

# Net Claim Dental Utilization Review Guidelines

NetClaim utilization review guidelines are based on recommendations and standards developed by dental professional organizations, and regulatory bodies to guide dental practitioners in delivering high-quality care. These guidelines explain the criteria that we use to adjudicate pre-treatments estimates, post reviews request and/or claims.

These guidelines are designed to promote best practices, ensure patient safety, and improve overall oral health outcomes.

Dental guidelines cover a wide range of topics and areas within dentistry, including:

1. **Prevention and Oral Health Promotion:** Guidelines address preventive measures such as oral hygiene practices, fluoride use, and patient education on maintaining good oral health.
2. **Diagnosis and Treatment Planning:** Guidelines provide recommendations for accurate diagnosis, assessment, and treatment planning for various dental conditions. This includes guidelines for dental examinations, radiographic imaging, and the interpretation of diagnostic findings.
3. **Restorative Dentistry:** Guidelines outline evidence-based approaches for restoring and replacing teeth, including the use of dental materials, techniques for dental fillings, crowns, bridges, and dental implants.
4. **Periodontics:** Guidelines focus on the prevention, diagnosis, and treatment of gum diseases (periodontal diseases) and provide recommendations for periodontal therapy, including scaling and root planning, periodontal surgery, and maintenance of periodontal health.
5. **Endodontics:** Guidelines cover root canal treatment, addressing proper diagnosis, disinfection techniques, instrumentation, and the restoration of endodontically treated teeth.
6. **Oral and Maxillofacial Surgery:** Guidelines provide recommendations for surgical procedures involving the mouth, jaw, and face, such as extractions, wisdom tooth removal and dental implants.
7. **Pediatric Dentistry:** Guidelines focus on dental care for infants, children, and adolescents, including preventive measures, treatment of dental caries, growth and development monitoring, and behavior management techniques.
8. **Dental Emergency Management:** Guidelines offer recommendations for managing dental emergencies and acute dental conditions, such as dental trauma, tooth avulsion, dental pain, and infection control in emergency situations.

## Administrative Guidelines

### Benefits and Coverage

- The guidelines described in this document do not represent the member’s benefits approved by the plan.
- The provider has the responsibility to validate the plan approved member’s benefits before rendering the services.

## General Review Guidelines

### Narratives

- All narratives must include the patient’s signs and symptoms that support the proposed treatment.
- Include a narrative when necessary to support procedure or service, even if is not required specifically by the guidelines.

### Radiographs

- All radiographs should be labeled with the patient’s name and must be of diagnostic quality. Periapical films and all x-rays for crown/bridge must show the apex of the tooth/teeth.
- Bitewing x-rays are not acceptable for crown and bridge.
- All submitted radiographs must be the correct type for the submitted procedure.
- All x-rays must identify right (R) or left (L).
- Post operative periapical x-rays of completed root canal treatments will be required when a core build up, post and core, and crown are placed.

### Periodontal Charting

- Charting must include 6-point probing for scaling and root planning and other surgeries. Recession and the amount of gingiva for grafting procedures must be charted.

### Periodontal Maintenance

- The periodontal surgery history must be documented to support the benefit of D4910.

### Coordination of Benefits

- Copy of the primary plans Explanation of Payment (EOP) must be attached to the claim form for the secondary payer, for coordination of benefits purposes.

### Unbundled Procedures

- If it is determined that submitted services were unbundled, they will be re-bundled to the appropriate code contracted amount.

**Alternate Benefits**

- If determines that a less expensive alternate procedure, service, or course of treatment can be performed in place of the proposed treatment to correct a dental condition, and the alternate treatment will procedure a professionally satisfactory result, then the maximum will allow will be the charge for the less expensive treatment.

**Supporting Documentation**

- Refer to the guidelines for specific procedure codes regarding submission and supporting documentation requirements.

**Dental Code Set: Restorative D2000 – D2999**

**Specific Procedure Codes: Crowns**

**General Requirements:**

1. Periapical radiograph exposed within the last 12 months.
2. Narrative if the radiograph does not clearly indicate the necessity of a crown. Narratives are particularly helpful in those cases of cracked tooth syndrome and other unusual clinical situations.
3. Photos may be helpful, but they do not replace the required radiograph.
4. Replacement – date of original placement.

