



NetClaim Dental Utilization *REVIEW GUIDELINES*



This document is designed to provide guidance for the adjudication of claims and/or prior authorization requests. Utilization Review (UR) activities are supported by evidence-based, nationally recognized dental policies, clinical guidelines, and criteria developed, approved and published by the American Dental Association. These policies, guidelines and criteria promote delivery of appropriate care in the most appropriate setting at the appropriate time. Specific plan coverage, exclusions or limitations supersede these criteria. The information in this document is proprietary and confidential, and the recipient hereof agrees to maintain that confidentiality. Neither this document, nor the information contained therein, may be reproduced, or disclosed to any third person or entity without express written consent and permission. Proprietary Information of NetClaims Solutions LLC. Copyright 2023

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Table of Contents

Page

<u>Instructions for Use</u>	3
<u>Restorative</u>	7
<u>Endodontics</u>	19
<u>Periodontics</u>	25
<u>Removable Prosthodontics</u>	37
<u>Implants</u>	47
<u>Fixed Prosthodontics</u>	57
<u>Oral Surgery</u>	64
<u>Adjunctive General Service</u>	69

Instructions for Use

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.

Rationale

Focus on Patient Quality of Care Benefits:

- **Improved Access to Quality Care:** NetClaim's clinical review process, including these Dental Clinical Guidelines, aims to streamline access to necessary dental procedures. This ensures enrollees receive the treatment they need to maintain optimal oral health.
- **Enhanced Patient Outcomes:** By outlining the necessity and benefits of various restorative services, these guidelines empower NetClaim's dental consultants to make informed coverage decisions. This directly translates to improved patient outcomes through comprehensive dental care.
- **Holistic Approach to Well-being:** Recognizing the link between oral health and overall well-being, NetClaim prioritizes coverage for dentistry. This ensures enrollees can achieve and maintain optimal health, impacting their quality of life.

Transparency in Decision-Making:

- **Evidence-Based Review:** These guidelines consider insights from recognized dental associations alongside the clinical judgment of qualified dentists (DMDs) for comprehensive coverage determinations.
- **Alignment with National Standards:** The framework adheres to established medical necessity guidelines set by the Centers for Medicare & Medicaid Services (CMS). This ensures decisions align with national healthcare standards.

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 it 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.

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Restorative

Description

Restorative dentistry involves repairing or replacing damaged or missing teeth to restore their function, appearance, and overall oral health. Restorative services in dentistry encompass a variety of procedures aimed at repairing teeth that have been damaged due to decay, trauma, or other factors. Dental crowns are tooth-shaped full coverage that are placed over damaged or weakened teeth to restore their strength, shape, and appearance.

Crowns are often used to cover teeth that have undergone root canal therapy, large restorations, or significant damage. Inlays and onlay are custom-made restorations used to repair moderately damaged teeth. Inlays are bonded within the tooth's cusps, while onlay extend over one or more cusps to restore more extensive damage.

Overall, restorative dentistry plays a crucial role in maintaining oral health, restoring function, and enhancing the appearance of the smile. These services help patients regain confidence in their smiles and enjoy improved overall quality of life.

Definitions

Crown: An artificial replacement that restores missing tooth structure by surrounding the remaining coronal tooth structure or is placed on a dental implant. It is made of metal, ceramic or polymer materials or a combination of such materials. It is retained by luting cement or mechanical means. (ADA)

Cracked tooth syndrome: A collection of symptoms characterized by transient acute pain experienced when chewing. (ADA)

Inlay: An intracolony dental restoration, made outside the oral cavity to conform to the prepared cavity, which restores some of the occlusal surface of a tooth, but does not restore any cusp tips. It is retained by luting cement. (ADA)

Onlay: A dental restoration made outside the oral cavity that covers one or more cusp tips and adjoining occlusal surfaces, but not the entire external surface. It is retained by luting cement. (ADA)

Core Buildup: The replacement of a part or the entire crown of a tooth whose purpose is to provide a base for the retention of an indirectly fabricated crown. (ADA)

Pin: A small metal rod cemented or driven into dentin to aid in retention of a restoration. (ADA)

Post: Rod-like component designed to be inserted into a prepared root canal space so as to provide structural support. This device can either be in the form of an alloy, carbon fiber or fiberglass, and Posts are usually secured with appropriate luting agents. (ADA)

Laminate Veneer: A thin covering of the facial surface of a tooth usually constructed of tooth colored material used to restore discolored, damaged, misshapen, or misaligned teeth. (ADA)

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.

Indications and Limitations

Dental Code Set: Restorative D2000 – D2999

Specific Procedure Codes: Inlay / Onlay
General Requirements:
<ol style="list-style-type: none"> 1. Diagnostic Quality Periapical Radiograph within the last 12 months.
Clinical Requirements:
<p>Inlays/onlay are indicated for:</p> <ol style="list-style-type: none"> 1. When there is a need to protect weakened tooth structure without additional removal of tissue unlike a crown. 2. When a tooth needs more support than a filling can provide but doesn't require a full crown. 3. To restore the structural integrity of a tooth while preserving as much of the natural tooth structure as possible. <p>Inlays/onlay are not indicated when:</p> <ol style="list-style-type: none"> 1. Altering occlusion, involving vertical dimension, replacing tooth structure lost by attrition, erosion, abrasion (wear), abfraction, or periodontal, orthodontic, or other types of splinting. 2. If the tooth has extensive decay or damage that extends beyond the cusps and significantly compromises its structural integrity.

<p>Specific Procedure Codes: Crowns</p>
<p>General Requirements:</p> <ol style="list-style-type: none"> 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.
<p>Clinical Requirements:</p> <p>Crowns are indicated if the tooth as:</p> <ol style="list-style-type: none"> 1. When a tooth has extensive decay that cannot be restored with a filling and its necessary to restore its shape, strength, and function. <ul style="list-style-type: none"> ▪ The destruction of molar tooth due to caries or trauma must involve four surfaces or more and/or two cuspids or more missing. ▪ The destruction of premolar tooth due to caries or trauma may affect three surfaces or more and/or one cuspid or more missing. ▪ The destruction of anterior tooth due to caries or trauma must involve four surfaces and at least 50% of the incisal edge. 2. If a tooth is fractured or broken, a crown can provide protection and support by covering the damaged portion and preventing further damage. 3. After root canal therapy, a tooth may become weak and prone to fracture. Placing a crown over the tooth can strengthen it and protect it from future damage. <p>Crowns for teeth with Cracked Tooth Syndrome must include clinical notes documenting the following:</p> <ol style="list-style-type: none"> 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 are not indicated 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.
3. There is an untreated periodontal disease.
4. The tooth has poor prognosis from a restorative, endodontic, or periodontal evaluation.
5. There is periapical pathology or unresolved, incomplete, or failed endodontic therapy.
6. Services are meant to treat temporomandibular joint dysfunction.

Crowns are not benefited for cosmetic or preventive purposes and are not included in all coverages.

Specific Procedure Codes: Core Build Up & Post and Core

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:

Core Build Up & Post and Core are indicated when:

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. After root canal therapy, the tooth's internal structure may be weakened, making it susceptible to fracture. A post and core can help strengthen the tooth and provide support for the crown.
3. When a tooth has undergone extensive decay, trauma, or previous large restorations, there may be insufficient natural tooth structure remaining to support a crown.

Core Build Up & Post and Core are not indicated when:

1. When a root canal was performed on an anterior tooth and the endodontic access was minimal.
2. Build – ups performed in conjunction with inlays and ¾ crowns are disallowed.

Specific Procedure Codes: Veneers

General Requirements:

1. Diagnostic Quality Periapical Radiograph within the last 12 months.

Clinical Requirements:

Veneers are indicated when:

1. Discolored Teeth: Stains that cannot be bleached out, including those caused by root canal treatments, tetracycline or other drugs, excessive fluoride, or large resin fillings.
2. Worn Enamel due to erosion or abrasion
3. To repair minor chips and cracks, providing a seamless restoration that looks natural.
4. To close small gaps or spaces between teeth.

