payee.	Yes	Full mouth X-rays or panorex
D2953	Each additional indirectly fabricated post – same tooth	0-999	Permanent Teeth 1-32	One per 5 years per payee.	Yes	Full mouth X-rays or panorex
D2954	Prefabricated post and core in addition to crown	0-999	Permanent Teeth 1-32	One per 5 years per payee.	Yes	Full mouth X-rays or panorex
D2955	Post removal	0-999	Permanent Teeth 1-32	One per lifetime per tooth per member. Not covered on same date of service as D3346, D3347, or D3348. Not payable to the same provider as D3346, D3347, or D3348.	No	
D2957	Each additional prefabricated post – same tooth	0-999	Permanent Teeth 1-32	One per 5 years per payee.	Yes	Pre-operative X-rays of adjacent teeth and opposing teeth
D2970	Temporary crown (fractured tooth)	0-999	Permanent Teeth 1-32		No	
D2971	Additional procedures to construct new crown under existing partial denture framework	0-999	Permanent Teeth 1-32	One per 5 years per payee.	Yes	Pre-operative X-rays of adjacent teeth and opposing teeth

Horizon NJ Health Dental Program: Non-Special Needs Plans & Special Needs Plans						
Code	Description	Age	Tooth / Quad / Arch	Limitations	Auth Req	Requirement
D2975	Coping	0-999	Permanent Teeth 1-32	One per 5 years per payee.	Yes	Pre-operative X-rays of adjacent teeth and opposing teeth
D2980	Crown repair necessitated by restorative material failure	0-999	Permanent Teeth 1-32		Yes	Full mouth X-rays or panorex
D2981	Inlay repair necessitated by restorative material failure	0-999	Permanent Teeth 1-32		Yes	Full mouth X-rays or panorex
D2982	Onlay repair necessitated by restorative material failure	0-999	Permanent Teeth 1-32		Yes	Full mouth X-rays or panorex
D2983	Veneer repair necessitated by restorative material failure unspecified restorative procedure, by report	0-999	Permanent Teeth 1-32		Yes	Full mouth X-rays or panorex
D2999	Unspecified restorative procedure, by report	0-999		Used only for authorization of transfer of member cases other than orthodontics. Not to be billed.	Yes	Evidence of prior approval, requested CDT codes
D3220	Therapeutic pulpotomy (excluding final restoration) – removal of pulp coronal to the dentinocemental junction and application of medicament	0-999	All teeth; A-T; 1-32	One per lifetime. Not allowed on the same date of service as D3310, D3320, or D3330 per payee.	No	

Horizon NJ Health Dental Program: Non-Special Needs Plans & Special Needs Plans						
Code	Description	Age	Tooth / Quad / Arch	Limitations	Auth Req	Requirement
D3221	Pulpal debridement, primary and permanent teeth	0-999	All teeth; A-T; 1-32	One per lifetime. Not allowed on the same date of service as D3310, D3320, or D3330 per payee.	No	
D3222	Partial pulpotomy for apexogenesis – permanent tooth with incomplete root development	0-999	Permanent Teeth 1-32	One per lifetime.	No	
D3230	Pulpal therapy (resorbable filling) – anterior, primary tooth (excluding final restoration)	0-999	Primary Anterior Teeth (C-H, M-R)	One per lifetime.	No	
D3240	Pulpal therapy (resorbable filling) – posterior, primary tooth (excluding final restoration)	0-999	Primary Posterior Teeth (A, B, I, J, K, L, S, T)	One per lifetime.	No	
D3310	Endodontic therapy, anterior tooth (excluding final restoration)	0-999	Permanent Anterior Teeth (6-11, 22-27)	One per lifetime.	Yes	Full mouth X-rays or panorex
D3320	Endodontic therapy, bicuspid tooth (excluding final restoration)	0-999	Bicuspids (4, 5, 12, 13, 20, 21, 28, 29)	One per lifetime.	Yes	Full mouth X-rays or panorex

Horizon NJ Health Dental Program: Non-Special Needs Plans & Special Needs Plans						
Code	Description	Age	Tooth / Quad / Arch	Limitations	Auth Req	Requirement
D3330	Endodontic therapy, molar (excluding final restoration)	0-999	Permanent Molars (1-3, 14-19, 30-32)	One per lifetime.	Yes	Full mouth X-rays or panorex
D3331	Treatment of root canal obstruction; non-surgical access	0-999	Permanent Teeth 1-32	One per lifetime.	Yes	Pre-operative X-rays (excluding bitewing X-rays) and narrative of medical necessity
D3332	Incomplete endodontic therapy; inoperable, unrestorable or fractured tooth	0-999	Permanent Teeth 1-32	One per lifetime.	Yes	Pre-operative x-rays (excluding bitewing X-rays)
D3333	Internal root repair of perforation defects	0-999	Permanent Teeth 1-32	One per lifetime.	Yes	Pre-operative x-rays (excluding bitewing X-rays)
D3346	Retreatment of previous root canal therapy – anterior	0-999	Permanent Anterior Teeth (6-11, 22-27)	One per lifetime. Not less than 36 months after D3310 by same payee.	Yes	Full mouth X-rays or panorex
D3347	Retreatment of previous root canal therapy – bicuspid	0-999	Bicuspids (4, 5, 12, 13, 20, 21, 28, 29)	One per lifetime. Not less than 36 months after D3320 by same payee.	Yes	Full mouth X-rays or panorex

Horizon NJ Health Dental Program: Non-Special Needs Plans & Special Needs Plans						
Code	Description	Age	Tooth / Quad / Arch	Limitations	Auth Req	Requirement
D3348	Retreatment of previous root canal therapy – molar	0-999	Permanent Molars (1-3, 14-19, 30-32)	One per lifetime. Not less than 36 months after D3330 by same payee.	Yes	Full mouth X-rays or panorex
D3351	Apexification/recalcification – initial visit (apical closure/calcfic repair of perforations, root resorption, etc.)	0-999	Permanent Teeth 1-32	One per lifetime.	Yes	Pre-operative X-rays (excluding bitewing X-rays)
D3352	Apexification/recalcification - interim medication replacement	0-999	Permanent Teeth 1-32		Yes	Date of initial apexification visit with claim
D3353	Apexification/recalcification - final visit (includes completed root canal therapy – apical closure/ calcific repair of perforations, root resorption, etc.)	0-999	Permanent Teeth 1-32	One per lifetime. This code includes the payment for D3310, D3320, or D3330.	Yes	Date of initial apexification visit, fill X-ray with claim
D3355	Pulpal regeneration – initial visit	0-999	Permanent Teeth 1-32	One per lifetime.	Yes	Pre-operative X-rays (excluding bitewing X-rays)
D3356	Pulpal regeneration – interim medication replacement	0-999	Permanent Teeth 1-32	One per lifetime.	Yes	Pre-operative X-rays (excluding bitewing X-rays)

Horizon NJ Health Dental Program: Non-Special Needs Plans & Special Needs Plans						
Code	Description	Age	Tooth / Quad / Arch	Limitations	Auth Req	Requirement
D3357	Pulpal regeneration – completion of treatment	0-999	Permanent Teeth 1-32	One per lifetime.	Yes	Pre-operative X-rays (excluding bitewing X-rays)
D3410	Apicoectomy – anterior	0-999	Permanent Anterior Teeth (6-11, 22-27)	One per lifetime.	Yes	Pre-operative X-rays of adjacent teeth and opposing teeth
D3421	Apicoectomy – bicuspid (first root)	0-999	Bicuspids (4, 5, 12, 13, 20, 21, 28, 29)	One per lifetime.	Yes	Pre-operative X-rays of adjacent teeth and opposing teeth
D3425	Apicoectomy – molar (first root)	0-999	Permanent Molars (1-3, 14-19, 30-32)	One per lifetime.	Yes	Pre-operative X-rays of adjacent teeth and opposing teeth
D3426	Apicoectomy (each additional root)	0-999	Permanent Posterior (1-5, 12-21, 28-32)	One per lifetime.	Yes	Pre-operative X-rays of adjacent teeth and opposing teeth
D3427	Periradicular surgery without apicoectomy	0-999	Permanent Teeth 1-32	One per lifetime.	Yes	Pre-operative X-rays of adjacent teeth and opposing teeth

Horizon NJ Health Dental Program: Non-Special Needs Plans & Special Needs Plans						
Code	Description	Age	Tooth / Quad / Arch	Limitations	Auth Req	Requirement
D3428	Bone graft in conjunction with periradicular surgery – per tooth, single site	0-999	Permanent Teeth 1-32	One per lifetime.	Yes	Pre-operative X-rays of adjacent teeth and opposing teeth
D3429	Bone graft in conjunction with periradicular surgery – each additional contiguous tooth in the same surgical site	0-999	Permanent Teeth 1-32	One per lifetime.	Yes	Pre-operative X-rays of adjacent teeth and opposing teeth
D3430	Retrograde filling – per root	0-999	Permanent Teeth 1-32	One per lifetime.	Yes	Pre-operative X-rays of adjacent teeth and opposing teeth
D3450	Root amputation – per root	0-999	Permanent Posterior (1-5, 12-21, 28-32)	One per lifetime.	Yes	Pre-operative X-rays of adjacent teeth and opposing teeth
D3910	Surgical procedure for isolation of tooth with rubber dam	0-999	Permanent Teeth 1-32	One per lifetime.	Yes	Pre-operative X-rays of adjacent teeth and opposing teeth
D3920	Hemisection (including any root removal), not including root canal therapy	0-999	Permanent Molars (1-3, 14-19, 30-32)	One per lifetime.	Yes	Pre-operative X-rays of adjacent teeth and opposing teeth
D3950	Canal preparation and fitting of preformed dowel or post	0-999	Permanent Teeth 1-32	One per lifetime. Not payable to the same provider as D2952, D2953, D2954, or D2957 per lifetime per provider.	Yes	Pre-operative X-rays of adjacent teeth and opposing teeth