**Clinical Requirements:**

Crowns for teeth with Cracked Tooth Syndrome must include clinical notes documenting the following:

1. The date of onset of symptoms and all follow-up reassessment appointments relating to the original diagnosis of cracked tooth syndrome.
2. Thermal sensitivity and sensitivity to occlusal load that ceases when pressure is withdrawn.
3. Any conservative treatments attempted to make the tooth asymptomatic which may include time monitoring the symptoms.
4. If a fracture line is present, it should be probable with explorer tip.

Crowns, veneers, core build-ups, and post and cores will not be benefitted when:

1. There is untreated periodontal disease.
2. The tooth has poor prognosis from a restorative, endodontic, or periodontal evaluation.
3. There is periapical pathology or unresolved, incomplete, or failed endodontic therapy.
4. Services are meant to treat temporomandibular joint dysfunction.

Crowns will not be covered when:

1. A more conservative restoration will adequately restore the tooth to form and function.
2. When treatment is provided due to an existing large restoration, due to signs of stress fracture or craze lines absent patient symptoms.

Crowns are not benefited for cosmetic or preventive purposes.

Crowns for altering occlusion, involving vertical dimension, replacing tooth structure lost by attrition, erosion, abrasion (wear), abfraction, corrosion, orthodontic, or other splinting are not covered.

### Specific Procedure Codes: **Core Build Up**

#### General Requirements:

1. Diagnostic Quality Periapical Radiograph within the last 12 months.
2. Photo - if necessary; does not replace the required radiograph.
3. Narrative - if necessary, in addition to the required radiograph.

#### Clinical Requirements:

1. Benefits are allowed for a core build up in conjunction with crown, onlay or bridge abutment only when necessary or essential for retention of the final restoration and preservation of the tooth.
2. When a root canal was performed on an anterior tooth and the endodontic access was minimal the tooth does not qualify for a build-up.
3. Build-ups performed in conjunction with inlays and  $\frac{3}{4}$  crowns are disallowed.

CDT Code	Description	Documentation Requirements	Area
D2712	Crown – $\frac{3}{4}$ resin base composite (indirect)	Recent periapical and narrative necessity pre-treatment x-ray and of medical	Tooth
D2740	Crown - porcelain/ceramic	Recent periapical x-ray pre-treatment	Tooth

D2750	Crown - porcelain fused to high noble metal	Recent pre-treatment periapical x-ray	Tooth
D2751	Crown - porcelain fused to predominantly base metal	Recent pre-treatment periapical x-ray	Tooth
D2752	Crown - porcelain fused to noble metal	Recent pre-treatment periapical x-ray	Tooth
D2799	Provisional crown	Recent pre-treatment periapical x-ray	Tooth
D2932	Prefabricated resin crown	Recent pre-treatment periapical x-ray and narrative of medical necessity	Tooth
D2950	Core buildup, including any pins	Recent pre-treatment periapical x-ray	Tooth
D2952	Post and core in addition to crown, indirectly fabricated	Recent pre-treatment periapical x-ray	Tooth
D2954	Prefabricated post and core in addition to crown	Recent pre-treatment periapical x-ray	Tooth
D2962	Labial veneer (porcelain laminate) - laboratory	Recent pre-treatment periapical x-ray	Tooth

## Dental Code Set: Periodontics D4000 – D4999

### Clinical Requirements:

Allow a gingivectomy code D4212 for a restorative procedure when performed on the same day as crown/onlay insertion if the tooth is broken below the gum line. A gingivectomy is benefited for a restorative procedure. A photo, and periodontal charting are required.

- To qualify for gingival flap procedure, including root planning (D4240, D4241) gingival pockets must be present as moderately deep (5 – 8 mm) with loss of attachment.
- Full mouth debridement (D4355) is benefited to do a proper evaluation and diagnosis if the dentist is unable to accomplish an effective prophylaxis under normal conditions.
- Crown lengthening will not be covered when:
  - o The tooth is not restorable
  - o The tooth presents with bone loss requiring periodontal treatment such as scaling and root planning osseous surgery, or gingival grafting procedures.