Veneers are not indicated when:

1. Teeth with extensive decay, large fillings, or those that require significant structural restoration.
2. Patients with gum recession or active periodontal disease.
3. Teeth with severe enamel erosion may not be suitable candidates as the bonding strength could be compromised.
4. Patients who habitually grind or clench their teeth (bruxism).
5. For correcting significant bite issues or malocclusion.
6. Teeth that are highly sensitive, particularly to cold, may not respond well to the enamel removal process

Rationale

Focus on Patient Quality of Care Benefits:

- **Improved Access to Quality Care:** NetClaim's clinical review process, including these Dental Clinical Guidelines, aims to streamline access to necessary restorative dental procedures. This ensures enrollees receive the treatment they need to maintain optimal oral health.
- **Enhanced Patient Outcomes:** By outlining the necessity and benefits of various restorative services, these guidelines empower NetClaim's dental consultants to make informed coverage decisions. This directly translates to improved patient outcomes through comprehensive dental care.
- **Holistic Approach to Well-being:** Recognizing the link between oral health and overall well-being, NetClaim prioritizes coverage for restorative dentistry. This ensures enrollees can achieve and maintain optimal health, impacting their quality of life.

Transparency in Decision-Making:

- **Evidence-Based Review:** These guidelines consider insights from recognized dental associations alongside the clinical judgment of qualified dentists (DMDs) for comprehensive coverage determinations.
- **Alignment with National Standards:** The framework adheres to established medical necessity guidelines set by the Centers for Medicare & Medicaid Services (CMS). This ensures decisions align with national healthcare standards.

Codes

The following list(s) of procedure codes is provided for reference purposes. Listing a code in this guideline does not imply that the service described by the code is a covered or non-covered service. Benefit coverage for services is determined by the member specific benefit plan document. The inclusion of a code does not imply any right to reimbursement or guarantee claim payment. Other Policies and Guidelines may apply.

CDT Code	Description	Documentation Requirements	Area
D2410	Gold foil- one surface	Recent pre-treatment periapical x-ray and narrative of medical necessity	Tooth
D2420	Gold foil- two surfaces	Recent pre-treatment periapical x-ray and narrative of medical necessity	Tooth
D2430	Gold foil- three surfaces	Recent pre-treatment periapical x-ray and narrative of medical necessity	Tooth
D2510	Inlay-metallic – one surface	Recent pre-treatment periapical x-ray and narrative of medical necessity	Tooth
D2520	Inlay-metallic – two surfaces	Recent pre-treatment periapical x-ray and narrative of medical necessity	Tooth
D2530	Inlay-metallic – three surfaces	Recent pre-treatment periapical x-ray and narrative of medical necessity	Tooth
D2542	Onlay metallic – two surfaces	Recent pre-treatment periapical x-ray and narrative of medical necessity	Tooth
D2543	Onlay metallic – three surfaces	Recent pre-treatment periapical x-ray and narrative of medical necessity	Tooth
D2544	Onlay metallic – four surfaces	Recent pre-treatment periapical x-ray and narrative of medical necessity	Tooth

D2610	Inlay porcelain/ceramic – one surface	Recent pre-treatment periapical x-ray and narrative of medical necessity	Tooth
D2620	Inlay porcelain/ceramic – two surfaces	Recent pre-treatment periapical x-ray and narrative of medical necessity	Tooth
D2642	Onlay porcelain/ceramic – two surfaces	Recent pre-treatment periapical x-ray and narrative of medical necessity	Tooth
D2643	Onlay porcelain/ceramic – three surfaces	Recent pre-treatment periapical x-ray and narrative of medical necessity	Tooth
D2644	Onlay porcelain/ceramic – four or more surfaces	Recent pre-treatment periapical x-ray and narrative of medical necessity	Tooth
D2650	Inlay – resin-based composite - one surface	Recent pre-treatment periapical x-ray and narrative of medical necessity	Tooth
D2651	Inlay – resin-based composite - two surface	Recent pre-treatment periapical x-ray and narrative of medical necessity	Tooth
D2652	Inlay – resin-based composite – three or more surface	Recent pre-treatment periapical x-ray and narrative of medical necessity	Tooth
D2662	Onlay – resin-based composite - two surfaces	Recent pre-treatment periapical x-ray and narrative of medical necessity	Tooth
D2663	Onlay – resin-based composite - three surfaces	Recent pre-treatment periapical x-ray and narrative of medical necessity	Tooth
D2664	Onlay – resin-based composite - two surfaces	Recent pre-treatment periapical x-ray and narrative of medical necessity	Tooth
D2710	Crown, resin-based composite, indirect	Recent pre-treatment periapical x-ray and narrative of medical necessity	Tooth
D2712	Crown – ¾ resin base composite (indirect)	Recent pre-treatment periapical x-ray and narrative of medical necessity	Tooth

D2720	Crown – resin with high noble metal	Recent pre-treatment periapical x-ray and narrative of medical necessity	Tooth
D2722	Crown – resin with noble metal	Recent pre-treatment periapical x-ray and narrative of medical necessity	Tooth
D2740	Crown - porcelain/ceramic	Recent pre-treatment periapical x-ray	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 and narrative of medical necessity	Tooth
D2752	Crown - porcelain fused to noble metal	Recent pre-treatment periapical x-ray and narrative of medical necessity	Tooth
D2780	Crown – 3/4 cast high noble metal	Recent pre-treatment periapical x-ray and narrative of medical necessity	Tooth
D2781	Crown – 3/4 cast predominantly base metal	Recent pre-treatment periapical x-ray and narrative of medical necessity	Tooth
D2782	Crown – 3/4 cast noble metal	Recent pre-treatment periapical x-ray and narrative of medical necessity	Tooth
D2783	Crown – 3/4 porcelain/ceramic	Recent pre-treatment periapical x-ray and narrative of medical necessity	Tooth
D2790	Crown – full cast high noble metal	Recent pre-treatment periapical x-ray and narrative of medical necessity	Tooth
D2791	Crown – full cast predominantly base metal	Recent pre-treatment periapical x-ray and narrative of medical necessity	Tooth
D2792	Crown – full cast noble metal	Recent pre-treatment periapical x-ray and narrative of medical necessity	Tooth
D2794	Crown – titanium	Recent pre-treatment periapical x-ray and narrative of medical necessity	Tooth

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D2799	Provisional crown – further treatment or completion of diagnosis necessary prior to final impression	Recent pre-treatment periapical x-ray and narrative of medical necessity	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

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Revision Information

Date	Action	Comment
08/01/2023	Origination Policy Date	
07/03/2024	Clinical Changes	Included the clinical indications, references for the restorative services and the NetClaim clinical rationale.

Endodontics

Description

Endodontic services encompass a range of specialized dental procedures aimed at diagnosing, treating, and preserving the health of the dental pulp and the tissues surrounding the tooth roots.

Endodontic treatment becomes necessary when the dental pulp, which is the soft tissue inside the tooth containing nerves, blood vessels, and connective tissue, becomes infected, inflamed, or injured. Some common scenarios where endodontic treatment may be required are decay, trauma, abscess, deep fillings, pulpitis, tooth discoloration, persistent pain, and cracked teeth. In summary, endodontic treatment is necessary when the dental pulp is compromised due to infection, inflammation, or injury. It aims to save the natural tooth by removing the diseased pulp, cleaning the root canals, and sealing the tooth to prevent further infection.