Horizon NJ Health Dental Program: Non-Special Needs Plans & Special Needs Plans						
Code	Description	Age	Tooth / Quad / Arch	Limitations	Auth Req	Requirement
D3999	Unspecified endodontic procedure; by report	0-999	Permanent Teeth 1-32	One per lifetime.	Yes	Narrative of medical necessity
D4210	Gingivectomy or gingivoplasty – four or more contiguous teeth or tooth bounded spaces per quadrant	0-999	Quadrants (LL, LR, UR, UL)	One per 3 years.	Yes	Pre-operative X-rays, periodontal charting, narrative of medical necessity, photo (optional)
D4211	Gingivectomy or gingivoplasty – one to three contiguous teeth or tooth bounded spaces per quadrant	0-999	Quadrants (LL, LR, UR, UL)	One per 3 years.	Yes	Pre-operative X-rays, periodontal charting, narrative of medical necessity, photo (optional)
D4212	Gingivectomy or gingivoplasty to allow access for restorative procedure, per tooth	0-999	Permanent Teeth 1-32	One per 3 years.	Yes	Pre-operative X-rays, periodontal charting, narrative of medical necessity, photo (optional)
D4240	Gingival flap procedure, including root planning – four or more contiguous teeth or tooth bounded spaces per quadrant	18-999	Quadrants (LL, LR, UR, UL)	One per 3 years.	Yes	Pre-operative X-rays, periodontal charting, narrative of medical necessity, photo (optional)

Horizon NJ Health Dental Program: Non-Special Needs Plans & Special Needs Plans						
Code	Description	Age	Tooth / Quad / Arch	Limitations	Auth Req	Requirement
D4241	Gingival flap procedure, including root planing – one to three contiguous teeth or tooth bounded spaces per quadrant	18-999	Quadrants (LL, LR, UR, UL)	One per 3 years.	Yes	Pre-operative X-rays, periodontal charting, narrative of medical necessity, photo (optional)
D4245	Apically positioned flap	18-999	Quadrants (LL, LR, UR, UL)	One per floating year.	Yes	Pre-operative X-rays, periodontal charting, narrative of medical necessity, photo (optional)
D4249	Clinical crown lengthening – hard tissue	0-999	Permanent Teeth 1-32	One per lifetime.	Yes	Pre-operative X-rays, periodontal charting, narrative of medical necessity, photo (optional)
D4260	Osseous surgery (including elevation of a full thickness flap and closure) – four or more contiguous teeth or tooth bounded spaces per quadrant	18-999	Quadrants (LL, LR, UR, UL)	One per 3 years.	Yes	Pre-operative X-rays, periodontal charting, narrative of medical necessity, photos

Horizon NJ Health Dental Program: Non-Special Needs Plans & Special Needs Plans						
Code	Description	Age	Tooth / Quad / Arch	Limitations	Auth Req	Requirement
D4261	Osseous surgery (including elevation of a full thickness flap and closure) – one to three contiguous teeth or tooth bounded spaces per quadrant	18-999	Quadrants (LL, LR, UR, UL)	One per 3 years.	Yes	Pre-operative X-rays, periodontal charting, narrative of medical necessity, photos
D4263	Bone replacement graft – first site in quadrant	18-999	Permanent Teeth 1-32	Once per lifetime. Not allowed on same date of service as D7140, D7210, D7220, D7230, D7240, or D7241. Tooth cannot have a history of being extracted.	Yes	Pre-operative X-rays, periodontal charting, narrative of medical necessity, photo (optional)
D4264	Bone replacement graft – each additional site in quadrant	18-999	Permanent Teeth 1-32	Once per lifetime. Not allowed on same date of service as D7140, D7210, D7220, D7230, D7240, or D7241. Tooth cannot have a history of being extracted.	Yes	Pre-operative X-rays, periodontal charting, narrative of medical necessity, photo (optional)
D4265	Biologic materials to aid in soft and osseous tissue regeneration	18-999	Permanent Teeth 1-32	One per lifetime.	Yes	Pre-operative X-rays, periodontal charting, narrative of medical necessity, photo (optional)
D4266	Guided tissue regeneration – resorbable barrier, per site	18-999	Permanent Teeth 1-32	One per 3 years.	Yes	Pre-operative X-rays, periodontal charting, narrative of medical necessity, photo (optional)

Horizon NJ Health Dental Program: Non-Special Needs Plans & Special Needs Plans						
Code	Description	Age	Tooth / Quad / Arch	Limitations	Auth Req	Requirement
D4267	Guided tissue regeneration – non-resorbable barrier, per site (includes membrane removal)	18-999	Permanent Teeth 1-32	One per 3 years.	Yes	Pre-operative X-rays, periodontal charting, narrative of medical necessity, photo (optional)
D4268	Surgical revision procedure, per tooth	18-999	Permanent Teeth 1-32	One per 3 years.	Yes	Pre-operative X-rays, periodontal charting, narrative of medical necessity, photo (optional)
D4270	Pedicle soft tissue graft procedure	18-999	Permanent Teeth 1-32	One per 3 years.	Yes	Pre-operative X-rays, periodontal charting, narrative of medical necessity, photo (optional)
D4273	Subepithelial connective tissue graft procedures, per tooth	18-999	Permanent Teeth 1-32	One per 3 years.	Yes	Pre-operative X-rays, periodontal charting, narrative of medical necessity, photo (optional)
D4274	Distal or proximal wedge procedure (when not performed in conjunction with surgical procedures in the same anatomical area)	18-999	Permanent Teeth 1-32	One per 3 years.	Yes	Pre-operative X-rays, periodontal charting, narrative of medical necessity, photo (optional)

Horizon NJ Health Dental Program: Non-Special Needs Plans & Special Needs Plans						
Code	Description	Age	Tooth / Quad / Arch	Limitations	Auth Req	Requirement
D4275	Soft tissue allograft	18-999	Permanent Teeth 1-32	One per 3 years.	Yes	Pre-operative X-rays, periodontal charting, narrative of medical necessity, photo (optional)
D4276	Combined connective tissue and double pedicle graft, per tooth	18-999	Permanent Teeth 1-32	One per 3 years.	Yes	Pre-operative X-rays, periodontal charting, narrative of medical necessity, photo (optional)
D4277	Free soft tissue graft procedure (including donor site surgery), first tooth or edentulous tooth position in graft	18-999	Permanent Teeth 1-32	One per 3 years.	Yes	Pre-operative X-rays, periodontal charting, narrative of medical necessity, photo (optional)
D4278	Free soft tissue graft procedure (including donor site surgery), each additional contiguous tooth or edentulous tooth position in same graft site	18-999	Permanent Teeth 1-32	One per 3 years.	Yes	Pre-operative X-rays, periodontal charting, narrative of medical necessity, photo (optional)

Horizon NJ Health Dental Program: Non-Special Needs Plans & Special Needs Plans						
Code	Description	Age	Tooth / Quad / Arch	Limitations	Auth Req	Requirement
D4283	Autogenous connective tissue graft procedure (including donor and surgical sites) – each additional contiguous tooth, implant or edentulous tooth position in same graft site	18-999	Permanent Teeth 1-32	One per 3 years.	Yes	Pre-operative X-rays, periodontal charting, narrative of medical necessity, photo (optional)
D4285	Non-Autogenous connective tissue graft procedure (including donor and surgical sites) – each additional contiguous tooth, implant or edentulous tooth position in same graft site	18-999	Permanent Teeth 1-32	One per 3 years.	Yes	Pre-operative X-rays, periodontal charting, narrative of medical necessity, photo (optional)
D4320	Provisional splinting – intracoronal	0-999	Arches (UA, LA)		Yes	Documentation of medical necessity
D4321	Provisional splinting – extracoronal	0-999	Arches (UA, LA)		Yes	Documentation of medical necessity
D4341 No Special Needs	Periodontal scaling and root planing – four or more teeth per quadrant	0-999	Quadrants (LL, LR, UR, UL)	One per floating year.	Yes	Periodontal charting and pre-operative X-rays

Horizon NJ Health Dental Program: Non-Special Needs Plans & Special Needs Plans						
Code	Description	Age	Tooth / Quad / Arch	Limitations	Auth Req	Requirement
D4341 Special Needs	Periodontal scaling and root planing – four or more teeth per quadrant	0-999	Quadrants (LL, LR, UR, UL)	One per floating year.	Yes	Periodontal charting and pre-operative X-rays; letter of medical necessity for additional frequency
D4342 No Special Needs	Periodontal scaling and root planing – one to three teeth per quadrant	0-999	Quadrants (LL, LR, UR, UL)	One per floating year.	Yes	Periodontal charting and pre-operative X-rays
D4342 Special Needs	Periodontal scaling and root planing – one to three teeth per quadrant	0-999	Quadrants (LL, LR, UR, UL)	One per floating year.	Yes	Periodontal charting and pre-operative X-rays; letter of medical necessity for less than 3 years
D4346	Scaling in presence of generalized moderate or severe gingival inflammation – full mouth, after oral evaluation	0-999		One per floating year. Not allowable within 6 months of D1110, D1120, D4341, D4342, D4260, D4261 or D4910.	No	
D4355 No Special Needs, MLTSS	Full mouth debridement to enable comprehensive evaluation and diagnosis	0-999		One per three floating years. Not allowable within 6 months of D4341, D4342, D4260, D4261, D4346, or D4910. Not allowable on the same date of service as D0150, D0160, D0180, D1110, D1120 or any other D4000 series code.	No	