### Specific Procedure Codes: **Osseous Surgery/Bone Grafting**

#### General Requirements:

1. Radiographs demonstrating bone loss
2. 6-point periodontal probing

3. Narrative – if necessary
<b>Clinical Requirements:</b>
<ol style="list-style-type: none"> <li>1. Active periodontal disease is present.</li> <li>2. Diagnosis of periodontitis is made.</li> <li>3. Bone loss is evident radiographically.</li> <li>4. Loss of clinical attachment due to destruction of the periodontal ligament and loss of the bone support.</li> <li>5. Periodontal probing is greater than 4 mm.</li> </ol>
<b>Specific Procedure Codes: Soft Tissue Grafting</b>
<b>General Requirements:</b>
<ol style="list-style-type: none"> <li>1. 6-point periodontal probing</li> <li>2. Photos</li> <li>3. Narrative – if necessary</li> </ol>
<b>Clinical Requirements:</b>
<ol style="list-style-type: none"> <li>1. Active periodontal disease is present.</li> <li>2. Diagnosis of periodontitis is made.</li> </ol>
<b>Specific Procedure Codes: Scaling and Root Planning</b>
<b>General Requirements:</b>
<p>If fewer than 4 teeth per quadrant have periodontal probing of greater than 4mm and radiographic bone loss, the benefits will be based on the allowance for D4342.</p> <ol style="list-style-type: none"> <li>1. Radiographs demonstrating bone loss.</li> <li>2. 6-point periodontal probing.</li> </ol>
<b>Clinical Requirements:</b>
<p>For patients who have been away from a dental office for a significant length of time, although calculus may be present, this alone does not require scaling and root planning to correct.</p> <ol style="list-style-type: none"> <li>1. Active periodontal disease is present.</li> <li>2. Diagnosis of periodontitis is made.</li> </ol>

3. Bone loss is evident radiographically.
4. Loss of clinical attachment due to destruction of the periodontal ligament and loss of the bone support.
5. Periodontal probing is greater than 4 mm.
6. No more than two (2) full quadrants on the same date of service will be benefitted.

**Specific Procedure Codes: Periodontal Maintenance D4910**

Patient must have history of perio-surgery within the previous 24 months. D4240, D4241, D4341, D4342, D4260, D4261, D4263, D4264, D4273, D4276, D4265, D4266, D4267.

CDT Codes	Description	Documentation Requirements	Area
D4210	Gingivectomy or gingivoplasty - four or more contiguous teeth or tooth bounded spaces per quadrant	Film of treatment area, current periodontal charting and narrative describing condition of the tissue	Quad
D4211	Gingivectomy or gingivoplasty - one to three contiguous teeth or tooth bounded spaces per quadrant	Film of treatment area, current periodontal charting and narrative describing condition of the tissue	Quad
D4260	Osseous surgery (including elevation of a full thickness flap and closure) - four or more contiguous teeth or tooth bounded spaces per quadrant	Film of treatment area	Quad
D4261	Osseous surgery (including elevation of a full thickness flap and closure) - one to three contiguous teeth or tooth bounded spaces per quadrant	Film of treatment area	Quad
D4341	Periodontal scaling and root planing - four or more teeth per quadrant	Periodontal charting and recent full arch/full mouth radiograph	Quad
D4342	Periodontal scaling and root planing - one to three teeth per quadrant	Periodontal charting and recent full arch/full mouth radiograph	Quad

## Dental Code Set: Prosthodontics (Removable): D5000 – D5899

### General Requirements:

1. Periapical, bitewings, or panoramic radiograph
2. Narrative of medical necessity and/or treatment plan.

### Clinical Requirements:

1. If a favorable prognosis is present.
2. When more than one (1) posterior tooth will be replaced not including third molars.
3. The abutment teeth are more than 50% supported in bone.
4. All prosthetic appliances shall be inserted in the mouth before a claim is submitted for payment.