Definitions

Root Canal Therapy: The treatment of disease and injuries of the pulp and associated periradicular conditions. (ADA)

Root Canal: The portion of the pulp cavity inside the root of a tooth; the chamber within the root of the tooth that contains the pulp. (ADA)

Pulpitis: Inflammation of the dental pulp. (ADA)

Decay: The lay term for carious lesions in a tooth; decomposition of tooth structure. (ADA)

Retreatment (revision): A procedure to remove root canal filling materials from the tooth, followed by cleaning, shaping and obturating the canals. (AAE)

Abscess: Acute or chronic localized inflammation, probably with a collection of pus, associated with tissue destruction and, frequently, swelling; usually secondary to infection.

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.

Indications and Limitations

Dental Code Set: Endodontics D3000 – D3999

Specific Procedure Codes: Root Canal Retreatment
General Requirements:
<ol style="list-style-type: none"> 1. Diagnostic Quality Periapical Radiograph within the last 12 months. 2. Narrative - if necessary, in addition to the required radiograph.
Clinical Requirements:
<p>Root canal retreatments are indicated for:</p> <ol style="list-style-type: none"> 1. When a tooth continues to exhibit symptoms such as pain, swelling, or sensitivity to hot or cold temperatures despite having undergone initial root canal treatment. 2. If new pathology such as decay, fractures, or perforations develops in a tooth that has previously undergone root canal treatment. 3. Procedural errors during the initial root canal treatment. <p>Root canal retreatments are not indicated when:</p> <ol style="list-style-type: none"> 1. Significant loss of tooth structure due to decay, previous treatments, or fracture, making the tooth non-restorable even after retreatment. 2. Advanced periodontal disease that affects the tooth's stability and prognosis, making retreatment unlikely to be successful. 3. Poor patient compliance with oral hygiene practices or follow-up care can affect the success of the retreatment. 4. If the tooth cannot be adequately restored to function and aesthetics after retreatment, alternative treatments like extraction may be more appropriate.

Rationale

Focus on Patient Quality of Care Benefits:

- **Improved Access to Quality Care:** NetClaim's clinical review process, including these Dental Clinical Guidelines, aims to streamline access to necessary endodontics procedures. This ensures enrollees receive the treatment they need to maintain optimal oral health.
- **Enhanced Patient Outcomes:** By outlining the necessity and benefits of various endodontics services, these guidelines empower NetClaim's dental consultants to make informed coverage decisions. This directly translates to improved patient outcomes through comprehensive dental care.
- **Holistic Approach to Well-being:** Recognizing the link between oral health and overall well-being, NetClaim prioritizes coverage for endodontic treatment. This ensures enrollees can achieve and maintain optimal health, impacting their quality of life.

Transparency in Decision-Making:

- **Evidence-Based Review:** These guidelines consider insights from recognized dental associations alongside the clinical judgment of qualified dentists (DMDs) for comprehensive coverage determinations.
- **Alignment with National Standards:** The framework adheres to established medical necessity guidelines set by the Centers for Medicare & Medicaid Services (CMS). This ensures decisions align with national healthcare standards.

Codes

The following list(s) of procedure codes is provided for reference purposes. Listing a code in this guideline does not imply that the service described by the code is a covered or non-covered service. Benefit coverage for services is determined by the member specific benefit plan document. The inclusion of a code does not imply any right to reimbursement or guarantee claim payment. Other Policies and Guidelines may apply.

CDT Code	Description	Documentation Requirements	Area
D3333	Internal root repair of perforation defects	Recent pre-treatment periapical x-ray	Tooth
D3346	Retreatment of previous root canal therapy - anterior	Recent pre-treatment periapical x-ray	Tooth
D3347	Retreatment of previous root canal therapy - premolar	Recent pre-treatment periapical x-ray	Tooth
D3348	Retreatment of previous root canal therapy - molar	Recent pre-treatment periapical x-ray	Tooth

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Revision Information

Date	Action	Comment
08/01/2023	Origination Policy Date	
07/03/2024	Clinical Changes	Included the clinical indications, references for the endodontics services and the NetClaim clinical rationale.

Periodontics

Description

Periodontal services encompass a range of treatments and preventive measures aimed at maintaining the health of the structures supporting the teeth, including the gums, alveolar bone, and periodontal ligaments. These services are critical for preventing, diagnosing, and treating periodontal disease, which can have significant implications for overall oral health.

Periodontal services become necessary under various circumstances to address and manage conditions affecting the supporting structures of the teeth, primarily the gums, periodontal ligaments, and alveolar bone.

Definitions

Gingivectomy: The excision or removal of gingiva. (ADA)

Gingivoplasty: Surgical procedure to reshape gingiva. (ADA)

Gingivitis: Inflammation of gingival tissue without loss of connective tissue. (ADA)

Graft: A piece of tissue or alloplastic material placed in contact with tissue to repair a defect or supplement a deficiency. (ADA)

Crown lengthening: A surgical procedure exposing more tooth for restorative purposes by apically positioning the gingival margin and removing supporting bone. (ADA)

Osseous Surgery: A surgical procedure intended to achieve long-term periodontal health by osteoplasty or ostectomy to reshape and recontour the alveolar bone resulting in physiologic form and contour of the alveolar bone and overlying soft tissues (AAP)

Scaling: Removal of plaque, calculus, and stain from teeth. (ADA)

Root Planning: A treatment procedure designed to remove cementum or surface dentin that is rough, impregnated by calculus, or contaminated with toxins or microorganisms. (AAP)

Periodontitis: Inflammation and loss of the connective tissue of the supporting or surrounding structure of teeth with loss of attachment. (ADA)

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.

Indications and Limitations

Dental Code Set: Periodontics D4000 – D4999

Specific Procedure Codes: Gingivectomy/ Gingivoplasty
General Requirements:
<ol style="list-style-type: none"> 1. Radiographs demonstrating minimal bone loss 2. 6-point periodontal probing 3. Narrative – if necessary
Clinical Requirements:
<p>Gingivectomy/ Gingivoplasty is indicated when:</p> <ol style="list-style-type: none"> 1. Patients may experience swollen, inflamed, and enlarged gums. 2. When periodontal pockets are deep (typically greater than 4-5 mm) and do not reduce after non-surgical. 3. Excessive gingival tissue can interfere with normal oral functions. 4. Patients with excessive gum tissue that leads to a gummy smile or uneven gum line. <p>Gingivectomy/ Gingivoplasty is not indicated when:</p> <ol style="list-style-type: none"> 1. Patients with uncontrolled systemic conditions such as diabetes, hypertension, or bleeding disorders. 2. If the patient has poor oral hygiene practices. 3. In cases of severe periodontitis with extensive bone loss. 4. In cases where non-surgical treatments, such as scaling and root planing or improved oral hygiene, can adequately address the condition.

Specific Procedure Codes: Gingival Flap

General Requirements:

1. Periapical X rays
2. Narrative – if necessary

Gingival Flap are indicated for:

1. For patients with deep periodontal pockets (generally deeper than 5 mm) that cannot be adequately cleaned with non-surgical treatments such as scaling and root planing.
2. Removing plaque and tartar from root surfaces and reducing bacterial load.
3. To reshape the alveolar bone, reducing bony defects and creating a more maintainable periodontal environment.
4. For procedures involving bone grafts and the placement of membranes for guided tissue regeneration to stimulate the regrowth of bone and periodontal ligament.
5. It can also be used for aesthetic purposes to correct gingival contours and improve the appearance of the smile.

Gingival Flap are not indicated in the presence of:

1. Inadequate attached gingiva
2. Active infections
3. Uncontrolled systemic diseases
4. Poor oral hygiene
5. Extensive bone loss
6. Thin gingival biotype, certain medical conditions or medications.

Specific Procedure Codes: Crown lengthening

General Requirements:

1. Periapical X rays
2. Narrative – if necessary

General Requirements:

Crown lengthening is indicated for:

1. For treatment of subgingival caries or fractures.
2. When there is not enough tooth structure above the gum line to support a crown.
3. Biologic width violation.
4. Root surface exposure for periodontal procedures.
5. Aesthetic concerns such as a gummy smile or uneven gum line.

