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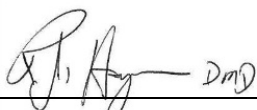
Clinical Criteria, Guidelines and
Practice Parameters

CLINICAL DENTISTRY GUIDELINES

LIBERTY Dental Plan's Clinical Criteria Guidelines and Practice Parameters were originally developed in 2005 and are subject to periodic revisions and an annual review by the QMI Committee and Board of Directors. The criteria document was developed internally by our Dental Director with input from participating panel general dentists and specialists. LIBERTY utilized NCQA standards, the American Dental Association's "Dental Practice Parameters," and "Guidelines for the Assessment of Clinical Quality and Professional Performance," sound dental clinical principles, processes and evidence to consistently evaluate the appropriateness of dental services that require review.

LIBERTY Dental Plan Executive Approval

The LIBERTY Dental Plan Quality Management and Improvement Committee has reviewed and approved the Clinical Criteria, Guidelines and Practice Parameters.



Dental Director/QMI Chair

12/16/16

Date

LIBERTY Dental Plan's Board of Directors has reviewed and approved the Clinical Criteria, Guidelines and Practice Parameters as proposed by the Quality Management Committee.



Executive Vice President/Board Representative

2/6/17

Date

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Please note that specific Plan/Program guidelines supersede the information contained in LIBERTY's Clinical Criteria Guidelines and Practice Parameters document.

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CLINICAL DENTISTRY GUIDELINES

The following clinical criteria, processing guidelines and practice parameters represent the view of the Peer Review Committee of LIBERTY Dental Plan and represent LIBERTY's processing guidelines, benefit determination guidelines and the generally acceptable clinical parameters as agreed upon by consensus of the Peer Review Committee to be professionally recognized best practices. In some cases guidance is given about procedure codes services that may not be within the scope of benefits of all LIBERTY benefit plans. Please consult each benefit plan's Evidence of Coverage, Schedule of Benefits or other plan materials to determine plan-by-plan variations. For more information, contact LIBERTY Member Services at 1-888-703-6999.

NEW PATIENT INFORMATION

A. Registration information should minimally include:

1. Name, sex, birth date, address and telephone number, cell phone number, e-mail address, name of employer, work address and telephone number
2. Name and telephone number of person(s) to contact in an emergency
3. For minors, name of parent(s) or guardian(s) and telephone numbers, if different from above.
4. Pertinent information relative to the patient's chief complaint and dental history, including any problems or complications with previous dental treatment.
5. Medical History - There should be a detailed medical history form comprised of questions which require a "yes" or "no" responses, minimally including:
6. Patient's current health status
7. Name and telephone number of physician and date of last visit
8. History of hospitalizations and/or surgeries
9. History of abnormal (high or low) blood pressure
10. Current medications, including dosages and indications
11. History of drug and medication use (including Fen-Phen/Redux and bisphosphonates)
12. Allergies and sensitivity to medications or materials (including latex)
13. Adverse reaction to local anesthetics
14. History of diseases:
 - a. Cardio-vascular disease, including heart attack, stroke, history of rheumatic fever, existence of pacemakers, valve replacements and/or stents and bleeding problems, etc.
 - b. Pulmonary disorders including tuberculosis, asthma and emphysema

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- c. Nervous disorders
 - d. Diabetes, endocrine disorders, and thyroid abnormalities
 - e. Liver or kidney disease, including hepatitis and kidney dialysis
 - f. Sexually transmitted diseases
 - g. Disorders of the immune system, including HIV status/AIDS
 - h. Other viral diseases
 - i. Musculoskeletal system, including prosthetic joints and when they were placed
15. Pregnancy
16. Document the name of the patient's obstetrician and estimated due date.
17. Follow current guidelines in the ADA publication, Women's Oral Health Issues.
18. History of cancer, including radiation or chemotherapy
19. The medical history form must be signed and dated by the patient or patient's parent or guardian.
20. Dentist's notes following up patient comments, significant medical issues and/or consultation with a physician should be documented on the medical history form or in the progress notes.
21. Medical alerts for significant medical conditions must be uniform and conspicuously located on a portion of the chart used and visible during treatment and should reflect current conditions.
22. The dentist must sign and date all baseline medical histories after review with the patient.
23. The medical history should be updated at appropriate intervals, dictated by the patient's history and risk factors, and must be done at least annually and signed by the patient and dentist.

BASELINE CLINICAL EVALUATION DOCUMENTATION

- A. Observations of the initial evaluation are to be recorded in writing and charted graphically where appropriate, including missing or impacted teeth, existing restorations, and prior endodontic treatment, fixed and removable appliances.
- B. Assessment of TMJ status (necessary for adults) and/or classification of occlusion (necessary for minors) should be documented.
- C. Full mouth periodontal probing and diagnosis must be documented, including an evaluation of bone levels, gingival recession, inflammation, etiologic factors (e.g., plaque and calculus), mobility, and furcation involvements.

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- D. A soft tissue/oral cancer examination of the lips, cheeks, tongue, gingiva, oral mucosal membranes, pharynx and floor of the mouth must be documented.
- E. Periodontal evaluations and oral cancer screenings should be updated at appropriate intervals, dictated by the patient's history and risk factors, and must be done at least annually.

RADIOGRAPHS

- A. An attempt should be made to obtain any recent radiographs from the previous dentist.
- B. An adequate number of initial radiographs should be taken to make an appropriate diagnosis and treatment plan, per current FDA/ADA radiographic guidelines.
- C. D0210 Intraoral – complete series (including bitewings)

Note: A radiographic survey of the whole mouth, usually consisting of 14-22 periapical and posterior bitewing images intended to display the crowns and roots of all teeth, periapical areas and alveolar bone. CDT 2011/2012, page 7.

Benefits for this procedure are determined within each plan design.