Horizon NJ Health Dental Program: Non-Special Needs Plans & Special Needs Plans						
Code	Description	Age	Tooth / Quad / Arch	Limitations	Auth Req	Requirement
D4355 Special Needs, MLTSS	Full mouth debridement to enable comprehensive evaluation and diagnosis	0-999		One per floating year. Not allowable within 6 months of D4341, D4342, D4260, D4261, D4346, or D4910. Not allowable on the same date of service as D0150, D0160, D0180, D1110, D1120 or any other D4000 series code.	No	
D4381	Localized delivery of antimicrobial agents via a controlled release vehicle into diseased crevicular tissue, per tooth	0-999	Permanent Teeth 1-32	One per 2 years.	Yes	Description of procedure and narrative of medical necessity
D4910	Periodontal maintenance	0-999		Allowable twice per rolling year per member. Requires history of active perio treatment (D4341, D4342, D4260, D4261, or D4910) within the last 36 months. Not allowed sooner than 90 days after D1110, D4210, D4211, D4240, D4241, D4245, D4260, D4261, D4263, D4264, D4266, D4267, D4268, D4270, D4271, D4273, D4274, D4275, D4276, D4341, or D4342.	No	
D4999	Unspecified periodontal procedure, by report	0-999	All teeth; A-T; 1-32		Yes	Description of procedure and narrative of medical necessity
D5110	Complete denture – maxillary	0-999		One per 90 months.	Yes	Full mouth X-rays or panorex

Horizon NJ Health Dental Program: Non-Special Needs Plans & Special Needs Plans						
Code	Description	Age	Tooth / Quad / Arch	Limitations	Auth Req	Requirement
D5120	Complete denture – mandibular	0-999		One per 90 months.	Yes	Full mouth X-rays or panorex
D5130	Immediate denture – maxillary	0-999		One per lifetime; allowed within 14 days of D7140, D7210, D7220, D7230, D7240, D7241, or D7250. D5710, D5711, D5720, D5721, D5730, D5731, D5740, D5741, D5750, D5751, D5760, D5761, D5850, D5851 not payable within 6 months after this code.	Yes	Full mouth X-rays or panorex
D5140	Immediate denture – mandibular	0-999		One per lifetime; allowed within 14 days of D7140, D7210, D7220, D7230, D7240, D7241, or D7250. D5710, D5711, D5720, D5721, D5730, D5731, D5740, D5741, D5750, D5751, D5760, D5761, D5850, D5851 not payable within 6 months after this code.	Yes	Full mouth X-rays or panorex
D5211	Maxillary partial denture – resin base (including any conventional clasps, rests and teeth)	0-999		One per 90 months.	Yes	Full mouth X-rays or panorex
D5212	Mandibular partial denture – resin base (including any conventional clasps, rests and teeth)	0-999		One per 90 months.	Yes	Full mouth X-rays or panorex
D5213	Maxillary partial denture – cast metal framework with resin denture bases	0-999		One per 90 months.	Yes	Full mouth X-rays or panorex

Horizon NJ Health Dental Program: Non-Special Needs Plans & Special Needs Plans						
Code	Description	Age	Tooth / Quad / Arch	Limitations	Auth Req	Requirement
D5214	Mandibular partial denture – cast metal framework with resin denture bases	0-999		One per 90 months.	Yes	Full mouth X-rays or panorex
D5221	Immediate Maxillary partial denture – resin base (including any conventional clasps, rests, and teeth)	0-999		One per 90 months.	Yes	Full mouth X-rays or panorex
D5222	Immediate Mandibular partial denture – resin base (including any conventional clasps, rests, and teeth)	0-999		One per 90 months.	Yes	Full mouth X-rays or panorex
D5223	Immediate Maxillary partial denture – cast metal base (including any conventional clasps, rests, and teeth)	0-999		One per 90 months.	Yes	Full mouth X-rays or panorex
D5224	Immediate Mandibular partial denture – cast metal base (including any conventional clasps, rests, and teeth)	0-999		One per 90 months.	Yes	Full mouth X-rays or panorex
D5225	Maxillary partial denture – flexible base (including any clasps, rests, and teeth)	0-999		One per 90 months.	Yes	Full mouth X-rays or panorex

Horizon NJ Health Dental Program: Non-Special Needs Plans & Special Needs Plans						
Code	Description	Age	Tooth / Quad / Arch	Limitations	Auth Req	Requirement
D5226	Mandibular partial denture – flexible base (including any clasps, rests, and teeth)	0-999		One per 90 months.	Yes	Full mouth X-rays or panorex
D5410	Adjust complete denture – maxillary	0-999		One per 6 months. Not within 6 months of reline/rebase or 3 months of D5510 or D5610.	No	
D5411	Adjust complete denture – mandibular	0-999		One per 6 months. Not within 6 months of reline/rebase or 3 months of D5510 or D5610.	No	
D5421	Adjust partial denture – maxillary	0-999		One per 6 months. Not within 6 months of reline/rebase or 3 months of D5510 or D5610.	No	
D5422	Adjust partial denture – mandibular	0-999		One per 6 months. Not within 6 months of reline/rebase or 3 months of D5510 or D5610.	No	
D5511	Repair broken complete denture base – Mandibular	0-999	Lower Arch	One per 3 rolling years.	No	
D5512	Repair broken complete denture base - Maxillary	0-999	Upper Arch	One per 3 rolling years.	No	

Horizon NJ Health Dental Program: Non-Special Needs Plans & Special Needs Plans						
Code	Description	Age	Tooth / Quad / Arch	Limitations	Auth Req	Requirement
D5520	Replace missing or broken teeth – complete denture (each tooth)	0-999	Permanent Teeth 1-32	One per 6 months.	No	
D5611	Repair resin partial denture base - Mandibular	0-999	Lower Arch	One per 3 rolling years.	No	
D5612	Repair resin partial denture base - Maxillary	0-999	Upper Arch	One per 3 rolling years.	No	
D5621	Repair cast partial framework - Mandibular	0-999	Lower Arch	One per 3 rolling years.	No	
D5622	Repair cast partial framework - Maxillary	0-999	Upper Arch	One per 3 rolling years.	No	
D5630	Repair or replace broken clasp	0-999	Permanent Teeth 1-32	One per 6 months.	No	
D5640	Replace broken teeth – per tooth	0-999	Permanent Teeth 1-32	One per 6 months.	No	
D5650	Add tooth to existing partial denture	0-999	Permanent Teeth 1-32	One per 6 months.	No	
D5660	Add clasp to existing partial denture	0-999	Permanent Teeth 1-32	One per 6 months.	No	

Horizon NJ Health Dental Program: Non-Special Needs Plans & Special Needs Plans						
Code	Description	Age	Tooth / Quad / Arch	Limitations	Auth Req	Requirement
D5710	Rebase complete maxillary denture	0-999		One per 3 years. Not allowed within 6 months after D5110 or D5130.	No	
D5711	Rebase complete mandibular denture	0-999		One per 3 years. Not allowed within 6 months after D5120 or D5140.	No	
D5720	Rebase maxillary partial denture	0-999		One per 3 years.	No	
D5721	Rebase mandibular partial denture	0-999		One per 3 years.	No	
D5730	Reline complete maxillary denture (chairside)	0-999		One per 12 months.	No	
D5731	Reline complete mandibular denture (chairside)	0-999		One per 12 months.	No	
D5740	Reline maxillary partial denture (chairside)	0-999		One per 12 months.	No	
D5741	Reline mandibular partial denture (chairside)	0-999		One per 12 months.	No	
D5750	Reline complete maxillary denture (laboratory)	0-999		One per 12 months.	No	
D5751	Reline complete mandibular denture (laboratory)	0-999		One per 12 months.	No	

Horizon NJ Health Dental Program: Non-Special Needs Plans & Special Needs Plans						
Code	Description	Age	Tooth / Quad / Arch	Limitations	Auth Req	Requirement
D5760	Reline maxillary partial denture (laboratory)	0-999		One per 12 months.	No	
D5761	Reline mandibular partial denture (laboratory)	0-999		One per 12 months.	No	
D5850	Tissue conditioning, maxillary	18-999		One per 12 months.	No	
D5851	Tissue conditioning, mandibular	18-999		One per 12 months.	No	
D5862	Precision attachment, by report	18-999	Permanent Teeth 1-32		Yes	Narrative describing type of attachment and the medical necessity
D5863	Overdenture – complete maxillary	18-999	Arches (UA, LA)	One per 90 months.	Yes	Full mouth X-rays or panorex
D5864	Overdenture – partial maxillary	18-999	Arches (UA, LA)	One per 90 months.	Yes	Full mouth X-rays or panorex
D5865	Overdenture – complete mandibular	18-999	Arches (UA, LA)	One per 90 months.	Yes	Full mouth X-rays or panorex
D5866	Overdenture – partial mandibular	18-999	Arches (UA, LA)	One per 90 months.	Yes	Full mouth X-rays or panorex

