

# Quarterly Ohio Medicaid provider training

June 2026



# Introduction



# Agenda

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## Introduction

- *Brian Young, Senior Business Architect, Product Management*
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## Provider claims disputes and appeals

- *Bradie Sheehan, Senior Manager, Government Programs Appeals and Grievances*
- 

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## Delta Dental of Ohio orthodontic policy

- *Dr. Michelle Kohler, Chief Dental Officer, Government Programs*
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## Delta Dental of Ohio resources

- *Alexandria Lentz, Supervisor, Government Programs Network Strategy*
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## Questions

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# Provider claim disputes and appeals



# Provider claim disputes and appeals

- A **provider appeal** is a pre-service request for reconsideration of a service denied due to medical necessity.
- A **provider claim dispute** is a post-service request for reconsideration of the denial of payment.
- Standard provider appeals are resolved in **10** days.
- Provider claim disputes for non-medical necessity denials are resolved in **15** business days.
- Disputes for medical necessity denials are resolved in **30** business days.

# Submission methods

- Provider claim disputes and appeals can be submitted orally, in writing or through the Dental Office Toolkit™ (DOT).
- In DOT, pull up the claim in question from the member's claim history.
- Review the denial reasons to be sure you understand the claim determination; a claim can only be appealed/disputed once so be sure you understand the denial reason so you can address it in your request.
- The submission allows you to send a message outlining your request and include any attachments.

# What to include

- A narrative explaining why you disagree with the decision.
- Any additional clinical documentation that you would like considered.
- Information being requested on the denial notice (if the denial indicates additional information is needed).

# Common appeal/dispute reasons

- Services denied due to missing information.
- Services denied because prior authorization is required but was not obtained.
- Incorrect or missing provider information.
- Inappropriate or upcoded billing codes.

# Prior authorization

- To help prevent initial denials, be sure to obtain prior authorization before performing the service.
- Delta Dental has **7 days** to process standard prior authorization requests.
- When reviewing a prior authorization in DOT, be sure to verify it is processed fully and is not pending determination prior to rendering the service.
- If a service is denied on a prior authorization but the member still wishes to receive it, be sure to obtain a private pay form showing the member was informed of the non-covered service and elected to receive it knowing they are financially liable.

**This form should be kept in the patient's record and may be requested by Delta Dental.**

# Common services that require prior authorization

The following are common services that require prior authorization approval before being started:

- **D2740, D2751, D2752, D2790, D2791, D2792, D2794:** Crowns
- **D2950, D2951, D2952, D2954:** Substructures
- **D4341, D4342:** Scaling and root planing
- **D5110, D5120, D5130, D5140:** Complete dentures
- **D5211, D5212, D5213, D5214, D5225, D5226:** Partial dentures
- **D7220, D7230, D7240, D7241, D7250:** Surgical extractions
- **D8080:** Comprehensive orthodontic treatment
- **D8680:** Orthodontic retention
- **D9245, D9246, D9247:** Moderate sedation

# Services that require supporting documentation

To avoid unnecessary denials for missing information, please be sure to reference the required documentation section in the Ohio Tristate Advantage Provider Manual.

- **Crowns and substructures:** Pre-operative X-ray(s) and a narrative of medical necessity
- **Dentures and partial dentures:** Pre-operative X-ray(s)
- **Orthodontic treatment:** A current cephalometric film, current panoramic X-ray, current 8-view full color composite photographic images with measurements, definitive diagnosis and comprehensive treatment plan, clinical chart documenting conditions supporting the diagnosis and treatment plan, a completed ODM Form 03630, and, if applicable, a letter of definitive psychosocial injury diagnosis and treatment notes from the member's psychiatrist, psychologist or speech pathologist.

# Delta Dental of Ohio orthodontic policy



# What is the purpose of the Delta Dental of Ohio orthodontic policy?

- The policy provides criteria for medically necessary, comprehensive orthodontic treatment for adolescent dentition, including diagnosis, prevention and correction of malocclusion and related skeletal or neuromuscular abnormalities.
- Orthodontic policy was established through ODM and a collaborative effort with all MCOs, effective Jan. 1, 2026.