Any combination of covered radiographs that meets or exceeds a provider's fee for a complete series will be adjudicated as a complete series, for benefit purposes only.

In addition, any panoramic film taken in conjunction with periapical and/or bitewing radiograph(s) will be considered as a complete series, for benefit purposes only.

- D. Decisions about the types of recall films should also be made by the dentist and based on current FDA/ADA radiographic guidelines, including the complexity of previous and proposed care, caries, periodontal susceptibility, types of procedures and time since the patient's last radiographic examination.
- E. A panoramic radiograph is a screening film and is not a substitute for periapical and/or bite wing radiographs when a dentist is performing a comprehensive evaluation.
- F. Diagnostic radiographs should reveal contact areas without cone cuts or overlapping, and periapical films should reveal periapical areas and alveolar bone.
- G. Radiographs should exhibit good contrast
- H. Diagnostic digital radiographs should be printed on photographic quality paper and exhibit good clarity and brightness.
- I. Recent radiographs must be mounted, labeled left/right and dated
- J. Any patient refusal of radiographs should be documented

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K. X-ray duplication fee

1. When a patient is transferred from one provider to another, diagnostic copies of all x-rays less than two years old should be duplicated for the second provider.
2. If the transfer is initiated by the provider, the patient may not be charged any X-ray duplication fees.
3. If the transfer is initiated by the patient, many plans allow the provider to charge for the actual cost of copying the X-rays up to a maximum fee of \$25.

NOTE: X-ray duplication fees may not be allowed. Refer to specific plan designs.

CLINICAL / COVERAGE GUIDELINE:

Narratives that are contradictory to radiographic or photographic presentation are ambiguous. In such cases, the radiographic presentation will be the determining factor in the determination of coverage

PREVENTION

Preventive dentistry may include clinical tests, dental health education and other appropriate procedures to prevent caries and/or periodontal disease.

A. Caries prevention may include the following procedures where appropriate:

1. patient education in oral hygiene and dietary instruction
2. periodic evaluations and prophylaxis procedures
3. topical or systemic fluoride treatment
4. sealants

B. Periodontal disease prevention may include a comprehensive program of plaque removal and control in addition to the following procedures:

1. oral and systemic health information
2. oral hygiene and dietary instructions
3. prophylaxis procedures on a regular basis
4. occlusal evaluation
5. correction of malocclusion and malposed teeth
6. restoration and/or replacement of broken down, missing or deformed teeth

C. D1110 and D1120 – prophylaxis procedures

Plan policy- Procedure D1110 applies to patients who are 14 years old and older.

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Plan Policy - Procedure D1120 applies to patients who are 13 years old and younger.

D. D1203 and D1204 – topical application of fluoride procedures

Plan Policy - Procedure D1203 applies to patients who are 13 years old and younger.

Plan Policy - Procedure D1204 applies to patients who are 14 years old and older.

E. Other areas of prevention may include:

1. smoking cessation programs
2. discontinuing the use of smokeless tobacco
3. good dietary and nutritional habits for general health
4. elimination of mechanical and/or chemical factors that cause irritation
5. space maintenance in children where indicated for prematurely lost posterior teeth

F. Recognizing medical conditions that may contribute to or precipitate the need for additional prophylaxis procedures, supported by the patient's physician

TREATMENT PLANNING

A. Treatment plans should be comprehensive and documented in ink.

B. Treatment plans should be consistent with the clinical evaluation findings and diagnosis.

CLINICAL / COVERAGE GUIDELINE:

Treatment proposed or rendered that is not consistent with the written or apparent diagnosis is not consistent with good clinical practice and should not be benefited.

C. Procedures should be sequenced in an order of need consistent with diagnostic and evaluation findings and in compliance with accepted professional standards. Normal sequencing would include relief of pain, discomfort and/or infection, treatment of extensive caries and pulpal inflammation including endodontic procedures, periodontal procedures, and restorative procedures, replacement of missing teeth, prophylaxis and preventive care and establishing an appropriate recall schedule.

CLINICAL / COVERAGE GUIDELINE:

Treatment proposed or rendered that is apparently out of sequence from generally accepted professional standards of sequencing (based on radiographs, photographs, narrative or other information provided) is deemed to be not consistent with good clinical practice and should not be benefited.

D. Informed Consent Process

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1. Dentists must document that all recommended treatment options have been reviewed with the patient and that the patient understood the risks, benefits, alternatives, expectancy of success and the total financial responsibilities for all proposed procedures.
2. In addition, the patient should be advised of the likely results of doing no treatment.
3. Appropriate informed consent documentation must be signed and dated by the patient and dentist for the specific treatment plan that was accepted.
 - a. If a patient refuses recommended procedures, the patient must sign a specific “refusal of care” document. If a patient refuses to sign a “refusal of care” document, it should be documented as such.

CLINICAL / COVERAGE GUIDELINE:

Treatment rendered without a signed consent form is deemed to be not consistent with good clinical practice. The resolution of grievances that involve treatment rendered that does not have a signed evidence of consent (signed treatment plan, financial arrangement and/or clinical consent) will be ruled against the rendering provider. Exceptions may be made for routine diagnostic, preventive and routine non-complex restorative treatment, or when other evidence is present showing a reasonable clinical presentation was made to the Member.

4. Prognosis

When providers recommend endodontic, periodontal or restorative procedures (including crown lengthening), they should take into account and document the anticipated prognosis, restorability and/or maintainability of the tooth or teeth involved.

CLINICAL / COVERAGE GUIDELINE:

Procedures recommended for teeth with a guarded or poor prognosis (endodontic, periodontal or restorative) are not covered. Poor prognosis is deemed to be an expected longevity of 3 years or more in full function based on clinical presentation and experience of treating clinician and/or reviewing clinician.

CLINICAL / COVERAGE GUIDELINE:

Endodontic treatment should not be benefited for teeth that will require crown lengthening surgery UNLESS the crown lengthening was presented prior to rendering the root canal and the member chose to have endodontic treatment knowing that there was a high risk of needing crown lengthening periodontal surgery.