Horizon NJ Health Dental Program: Non-Special Needs Plans & Special Needs Plans						
Code	Description	Age	Tooth / Quad / Arch	Limitations	Auth Req	Requirement
D5867	Replacement of replaceable part of semi-precision or precision attachment	18-999	Permanent Teeth 1-32		Yes	Narrative describing type of attachment and the medical necessity
D5875	Modification of removable prosthesis following implant surgery	0-999	Arches (UA, LA)		Yes	Narrative of date of implant placement with claim
D5899	Unspecified removable prosthodontic procedure, by report	0-999	Arches (UA, LA)		Yes	Description of procedure and narrative of medical necessity
D5911	Facial moulage (sectional)	0-999			Yes	Narrative of medical necessity with preauthorization
D5912	Facial moulage (complete)	0-999			Yes	Narrative of medical necessity with preauthorization
D5913	Nasal prosthesis	0-999			Yes	Narrative of medical necessity with preauthorization
D5914	Auricular prosthesis	0-999			Yes	Narrative of medical necessity with preauthorization

Horizon NJ Health Dental Program: Non-Special Needs Plans & Special Needs Plans						
Code	Description	Age	Tooth / Quad / Arch	Limitations	Auth Req	Requirement
D5915	Orbital prosthesis	0-999			Yes	Narrative of medical necessity with preauthorization
D5916	Ocular prosthesis	0-999			Yes	Narrative of medical necessity with preauthorization
D5919	Facial prosthesis	0-999			Yes	Narrative of medical necessity with preauthorization
D5922	Nasal septal prosthesis	0-999			Yes	Narrative of medical necessity with preauthorization
D5923	Ocular prosthesis, interim	0-999			Yes	Narrative of medical necessity with preauthorization
D5924	Cranial prosthesis	0-999			Yes	Narrative of medical necessity with preauthorization
D5925	Facial augmentation implant prosthesis	0-999			Yes	Narrative of medical necessity with preauthorization

Horizon NJ Health Dental Program: Non-Special Needs Plans & Special Needs Plans						
Code	Description	Age	Tooth / Quad / Arch	Limitations	Auth Req	Requirement
D5926	Nasal prosthesis, replacement	0-999			Yes	Narrative of medical necessity with preauthorization
D5927	Auricular prosthesis, replacement	0-999			Yes	Narrative of medical necessity with preauthorization
D5928	Orbital prosthesis, replacement	0-999			Yes	Narrative of medical necessity with preauthorization
D5929	Facial prosthesis, replacement	0-999			Yes	Narrative of medical necessity with preauthorization
D5931	Obturator prosthesis, surgical	0-999			Yes	Narrative of medical necessity with preauthorization
D5932	Obturator prosthesis, definitive	0-999			Yes	Narrative of medical necessity with preauthorization
D5933	Obturator prosthesis, modification	0-999			Yes	Narrative of medical necessity with preauthorization

Horizon NJ Health Dental Program: Non-Special Needs Plans & Special Needs Plans						
Code	Description	Age	Tooth / Quad / Arch	Limitations	Auth Req	Requirement
D5935	Mandibular resection prosthesis without guide flange	0-999			Yes	Narrative of medical necessity with preauthorization
D5936	Obturator prosthesis, interim	0-999			Yes	Narrative of medical necessity with preauthorization
D5937	Trismus appliance (not for TMD treatment)	0-999			Yes	Narrative of medical necessity with preauthorization
D5951	Feeding aid	0-999			Yes	Narrative of medical necessity with preauthorization
D5952	Speech aid prosthesis, pediatric	0-999			Yes	Narrative of medical necessity with preauthorization
D5953	Speech aid prosthesis, adult	0-999			Yes	Narrative of medical necessity with preauthorization
D5954	Palatal augmentation prosthesis	0-999			Yes	Narrative of medical necessity with preauthorization

Horizon NJ Health Dental Program: Non-Special Needs Plans & Special Needs Plans						
Code	Description	Age	Tooth / Quad / Arch	Limitations	Auth Req	Requirement
D5955	Palatal lift prosthesis, definitive	0-999			Yes	Narrative of medical necessity with preauthorization
D5958	Palatal lift prosthesis, interim	0-999			Yes	Narrative of medical necessity with preauthorization
D5959	Palatal lift prosthesis, modification	0-999			Yes	Narrative of medical necessity with preauthorization
D5960	Speech aid prosthesis, modification	0-999			Yes	Narrative of medical necessity with preauthorization
D5982	Surgical stent	0-999			Yes	Narrative of medical necessity with preauthorization
D5983	Radiation carrier	0-999			Yes	Narrative of medical necessity with preauthorization
D5984	Radiation shield	0-999			Yes	Narrative of medical necessity with preauthorization

Horizon NJ Health Dental Program: Non-Special Needs Plans & Special Needs Plans						
Code	Description	Age	Tooth / Quad / Arch	Limitations	Auth Req	Requirement
D5985	Radiation cone locator	0-999			Yes	Narrative of medical necessity with preauthorization
D5986	Fluoride gel carrier	0-999			Yes	Narrative of medical necessity with preauthorization
D5987	Commissure splint	0-999			Yes	Narrative of medical necessity with preauthorization
D5988	Surgical splint	0-999			Yes	Narrative of medical necessity with preauthorization
D5991	Vesiculobullous disease medicament carrier	0-999			Yes	Narrative of medical necessity with claim
D5992	Adjust maxillofacial prosthetic appliance, by report	0-999			Yes	Narrative of medical necessity with claim
D5993	Maintenance and cleaning of a maxillofacial prosthesis (extra- or intra-oral) other than required adjustments, by report	0-999		One per floating year.	Yes	Narrative of medical necessity with claim

Horizon NJ Health Dental Program: Non-Special Needs Plans & Special Needs Plans						
Code	Description	Age	Tooth / Quad / Arch	Limitations	Auth Req	Requirement
D5999	Unspecified maxillofacial prosthesis, by report	0-999			Yes	Description of procedure and narrative of medical necessity
D6010	Surgical placement of implant body: endosteal implant	0-999	Permanent Teeth 1-32	One per tooth per lifetime. Four teeth per arch.	Yes	Full mouth X-rays or panorex
D6040	Surgical placement: epostal implant	0-999	Arches (UA, LA)	One per 90 months.	Yes	Full mouth X-rays or panorex
D6050	Surgical placement of transosteal implant	0-999	Permanent Teeth 1-32	One per 90 months.	Yes	Full mouth X-rays or panorex
D6052	Semi-precision attachment abutment (tooth)	0-999	Permanent Teeth 1-32	One per 90 months.	Yes	Pre-operative X-rays
D6055	Dental implant supported connecting bar	0-999	Permanent Teeth 1-32	One per 90 months.	Yes	Pre-operative X-rays
D6056	Prefabricated abutment- includes placement	0-999	Permanent Teeth 1-32	One per 90 months.	Yes	Pre-operative X-rays
D6057	Custom abutment- includes placement	0-999	Permanent Teeth 1-32	One per 90 months.	Yes	Pre-operative X-rays

Horizon NJ Health Dental Program: Non-Special Needs Plans & Special Needs Plans						
Code	Description	Age	Tooth / Quad / Arch	Limitations	Auth Req	Requirement
D6080	Implant maintenance procedures when prostheses are removed and reinserted, including cleansing of prostheses	0-999	Permanent Teeth 1-32	Twice per year.	Yes	Pre-operative X-rays
D6081	Scaling and debridement in the presence of inflammation or mucositis of a single implant, including cleaning of the implant surfaces, without flap entry and closure	21-999	Permanent Teeth 1-32	Once per 3 rolling years. Not in conjunction with D1110, D4346, D4355, D4910 on same date of service per payee.	Yes	Recent full mouth perio charting and radiographs; narrative and photos if bone loss not visible on x-rays or for Special Health Care Needs Member or LTC resident
D6090	Repair implant supported prosthesis, by report	0-999	Permanent Teeth 1-32		Yes	X-rays
D6091	Replacement of semi-precision or precision attachment (male or female component) of implant/abutment	0-999	Permanent Teeth 1-32		Yes	X-rays
D6092	Re-cement or re-bond implant/abutment supported crown	0-999	Permanent Teeth 1-32		Yes	X-rays
D6095	Repair implant abutment, by report	0-999	Permanent Teeth 1-32		Yes	X-rays

Horizon NJ Health Dental Program: Non-Special Needs Plans & Special Needs Plans						
Code	Description	Age	Tooth / Quad / Arch	Limitations	Auth Req	Requirement
D6096	Remove Broken Implant Retaining Screw	0-999	Permanent Teeth 1-32		Yes	PA x-ray and narrative of medical necessity with complete treatment plan
D6100	Implant Removal, by report	0-999	Permanent Teeth 1-32		Yes	X-rays
D6101	Debridement of peri-implant defect	0-999	Permanent Teeth 1-32		Yes	Pre-operative X-rays and narrative of medical necessity
D6102	Debridement and osseous contouring of a peri-implant defect, includes surface	0-999	Permanent Teeth 1-32		Yes	Pre-operative X-rays and narrative of medical necessity
D6103	Bone graft for repair of peri-implant defect-not including flap entry	0-999	Permanent Teeth 1-32		Yes	Pre-operative X-rays and narrative of medical necessity
D6104	Bone graft at implant placement	0-999	Permanent Teeth 1-32		Yes	Pre-operative X-rays and narrative of medical necessity
D6110	Implant/Abut Removable Denture/Max	0-999	Permanent Teeth 1-32		Yes	Pre-operative X-rays and narrative of medical necessity
D6111	Implant/Abut Removable Denture/Mand	0-999	Permanent Teeth 1-32		Yes	Pre-operative X-rays and narrative of medical necessity