Crown lengthening is not indicated for:

1. For tooth with insufficient root support in the bone.
2. Patient with advanced periodontal disease.
3. Patient with inadequate oral hygiene.
4. Patient with uncontrolled systemic conditions.
5. Esthetic concerns.
6. Severely worn teeth.
7. Potential negative impact on adjacent teeth.

Specific Procedure Codes: Osseous Surgery/Bone Grafting

General Requirements:

1. Radiographs demonstrating bone loss
2. 6-point periodontal probing
3. Narrative – if necessary

Clinical Requirements:

Osseous surgery/Bone grafting is indicated for:

1. Patients with moderate to severe periodontal pockets.
2. Correcting osseous defects, such as craters, hemiseptal defects, and interproximal osseous defects, which are difficult to clean and maintain.
3. To expose more of the tooth structure.
4. Stabilization of mobile teeth.

Osseous surgery/Bone grafting is not indicated for:

1. Insufficient root length.
2. Non-restorable teeth.
3. Advanced periodontal disease with extensive bone loss.
4. Uncontrolled systemic conditions.
5. Patients who do not maintain good oral hygiene.
6. Active infection at the graft site.
7. Patients who smoke.

Specific Procedure Codes: **Soft Tissue Grafting**

General Requirements:

1. 6-point periodontal probing
2. Photos
3. Narrative – if necessary

Clinical Requirements:

Soft tissue grafting is indicated:

1. In cases where the gingival tissue is thin or insufficient.
2. For patients with exposed roots due to periodontal disease or trauma.
3. Prevention of further recession.
4. Improvement of soft tissue defects.

Soft tissue grafting is not indicated:

1. In patients with active, uncontrolled periodontal infections.
2. Patients who do not maintain adequate oral hygiene.
3. Patient with systemic health issues.
4. Patients who smoke.

Specific Procedure Codes: **Scaling and Root Planning**

General Requirements:

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.

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

Clinical Requirements:

Scaling and Root Planning is indicated:

1. Active periodontal disease is present.
2. Diagnosis of periodontitis is made.
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 between 4-6 mm deep.

Scaling and Root Planning is not indicated:

1. Patients without periodontal pockets (less than 4 mm) and without signs of inflammation or bone loss.
2. Patients who do not adhere to good oral hygiene practices.
3. Patients with uncontrolled systemic conditions.
4. In cases of advanced periodontitis with deep pockets exceeding 7 mm and significant bone.

Rationale

Focus on Patient Quality of Care Benefits:

- **Improved Access to Quality Care:** NetClaim's clinical review process, including these Dental Clinical Guidelines, aims to streamline access to necessary periodontics procedures. This ensures enrollees receive the treatment they need to maintain optimal oral health.
- **Enhanced Patient Outcomes:** By outlining the necessity and benefits of various periodontics services, these guidelines empower NetClaim's dental consultants to make informed coverage decisions. This directly translates to improved patient outcomes through comprehensive dental care.
- **Holistic Approach to Well-being:** Recognizing the link between oral health and overall well-being, NetClaim prioritizes coverage for periodontic treatment. This ensures enrollees can achieve and maintain optimal health, impacting their quality of life.

Transparency in Decision-Making:

- **Evidence-Based Review:** These guidelines consider insights from recognized dental associations alongside the clinical judgment of qualified dentists (DMDs) for comprehensive coverage determinations.
- **Alignment with National Standards:** The framework adheres to established medical necessity guidelines set by the Centers for Medicare & Medicaid Services (CMS). This ensures decisions align with national healthcare standards.

Codes

The following list(s) of procedure codes is provided for reference purposes. Listing a code in this guideline does not imply that the service described by the code is a covered or non-covered service. Benefit coverage for services is determined by the member specific benefit plan document. The inclusion of a code does not imply any right to reimbursement or guarantee claim payment. Other Policies and Guidelines may apply.

CDT Codes	Description	Documentation Requirements	Area
D4210	Gingivectomy or gingivoplasty - four or more contiguous teeth or tooth bounded spaces per quadrant	Periapical x-ray, periodontal charting and report	Quad
D4211	Gingivectomy or gingivoplasty - one to three contiguous teeth or tooth bounded spaces per quadrant	Periapical x-ray, periodontal charting and report	Quad
D4240	Gingival flap procedure, including root planning – four or more contiguous teeth or tooth bounded spaces per quadrant	Periapical x-ray, periodontal charting and report	Quad
D4241	Gingival flap procedure, including root planning - one to three contiguous teeth or tooth bounded spaces per quadrant	Periapical x-ray, periodontal charting and report	Quad
D4245	Apically positioned flap	Periapical x-ray, periodontal charting and report	Quad
D4249	Clinical crown lengthening – hard tissue	Periapical x-ray and report	Tooth
D4260	Osseous surgery (including elevation of a full thickness flap and closure) - four or more contiguous teeth or tooth bounded spaces per quadrant	Periapical x-ray, periodontal charting and report	Quad
D4261	Osseous surgery (including elevation of a full thickness flap and closure) - one to three contiguous teeth or tooth bounded spaces per quadrant	Periapical x-ray, periodontal charting and report	Quad

D4263	Bone replacement graft- retained natural tooth- first site in quadrant	Periapical x-ray, periodontal charting and report	Quad
D4264	Bone replacement graft - retained natural tooth - each additional site in quadrant	Periapical x-ray, periodontal charting and report	Quad
D4265	Biologic materials to aid in soft and osseous tissue regeneration	Periapical x-ray, periodontal charting and report	Quad
D4266	Guided tissue regeneration - resorbable barrier, per site	Periapical x-ray, periodontal charting and report	Quad
D4267	Guided tissue regeneration - nonresorbable barrier, per site (includes membrane removal)	Periapical x-ray, periodontal charting and report	Quad
D4270	Pedicle soft tissue graft procedure	Periapical x-ray, periodontal charting and report	Quad
D4273	Autogenous connective tissue graft procedures (including donor or recipient surgical sites) first tooth, implant, or edentulous tooth	Periapical x-ray, periodontal charting and report	Quad
D4277	Free soft tissue graft procedure (including recipient and donor surgical sites) first tooth, implant, or edentulous tooth position in graft	Periapical x-ray, periodontal charting and report	Quad
D4341	Periodontal scaling and root planing - four or more teeth per quadrant	Periapical x-ray, periodontal charting and report	Quad
D4342	Periodontal scaling and root planing - one to three teeth per quadrant	Periapical x-ray, periodontal charting and report	Quad

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Revision Information

Date	Action	Comment
08/01/2023	Origination Policy Date	
07/03/2024	Clinical Changes	Included the clinical indications, references for the periodontics services and the NetClaim clinical rationale.

Removable Prosthodontics

Description

Removable prosthesis services in dentistry focus on providing patients with custom-made, removable appliances to replace missing teeth and restore oral functionality, and aesthetics. Unlike fixed prostheses like crowns or bridges, these can be taken out of the mouth by the patient. These services encompass a range of procedures and types of prostheses tailored to individual needs of the patient, promoting overall oral health and quality of life.

Complete dentures are designed to replace an entire arch of missing teeth, whether in the upper or lower jaw for patients who have lost all their teeth. Partial dentures are designed to replace one or more missing teeth in patients who still have some of their natural teeth. Unilateral partial denture is designed to replace one or more missing teeth on only one side of the mouth. Unlike traditional partial dentures, which span across both sides of the arch and are supported by multiple teeth, a unilateral partial denture focuses on a specific area, providing a localized solution.

Definitions

Removable partial denture: A removable partial denture is a prosthetic replacement of one or more missing teeth that can be removed by the patient. (ADA)

Arch, dental: The curved composite structure of the natural dentition and the residual ridge, or the remains thereof, after the loss of some or all of the natural teeth. (ADA)

Jaw: A common name for either the maxilla or the mandible. (ADA)

Denture: An artificial substitute for some or all of the natural teeth and adjacent tissues. (ADA)

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.