CLINICAL / COVERAGE GUIDELINE:

Endodontic treatment should not be benefited on teeth with severe bone loss of 50% or more of the bone support. To do so would not be consistent with good clinical practice.

LIBERTY’s licensed dental consultants adjudicate prognosis determinations for the above procedures on a case-by-case basis.

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LIBERTY will reconsider poor prognosis determinations for the above procedures upon receipt of a new claim with appropriate documentation and new diagnostic x-ray(s) taken a minimum of six (6) months after the original date of service.

- F. Some upgraded procedures (i.e. metals and porcelain on molars) may not be covered.
- G. If more than one procedure would be considered appropriate in treating a dental condition, the Alternate Treatment Plan Formula should be utilized and presented: This Formula credits the patient's benefited procedure against the cost of the alternative procedure and the patient's responsibility is calculated as follows: The provider's usual total cost of the alternate treatment minus (–) the provider's usual cost of the covered procedure plus (+) any listed copayment for the covered procedure.
- H. If the dentist recommends two covered procedures as “needed” services, either of the chosen procedure would be covered. Example: if an extraction is agreed to instead of an endodontic procedure, the extraction would be covered. A Member always has the right to an extraction over any simple, routine, or complex restorative procedures. Providers may not inform Members of complex procedures and then present the extraction as “optional”. If Provider feels that an extraction is not appropriate, it should not be offered, or the Member should be redirected to Member Services for re-assignment to another office.
- I. Alternative treatment plans and options should be documented with a clear and concise indication of the treatment the patient has chosen. In such cases, the Alternate Treatment Plan Formula should be presented and documented. Members should sign the treatment plan, informed consent and/or financial consent indicating they have chosen the presented course of treatment. Presentation should be understandable so that a prudent layperson would understand the treatment and choices made.

CLINICAL / COVERAGE GUIDELINE:

Treatment rendered without a signed consent form is deemed to be not consistent with good clinical practice. The resolution of grievances that involve treatment rendered that does not have a signed evidence of consent (signed treatment plan, financial arrangement and/or clinical consent) will be ruled against the rendering provider. Exceptions may be made for routine diagnostic, preventive and routine non-complex restorative treatment, or when other evidence is present showing a reasonable clinical presentation was made to the Member.

- J. Should a dentist not agree with a procedure requested by a patient, the dentist may decline to provide the procedure and request that the patient be transferred. In such cases, the dentist is responsible for completion of treatment-in-progress and emergencies until the transfer request is effective.
- K. Consultations, referrals and their results should be documented.

PROGRESS NOTES

- A. Progress notes constitute a legal record and must be detailed, legible and in ink.
- B. All entries must be signed or initialed and dated by the person providing treatment.

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- C. Entries may be corrected, modified or lined out, but require the name of the person making any such changes and the date.
- D. The names and amounts of all local anesthetics must be documented, including the amount of any vasoconstrictor present. If no local anesthetic is used for a procedure that normally requires it (i.e. scaling and root planing), the related rationale should be documented.
- E. All entries must include the tooth number(s) of the treatment being rendered. If there is no documented diagnosis for a tooth in the treatment plan, or if there has been a change in the diagnosis, the diagnosis for the tooth/teeth must be documented in the progress notes on the date the treatment is being rendered.
- F. All prescriptions must be documented in the progress notes or copies kept in the chart, including the medication, strength, amount, directions and number of refills.
- G. Copies of all lab prescriptions should be kept in the chart.
- H. For paperless dental records, computer entries cannot be modified without identification of the person making the modification and the date of the change.

ENDODONTICS

Note: For benefit purposes providers should document endodontic dates of service as the dates when procedures have been entirely completed, subject to review.

- A. Diagnostic techniques used when considering possible endodontic procedures may include an evaluation of:
 - 1. Pain and the stimuli that induce or relieve it by the following tests:
 - a. Thermal
 - b. Electric
 - c. Percussion
 - d. Palpation
 - e. Mobility
 - 2. Non-symptomatic radiographic lesions
- B. Treatment planning for endodontic procedures may include consideration of the following:
 - 1. Strategic importance of the tooth or teeth
 - 2. Prognosis – endodontic procedures for teeth with a guarded or poor 5-year prognosis (endodontic, periodontal or restorative) are not covered

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3. Presence and severity of periodontal disease
4. Restorability and tooth fractures
5. Excessively curved or calcified canals
6. Following an appropriate informed consent process, if a patient elects to proceed with a procedure that is not covered, the member is responsible for the dentist's usual fee. The dentist should have the member sign appropriate informed consent documents and financial agreements.
7. Teeth that are predisposed to fracture following endodontic treatment should be protected with an appropriate restoration; most posterior teeth should be restored with a full coverage restoration.
8. Occlusion

C. Clinical Guidelines

1. Diagnostic pre-operative radiographs of teeth to be endodontically treated must reveal all periapical areas and alveolar bone.
2. A rubber dam should be used and documented (via radiograph or in the progress notes) for most endodontic procedures. Documentation is required for any inability to use a rubber dam.
3. Gutta percha is the endodontic filling material of choice and should be densely packed and sealed. All canals should be obturated.
4. Post-operative radiograph(s), showing all canals and apices, must be taken immediately after completion of endodontic treatment.
5. In the absence of symptoms, post-operative radiographs should be taken at appropriate periodic intervals.

D. Endodontic referral necessity

In the event that the necessity for endodontic treatment is not clear, LIBERTY expects the general dentist to proceed with the decay removal and possible temporization prior to any referral to an Endodontist. LIBERTY considers endodontic treatments to generally be within the scope of a general dentist with the exception of the following:

- Retreatment, anterior, bicuspid and molar teeth.
- Treatment of anterior or bicuspid teeth with dilacerated roots, calcified canals or blocked canals
- Molar root canal therapy

E. Endodontic irrigation

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Providers are contractually obligated to charge no more than the listed copayment for covered root canal procedures whether the dentist uses BioPure, diluted bleach, saline, sterile water, local anesthetic and/or any other acceptable alternative to irrigate the canal.