Horizon NJ Health Dental Program: Non-Special Needs Plans & Special Needs Plans						
Code	Description	Age	Tooth / Quad / Arch	Limitations	Auth Req	Requirement
D6190	Radiographic/surgical implant index	0-999	Permanent Teeth 1-32		Yes	Pre-operative X-rays and narrative of medical necessity
D6199	Unspecified implant procedure	0-999	Permanent Teeth 1-32		Yes	Pre-operative X-rays and narrative of medical necessity
D6210	Pontic – cast high noble metal	16-999	Permanent Teeth 1-32	One per 5 years.	Yes	Full mouth X-rays or panorex with bitewings; narrative of medical necessity for members with special needs.
D6211	Pontic – cast predominantly base metal	16-999	Permanent Teeth 1-32	One per 5 years.	Yes	Full mouth X-rays or panorex
D6212	Pontic – cast noble metal	16-999	Permanent Teeth 1-32	One per 5 years.	Yes	Full mouth X-rays or panorex
D6240	Pontic – porcelain fused to high noble metal	16-999	Permanent Teeth 1-32	One per 5 years.	Yes	Full mouth X-rays or panorex
D6241	Pontic – porcelain fused to predominantly base metal	16-999	Permanent Teeth 1-32	One per 5 years.	Yes	Full mouth X-rays or panorex
D6242	Pontic – porcelain fused to noble metal	16-999	Permanent Teeth 1-32	One per 5 years.	Yes	Full mouth X-rays or panorex

Horizon NJ Health Dental Program: Non-Special Needs Plans & Special Needs Plans						
Code	Description	Age	Tooth / Quad / Arch	Limitations	Auth Req	Requirement
D6250	Pontic – resin with high noble metal	16-999	Permanent Teeth 1-32	One per 5 years.	Yes	Full mouth X-rays or panorex
D6251	Pontic – resin with predominantly base metal	16-999	Permanent Teeth 1-32	One per 5 years.	Yes	Full mouth X-rays or panorex
D6252	Pontic-resin with predominantly noble metal	16-999	Permanent Teeth 1-32	One per 5 years.	Yes	Full mouth X-rays or panorex
D6545	Retainer – cast metal for resin bonded fixed prosthesis	16-999	Permanent Teeth 1-32	One per 5 years.	Yes	Full mouth X-rays or panorex
D6720	Crown – resin with high noble metal	16-999	Permanent Teeth 1-32	One per 5 years.	Yes	Full mouth X-rays or panorex
D6721	Crown – resin with predominantly base metal	16-999	Permanent Teeth 1-32	One per 5 years.	Yes	Full mouth X-rays or panorex
D6722	Crown – resin with noble metal	16-999	Permanent Teeth 1-32	One per 5 years.	Yes	Full mouth X-rays or panorex
D6750	Crown – porcelain fused to high noble metal	16-999	Permanent Teeth 1-32	One per 5 years.	Yes	Full mouth X-rays or panorex
D6751	Crown – porcelain fused to predominantly base metal	16-999	Permanent Teeth 1-32	One per 5 years.	Yes	Full mouth X-rays or panorex

Horizon NJ Health Dental Program: Non-Special Needs Plans & Special Needs Plans						
Code	Description	Age	Tooth / Quad / Arch	Limitations	Auth Req	Requirement
D6752	Crown – porcelain fused to noble metal	16-999	Permanent Teeth 1-32	One per 5 years.	Yes	Full mouth X-rays or panorex
D6790	Crown – full cast high noble metal	16-999	Permanent Teeth 1-32	One per 5 years.	Yes	Full mouth X-rays or panorex
D6791	Crown – full cast predominantly base metal	16-999	Permanent Teeth 1-32	One per 5 years.	Yes	Full mouth X-rays or panorex
D6792	Crown – full cast noble metal	16-999	Permanent Teeth 1-32	One per 5 years.	Yes	Full mouth X-rays or panorex
D6920	Connector bar	16-999	Arches (UA, LA)	One per 5 years.	Yes	Full mouth X-rays or panorex
D6930	Re-cement or re-bond fixed partial denture	16-999	Permanent Teeth 1-32	One per 5 years.	Yes	Full mouth X-rays or panorex
D6940	Stress breaker	16-999	Permanent Teeth 1-32	One per 5 years.	Yes	Full mouth X-rays or panorex
D6950	Precision attachment	16-999	Permanent Teeth 1-32	One per 5 years.	Yes	Full mouth X-rays or panorex
D6980	Fixed partial denture repair necessitated by restorative material failure	16-999		One per 5 years.	Yes	Full mouth X-rays or panorex, and narrative of medical necessity

Horizon NJ Health Dental Program: Non-Special Needs Plans & Special Needs Plans						
Code	Description	Age	Tooth / Quad / Arch	Limitations	Auth Req	Requirement
D6985	Pediatric partial denture, fixed	16-999	Upper Arch	One per lifetime.	Yes	Full mouth X-rays or panorex, and narrative of medical necessity
D6999	Unspecified fixed prosthodontic procedure, by report	16-999	Permanent Teeth 1-32		Yes	Full mouth X-rays or panorex, and narrative of medical necessity
D7111	Extraction, coronal remnants – deciduous tooth	0-999	Primary Teeth A-T	One per lifetime.	No	
D7140	Extraction, erupted tooth or exposed root (elevation and/or forceps removal)	0-999	All teeth; A-T; 1-32	One per lifetime.	No	
D7210	Surgical removal of erupted tooth requiring removal of bone and/or sectioning of tooth, and including elevation of mucoperiosteal flap if indicated	0-999	All teeth; A-T; 1-32	One per lifetime.	No	
D7220	Removal of impacted tooth – soft tissue	0-999	All teeth; A-T; 1-32	One per lifetime.	Yes	Pre-operative X-rays (excluding bitewings) and narrative of medical necessity
D7230	Removal of impacted tooth – partially bony	0-999	All teeth; A-T; 1-32	One per lifetime.	Yes	Pre-operative X-rays (excluding bitewings) and narrative of medical necessity

Horizon NJ Health Dental Program: Non-Special Needs Plans & Special Needs Plans						
Code	Description	Age	Tooth / Quad / Arch	Limitations	Auth Req	Requirement
D7240	Removal of impacted tooth – completely bony	0-999	All teeth; A-T; 1-32	One per lifetime combined with D7241.	Yes	Pre-operative X-rays (excluding bitewings) and narrative of medical necessity
D7241	Removal of impacted tooth – completely bony, with unusual surgical complications	0-999	All teeth; A-T; 1-32	One per lifetime combined with D7240.	Yes	Pre-operative X-rays (excluding bitewings) and narrative of medical necessity
D7250	Surgical removal of residual tooth roots (cutting procedure)	0-999	All teeth; A-T; 1-32	One per lifetime.	Yes	Pre-operative X-rays (excluding bitewings) and narrative of medical necessity
D7260	Oro-antral fistula closure	0-999			Yes	Pre-operative X-rays (excluding bitewings) and narrative of medical necessity
D7261	Primary closure of a sinus perforation	0-999			Yes	Pre-operative X-rays (excluding bitewings) and narrative of medical necessity
D7270	Tooth re-implantation and/or stabilization of accidentally evulsed or displaced tooth	0-999	Permanent Teeth 1-32		Yes	Narrative of medical necessity and treatment plan

Horizon NJ Health Dental Program: Non-Special Needs Plans & Special Needs Plans						
Code	Description	Age	Tooth / Quad / Arch	Limitations	Auth Req	Requirement
D7280	Surgical access of an unerupted tooth	0-999	Teeth 2-15, 18-31	One per lifetime.	Yes	Narrative of medical necessity and treatment plan
D7282	Mobilization of erupted or malpositioned tooth to aid eruption	0-999	Permanent Teeth 1-32	One per lifetime.	Yes	Narrative of medical necessity and treatment plan
D7283	Placement of device to facilitate eruption of impacted tooth	0-999	Teeth 2-15, 18-31	One per lifetime.	Yes	Narrative of medical necessity and treatment plan
D7285	Incisional biopsy of oral tissue – hard (bone, tooth)	0-999			Yes	Narrative of medical necessity
D7286	Incisional biopsy of oral tissue – soft	0-999			Yes	Narrative of medical necessity
D7287	Exfoliative cytological sample collection	0-999			Yes	Narrative of medical necessity
D7288	Brush biopsy – transepithelial sample collection	0-999			Yes	Narrative of medical necessity
D7290	Surgical repositioning of teeth	0-20	Permanent Teeth 1-32		Yes	Pre-operative X-rays and narrative of medical necessity