Indications and Limitations

Dental Code Set: Removable Prosthodontic D5000 – D5899

Specific Procedure Codes: Complete/ Immediate Dentures
General Requirements:
<ol style="list-style-type: none"> 1. Periapical, bitewings, or panoramic radiograph.
Clinical Requirements:
<p>Complete/ Immediate dentures is indicated:</p> <ol style="list-style-type: none"> 1. For patients who have lost all their natural teeth in one or both arches. 2. When remaining teeth are non-restorable due to extensive decay, periodontal disease, or trauma. 3. If a favorable prognosis is present. <p>Complete/ Immediate denture is not indicated:</p> <ol style="list-style-type: none"> 1. If the patient has enough healthy remaining natural teeth that can support a partial denture or other types of restorations. 2. Severe bone loss in the jaw compromises the stability and retention of complete dentures, making them uncomfortable or difficult to fit properly. 3. If the patient has any medical conditions that may affect the success and tolerance of removable dentures. 4. Patient’s ability and willingness to maintain proper oral hygiene and care for removable dentures.

Specific Procedure Codes: Partial Dentures
General Requirements:
<ol style="list-style-type: none"> 1. Periapical, bitewings, or panoramic radiograph.
Clinical Requirements:
<p>Partial dentures are indicated:</p> <ol style="list-style-type: none"> 1. For patients who have lost some, but not all, of their natural teeth in one or both arches. 2. If a favorable prognosis is present. 3. When more than one (1) posterior tooth will be replaced not including third molars. 4. The abutment teeth are more than 50% supported in bone. <p>Partial dentures are not indicated:</p> <ol style="list-style-type: none"> 1. If the remaining natural teeth are not strong enough to support a partial denture due to extensive decay, periodontal disease, or structural issues. 2. Patients who anticipate losing additional teeth soon. 3. Cases where the placement of clasps or attachments required for partial dentures is challenging due to unusual tooth positioning or oral anatomy. 4. If the patient has any medical conditions that may affect the success and tolerance of removable dentures.
Specific Procedure Codes: Unilateral Denture
General Requirements:
<ol style="list-style-type: none"> 1. Periapical, bitewings, or panoramic radiograph.
Clinical Requirements:
<p>Unilateral dentures are indicated:</p> <ol style="list-style-type: none"> 1. For patients missing one or more teeth on only one side of the arch. 2. The abutment teeth are more than 50% supported in bone.

3. When a full arch partial denture is unnecessary due to localized tooth loss.

Unilateral dentures are not indicated when:

1. If the patient has missing teeth on both sides of the arch.
2. Patients with widespread tooth loss throughout the mouth, where a unilateral approach would not provide comprehensive restoration of chewing and speaking functions.

Rationale

Focus on Patient Quality of Care Benefits:

- **Improved Access to Quality Care:** NetClaim's clinical review process, including these Dental Clinical Guidelines, aims to streamline access to necessary removable prosthodontics procedures. This ensures enrollees receive the treatment they need to maintain optimal oral health.
- **Enhanced Patient Outcomes:** By outlining the necessity and benefits of various removable prosthodontics services, these guidelines empower NetClaim's dental consultants to make informed coverage decisions. This directly translates to improved patient outcomes through comprehensive dental care.
- **Holistic Approach to Well-being:** Recognizing the link between oral health and overall well-being, NetClaim prioritizes coverage for removable prosthodontics treatment. This ensures enrollees can achieve and maintain optimal health, impacting their quality of life.

Transparency in Decision-Making:

- **Evidence-Based Review:** These guidelines consider insights from recognized dental associations alongside the clinical judgment of qualified dentists (DMDs) for comprehensive coverage determinations.
- **Alignment with National Standards:** The framework adheres to established medical necessity guidelines set by the Centers for Medicare & Medicaid Services (CMS). This ensures decisions align with national healthcare standards.

Codes

The following list(s) of procedure codes is provided for reference purposes. Listing a code in this guideline does not imply that the service described by the code is a covered or non-covered service. Benefit coverage for services is determined by the member specific benefit plan document. The inclusion of a code does not imply any right to reimbursement or guarantee claim payment. Other Policies and Guidelines may apply.

CDT Codes	Description	Documentation Requirements	Area
D5110	Complete denture - maxillary	Periapical, bitewings, or panoramic radiograph	
D5120	Complete denture - mandibular	Periapical, bitewings, or panoramic radiograph	
D5130	Immediate denture - maxillary	Periapical, bitewings, or panoramic radiograph	
D5140	Immediate denture - mandibular	Periapical, bitewings, or panoramic radiograph	
D5211	Maxillary partial denture - resin base (including retentive/clasping materials, rests, and teeth)	Periapical, bitewings, or panoramic radiograph	
D5212	Mandibular partial denture - resin base (including retentive/clasping materials, rests, and teeth)	Periapical, bitewings, or panoramic radiograph	
D5213	Maxillary partial denture - cast metal framework with resin denture bases (including retentive/clasping materials, rests, and teeth)	Periapical, bitewings, or panoramic radiograph	
D5214	Mandibular partial denture - cast metal framework with resin denture bases (including retentive/clasping materials, rests, and teeth)	Periapical, bitewings, or panoramic radiograph	
D5225	Maxillary partial denture - flexible base (including retentive/clasping materials, rests, and teeth)	Periapical, bitewings, or panoramic radiograph	

D5226	Mandibular partial denture - flexible base (including retentive/clasping materials, rests, and teeth)	Periapical, bitewings, or panoramic radiograph	
D5282	Removable unilateral partial denture – one piece cast metal (including retentive/clasping materials, rest, and teeth), maxillary	Periapical, bitewings, or panoramic radiograph	Tooth
D5283	Removable unilateral partial denture – one piece cast metal (including retentive/clasping materials, rest, and teeth), mandibular	Periapical, bitewings, or panoramic radiograph	Tooth
D5284	Removable unilateral partial denture – one piece flexible base (including retentive/clasping materials, rests, and teeth) – per quadrant	Periapical, bitewings, or panoramic radiograph	Quad
D5286	Removable unilateral partial denture – one piece resin (including retentive/clasping materials, rests, and teeth) – per quadrant	Periapical, bitewings, or panoramic radiograph	Quad
D5820	Interim partial denture (including retentive/clasping materials, rests, and teeth), maxillary	Periapical, bitewings, or panoramic radiograph	
D5821	Interim partial denture (including retentive/clasping materials, rests, and teeth), mandibular	Periapical, bitewings, or panoramic radiograph	

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Revision Information

Date	Action	Comment
08/01/2023	Origination Policy Date	
07/03/2024	Clinical Changes	Included the clinical indications, references for the removable prosthodontics services and the NetClaim clinical rationale.

Implants

Description

Dental implant services are specialized procedures to replace missing teeth, providing a durable and natural-looking solution that enhances both functionality and aesthetics. Dental implants are artificial tooth roots made from biocompatible materials, usually titanium, that are surgically placed into the jawbone.

These implants provide a stable foundation for fixed or removable replacement teeth that are designed to match your natural teeth. The procedure involves multiple stages, including initial assessment, surgical placement, healing, and final prosthesis attachment, all tailored to ensure optimal results for each patient.

Definitions

Implant: Material inserted or grafted into tissue. (ADA)

Dental implant: A device specially designed to be placed surgically within or on the mandibular or maxillary bone as a means of providing location and support for dental replacement prosthesis. (ADA)

Implant abutment: The fixture that is placed between the implant body (aka implant post) and the restorative prosthesis (e.g., single crown; denture). (ADA)

Attachment: A mechanical device for the fixation, retention, and stabilization of a prosthesis. (AP)

Osseointegrated implant: A direct physical and functional relationship between organic viable bone and the external surface of a stationary, load-bearing implant as revealed when viewed under a light microscope. (JOI)

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.