Providers may not unbundle dental procedures in an attempt to overcharge enrollees. The provider agreement and plan addenda determine what enrollees are to be charged for covered dental procedures. Charging for BioPure as an alternative to diluted bleach is not allowed on LIBERTY dental plans.

CLINICAL / COVERAGE GUIDELINE:

LIBERTY's policy does not allow charging for the use of irrigants as part of root canal treatment, whether or not a choice is presented to the Member.

Note regarding inappropriate unbundling/coding for endodontic irrigation:

D9630 – Providers should not use this procedure code when reporting endodontic irrigation (BioPure).

This procedure code is primarily used to report material dispensed for home use, not to report drugs or medicaments used in the dental office.

F. Treatment of root canal obstruction; non-surgical access (D3331)

LIBERTY acknowledges that procedure D3331 is a separate, accepted procedure code. This procedure should not be submitted with endodontic retreatment procedures D3346, D3347 or D3348.

LIBERTY will not approve a benefit for this procedure when submitted as part of a predetermination request, prior to actual treatment.

Note: It is not generally known that a canal obstruction is present until the time of the root canal treatment.

CLINICAL GUIDELINE:

As per the ADA CDT, at least 50% of the canal must be obstructed to be eligible for this code.

However, LIBERTY's licensed dental consultants will evaluate all available documentation on a case-by-case basis when this procedure is submitted for payment. Providers should submit brief narratives or copies of the patient's progress notes, in order to document that this additional treatment was needed and performed.

G. Pulpotomy

1. A pulpotomy may be indicated in a primary or permanent tooth when pulpal pathology is limited to the coronal pulp and the tooth has a reasonable period of retention and function.
2. Apexification may be indicated in a permanent tooth when there is evidence of a vital and normal pulp with an incompletely developed root or roots to allow maturation and completion of the root apex. Endodontic treatment should be completed when the root is fully formed.

CLINICAL DENTISTRY GUIDELINES

H. Pulp Cap

1. This procedure is not to be used for bases and liners
2. Direct pulp capping is indicated for mechanical or accidental pulp exposures in relatively young teeth and may be indicated in the presence of a small, exposed vital or normal pulp.
3. Indirect pulp capping (re-mineralization) is indicated to attempt to minimize the possibility of pulp exposure in very deep caries in vital teeth

I. Endodontic apical surgical treatment should be considered only in special circumstances, including:

1. The root canal system cannot be instrumented and treated non-surgically
2. There is active root resorption
3. Access to the canal is obstructed
4. There is gross over-extension of the root canal filling
5. Periapical or lateral pathosis persists and cannot be treated non-surgically
6. Root fracture is present or strongly suspected
7. Restorative considerations make conventional endodontic treatment difficult or impossible

J. Endodontic procedures may not be covered when a tooth or teeth have a poor prognosis due to:

1. Untreated or advanced periodontal disease
2. Gross destruction of the clinical crown and/or root decay at or below the alveolar bone
3. A poor crown/root ratio
4. Intentional endodontics in the absence of injury or disease solely to facilitate a restorative procedure.

CLINICAL / COVERAGE GUIDELINE:

Endodontic treatment will not be benefited for teeth that have decay at or is below the alveolar bone crest as such treatment would be considered sound clinical practice as the likelihood of a proper restoration of such a tooth is not possible. LIBERTY dental plans do not provide coverage for services that are not consistent with good clinical practice.

CLINICAL / COVERAGE GUIDELINE:

- *Endodontic treatment will not be benefited on teeth with a crown/root ration of less than 50%. (Consistent with good clinical practice as the tooth has a high likelihood of being lost short term)*
Coverage for incomplete endodontic treatment will be considered, subject to our guidelines, on procedure code D3332 (incomplete endodontic therapy: Inoperable, un-restorable or fractured tooth).

CLINICAL DENTISTRY GUIDELINES

- Clinical/Coverage Guidelines:

Endodontic services for a tooth with hopeless, poor, guarded or questionable endodontic, periodontal or restorative prognosis are not covered. Following an appropriate informed consent, if the MEMBER elects to proceed with treatment that is not covered, the MEMBER is responsible for the Specialist's usual and customary charge. The Specialist should have the MEMBER sign a written financial agreement.

- A pulpotomy/pulpectomy is not reimbursable when used for the temporary relief of pain pending endodontic treatment when the same provider performs the pulpotomy/pulpectomy and root canal.
- Time limit example specialist completes RCT and 2-3 months later needs to be redone. Should specialist's responsibility
- Root canal therapy is a covered benefit excluding third molars. X-rays are considered part of and included in a root canal procedure. Exception for abutment for partial denture

ORAL SURGERY

- A. Each dental extraction should be based on a clearly recorded diagnosis for which extraction is the treatment of choice of the dentist and the patient.
- B. General dentists are expected to provide routine oral surgery, including:
 1. uncomplicated extractions
 2. routine surgical extractions
 3. incision and drainage of intra-oral abscesses
 4. minor surgical procedures and postoperative services

CLINICAL / COVERAGE GUIDELINE:

LIBERTY expects contracting general dentists to provide all services within their scope of practice, experience and clinical comfort including routine and surgical extractions. LIBERTY does not benefit routine referral of routine exactions to a specialist except as documented as complex or outside of the experience or scope of the primary care general dentist.