CDT Codes	Description	Documentation Requirements	Area
D5110	Complete denture - maxillary	Recent pre-treatment x-ray of full arch(es)	
D5120	Complete denture - mandibular	Recent pre-treatment x-ray of full arch(es)	
D5130	Immediate denture - maxillary	Recent pre-treatment x-ray of full arch(es)	
D5140	Immediate denture - mandibular	Recent pre-treatment x-ray of full arch(es)	
D5211	Maxillary partial denture - resin base (including retentive/clasping materials, rests, and teeth)	Recent pre-treatment x-ray of full arch(es)	
D5212	Mandibular partial denture - resin base (including retentive/clasping materials, rests, and teeth)	Recent pre-treatment x-ray of full arch(es)	
D5213	Maxillary partial denture - cast metal framework with resin denture bases (including retentive/clasping materials, rests, and teeth)	Recent pre-treatment x-ray of full arch(es)	
D5214	Mandibular partial denture - cast metal framework with resin denture bases (including retentive/clasping materials, rests, and teeth)	Recent pre-treatment x-ray of full arch(es)	



D5225	Maxillary partial denture - flexible base (including retentive/clasping materials, rests, and teeth)	Recent pre-treatment x-ray of full arch(es)	
D5226	Mandibular partial denture - flexible base (including retentive/clasping materials, rests, and teeth)	Recent pre-treatment x-ray of full arch(es)	
D5282	Removable unilateral partial denture – one piece cast metal (including retentive/clasping materials, rest, and teeth), maxillary	Recent pre-treatment x-ray of full arch(es)	
D5283	Removable unilateral partial denture – one piece cast metal (including retentive/clasping materials, rest, and teeth), mandibular	Recent pre-treatment x-ray of full arch(es)	
D5284	Removable unilateral partial denture – one piece flexible base (including retentive/clasping materials, rests, and teeth) – per quadrant	Recent pre-treatment x-ray of full arch(es)	
D5286	Removable unilateral partial denture – one piece resin (including retentive/clasping materials, rests, and teeth) – per quadrant	Recent pre-treatment x-ray of full arch(es)	

## Dental Code Set: Prosthodontics (Fixed): D6200 – D6999

### General Requirements:

1. Periapical radiograph exposed within the last 12 months.
2. Narrative if the radiograph does not clearly indicate the necessity of a crown.
3. Photos may be helpful, but they do not replace the required radiograph.

### Clinical Requirements:

1. Benefits will be denied if the abutment tooth for a partial denture has a poor prognosis from either a restorative, periodontal, or endodontic perspective.
2. If there are multiple missing teeth in an arch a benefit will be allowed for a partial denture.

CDT Codes	Description	Documentation Requirements	Area
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D6240	Pontic Porcelain Fused to High Noble Metal	Recent pre-treatment x-ray of full arch(es)	Tooth
D6241	Pontic- porcelain fused to predominantly base metal	Recent pre-treatment x-ray of full arch(es)	Tooth
D6242	Pontic Porcelain Fused to Noble Metal	Recent pre-treatment x-ray of full arch(es)	Tooth
D6243	Pontic - porcelain fused to titanium and titanium alloys	Recent pre-treatment x-ray of full arch(es)	Tooth
D6245	Pontic – porcelain/ ceramic	Recent pre-treatment x-ray of full arch(es)	Tooth
D6740	Retainer crown - porcelain / ceramic	Recent pre-treatment x-ray of full arch(es)	Tooth
D6750	Retainer crown - porcelain fused to high noble metal	Recent pre-treatment x-ray of full arch(es)	Tooth
D6751	Retainer crown -porcelain fused to predominantly base metal	Recent pre-treatment x-ray of full arch(es)	Tooth
D6752	Retainer crown -porcelain fused to noble metal	Recent pre-treatment x-ray of full arch(es)	Tooth

## Dental Code Set: Implants: D6000 – D6192

### General Requirements:

1. They must be 18 years old and not pregnant.
2. CT scan (D0367/D0383) would be allowed to assist the provider in the evaluation of the implant site and placement.
3. Before requesting implants, periodontal health, and dental health (endodontic, extractions, crowns, and fillings) must be completed. Pre-screening and determining eligibility for the implants using periodontal charting, x-rays and a narrative stating why this procedure is necessary.
4. Second molar implants will be determined by the review of the clinical narrative and supporting documentation for the request.
5. All extraction sites for implants must be healed and radiopaque.
6. The provider is responsible for documenting in the dental record the process of verifying pre-existing conditions with the primary care physician (PCP) for implant placement.