Indications and Limitations

Dental Code Set: Implants D6000 – D6199

Specific Procedure Codes: Implants
General Requirements:
<ol style="list-style-type: none"> 1. Periapical, panoramic x-ray, or CT scan. 2. Complete treatment plan indicating the necessity. 3. They must be 18 years old and not pregnant. 4. All extraction sites for implants must be healed and radiopaque.
Clinical Requirements:
<p>Implants are indicated:</p> <ol style="list-style-type: none"> 1. The patient must be generally fit and healthy. 2. There must be at least 3 mm of inter-dental space between dental implants and naturally existing teeth to maintain periodontal health and form. 3. 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. 4. After abutments or crowns are seated, a final intraoral radiograph or CT scan must be reviewed. 5. 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)

This document is designed to provide guidance for the adjudication of claims and/or prior authorization requests. Utilization Review (UR) activities are supported by evidence-based, nationally recognized dental policies, clinical guidelines, and criteria developed, approved and published by the American Dental Association. These policies, guidelines and criteria promote delivery of appropriate care in the most appropriate setting at the appropriate time. Specific plan coverage, exclusions or limitations supersede these criteria. The information in this document is proprietary and confidential, and the recipient hereof agrees to maintain that confidentiality. Neither this document, nor the information contained therein, may be reproduced, or disclosed to any third person or entity without express written consent and permission. Proprietary Information of NetClaims Solutions LLC. Copyright 2023

Implants are not indicated:

1. Dental implants are not medically appropriate for replacement of wisdom teeth (1, 16,17 and 32).
2. Dental implants that fail will not be replaced.
3. Patients with uncontrolled systematic diseases.
4. Patients with poor oral hygiene and periodontal disease.
5. Patients with inadequate bone volume or density.
6. Active substance abuse, including alcohol.

Specific Procedure Codes: Implants Supported Dentures

General Requirements:

1. X-ray with osseointegrated implant.
2. Complete treatment plan.

Clinical Requirements:

Implants supported dentures are indicated:

1. Patients who have lost all teeth in one or both jaws.
2. Patients who wish to minimize bone loss.
3. Patients that radiography show osteointegration implant.

Implants dentures are not indicated:

1. Patients with uncontrolled medical conditions.
2. Patients are unable to maintain good oral hygiene practices.
3. Lack of adequate bone height or width in the jaw to support implants.
4. When the radiography does not show the osseointegration of the implant.

Rationale

Focus on Patient Quality of Care Benefits:

- **Improved Access to Quality Care:** NetClaim's clinical review process, including these Dental Clinical Guidelines, aims to streamline access to necessary implants dental procedures. This ensures enrollees receive the treatment they need to maintain optimal oral health.
- **Enhanced Patient Outcomes:** By outlining the necessity and benefits of various implants services, these guidelines empower NetClaim's dental consultants to make informed coverage decisions. This directly translates to improved patient outcomes through comprehensive dental care.
- **Holistic Approach to Well-being:** Recognizing the link between oral health and overall well-being, NetClaim prioritizes coverage for implant dentistry. This ensures enrollees can achieve and maintain optimal health, impacting their quality of life.

Transparency in Decision-Making:

- **Evidence-Based Review:** These guidelines consider insights from recognized dental associations alongside the clinical judgment of qualified dentists (DMDs) for comprehensive coverage determinations.
- **Alignment with National Standards:** The framework adheres to established medical necessity guidelines set by the Centers for Medicare & Medicaid Services (CMS). This ensures decisions align with national healthcare standards.

Codes

The following list(s) of procedure codes is provided for reference purposes. Listing a code in this guideline does not imply that the service described by the code is a covered or non-covered service. Benefit coverage for services is determined by the member specific benefit plan document. The inclusion of a code does not imply any right to reimbursement or guarantee claim payment. Other Policies and Guidelines may apply.

CDT Codes	Description	Documents Requirements	Area
D6010	Surgical Placement of Implant body; endosteal implant	Complete treatment plan and periapical x-ray, CT scan or panoramic x-ray	Tooth
D6011	Surgical access to an implant body (Second Stage of Implant Surgery)	Periapical x-ray, panoramic x-ray, or CT scan	Tooth
D6056	Prefabricated Abutment - includes placement	X-ray with osseointegrated implant and treatment plan	Tooth
D6057	Custom Abutment - includes placement	X-ray with osseointegrated implant and treatment plan	Tooth
D6058	Abutment supported porcelain/ceramic crown	X-ray with osseointegrated implant and treatment plan	Tooth
D6059	Abutment supported porcelain to metal (high noble)	X-ray with osseointegrated implant and treatment plan	Tooth
D6060	Abutment supported porcelain to metal (noble)	X-ray with osseointegrated implant and treatment plan	Tooth
D6061	Abutment supported porcelain fused to metal crown (nobel metal)	X-ray with osseointegrated implant and treatment plan	Tooth
D6062	Abutment supported cast metal crown (high nobel metal)	X-ray with osseointegrated implant and treatment plan	Tooth
D6063	Abutment supported cast metal crown (predominantly base metal)	X-ray with osseointegrated implant and treatment plan	Tooth
D6064	Abutment supported cast metal crown (Nobel metal)	X-ray with osseointegrated implant and treatment plan	Tooth
D6065	Implant supported porcelain/ceramic crown	X-ray with osseointegrated implant and treatment plan	Tooth

D6066	Implant supported porcelain crown (ceramic)	X-ray with osseointegrated implant and treatment plan	Tooth
D6067	Implant supported metal Crown (Titanium, Alloy, High Noble Metal)	X-ray with osseointegrated implant and treatment plan	Tooth
D6068	Abutment supported retainer for porcelain/ceramic FPD	X-ray with osseointegrated implant and treatment plan	Tooth
D6069	Abutment supported retainer for porcelain fused to metal FPD (high noble metal)	X-ray with osseointegrated implant and treatment plan	Tooth
D6070	Abutment supported retainer for porcelain fused to metal FPD (predominantly base metal)	X-ray with osseointegrated implant and treatment plan	Tooth
D6071	Abutment supported retainer for porcelain fused to metal FPD (noble metal)	X-ray with osseointegrated implant and treatment plan	Tooth
D6072	Abutment supported retainer for cast metal FPD (high noble metal)	X-ray with osseointegrated implant and treatment plan	Tooth
D6073	Abutment supported retainer for cast metal FPD (predominantly base metal)	X-ray with osseointegrated implant and treatment plan	Tooth
D6074	Abutment supported retainer for cast metal FPD (noble metal)	X-ray with osseointegrated implant and treatment plan	Tooth
D6075	Implant supported retainer for ceramic FPD	X-ray with osseointegrated implant and treatment plan	Tooth
D6076	Implant supported retainer for FPD - porcelain fused to high noble alloys	X-ray with osseointegrated implant and treatment plan	Tooth
D6077	Implant supported retainer for metal FPD – high noble alloys	X-ray with osseointegrated implant and treatment plan	Tooth
D6085	Provisional implant crown	X-ray with osseointegrated implant and treatment plan	Tooth
D6094	Abutment Supported Crown - Titanium and Titanium Alloys	X-ray with osseointegrated implant and treatment plan	Tooth
D6110	Implant/Abutment supported removable denture for edentulous arch – maxillary	X-ray with osseointegrated implant and treatment plan	
D6111	Implant/Abutment supported removable denture for edentulous arch – mandibular	X-ray with osseointegrated implant and treatment plan	

This document is designed to provide guidance for the adjudication of claims and/or prior authorization requests. Utilization Review (UR) activities are supported by evidence-based, nationally recognized dental policies, clinical guidelines, and criteria developed, approved and published by the American Dental Association. These policies, guidelines and criteria promote delivery of appropriate care in the most appropriate setting at the appropriate time. Specific plan coverage, exclusions or limitations supersede these criteria. The information in this document is proprietary and confidential, and the recipient hereof agrees to maintain that confidentiality. Neither this document, nor the information contained therein, may be reproduced, or disclosed to any third person or entity without express written consent and permission. Proprietary Information of NetClaims Solutions LLC. Copyright 2023

D6112	Implant/abutment supported removable denture for partially edentulous arch – maxillary	X-ray with osseointegrated implant and treatment plan	
D6113	Implant/abutment supported removable denture for partially edentulous arch - mandibular	X-ray with osseointegrated implant and treatment plan	
D6191	Semi-precision abutment - placement	X-ray with osseointegrated implant and treatment plan	
D6192	Semi- precision attachment - placement	X-ray with osseointegrated implant and treatment plan	

References

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Revision Information

Date	Action	Comment
08/01/2023	Origination Policy Date	
07/03/2024	Clinical Changes	Included the clinical indications, references for the implants services and the NetClaim clinical rationale.