- C. Extractions may be indicated in the presence of non-restorable caries, untreatable periodontal disease, pulpal and periapical disease not amendable to endodontic therapy, to facilitate surgical removal of a cyst or neoplasm, or when overriding medical conditions exist, providing compelling justification to eliminate existing or potential sources of oral infection.
- D. When teeth are extracted, all portions of the teeth should be removed. If any portion of a tooth (or teeth) is not removed, patient notification must be documented.
- E. Local anesthesia is preferred in the absence of specific indications for the use of general anesthesia.

CLINICAL DENTISTRY GUIDELINES

- F. Minor contouring of bone and soft tissues during a surgical extraction is considered to be a part of and included in a surgical extraction, D7210.
- G. Bone grafting (D7953) for ridge preservation may be indicated in preparation for implant placement or where alveolar contour is critical to planned prosthetic reconstruction.
- H. Documentation of a surgical procedure should include: recording the tooth number, tissue removed and a description of the surgical method used; a record of unanticipated complications such as: failure to remove planned tissue/root tips; displacement of tissue to abnormal sites; unusual blood loss; presence of lacerations and other surgical or non-surgical defects.

CLINICAL / COVERAGE GUIDELINE:

LIBERTY will not benefit a procedure code unless the documentation justifies it and the diagnostic information demonstrates the appropriateness of a particular procedure.

- I. Third molar extractions & benefit determinations

LIBERTY's licensed dental consultants adjudicate benefits on a case-by-case basis.

It is appropriate to report procedure D7220, D7230, D7240 or D7241 for the removal of an impacted tooth, with active pathology.

Note: "Impacted tooth: An unerupted or partially erupted tooth that is positioned against another tooth, bone, or soft tissue so that complete eruption is unlikely." CDT 2011/2012, page 216

CLINICAL / COVERAGE GUIDELINE:

The prophylactic removal of a tooth or teeth that appear to exhibit an unimpeded path of eruption and/or exhibit no active pathology is not covered.

CLINICAL / COVERAGE GUIDELINE:

The removal of third molars, or any other tooth, where pathology such as infection, non-restorable carious lesions, cysts, tumors, and damage to adjacent teeth is evident may be covered.

CLINICAL / COVERAGE GUIDELINE:

The removal of asymptomatic, unerupted, third molars in the absence of active pathology may not be covered.

Note: Pericoronitis is considered to be pathology. By definition, completely covered and unerupted third molars cannot exhibit pericoronitis.

CLINICAL / COVERAGE GUIDELINE:

Narratives describing the presence of pericoronitis on a fully erupted tooth are ambiguous. In such cases, the radiographic presentation will be the determining factor in the determination of coverage.

- J. All suspicious lesions should be biopsied and examined microscopically.
- K. Deep sedation / general anesthesia (D9220)

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When D9220 is listed as a covered procedure, benefits may be approved in conjunction with the following approved impaction extractions: D7230, D7240 and D7241.

Licensed dental consultants adjudicate D9220 benefits for other, simpler extractions on a case-by-case basis, with consideration for:

1. medical conditions affecting the ability of the patient to tolerate an extraction such as special needs patients (autism, developmental disability,
2. the extent and/or number of infected teeth
3. Alveoloplasty and/or procedures involving the excision of bone or extensive, invasive or surgical procedures requiring a sufficient length of time so that performing such procedures without alteration of consciousness would be difficult or impossible.

L. Bone replacement graft for ridge preservation – per site (D7953)

CLINICAL / COVERAGE GUIDELINE:

Osseous auto graft, allograft or non-osseous graft may be placed in an extraction site at the time of the extraction to preserve ridge integrity (e.g., clinically indicated in preparation for implant reconstruction or where alveolar contour is critical to planned prosthetic reconstruction) as a covered service.

CLINICAL / COVERAGE GUIDELINE:

Grafting may be reported under a variety of codes. Reviewing Dental Consultants may alter or correct the code for grafting when the identified use of the code submitted appears to not be consistent with the definition or the apparent clinical application of the code. CDT 2011/2012, page 67

Note: Code D7953 should be reported when the bone graft “is placed in an extraction site at the time of the extraction . . .” to preserve ridge integrity. (See above for indications.) CDT 2011/2012, page 159

M. Bone replacement graft – first site in quadrant (D4263)

“This procedure involves the use of osseous auto grafts, osseous allografts or non-osseous grafts to stimulate periodontal regeneration when the disease process has led to a deformity of the bone...”. CDT 2011/2012, page 27

Code D4263 is primarily used to report a bone graft performed to stimulate periodontal regeneration when the disease process has led to deformity of the bone around an existing tooth.

Note: Benefits for bone graft procedures are based on individual plan designs, including limitations and exclusions.

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PERIODONTICS

All children, adolescents and adults should be evaluated for evidence of periodontal disease. If pocket depths do not exceed 3 mm and there is no bleeding on probing or evidence of radiographic bone loss, it is appropriate to document the patient's periodontal status as being "within normal limits" (WNL).

In many cases a periodontal screening activity such as visual inspection, PSR® (Periodontal Screening and Recording) evaluation of each sextant or other mechanism may provide sufficient information to make a diagnosis or treatment plan.

Comprehensive oral evaluations should include the quality and quantity of gingival tissues. Additional components of the evaluation would include documenting: six-point periodontal probing for each tooth, the location of bleeding, exudate, plaque and calculus, significant areas of recession, mucogingival problems, level and amount of attached gingiva, mobility, open or improper contacts, furcation involvement, and occlusal contacts or interferences. Following the completion of a comprehensive evaluation, a diagnosis and treatment plan should be completed.

Sequential charting over time to show changes in periodontal architecture is considerably valuable in determining treatment needed or to evaluate the outcome of previous treatment.

Periodontal treatment sequencing:

- A. D4355 - Full mouth debridement to enable comprehensive evaluation and diagnosis

"The gross removal of plaque and calculus that interfere with the ability of the dentist to perform a comprehensive oral evaluation. This preliminary procedure does not preclude the need for additional procedures." CDT 2011/2012, page 30

In most cases, this procedure would be followed by the completion of a comprehensive evaluation at a subsequent appointment. This rescheduling may allow some initial soft tissue response and shrinkage prior to performing full mouth periodontal probing.