### Clinical Requirements:

1. The patient must be generally fit and healthy.

2. Four (4) dental implants per arch will be authorized for the partially edentulous patient; for the completely edentulous, four (4) in the maxilla and two (2) in the mandibular area. When more than four (4) teeth are missing in the same arch bilaterally, consideration must be given to a removable partial denture as an alternative benefit. **(Validate the plan approved member benefits before rendering the services)**
3. There must be at least 3 mm of inter-dental space between dental implants and naturally existing teeth to maintain periodontal health and form.
4. Dental implants will be re-evaluated via intraoral radiographs or CT scans prior to the authorization of abutments or crowns four to six months after dental implant placement.
5. After abutments or crowns are seated, a final intraoral radiograph or CT scan must be reviewed.
6. Dental implants are not medically appropriate for replacement of wisdom teeth (1, 16,17 and 32).
7. Dental implants that fail will not be replaced.

CDT Codes	Description	Documents Requirements	Area
D6010	Surgical Placement of Implant body; endosteal implant	Recent pre-treatment periapical x-ray, panoramic x-ray, or CT scan	Tooth
D6011	Surgical access to an implant body (Second Stage of Implant Surgery)	Recent pre-treatment periapical x-ray, panoramic x-ray, or CT scan	Tooth
D6056	Prefabricated Abutment - includes placement	Recent pre-treatment periapical x-ray, panoramic x-ray, or CT scan	Tooth
D6057	Custom Abutment - includes placement	Recent pre-treatment periapical x-ray, panoramic x-ray, or CT scan	Tooth
D6058	Abutment supported porcelain/ceramic crown	Recent pre-treatment periapical x-ray, panoramic x-ray, or CT scan	Tooth
D6059	Abutment supported porcelain to metal (high noble)	Recent pre-treatment periapical x-ray, panoramic x-ray, or CT scan	Tooth
D6060	Abutment supported porcelain to metal (noble)	Recent pre-treatment periapical x-ray, panoramic x-ray, or CT scan	Tooth
D6061	Abutment supported porcelain fused to metal crown (nobel metal)	Recent pre-treatment periapical x-ray, panoramic x-ray, or CT scan	Tooth

D6062	Abutment supported cast metal crown (high noble metal)	Recent pre-treatment periapical x-ray, panoramic x-ray, or CT scan	Tooth
D6063	Abutment supported cast metal crown (predominantly base metal)	Recent pre-treatment periapical x-ray, panoramic x-ray, or CT scan	Tooth
D6064	Abutment supported cast metal crown (Nobel metal)	Recent pre-treatment periapical x-ray, panoramic x-ray, or CT scan	Tooth
D6065	Implant supported porcelain/ceramic crown	Recent pre-treatment periapical x-ray, panoramic x-ray, or CT scan	Tooth
D6066	Implant supported porcelain crown (ceramic)	Recent pre-treatment periapical x-ray, panoramic x-ray, or CT scan	Tooth
D6067	Implant supported metal Crown (Titanium, Alloy, High Noble Metal)	Recent pre-treatment periapical x-ray, panoramic x-ray, or CT scan	Tooth
D6068	Abutment supported retainer for porcelain/ceramic FPD	Recent pre-treatment periapical x-ray, panoramic x-ray, or CT scan	Tooth
D6069	Abutment supported retainer for porcelain fused to metal FPD (high noble metal)	Recent pre-treatment periapical x-ray, panoramic x-ray, or CT scan	Tooth
D6070	Abutment supported retainer for porcelain fused to metal FPD (predominantly base metal)	Recent pre-treatment periapical x-ray, panoramic x-ray, or CT scan	Tooth
D6071	Abutment supported retainer for porcelain fused to metal FPD (noble metal)	Recent pre-treatment periapical x-ray, panoramic x-ray, or CT scan	Tooth
D6072	Abutment supported retainer for cast metal FPD (high noble metal)	Recent pre-treatment periapical x-ray, panoramic x-ray, or CT scan	Tooth
D6073	Abutment supported retainer for cast metal FPD (predominantly base metal)	Recent pre-treatment periapical x-ray, panoramic x-ray, or CT scan	Tooth
D6074	Abutment supported retainer for cast metal FPD (noble metal)	Recent pre-treatment periapical x-ray, panoramic x-ray, or CT scan	Tooth