# What conditions qualify for medically necessary orthodontic treatment?

***Treatment is considered medically necessary if any of the following are present:***

- Auto-qualifiers:
  - Overjet > 9.0 mm
  - Reverse overjet > 3.5 mm
  - Anterior crossbite of two teeth with gingival recession
  - Impinging overbite with tissue laceration or clinical attachment loss
  - Anterior impactions (excluding third molars) where eruption is impeded but extraction is not indicated
  - Profound jaw/dentition effects from congenital/developmental disorder, trauma, or pathology
  - Maxillary arch crowding > 8.0 mm
- Other conditions may qualify with verified score  $\geq 22$  points on ODM Form 03630

# What documentation is required to support medical necessity?

- Required documentation includes:
  - Diagnostic cephalometric image with calibration gauge (within 6 months)
  - Panoramic image (within 6 months)
- Eight-view full color composite photographic images with measurement device
- Definitive diagnosis and comprehensive treatment plan
- Clinical chart/treatment notes
- Completed ODM Form 03630
- Letter of psychosocial injury or speech impairment diagnosis (if applicable)

# What are the coverage limitations and exclusions?

- Coverage is limited to members younger than 21. Claims for any orthodontic related services for age 21+ will be denied.
- Only specific CDT codes are covered: D8080 (comprehensive treatment), D8670 (periodic visit) and D8680 (retention).
- Prior authorization is required for all codes.
- Medicaid cases are honored to completion, regardless of age.
- Fees for appliances are included in the case fee, as well as adjustments, broken brackets, wire adjustments or replacement.
- Payments are structured as initial banding/bracketing payment (D8080) and 7 quarterly payments for D8670, with requirements for photographic evidence of case completion for D8680.

# What is the process for scoring and qualifying cases?

- Providers use ODM Form 03630 to record measurements and score conditions.
- Automatic qualifiers are checked if present.
- Section B conditions are scored and must reach **22 points**.
- Psychosocial or speech impairment cases require documentation and scoring as outlined.

*Any questions?  
Reach out to your Delta Dental Ohio resources!*

# Delta Dental of Ohio resources



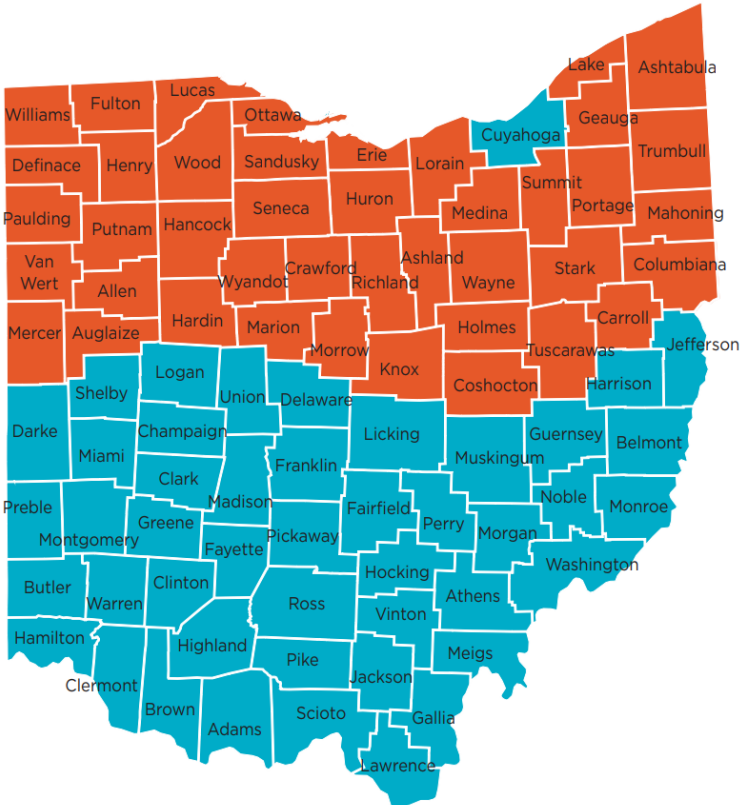
# Customer service

Department	Contact Information	Hours Available
<b>Customer Service</b> <i>General for Medicaid</i>	800-488-0134	7 a.m.- 8 p.m. (EST), Monday-Friday <i>Automated system available 24/7</i>
<b>Customer Service</b> <i>General for MyCare</i>	833-778-7003	8 a.m.- 8 p.m. (EST), Monday-Friday <i>Automated system available 24/7</i>
<b>Provider Records</b>	Phone: 800-656-6495 Fax: 888-404-8725 <a href="mailto:providerrequests@deltadentalmi.com">providerrequests@deltadentalmi.com</a>	8:30 a.m.- 5 p.m. (EST) Monday-Friday
<b>Toolkit Support</b> <i>Including EFT help</i>	866-356-0301 <a href="mailto:toolkitsupport@dentalofficetoolkit.com">toolkitsupport@dentalofficetoolkit.com</a>	

# Claims support

Contact Number	Claims Address	Inquiries Address
<b>800-524-0149</b>	OH Medicaid and OH MyCare P.O. Box 2300 Farmington Hills, MI 48333-9998	Delta Dental Attn: GP Inquiries P.O. Box 9230 Farmington Hills, MI 48333-9230

# Professional Services Representative territories

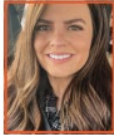


## Your contacts:



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# Questions?



# Thank you for attending!

We appreciate your input and your time.