Note, this procedure:

1. must be supported by radiographic evidence of heavy calculus
2. is not a replacement code for procedure D1110
3. is not appropriate on the same day as procedure D0150 or D0180

- B. **D4346 Scaling in presence of generalized moderate or severe gingival inflammation**

- Descriptor:
 - *"The removal of plaque, calculus and stains from supra- and sub-gingival tooth surfaces when there is generalized moderate or severe gingival inflammation in the absence of periodontitis. It is indicated for patients who have swollen, inflamed gingiva, generalized suprabony pockets, and moderate to severe bleeding on probing. Should not be reported in conjunction with prophylaxis, scaling and root planing, or debridement procedures."*

CLINICAL DENTISTRY GUIDELINES

- Effective date:
 - This new code goes into effect on January 1, 2017. It may be used after that date, although it usually takes a while for insurance companies to integrate new procedure codes into their processing systems and customer contracts.
 - Generalized moderate to severe gingival inflammation:
 - The ADA suggests that "generalized" it would apply when 30% or more of the patient's teeth at one or more sites are involved, which is analogous to the AAP definition of generalized chronic periodontitis.
 - [Loe & Silness Gingival Index](#) can be a guideline for defining "moderate to severe inflammation".
 - Moderate inflammation - redness, edema, glazing; bleeding on probing.
 - Severe inflammation - marked redness and edema, ulceration; tendency toward spontaneous bleeding.
 - This is a therapeutic procedure, to treat a diagnosed disease.
 - It is based on a diagnosis, not on intensity of treatment required.
 - It is appropriate for patients who do not have periodontitis, i.e. attachment loss.
 - It is performed after a periodic or comprehensive exam.
 - Can be performed on same date of service as the exam.
 - It is a full mouth procedure, not a per quadrant procedure.
 - Can be used for any age patient, and in any dentition stage.
 - "...in conjunction with..." means on the same date of service. Prophylaxis, scaling and root planing, or debridement procedures may be performed at a future date, after D4346, as long as the codes thereafter are used appropriately.
 - D4910 Periodontal Maintenance is not appropriate after a D4346 Scaling.
 - There are no stated limitations on how frequently or how often this procedure can be used.
 - Insurance companies, however, will usually set their own benefit limitations.
 - **Consider this procedure code when the patient's periodontium is not healthy, and the periodontal disease diagnosis is limited to soft tissue (gingivitis) and is generalized, but has not progressed to the advanced disease stage with bone loss (periodontitis).**
- C. D4341/D4342 - Scaling and root planing (also known as "SRP")
1. Treatment involves the instrumentation of the crown and root surfaces of the teeth to remove plaque, calculus, biofilm and stains from these surfaces. The absence of calculus should be evident on post treatment radiographs. These procedures are:
 - i. considered to be within the scope of a general dentist or a dental hygienist
 - ii. Supported when full mouth periodontal pocket charting demonstrates at least 4 mm pocket depths. It is common for radiographs to reveal evidence of bone loss of attachment and/or the presence of interproximal calculus.

CLINICAL DENTISTRY GUIDELINES

- iii. Scaling and root planing procedures (D4341/D4342) are generally not performed in the same quadrants or areas for 2 years following initial completion of these services. In the interim, any localized scaling and root planning would be included within periodontal maintenance procedure D4910.

CLINICAL / COVERAGE GUIDELINE:

It would not be considered good clinical practice to perform more than 2 quadrants of SRP at the same visit (or, in most cases, on the same date of service) unless a medical or other condition is present that would justify such AND there is demonstration of sufficient clinical treatment time to adequately perform judicious scaling and root planing of the submitted quadrants. Per clinical review, in the absence of such information, LIBERTY may limit the approval to no more than 2 quadrants on any given date of service.

CLINICAL / COVERAGE GUIDELINE:

SRP is not meant to be reported for an enhanced prophylaxis. Rather, it is the judicious removal of deposits on the root surface in the presence of periodontal disease. In most cases some form of local anesthesia would be indicated to properly render the SRP procedure. Thus it would not be considered good clinical practice to perform SRP in the absence of some anesthetic.

2. Definitive or Pre-Surgical scaling and root planing:

- i. For early stages of periodontal disease, this procedure is used as definitive non-surgical treatment and the patient may not need to be referred to a periodontist based upon tissue response and the patient's oral hygiene.
- ii. For later stages of periodontal disease, the procedure may be considered pre-surgical treatment and the patient may need to be referred to a periodontist, again based on tissue response and the patient's oral hygiene.

Note: LIBERTY requires that both definitive and pre-surgical scaling and root planing to be provided at a primary facility before considering referral requests to a periodontal specialist.

3. Two quadrants per appointment

Periodontal scaling and root planing is arduous and time consuming, involving instrumentation of the crown and root surfaces of the teeth to remove plaque, calculus, and stains from these surfaces.

CLINICAL / COVERAGE GUIDELINE:

LIBERTY benefits only two quadrants per appointment. If a clinician recommends and/or completes more than two quadrants per appointment, documentation supporting the additional quadrant(s) must be included in the patient's records and/or progress notes.

- i. Local anesthesia is commonly used. If it is not used, the reason(s) should be documented. The use of topical anesthetics is considered to be a part of and included in this procedure.
- ii. Home care oral hygiene techniques should be introduced and demonstrated.

CLINICAL DENTISTRY GUIDELINES

- iii. A re-evaluation following scaling and root planing should be performed. This re-evaluation should be performed at least 4-6 weeks later and include: a description of tissue response; pocket depths changes; sites with bleeding or exudate; evaluation of the patient's homecare effectiveness.