D6075	Implant supported retainer for ceramic FPD	Recent pre-treatment periapical x-ray, panoramic x-ray, or CT scan	Tooth
D6076	Implant supported retainer for FPD - porcelain fused to high noble alloys	Recent pre-treatment periapical x-ray, panoramic x-ray, or CT scan	Tooth
D6077	Implant supported retainer for metal FPD – high noble alloys	Recent pre-treatment periapical x-ray, panoramic x-ray, or CT scan	Tooth
D6085	Provisional implant crown	Recent pre-treatment periapical x-ray, panoramic x-ray, or CT scan	Tooth
D6094	Abutment Supported Crown - Titanium and Titanium Alloys	Recent pre-treatment periapical x-ray, panoramic x-ray, or CT scan	Tooth
D6110	Implant/Abutment supported removable denture for edentulous arch – maxillary	Recent pre-treatment periapical x-ray, panoramic x-ray, or CT scan	
D6111	Implant/Abutment supported removable denture for edentulous arch – mandibular	Recent pre-treatment periapical x-ray, panoramic x-ray, or CT scan	
D6112	Implant/abutment supported removable denture for partially edentulous arch – maxillary	Recent pre-treatment periapical x-ray, panoramic x-ray, or CT scan	
D6113	Implant/abutment supported removable denture for partially edentulous arch - mandibular	Recent pre-treatment periapical x-ray, panoramic x-ray, or CT scan	
D6191	Semi-precision abutment - placement	Recent pre-treatment periapical x-ray, panoramic x-ray, or CT scan	
D6192	Semi- precision attachment - placement	Recent pre-treatment periapical x-ray, panoramic x-ray, or CT scan	

## Dental Code Set: Oral and Maxillofacial Surgery D7000 – D7999

### General Requirements:

1. Pre-operative radiograph is required.
2. Narrative should be included if radiograph does not support the use of the code.

Clinical Requirements:			
Benefits will be determined based on review of the pre-operative radiograph, narrative and operative report that supports the use of the CDT code submitted.			
<ol style="list-style-type: none"> <li>1. Non-restorable carious lesion.</li> <li>2. Supernumerary tooth.</li> <li>3. A tooth broken below the bone level.</li> <li>4. Pain and/or swelling due to impeded eruption.</li> <li>5. Recurrent pericoronitis.</li> </ol>			
CDT Codes	Description	Documentation requirements	Area
D7210	Extraction, Erupted Tooth requiring removal of bone and/or sectioning of tooth and including elevation of mucoperiosteal flap if indicated	Recent periapical panoramic pre-treatment x-ray or	Tooth

Dental Code Set: Adjunctive General Service D9000 – D9999			
General Requirements:			
<ol style="list-style-type: none"> <li>1. Narrative of medical necessity.</li> </ol>			
Clinical Requirements:			
<ol style="list-style-type: none"> <li>1. Extensive or complicated surgical procedures</li> <li>2. Severe physical disability</li> <li>3. Documented medical complications.</li> <li>4. Uncontrolled management problem.</li> </ol>			
CDT Codes	Description	Documentation requirements	Area
D9222	Deep sedation / general anesthesia – first 15 minutes	Narrative of medical necessity	
D9223	Deep sedation / general anesthesia – each subsequent 15 minute increment	Narrative of medical necessity	