

Changes to the Dental Benefits are Coming Effective Jan. 1, 2017

Several changes will be implemented to the benefits and the provider manual effective Jan. 1. Some additional codes will now require prior authorization, and cleanings will increase to two per year. The complete list will be updated as part of the benefits grid in the Dental Provider Manual and will be posted to the website by the end of the year. Some of these changes include but are not limited to:

- D0120 – increased to one per six months per patient for all ages
- D1110 – increased to one per six months per patient for all ages
- D4341 & D4342 – decreased to 1 per 24 months per quadrant per patient all ages
- D0350, D0470, D7260, D7280, D8210, D8670 and D8680 will require prior authorization effective Jan. 1
- D9610 will no longer require prior authorization effective Jan. 1

There will be two new codes added:

- D1575 – Distal shoe space maintainer
- D7283 – Placement of device to facilitate eruption of an impacted tooth

Scion Dental Web Portal

For help registering or using the Provider Web Portal, contact the Scion Dental Electronic Outreach Team at (855) 434-9239 from 9 a.m. to 6 p.m. Monday through Friday.

Electronic Funds Transfer (EFT)

Scion Dental offers all providers the option of Electronic Funds Transfer (EFT) for claims payments. With EFT, claims pay more efficiently, payments are received faster and funds are deposited directly into payee bank accounts.

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 <https://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 Scion Dental by fax or email:
 - Fax: (262) 721-0722
 - Email: ProviderServices@sciondental.com

Allow up to six weeks for the EFT program to be implemented after receipt of the completed paperwork. Once enrolled in the EFT program, providers will no longer receive paper remittance statements through mail. Remittance Reports will be posted online and made available from the Provider Web Portal as soon as claims are paid.

If there are any changes to bank accounts, including changes in routing number or account number, or if you switch to a different bank, please use the EFT Authorization Agreement form to submit changes. Allow up to three weeks for changes to be implemented after we receive your change request.

If further assistance is needed regarding the information for Dental benefits, please email your contact information to OHProviderDental@MolinaHealthcare.com or call (888) 322-4079.

Questions?

Provider Services – (855) 322-4079
8 a.m. to 5 p.m., Monday to Friday
(MyCare Ohio available until 6 p.m.)

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