Fixed Prosthodontics

Description

Fixed prosthodontics is a branch of restorative dentistry that involves the replacement and restoration of teeth using prostheses that are permanently attached to the existing teeth or dental implants.

A dental bridge is used to fill the gap created by one or more missing teeth. A bridge typically consists of two or more crowns for the teeth on either side of the gap—these anchoring teeth are called abutment teeth—and a false tooth or teeth in between. These false teeth, called pontics, can be made from gold, alloys, porcelain, or a combination of these materials. Bridges help restore the ability to chew and speak, maintain the shape of the face, prevent remaining teeth from drifting out of position, and restore a smile.

There are different types of dental bridges such as traditional bridges, Maryland bridge, Cantilever bridge and implant supported bridge.

Definitions

Abutment: A tooth, a portion of a tooth, or that portion of a dental implant that serves to support and/or retain a prosthesis (AP)

Pontic: The term used for an artificial tooth on a fixed partial denture (bridge). (ADA)

Retainer: Any type of device used for the stabilization or retention of a prosthesis. (AP)

Fixed Partial Denture: A prosthetic replacement of one or more missing teeth cemented or otherwise attached to the abutment natural teeth or their implant replacements. (ADA)

Maryland bridge: Fixed partial denture featuring retainers which are resin bonded to natural teeth that serve as an abutment. (ADA)

Cantilever extension: Part of a fixed prosthesis that extends beyond the abutment to which it is attached and has no additional support. (ADA)

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.

Indications and Limitations

Dental Code Set: Fixed Prosthodontic D6200 – D6999

Specific Procedure Codes: Fixed Partial Denture (FPD)
General Requirements:
<ol style="list-style-type: none"> 1. Periapical, or panoramic radiograph. 2. Narrative if the radiograph does not clearly indicate the necessity.
Clinical Requirements:
<p>Fixed Partial Denture are indicated:</p> <ol style="list-style-type: none"> 1. When teeth that are too damaged for fillings but not lost. 2. When one or more teeth are missing and need replacement. 3. To restore chewing, biting, and speaking functions. <p>Fixed Partial Denture are not indicated:</p> <ol style="list-style-type: none"> 1. The abutment teeth are compromised or unable to support a bridge. 2. There is a significant periodontal disease that compromises the supporting structures. 3. The patient has poor oral hygiene or is unwilling to maintain the bridge properly. 4. There is insufficient bone support, and the patient is not a candidate for bone grafting or implants. 5. When there is less invasive and favorable treatment for the patient.

Rationale

Focus on Patient Quality of Care Benefits:

- **Improved Access to Quality Care:** NetClaim's clinical review process, including these Dental Clinical Guidelines, aims to streamline access to necessary fixed prosthodontics procedures. This ensures enrollees receive the treatment they need to maintain optimal oral health.
- **Enhanced Patient Outcomes:** By outlining the necessity and benefits of various fixed prosthodontics services, these guidelines empower NetClaim's dental consultants to make informed coverage decisions. This directly translates to improved patient outcomes through comprehensive dental care.
- **Holistic Approach to Well-being:** Recognizing the link between oral health and overall well-being, NetClaim prioritizes coverage for prosthodontics fixed treatment. This ensures enrollees can achieve and maintain optimal health, impacting their quality of life.

Transparency in Decision-Making:

- **Evidence-Based Review:** These guidelines consider insights from recognized dental associations alongside the clinical judgment of qualified dentists (DMDs) for comprehensive coverage determinations.
- **Alignment with National Standards:** The framework adheres to established medical necessity guidelines set by the Centers for Medicare & Medicaid Services (CMS). This ensures decisions align with national healthcare standards.

Codes

The following list(s) of procedure codes is provided for reference purposes. Listing a code in this guideline does not imply that the service described by the code is a covered or non-covered service. Benefit coverage for services is determined by the member specific benefit plan document. The inclusion of a code does not imply any right to reimbursement or guarantee claim payment. Other Policies and Guidelines may apply.

CDT Codes	Description	Documentation Requirements	Area
D6210	Pontic - cast high noble metal	Pre-treatment radiographic image/ periapical x-rays	Tooth
D6211	Pontic - cast predominantly base metal	Pre-treatment radiographic image/ periapical x-rays	Tooth
D6212	Pontic - cast noble metal	Pre-treatment radiographic image/ periapical x-rays	Tooth
D6214	Pontic - titanium	Pre-treatment radiographic image/ periapical x-rays	Tooth
D6240	Pontic - porcelain fused to high noble metal	Pre-treatment radiographic image/ periapical x-rays	Tooth
D6241	Pontic- porcelain fused to predominantly base metal	Pre-treatment radiographic image/ periapical x-rays	Tooth
D6242	Pontic - porcelain fused to noble metal	Pre-treatment radiographic image/ periapical x-rays	Tooth
D6243	Pontic - porcelain fused to titanium and titanium alloys	Pre-treatment radiographic image/ periapical x-rays	Tooth
D6245	Pontic – porcelain/ ceramic	Pre-treatment radiographic image/ periapical x-rays	Tooth
D6250	Pontic - resin with high noble metal	Pre-treatment radiographic image/ periapical x-rays	Tooth
D6545	Retainer - cast metal for resin bonded fixe	Pre-treatment radiographic image/ periapical x-rays	Tooth
D6606	Retainer inlays – cast noble metal, two surfaces	Pre-treatment radiographic image/ periapical x-rays	Tooth
D6607	Retainer inlay – cast noble metal, three or more surfaces	Pre-treatment radiographic image/ periapical x-rays	Tooth
D6608	Retainer onlay - porcelain/ceramic, two surfaces	Pre-treatment radiographic image/ periapical x-rays	Tooth

D6609	Retainer onlay - porcelain/ceramic, three or more surfaces	Pre-treatment radiographic image/ periapical x-rays	Tooth
D6610	Retainer onlay – cast high noble metal, two surfaces	Pre-treatment radiographic image/ periapical x-rays	Tooth
D6710	Retainer crown - indirect resin-based composite	Pre-treatment radiographic image/ periapical x-rays	Tooth
D6720	Retainer crown - resin with high noble metal	Pre-treatment radiographic image/ periapical x-rays	Tooth
D6740	Retainer crown - porcelain / ceramic	Pre-treatment radiographic image/ periapical x-rays	Tooth
D6750	Retainer crown - porcelain fused to high noble metal	Pre-treatment radiographic image/ periapical x-rays	Tooth
D6751	Retainer crown -porcelain fused to predominantly base metal	Pre-treatment radiographic image/ periapical x-rays	Tooth
D6752	Retainer crown -porcelain fused to noble metal	Pre-treatment radiographic image/ periapical x-rays	Tooth
D6753	Retainer crown - porcelain fused to titanium and titanium alloys	Pre-treatment radiographic image/ periapical x-rays	Tooth
D6780	Retainer crown - porcelain fused to titanium and titanium alloys	Pre-treatment radiographic image/ periapical x-rays	Tooth
D6781	Retainer crown - ¾ cast predominantly base metal	Pre-treatment radiographic image/ periapical x-rays	Tooth
D6782	Retainer crown - ¾ cast noble metal	Pre-treatment radiographic image/ periapical x-rays	Tooth
D6783	Retainer crown ¾ porcelain/ceramic	Pre-treatment radiographic image/ periapical x-rays	Tooth
D6790	Retainer crown – full cast high noble metal	Pre-treatment radiographic image/ periapical x-rays	Tooth
D6791	Retainer crown – full cast predominantly base metal	Pre-treatment radiographic image/ periapical x-rays	Tooth
D6792	Retainer crown – full cast noble meta	Pre-treatment radiographic image/ periapical x-rays	Tooth
D6794	Retainer crown - titanium	Pre-treatment radiographic image/ periapical x-rays	Tooth

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American Dental Association (ADA) CDT Codebook 2024.