Horizon NJ Health Dental Program: Non-Special Needs Plans & Special Needs Plans						
Code	Description	Age	Tooth / Quad / Arch	Limitations	Auth Req	Requirement
D7291	Transseptal Fiberotomy/Supra Crestal Fiberotomy, By Report	0-20	Permanent Teeth 1-32	Once per lifetime.	Yes	Narrative of medical necessity
D7292	Surgical placement of temporary anchorage device [screw retained plate] requiring flap; includes device removal	0-999			Yes	Narrative of medical necessity with preauthorization
D7293	Surgical placement of temporary anchorage device requiring flap; includes device removal	0-999			Yes	Narrative of medical necessity with preauthorization
D7294	Surgical placement of temporary anchorage device without flap; includes device removal	0-999			Yes	Narrative of medical necessity with preauthorization
D7295	Harvest of bone for use in autogenous grafting procedure	0-999			Yes	Narrative of medical necessity with preauthorization
D7310	Alveoloplasty in conjunction with extractions – four or more teeth or tooth spaces, per quadrant	0-999	Quadrants (LL, LR, UR, UL)	Only payable on the same date of service as D7140.	Yes	Pre-operative X-rays and narrative of medical necessity

Horizon NJ Health Dental Program: Non-Special Needs Plans & Special Needs Plans						
Code	Description	Age	Tooth / Quad / Arch	Limitations	Auth Req	Requirement
D7311	Alveoloplasty in conjunction with extractions – one to three teeth or tooth spaces, per quadrant	0-999	Quadrants (LL, LR, UR, UL)	Only payable on the same date of service as D7140.	Yes	Pre-operative X-rays and narrative of medical necessity
D7320	Alveoloplasty not in conjunction with extractions – four or more teeth or tooth spaces, per quadrant	0-999	Quadrants (LL, LR, UR, UL)		Yes	Pre-operative X-rays and narrative of medical necessity
D7321	Alveoloplasty not in conjunction with extractions – one to three teeth or tooth spaces, per quadrant	0-999	Quadrants (LL, LR, UR, UL)		Yes	Pre-operative X-rays and narrative of medical necessity
D7340	Vestibuloplasty – ridge extension (secondary epithelialization)	0-999	Quadrants (LL, LR, UR, UL)		Yes	Narrative of medical necessity
D7350	Vestibuloplasty – ridge extension (including soft tissue grafts, muscle reattachment, revision of soft tissue attachment and management of hypertrophied and hyperplastic tissue)	0-999	Quadrants (LL, LR, UR, UL)		Yes	Narrative of medical necessity
D7410	Excision of benign lesion up to 1.25 cm	0-999			Yes	Copy of pathology report with claim

Horizon NJ Health Dental Program: Non-Special Needs Plans & Special Needs Plans						
Code	Description	Age	Tooth / Quad / Arch	Limitations	Auth Req	Requirement
D7411	Excision of benign lesion greater than 1.25 cm	0-999			Yes	Copy of pathology report with claim
D7412	Excision of benign lesion, complicated	0-999			Yes	Copy of pathology report with claim
D7413	Excision of malignant lesion up to 1.25 cm	0-999			Yes	Copy of pathology report with claim
D7414	Excision of malignant lesion greater than 1.25 cm	0-999			Yes	Copy of pathology report with claim
D7415	Excision of malignant lesion, complicated	0-999			Yes	Copy of pathology report with claim
D7440	Excision of malignant tumor – lesion diameter up to 1.25 cm	0-999			Yes	Copy of pathology report with claim
D7441	Excision of malignant tumor – lesion diameter greater than 1.25 cm	0-999			Yes	Copy of pathology report with claim
D7450	Removal of benign odontogenic cyst or tumor – lesion diameter up to 1.25 cm	0-999			Yes	Copy of pathology report with claim

Horizon NJ Health Dental Program: Non-Special Needs Plans & Special Needs Plans						
Code	Description	Age	Tooth / Quad / Arch	Limitations	Auth Req	Requirement
D7451	Removal of benign odontogenic cyst or tumor – lesion diameter greater than 1.25 cm	0-999			Yes	Copy of pathology report with claim
D7460	Removal of benign nonodontogenic cyst or tumor – lesion diameter up to 1.25 cm	0-999			Yes	Copy of pathology report with claim
D7461	Removal of benign nonodontogenic cyst or tumor – lesion diameter greater than 1.25 cm	0-999			Yes	Copy of pathology report with claim
D7465	Destruction of lesion(s) by physical or chemical method, by report	0-999			Yes	Narrative of medical necessity
D7471	Removal of lateral exostosis (maxilla or mandible)	0-999	Arches (UA, LA)		Yes	Narrative of medical necessity, X-rays or photos optional
D7472	Removal of torus palatinus	0-999			Yes	Narrative of medical necessity with claim, X-rays or photos optional
D7473	Removal of torus mandibularis	0-999			Yes	Narrative of medical necessity, X-rays or photos optional

Horizon NJ Health Dental Program: Non-Special Needs Plans & Special Needs Plans						
Code	Description	Age	Tooth / Quad / Arch	Limitations	Auth Req	Requirement
D7485	Surgical reduction of osseous tuberosity	0-999			Yes	Narrative of medical necessity with claim, X-rays or photos optional
D7490	Radical resection of maxilla or mandible	0-999			Yes	Narrative of medical necessity
D7510	Incision and drainage of abscess – intraoral soft tissue	0-999		One per date of service.	Yes	Narrative of medical necessity
D7511	Incision and drainage of abscess – intraoral soft tissue – complicated (includes drainage of multiple fascial spaces)	0-999			Yes	Narrative of medical necessity
D7520	Incision and drainage of abscess – extraoral soft tissue	0-999			Yes	Narrative of medical necessity
D7521	Incision and drainage of abscess – extraoral soft tissue – complicated (includes drainage of multiple fascial spaces)	0-999			Yes	Narrative of medical necessity
D7530	Removal of foreign body from mucosa, skin, or subcutaneous alveolar tissue	0-999			Yes	Narrative of medical necessity, X-rays or photos optional

Horizon NJ Health Dental Program: Non-Special Needs Plans & Special Needs Plans						
Code	Description	Age	Tooth / Quad / Arch	Limitations	Auth Req	Requirement
D7540	Removal of reaction producing foreign bodies, musculoskeletal system	0-999			Yes	Narrative of medical necessity, X-rays or photos optional
D7550	Partial ostectomy/ sequestrectomy for removal of non-vital bone	0-999	Quadrants (LL, LR, UR, UL)		Yes	Pre-operative X-rays and narrative of medical necessity
D7560	Maxillary sinusotomy for removal of tooth fragment or foreign body	0-999			Yes	Pre-operative X-rays and narrative of medical necessity
D7610	Maxilla – open reduction (teeth immobilized, if present)	0-999			Yes	Pre-operative X-rays and narrative of medical necessity
D7620	Maxilla – closed reduction (teeth immobilized, if present)	0-999			Yes	Pre-operative X-rays and narrative of medical necessity
D7630	Mandible – open reduction (teeth immobilized, if present)	0-999			Yes	Pre-operative X-rays and narrative of medical necessity
D7640	Mandible – closed reduction (teeth immobilized, if present)	0-999			Yes	Pre-operative X-rays and narrative of medical necessity

Horizon NJ Health Dental Program: Non-Special Needs Plans & Special Needs Plans						
Code	Description	Age	Tooth / Quad / Arch	Limitations	Auth Req	Requirement
D7650	Malar and/or zygomatic arch – open reduction	0-999			Yes	Pre-operative X-rays and narrative of medical necessity
D7660	Malar and/or zygomatic arch – closed reduction	0-999			Yes	Pre-operative X-rays and narrative of medical necessity
D7670	Alveolus – closed reduction, may include stabilization of teeth	0-999			Yes	Pre-operative X-rays and narrative of medical necessity
D7671	Alveolus – open reduction, may include stabilization of teeth	0-999			Yes	Pre-operative X-rays and narrative of medical necessity
D7680	Facial bones – complicated reduction with fixation and multiple surgical approaches	0-999			Yes	Pre-operative X-rays and narrative of medical necessity
D7710	Maxilla – open reduction	0-999			Yes	Pre-operative X-rays and narrative of medical necessity
D7720	Maxilla – closed reduction	0-999			Yes	Pre-operative X-rays and narrative of medical necessity

Horizon NJ Health Dental Program: Non-Special Needs Plans & Special Needs Plans						
Code	Description	Age	Tooth / Quad / Arch	Limitations	Auth Req	Requirement
D7730	Mandible – open reduction	0-999			Yes	Pre-operative X-rays and narrative of medical necessity
D7740	Mandible – closed reduction	0-999			Yes	Pre-operative X-rays and narrative of medical necessity
D7750	Malar and/or zygomatic arch – open reduction	0-999			Yes	Pre-operative X-rays and narrative of medical necessity
D7760	Malar and/or zygomatic arch – closed reduction	0-999			Yes	Pre-operative X-rays and narrative of medical necessity
D7770	Alveolus - open reduction stabilization of teeth	0-999			Yes	Pre-operative X-rays and narrative of medical necessity
D7771	Alveolus, closed reduction stabilization of teeth	0-999			Yes	Pre-operative X-rays and narrative of medical necessity
D7780	Facial bones – complicated reduction with fixation and multiple surgical approaches	0-999			Yes	Pre-operative X-rays and narrative of medical necessity