D. D1110 and D4341

It is usually not appropriate to perform D1110 and D4341 on the same date of service. LIBERTY's licensed dental consultants may review documented rationale for any such situations on a case-by-case basis.

1. Periodontal maintenance at regular intervals should be instituted following scaling and root planing if the periodontal condition has improved to a controllable level. Periodontal pocket depths and gingival status should be recorded periodically.
2. The patient's homecare compliance and instructions should be documented.

E. D4999 Irrigation, periodontal - by report

1. If an enrollee elects not to have elective irrigation with other procedures (i.e. D1110, D4355, D4341, D4342 or D4910), contracted dentists may not limit the enrollee's access to other benefited procedures.
 - i. A patient's refusal of irrigation does not constitute grounds for requesting a patient transfer.

Note: D4999 – The American Dental Association recommends using this generic procedure code when reporting irrigation CDT 2011/2012, page 161

D9630 – The American Dental Association implies that providers should not use this procedure code when reporting irrigation. LIBERTY Dental plans may have included language in the EOC indicating the acceptability of D9630 for irrigation techniques. Plan documentation supersedes the code definition for these Members.

F. D4381 Localized delivery of antimicrobial agents via a controlled release vehicle into diseased crevicular tissue, per tooth, by report

1. Benefits are not available when D4381 is performed with D4341 or D4342 in the same quadrant on the same date of service.

CLINICAL / COVERAGE GUIDELINE:

Locally-delivered antimicrobials are defined by ADA as adjunctive to periodontal therapy and were intended for use in refractory or non-responsive periodontal pockets. It would not be considered within the standard application of D4381 good clinical practice to provide this service until after a clinical area was determined to be refractory or non-responsive to standard surgical or non-surgical pocket reduction techniques. Therefore, LIBERTY will not benefit this procedure on the same day as D4341 or D4342 or as surgical periodontal therapy.

CLINICAL DENTISTRY GUIDELINES

CLINICAL / COVERAGE GUIDELINE:

Dentists may consider the appropriate use of local delivery antimicrobials for chronic periodontitis patients as an adjunct to procedures D4341/D4342 (scaling and root planing) AFTER the following steps¹:

- A clinician has completed D4341/D4342 and allowed a minimum 4-week healing period. Then, the patient's pockets are re-probed and re-evaluated to determine the clinical response to the scaling and root planing.
- Re-evaluation confirms that several teeth were non-responsive to scaling and root planing, with localized residual pocket depths of 5 mm's or deeper plus inflammation.

CLINICAL / COVERAGE GUIDELINE:

LIBERTY dental consultants may approve D4381 benefits for non-responsive cases following scaling and root planing on a 'by report' basis:

- In such cases, benefits may be approved for two teeth per quadrant in any twelve month period
- Other procedures, such as systemic antibiotics² or surgery, should be considered when multiple teeth with 5 mm pockets or deeper exist in the same quadrant.

Treatment alternatives such as systemic antibiotics² or periodontal surgery instead of procedure D4381 may be considered when:

- Multiple teeth with pocket depths of 5 mm's or deeper exist in the same quadrant
- Procedure D4381 was completed at least 4-weeks after D4341 but a re-evaluation of the patient's clinical response confirms that D4381 failed to control periodontitis (i.e. a reduction of localized pocket depths)
- Anatomical defects are present (i.e. intrabony defects)

CLINICAL / COVERAGE GUIDELINE:

Periodontal surgical procedures are covered when the following factors are present:

- The patient should exhibit a willingness to accept periodontal treatment and practice an appropriate oral hygiene regimen prior to consideration for periodontal surgical procedures. (History, narrative and/or progress notes may help to indicate this).
- Case history, including patient motivation to comply with treatment and oral hygiene status, should be documented. (History, narrative and/or progress notes may help to indicate this).
- Patient motivation should be documented in a narrative by the attending dentist and/or by a copy of patient's progress notes documenting patient follow through on recommended regimens.

¹ American Academy of Periodontology Statement on Local Delivery of Sustained or Controlled Release Antimicrobials as Adjunctive Therapy in the Treatment of Periodontitis. May, 2006

² American Academy of Periodontology Position Paper, Systemic Antibiotics in Periodontics. November, 2004

WARNINGS/PRECAUTIONS: This procedure may be contra-indicated during pregnancy.

"May cause fetal harm during pregnancy." ADA/PDR Guide to DENTAL THERAPEUTICS, Fourth Edition

CLINICAL DENTISTRY GUIDELINES

- *In most cases, there should be evidence of scrupulous oral hygiene for at least three months prior to the pre-authorization for periodontal surgery.*
- *Consideration for a direct referral to a Periodontist would be considered on a 'by report' basis for complex treatment planning purposes. However, the performance of SRP, OHI and other pre- and non-surgical procedures should be performed at the general dentist (before or after the perio consultation).*
- *Periodontal surgical procedures are covered only in cases that exhibit a favorable long-term prognosis. Surgical procedures for the retention of teeth that are being used as prosthetic abutments is covered only when the teeth would exhibit adequate bone support for the forces to which they are, or will be, subjected.*
- *Periodontal pocket reduction surgical procedures may be covered in cases where the pocket depths are 5 mm's or deeper, following soft tissue responses to scaling and root planing. Consideration should be given for long-standing pockets of 5 mm following previous surgical intervention, which may or may not require further surgical intervention.*

CLINICAL / COVERAGE GUIDELINE:

Osseous surgery procedures may not be covered if:

1. *pocket depths are 4 mm's or less and appear to be maintainable by non-surgical means (i.e. periodontal maintenance and root planing)*
2. *patients are smokers or diabetics who's disease is not being adequately managed*
 - *Periodontal pocket reduction surgical procedures should result in the removal of residual calculus and granulation tissue with improved physiologic form of the gingival tissues.*
 - *Osseous surgery and regenerative procedures should also correct and reshape deformities in the alveolar bone where indicated.*
 - *Soft tissue gingival grafting should be done to correct gingival deficiencies where appropriate.*