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Revision Information

Date	Action	Comment
08/01/2023	Origination Policy Date	
07/03/2024	Clinical Changes	Included the clinical indications, references for the fixed prosthodontics services and the NetClaim clinical rationale.

Oral Surgery

Description

Oral surgery is a specialized branch of dentistry that involves the diagnosis and surgical treatment of a wide range of conditions affecting the mouth, teeth, gums, jaws, and related structures. Oral surgeons, also known as oral and maxillofacial surgeons, are highly trained professionals who perform various surgical procedures to address both functional and aesthetic issues.

Definitions

Extraction: The process or act of removing a tooth or tooth parts. (ADA)

Supernumerary teeth: Extra erupted or unerupted teeth that resemble teeth of normal shape. (ADA)

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.

Indications and Limitations

Dental Code Set: Oral and Maxillofacial Surgery D7000 – D7999

Specific Procedure Codes: Extraction D7210
General Requirements:
<ol style="list-style-type: none"> 1. Pre-operative radiograph. 2. Narrative should be included if radiograph does not support the use of the code.
Clinical Requirements:
<p>This code requires preauthorization for General Dentist only and the 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.</p> <p>The extraction D7210 is indicated:</p> <ol style="list-style-type: none"> 1. Non-restorable carious lesion. 2. Supernumerary tooth. 3. A tooth broken below the bone level. 4. Pain and/or swelling due to impeded eruption. 5. Recurrent pericoronitis. <p>The extraction D7210 is not indicated:</p> <ol style="list-style-type: none"> 1. If the radiograph does not show the necessity for the code D7210 and the provider must submit the service code D7140.

Rationale

Focus on Patient Quality of Care Benefits:

- **Improved Access to Quality Care:** NetClaim's clinical review process, including these Dental Clinical Guidelines, aims to streamline access to necessary oral surgery procedures. This ensures enrollees receive the treatment they need to maintain optimal oral health.
- **Enhanced Patient Outcomes:** By outlining the necessity and benefits of various oral surgery services, these guidelines empower NetClaim's dental consultants to make informed coverage decisions. This directly translates to improved patient outcomes through comprehensive dental care.
- **Holistic Approach to Well-being:** Recognizing the link between oral health and overall well-being, NetClaim prioritizes coverage for oral surgery treatments. This ensures enrollees can achieve and maintain optimal health, impacting their quality of life.

Transparency in Decision-Making:

- **Evidence-Based Review:** These guidelines consider insights from recognized dental associations alongside the clinical judgment of qualified dentists (DMDs) for comprehensive coverage determinations.
- **Alignment with National Standards:** The framework adheres to established medical necessity guidelines set by the Centers for Medicare & Medicaid Services (CMS). This ensures decisions align with national healthcare standards.

Codes

The following list(s) of procedure codes is provided for reference purposes. Listing a code in this guideline does not imply that the service described by the code is a covered or non-covered service. Benefit coverage for services is determined by the member specific benefit plan document. The inclusion of a code does not imply any right to reimbursement or guarantee claim payment. Other Policies and Guidelines may apply.

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 pre-treatment periapical x-ray and narrative	Tooth

References

American Dental Association (ADA) CDT Codebook 2024.

American Dental Association Glossary of Clinical Terms.

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Date	Action	Comment
08/01/2023	Origination Policy Date	
07/03/2024	Clinical Changes	Included the clinical indications, references for the oral surgery services and the NetClaim clinical rationale.

Adjunctive Service

Description

Adjunctive services refer to supplementary or additional treatments and procedures provided to enhance the primary treatment a patient receives. In the context of dentistry, adjunctive services are those that support, improve, or are necessary to the success of the primary dental treatments but are not the main focus of the treatment plan. These services can help in the diagnosis, prevention, and treatment of dental conditions, ensuring comprehensive patient care.

Definitions

Anesthesia: A procedure that controls the patient's level of anxiety or pain. Delivery of an anesthesia inducing agent by a dentist or other health care practitioner is regulated by state dental boards.

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.

Indications and Limitations

Dental Code Set: Adjunctive Service D9000 – D9999

Specific Procedure Codes: Anesthesia
General Requirements:
<ol style="list-style-type: none"> 1. Narrative of medical necessity.
Clinical Requirements:
<p>The anesthesia is indicated:</p> <ol style="list-style-type: none"> 1. Extensive or complicated surgical procedures 2. Severe physical disability 3. Documented medical complications. 4. Uncontrolled management problem. <p>The anesthesia is not indicated:</p> <ol style="list-style-type: none"> 1. Patients with uncontrolled medical conditions. 2. History of allergic reactions to anesthetics. 3. Patients with a history of drug or alcohol abuse. 4. Severe Mental Health Disorders.

Rationale

Focus on Patient Quality of Care Benefits:

- **Improved Access to Quality Care:** NetClaim's clinical review process, including these Dental Clinical Guidelines, aims to streamline access to necessary adjunctive procedures. This ensures enrollees receive the treatment they need to maintain optimal oral health.
- **Enhanced Patient Outcomes:** By outlining the necessity and benefits of various adjunctive services, these guidelines empower NetClaim's dental consultants to make informed coverage decisions. This directly translates to improved patient outcomes through comprehensive dental care.
- **Holistic Approach to Well-being:** Recognizing the link between oral health and overall well-being, NetClaim prioritizes coverage for adjunctive services. This ensures enrollees can achieve and maintain optimal health, impacting their quality of life.

Transparency in Decision-Making:

- **Evidence-Based Review:** These guidelines consider insights from recognized dental associations alongside the clinical judgment of qualified dentists (DMDs) for comprehensive coverage determinations.
- **Alignment with National Standards:** The framework adheres to established medical necessity guidelines set by the Centers for Medicare & Medicaid Services (CMS). This ensures decisions align with national healthcare standards.

Codes

The following list(s) of procedure codes is provided for reference purposes. Listing a code in this guideline does not imply that the service described by the code is a covered or non-covered service. Benefit coverage for services is determined by the member specific benefit plan document. The inclusion of a code does not imply any right to reimbursement or guarantee claim payment. Other Policies and Guidelines may apply.

CDT Codes	Description	Documentation requirements	Area
D9222	Deep sedation / general anesthesia – first 15 minutes	X-ray and narrative	
D9223	Deep sedation / general anesthesia – each subsequent 15 minute increment	X-ray and narrative	
D9239	Intravenous moderate (conscious) sedation/ analgesia - first 15 minutes	X-ray and narrative	
D9243	Intravenous moderate (conscious) sedation/analgesia - each subsequent 15minutes increment	X-ray and narrative	

References

American Dental Association (ADA) CDT Codebook 2024.

American Dental Association Glossary of Clinical Terms.

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07/03/2024	Clinical Changes	Included the clinical indications, references for the adjunctive services and the NetClaim clinical rationale.