Horizon NJ Health Dental Program: Non-Special Needs Plans & Special Needs Plans						
Code	Description	Age	Tooth / Quad / Arch	Limitations	Auth Req	Requirement
D7810	Open reduction of dislocation	0-999			Yes	Narrative of medical necessity, X-rays or photos optional
D7820	Closed reduction of dislocation	0-999			Yes	Narrative of medical necessity, X-rays or photos optional
D7830	Manipulation under anesthesia	0-999			Yes	Narrative of medical necessity, X-rays or photos optional
D7840	Condylectomy	0-999			Yes	Narrative of medical necessity, X-rays or photos optional
D7850	Surgical discectomy, with/without implant	0-999			Yes	Narrative of medical necessity, X-rays or photos optional
D7852	Disc repair	0-999			Yes	Narrative of medical necessity, X-rays or photos optional
D7854	Synovectomy	0-999			Yes	Narrative of medical necessity, X-rays or photos optional

Horizon NJ Health Dental Program: Non-Special Needs Plans & Special Needs Plans						
Code	Description	Age	Tooth / Quad / Arch	Limitations	Auth Req	Requirement
D7856	Myotomy	0-999			Yes	Narrative of medical necessity, X-rays or photos optional
D7858	Joint reconstruction	0-999			Yes	Narrative of medical necessity, X-rays or photos optional
D7860	Arthrotomy	0-999			Yes	Narrative of medical necessity, X-rays or photos optional
D7865	Arthroplasty	0-999			Yes	Narrative of medical necessity, X-rays or photos optional
D7870	Arthrocentesis	0-999			Yes	Narrative of medical necessity, X-rays or photos optional
D7871	Non-arthroscopic lysis and lavage	0-999			Yes	Narrative of medical necessity, X-rays or photos optional
D7872	Arthroscopy – diagnosis, with or without biopsy	0-999			Yes	Narrative of medical necessity, X-rays or photos optional

Horizon NJ Health Dental Program: Non-Special Needs Plans & Special Needs Plans						
Code	Description	Age	Tooth / Quad / Arch	Limitations	Auth Req	Requirement
D7873	Arthroscopy – surgical: lavage and lysis of adhesions	0-999			Yes	Narrative of medical necessity, X-rays or photos optional
D7874	Arthroscopy – surgical: disc repositioning and stabilization	0-999			Yes	Narrative of medical necessity, X-rays or photos optional
D7875	Arthroscopy – surgical: synovectomy	0-999			Yes	Narrative of medical necessity, X-rays or photos optional
D7876	Arthroscopy – surgical: discectomy	0-999			Yes	Narrative of medical necessity, X-rays or photos optional
D7877	Arthroscopy – surgical: debridement	0-999			Yes	Narrative of medical necessity, X-rays or photos optional
D7880	Occlusal orthotic device to include adjustments, by report	0-999			Yes	Narrative of medical necessity, X-rays or photos optional
D7881	Excision of salivary gland, by report	0-999			Yes	Narrative of medical necessity, X-rays or photos optional

Horizon NJ Health Dental Program: Non-Special Needs Plans & Special Needs Plans						
Code	Description	Age	Tooth / Quad / Arch	Limitations	Auth Req	Requirement
D7899	Unspecified TMD therapy, by report	0-999			Yes	Pre-operative X-rays and narrative of medical necessity
D7910	Suture of recent small wounds up to 5 cm	0-999			Yes	Narrative of medical necessity, X-rays or photos optional
D7911	Complicated suture – up to 5 cm	0-999			Yes	Narrative of medical necessity, X-rays or photos optional
D7912	Complicated suture – greater than 5 cm	0-999			Yes	Narrative of medical necessity, X-rays or photos optional
D7920	Skin graft (identify defect covered, location and type of graft)	0-999			Yes	Narrative of medical necessity, X-rays or photos optional
D7940	Osteoplasty – for orthognathic deformities	0-999			Yes	Narrative of medical necessity, X-rays or photos optional
D7941	Osteotomy – mandibular rami	0-999			Yes	Narrative of medical necessity, X-rays or photos optional

Horizon NJ Health Dental Program: Non-Special Needs Plans & Special Needs Plans						
Code	Description	Age	Tooth / Quad / Arch	Limitations	Auth Req	Requirement
D7943	Osteotomy – mandibular rami with bone graft; includes obtaining the graft	0-999			Yes	Narrative of medical necessity, X-rays or photos optional
D7944	Osteotomy – segmented or subapical	0-999	Quadrants (LL, LR, UR, UL)		Yes	Narrative of medical necessity, X-rays or photos optional
D7945	Osteotomy – body of mandible	0-999			Yes	Narrative of medical necessity, X-rays or photos optional
D7946	LeFort I (maxilla – total)	0-999			Yes	Narrative of medical necessity, X-rays or photos optional
D7947	LeFort I (maxilla – segmented)	0-999			Yes	Narrative of medical necessity, X-rays or photos optional
D7948	LeFort II or LeFort III (osteoplasty of facial bones for midface hypoplasia or retrusion) – without bone graft	0-999			Yes	Narrative of medical necessity, X-rays or photos optional
D7949	LeFort II or LeFort III – with bone graft	0-999			Yes	Narrative of medical necessity, X-rays or photos optional

Horizon NJ Health Dental Program: Non-Special Needs Plans & Special Needs Plans						
Code	Description	Age	Tooth / Quad / Arch	Limitations	Auth Req	Requirement
D7950	Osseous, osteoperiosteal, or cartilage graft of the mandible or maxilla – autogenous or nonautogenous, by report	0-999			Yes	Narrative of medical necessity, X-rays or photos optional
D7951	Sinus augmentation with bone or bone substitutes via a lateral open approach	0-999			Yes	Narrative of medical necessity, X-rays or photos optional
D7952	Sinus augmentation via a vertical approach	0-999			Yes	Narrative of medical necessity, X-rays or photos optional
D7955	Repair of maxillofacial soft and/or hard tissue defect	0-999			Yes	Narrative of medical necessity, X-rays or photos optional
D7960	Frenulectomy – also known as frenectomy or frenotomy – separate procedure not incidental to another procedure	0-999			Yes	Narrative of medical necessity, X-rays or photos optional
D7963	Frenuloplasty	0-999			Yes	Narrative of medical necessity, X-rays or photos optional

Horizon NJ Health Dental Program: Non-Special Needs Plans & Special Needs Plans						
Code	Description	Age	Tooth / Quad / Arch	Limitations	Auth Req	Requirement
D7970	Excision of hyperplastic tissue – per arch	0-999	Arches (UA, LA)		Yes	Narrative of medical necessity, X-rays or photos optional
D7971	Excision of pericoronal gingiva	0-999	Permanent Teeth 1-32		Yes	Narrative of medical necessity, X-rays or photos optional
D7972	Surgical reduction of fibrous tuberosity	0-999			Yes	Narrative of medical necessity, X-rays or photos optional
D7979	Non-Surgical Sialolithotomy	0-999		Once per lifetime.	Yes	Narrative of medical necessity
D7980	Sialolithotomy	0-999			Yes	Narrative of medical necessity, X-rays or photos optional
D7981	Excision of salivary gland, by report	0-999			Yes	Narrative of medical necessity, X-rays or photos optional
D7982	Sialodochoplasty	0-999			Yes	Narrative of medical necessity, X-rays or photos optional

Horizon NJ Health Dental Program: Non-Special Needs Plans & Special Needs Plans						
Code	Description	Age	Tooth / Quad / Arch	Limitations	Auth Req	Requirement
D7983	Closure of salivary fistula	0-999			Yes	Narrative of medical necessity, X-rays or photos optional
D7990	Emergency tracheotomy	0-999			Yes	Narrative of medical necessity, X-rays or photos optional
D7991	Coronoidectomy	0-999			Yes	Narrative of medical necessity, X-rays or photos optional
D7995	Synthetic graft – mandible or facial bones, by report	0-999			Yes	Narrative of medical necessity, X-rays or photos optional
D7996	Implant-mandible for augmentation purposes (excluding alveolar ridge), by report	0-999			Yes	Narrative of medical necessity, X-rays or photos optional
D7997	Appliance removal (not by dentist who placed appliance), includes removal of archbar	0-999			Yes	Narrative of medical necessity, X-rays or photos optional
D7998	Intraoral placement of a fixation device not in conjunction with a fracture	0-999			Yes	Narrative of medical necessity, X-rays or photos optional

Horizon NJ Health Dental Program: Non-Special Needs Plans & Special Needs Plans						
Code	Description	Age	Tooth / Quad / Arch	Limitations	Auth Req	Requirement
D7999	Unspecified oral surgery procedure, by report	0-999			Yes	Narrative of medical necessity, X-rays or photos optional
D8010	Limited orthodontic treatment of the primary dentition	0-20		One per lifetime; combined frequency with D8010, D8020, D8030, D8040, D8050, or D8060.	Yes	Narrative, general dentist attestation, photos, X-rays
D8020	Limited orthodontic treatment of the transitional dentition	0-20		One per lifetime; combined frequency with D8010, D8020, D8030, D8040, D8050, or D8060.	Yes	Narrative, general dentist attestation, photos, X-rays
D8030	Limited orthodontic treatment of the adolescent dentition	8-20		One per lifetime; combined frequency with D8010, D8020, D8030, D8040, D8050, or D8060.	Yes	Narrative, general dentist attestation, photos, X-rays
D8040	Limited orthodontic treatment for adult dentition	8-20		One per lifetime; combined frequency with D8010, D8020, D8030, D8040, D8050, or D8060	Yes	Narrative, general dentist attestation, photos, X-rays

