

Important Notice

Revised Benefit Grids Posted to Provider Web Portal
Effective June 1, 2020

This notice is to inform you that Envolve's Medicaid Dental Grids have been updated, effective June 1, 2020. The following provides a brief summary of the changes. Please refer to the benefit grids posted on the provider web portal for detailed information, including required documentation and clinical criteria.

CLINICAL CRITERIA UPDATES

- New and/or updated clinical policies have been posted online at pwp.envolvedental.com and within the new benefit grid. Clinical policy reminders for several high-visibility groups of services are placed at the beginning of each applicable service grouping. These service groups are as follows:
 - Indirect restorations (crowns) – D2710 – D2792;
 - Pre-fabricated crowns – D2930 – D2934;
 - Non-surgical periodontal therapy – D4341 – D4342;
 - Complete and partial dentures – D5110 – D5214, D5254, and D5286;
 - Removal of impacted teeth – D7220 – D7241;
 - Comprehensive orthodontic treatment – D8070 – D8090; and
 - Sedation-related services – D9222, D9223, D9239, D9243, and D9420; Inhalation of nitrous oxide (Code D9230); and, Oral conscious sedation (D9248).
- Numerous other services have updated clinical criteria policies as well. These clinical criteria may be found on the same line as the codes listed in the benefit grids.
- Supporting documentation for services that require either Prior Authorization or Pre-payment Review must be in the form of copies of the following notes, which should all be included in your patients' records. These notes include, but are not limited to, the following:
 - Patient health history;
 - Patient dental history;
 - Treatment plan;
 - Laboratory prescriptions;
 - Treatment/progress notes;
 - Radiographic images;
 - Photographic images; and
 - Periodontal pocket depth measurements.
- Retirement of the Sedation Evaluation Tool that was implemented on 11/1/2019. This form is no longer in use and is not required.
- A new and comprehensive clinical policy for sedation-related services is effective as of June 1, 2020, for any sedation-related service requests, including requests for hospital outpatient or ambulatory surgery center settings for patient treatment.

TITLE 19 CHILDREN PLAN UPDATES

- Removal of Pre-payment Review requirement for D3351-D3410, D3427, D7860-D7865, and D7920-D7955.
- Adding Pre-payment Review requirement for D2930-D2934, D3310-D3330, D4346, D7210, D7250, D9230, D9610-9613, D9222 and D9239
- Removal of Prior Authorization requirement for D7979
- The addition of the following codes:
 - D1551-D1553
 - D2753, D5284-D5286, D9248 and D9430, all requiring Pre-payment Review

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- Removal of Pre-payment Review requirement for D3351-D3410, D3427, D7860-D7865, and D7920-D7955.
- Adding Pre-payment Review requirement for D2930-D2931, D3310-D3330, D7210, D7250, D9610-9613, D9222 and D9239
- Removal of Prior Authorization requirement for D7979.
- The addition of the following codes:
 - D0251 and D9212
 - D2710, D2753, D5284-D5286, D6081, D9248 and D9430, all requiring Pre-payment Review

TITLE 19 ADULTS PLAN UPDATES

- Removal of Pre-payment Review requirement for D7860 and D7920
- Adding Pre-payment Review requirement for D7210, D7250, D9610-D9613, D9222 and D9239.
- Removal of Prior Authorization requirement for D7979
- The addition of the following codes:
 - D0251 and D9212
 - D9248 and 09430, both requiring Pre-payment Review

HCBS 65+ PLAN UPDATES

- All "Crisis Exception" codes have added the Prior Authorization requirement, including:
 - D2140-D3426, D3430-D5851, D6930-D7210, D7270-D7280, D7320-D7350, D7990, and D9999
- Removal of Pre-payment requirement for D7920
- Removal of Prior Authorization requirement for D7979 and D9223
- Adding Pre-payment Review requirement for D9222 and D9239
- The addition of the following codes:
 - D0251
 - D2710, D2753, and D5284-D5286, all requiring Prior Authorization
 - D9248 and D9430, both requiring Pre-payment Review

All services remain eligible for auditing purposes. Please maintain appropriate documentation in the member's dental record. Please remember to verify member eligibility and dental benefits prior to rendering services by logging onto the PWP at pwp.envolvedental.com.

Thank you for being our partner in care. We appreciate the opportunity to work with you to provide quality dental services to Sunflower Health Plan members. For questions about this notice, please call Envolve Dental Customer Service at 855-434-9245 or email ProviderRelations@EnvolveHealth.com.