Horizon NJ Health Dental Program: Non-Special Needs Plans & Special Needs Plans						
Code	Description	Age	Tooth / Quad / Arch	Limitations	Auth Req	Requirement
D8050	Interceptive orthodontic treatment of the primary dentition	4-8		One per lifetime; combined frequency with D8010, D8020, D8030, D8040, D8050, or D8060.	Yes	Narrative, treatment plan, general dentist attestation, photos, X-rays, medical narrative if applicable
D8060	Interceptive orthodontic treatment of the transitional dentition	6-20		One per lifetime; combined frequency with D8010, D8020, D8030, D8040, D8050, or D8060.	Yes	Narrative, treatment plan, general dentist attestation, photos, X-rays, medical narrative if applicable
D8080	Comprehensive orthodontic treatment of the adolescent dentition	0-20		One per lifetime.	Yes	HLD score sheet, narrative, treatment plan, general dentist attestation, photos, X-rays, medical narrative if applicable
D8210	Removable appliance therapy	0-20		One per lifetime. Not on the same date of service as D8010, D8020, D8030, D8040, D8050, D8060.	Yes	Treatment plan and narrative of medical necessity
D8220	Fixed appliance therapy	0-20		One per lifetime. Not on the same date of service as D8010, D8020, D8030, D8040, D8050, D8060.	Yes	Treatment plan and narrative of medical necessity

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Code	Description	Age	Tooth / Quad / Arch	Limitations	Auth Req	Requirement
D8660	Pre-orthodontic treatment examination to monitor growth and development	0-20		Once per rolling year per provider.	No	
D8670	Periodic orthodontic treatment visit	0-20			Yes	Treatment notes, documentation of compliance, general dentist attestation, photos, panorex, copy of initial approval if applicable
D8680	Orthodontic retention (removal of appliances, construction and placement of retainer or retainers); to include adjustments	0-20			Yes	Diagnostic quality posttreatment photos
D8681	Removable retainer adjustment	0-20			No	
D8691	Repair of orthodontic appliance	0-20	Arches (UA, LA)		Yes	Treatment history, photos optional
D8692	Replacement of lost or broken retainer	0-20	Arches (UA, LA)	One per lifetime.	Yes	Copy of approved D8680

Horizon NJ Health Dental Program: Non-Special Needs Plans & Special Needs Plans						
Code	Description	Age	Tooth / Quad / Arch	Limitations	Auth Req	Requirement
D8693	Re-cement or re-bond fixed retainer	0-20	Arches (UA, LA)		No	
D8694	Repair of fixed retainers, includes reattachment	0-20	Arches (UA, LA)		No	
D8695	Removal Of Fixed Orthodontic Appliances	0-999		Once per lifetime.	Yes	Narrative of medical necessity
D8999	Unspecified orthodontic procedure, by report	0-20			Yes	Transfer plan, fee, reason for transfer, orig-rcds, payment, history, panorex, ceph x-ray, HLD score sheet
D9110	Palliative (emergency) treatment of dental pain – minor procedure	0-999	All teeth; A-T; 1-32	Once per date of service per payee.	No	
D9210	Local anesthesia not in conjunction with operative or surgical procedures	0-999		Twice per year per provider. Must be on the same date of service as D0100-D0999. Not allowed on the same date of service as any other code.	Yes	Radiographs and/or photographs and narrative of medical necessity
D9211	Regional block anesthesia	0-999		Twice per year per provider. Must be on the same date of service as D0100-D0999.	Yes	Radiographs and/or photographs and

Horizon NJ Health Dental Program: Non-Special Needs Plans & Special Needs Plans						
Code	Description	Age	Tooth / Quad / Arch	Limitations	Auth Req	Requirement
				Not allowed on the same date of service as any other code.		narrative of medical necessity
D9212	Trigeminal division block anesthesia	0-999		Twice per year per provider. Must be on the same date of service as D0100-D0999. Not allowed on the same date of service as any other code.	Yes	Radiographs and/or photographs and narrative of medical necessity
D9222	Deep Sedation/General Anesthesia - First 15 Minutes	0-999	All teeth; A-T; 1-32	Once per date of service. Not in conjunction with D9230, D9239, D9243, or D9248 on same date of service	Yes	Narrative of medical necessity
D9223	Deep sedation/general anesthesia – each subsequent 15 minute increment	0-999	All teeth; A-T; 1-32	Seven per date of service. Not in conjunction with D9230, D9239, D9243, or D9248 on same date of service	Yes	Narrative of medical necessity
D9230	Inhalation of nitrous oxide/analgesia, anxiolysis	0-999		One per date of service. Not in conjunction with D9222, D9223, D9239, or D9243 on same date of service per payee.	No	
D9239	Intravenous Moderate (Conscious) Sedation/Analgesia - First 15 Minutes	0-999		One per date of service. Not in conjunction with D9222, D9223, D9230, or D9248 on same date of service	Yes	Documentation of medical necessity
D9243	Intravenous moderate (conscious) sedation/analgesia – each subsequent 15 minute increment	0-999		Seven per date of service. Not in conjunction with D9222, D9223, D9230, or D9248 on same date of service	Yes	Documentation of medical necessity

Horizon NJ Health Dental Program: Non-Special Needs Plans & Special Needs Plans						
Code	Description	Age	Tooth / Quad / Arch	Limitations	Auth Req	Requirement
D9248	Non-intravenous moderate (conscious) sedation	0-999		Not in conjunction with D9222, D9223, D9239, or D9243 on same date of service.	Yes	Documentation of medical necessity
D9310	Consultation – diagnostic service provided by dentist or physician other than requesting dentist or physician	0-999		Will not be paid on same date of service as any other service.	No	
D9311	Treating dentist consults with a medical health care professional concerning medical issues that may affect member’s planned dental treatment	0-999			No	
D9410	House/extended care facility call	0-999			Yes	Documentation of medical necessity
D9420	Hospital or ambulatory surgical center call	0-999		One per date of service per patient.	Yes	Documentation of medical necessity
D9430	Office visit for observation (during regularly scheduled hours) – no other services performed	0-999		Not allowable on the same date of service as any other code. Only payable to oral surgeons.	No	
D9610	Therapeutic parenteral drug, single administration	0-999		Not allowable on the same date of service as D9222, D9223, D9239, or D9243.	No	

Horizon NJ Health Dental Program: Non-Special Needs Plans & Special Needs Plans						
Code	Description	Age	Tooth / Quad / Arch	Limitations	Auth Req	Requirement
D9612	Therapeutic parenteral drugs, two or more administrations, different medications	0-999		Not allowable on the same date of service as D9222, D9223, D9239, or D9243.	Yes	Documentation of medical necessity
D9630	Other drugs and/or medicaments, by report	0-999		Once per date of service.	Yes	Documentation of medical necessity
D9910	Application of desensitizing medicament	16-999		Once per floating year. Not payable on the same date of service as D9911.	No	
D9911	Application of desensitizing resin for cervical and/or root surface, per tooth	16-999	Permanent Teeth 1-32	Once per floating year. Not payable on the same date of service as D9910.	No	
D9920 Special Needs, Age 0-999	Behavior management, by report	0-9	All teeth; A-T; 1-32	Two per date of service per patient per payee. Not allowable on same date of service as D9220, D9221, D9223, D9241, D9243, or D9248.	No	
D9930	Treatment of complications (post-surgical) – unusual circumstances, by report	0-999	All teeth; A-T; 1-32	Only payable to oral surgeons.	Yes	Documentation of medical necessity
D9944	Occlusal guard	16-999		Once per 3 years combined with D9945.	Yes	Documentation of medical necessity

Horizon NJ Health Dental Program: Non-Special Needs Plans & Special Needs Plans						
Code	Description	Age	Tooth / Quad / Arch	Limitations	Auth Req	Requirement
D9945	Occlusal guard	16-999		Once per 3 years combined with D9944.	Yes	Documentation of medical necessity
D9951	Occlusal adjustment – limited	16-999		Not in conjunction with D9223, D9243, and D9920 on same date of service per payee. Once per 1 rolling year per payee. Not allowable on the same DOS as D2140, D2150, D2160, D2161, D2330, D2331, D2332, D2335, D2390, D2391, D2392, D2393, D2394, D2740, D2750, D2751, D2752, D2790, D2791, D2792, D2799, D3310, D3320, D3330, D3346, D3347, or D3348.	No	
D9952	Occlusal adjustment complete	16-999		Once per 3 rolling years per patient. Not allowable on the same DOS as any other code.	No	
D9971	Odontoplasty – 1-2 teeth	16-999	Permanent Teeth 1-32		No	
D9974	Internal Bleaching-per tooth	16-999	Permanent Teeth 1-32	Once per lifetime per payee.	No	

Horizon NJ Health Dental Program: Non-Special Needs Plans & Special Needs Plans						
Code	Description	Age	Tooth / Quad / Arch	Limitations	Auth Req	Requirement
D9999	Unspecified adjunctive procedure, by report	0-999		Used only for authorization of operating room / ambulatory surgery center. Not to be billed.	Yes	Description of procedure, narrative of medical necessity, GA checklist, hospital / outpatient name (as needed)



SKYGEN USA

Provider Manual

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