G. D4249 clinical crown lengthening – hard tissue

Note: "This procedure is employed to allow restorative procedure or crown with little or no tooth structure exposed to the oral cavity. Crown lengthening requires reflection of a flap and is performed in a healthy periodontal environment, as opposed to osseous surgery, which is performed in the presence of periodontal disease. Where there are adjacent teeth, the flap design may involve a larger surgical area." CDT 2011/2012, page 27

CLINICAL / COVERAGE GUIDELINE:

It would not be considered good clinical practice to perform a periodontal surgical procedure on the same tooth on the same date of service as a final impression for a fixed or removable prosthesis, as healing has not occurred, which could change the architecture substantially affecting the outcome of the prosthesis. LIBERTY will not benefit

CLINICAL DENTISTRY GUIDELINES

CLINICAL / COVERAGE GUIDELINE:

LIBERTY considers the management or alteration of soft tissues performed during a restorative procedure or crown preparation with final impressions to be a part of and included in the fee for the related procedure. Providers may not charge LIBERTY or the patient a separate fee for D4249 if it is performed on the same tooth on the same day as preparation and final impressions for a crown.

- H. Periodontal maintenance and supportive therapy intervals should be individualized, although three month recalls are common for many patients.

CLINICAL / COVERAGE GUIDELINE:

Periodontal Maintenance D4910 is allowable for 3 years (or even longer) when there is a history of periodontal therapy evident in the patient's treatment record (by report, by LIBERTY record, or by narrative).

RESTORATIVE

Diagnosis and Treatment Planning

It is appropriate to restore teeth with radiographic evidence of caries, lost tooth structure, defective or lost restorations, and/or for post-endodontic purposes.

Restorative treatment must be identified using valid procedure codes as found in the current edition of the American Dental Association's Current Dental Terminology (CDT). This source includes nomenclature and descriptors for each procedure code.

Sequencing of treatment must be appropriate to the needs of the patient.

CLINICAL / COVERAGE GUIDELINE:

Federal HIPAA laws require practitioners to use current CDT codes to report dental procedures. LIBERTY may reject/deny coverage for procedures not reported using current CDT codes. Clinical Dental Consultant reviewers may correct, alter or re-code the procedure that is apparently being submitted to the proper code at their discretion.

CLINICAL / COVERAGE GUIDELINE:

Treatment results, including margins, contours and contacts, should be clinically acceptable. The long-term prognosis should be good (5 years or more). Guidelines for the Assessment of Clinical Quality and Professional Performance and standards set by the specialty boards shall apply.

- A. Restorative dentistry includes the restoration of hard tooth structure lost as a result of caries, fracture, erosion, attrition, or trauma.
- B. Restorative procedures in operative dentistry include silver amalgam; resin-based composites; direct or indirectly fabricated inlays, onlays and crowns of various materials; certain pre-fabricated restorations (i.e. stainless steel or polycarbonate type crowns), as well as the use of various temporary materials.

CLINICAL DENTISTRY GUIDELINES

Amalgam fillings, safety & benefits

American Dental Association Statement: Food and Drug Administration Action on Dental Amalgam

“WASHINGTON, July 28, 2009—The American Dental Association (ADA) agrees with the U.S. Food and Drug Administration's (FDA) decision not to place any restriction on the use of dental amalgam, a commonly used cavity filling material...

Dental amalgam is a cavity-filling material made by combining mercury with other metals such as silver, copper and tin. Numerous scientific studies conducted over the past several decades, including two large clinical trials published in the April 2006 Journal of the American Medical Association, indicate dental amalgam is a safe, effective cavity-filling material for children and others. And, in its 2009 review of the scientific literature on amalgam safety, the ADA's Council on Scientific Affairs reaffirmed that the scientific evidence continues to support amalgam as a valuable, viable and safe choice for dental patients...”

CLINICAL / COVERAGE GUIDELINE:

Amalgam free dental offices - If a dentist chooses not to provide amalgam fillings, alternative posterior fillings must be made available for LIBERTY patients. Any listed amalgam copayments would still apply.

CLINICAL / COVERAGE GUIDELINE:

Any alleged “allergies” to silver amalgam fillings must be supported in writing from a physician who is a board certified allergist. Any benefit issues related to dental materials and “allergies” will be adjudicated on a case-by-case basis by a licensed LIBERTY dentist consultant.

- C. The choice of restorative materials depends on the nature and extent of the defect to be restored, location in the mouth, stress distribution expected during mastication and esthetic requirements.

CLINICAL / COVERAGE GUIDELINES:

- *The procedures of choice for treating caries or the replacement of an existing restoration not involving or undermining the cusps of posterior teeth is generally amalgam or composite.*
- *The procedures of choice for treating caries or the replacement of an existing restoration not involving or undermining the incisal edges of an anterior tooth is composite. Decay limited to the Incisal edge only, may still be a candidate for a filling restoration if little to no other surfaces manifest caries or breakdown.*
- *Restorations for chipped teeth may be covered.*
- *Facial or buccal restorations are generally considered to be “one surface” restorations, not three surfaces such as MFD or MBD.*
- *The replacement of clinically acceptable amalgam fillings with an alternative materials (composite, crown, etc.) is considered cosmetic and is not covered unless decay or fracture is present.*

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- *Restorative procedures for teeth exhibiting a poor prognosis due to gross carious destruction of the clinical crown at/or below the bone level, advanced periodontal disease, untreated periapical pathology or poor restorability are not covered. (see clinical guidelines in Restorative section)*
- *Pulpotomies and pre-formed crowns for primary teeth are covered only if the tooth is expected to be present for at least six months.*
- *For posterior primary teeth that have had extensive loss of tooth structure, the appropriate treatment is generally a prefabricated stainless steel crown or for anterior teeth, a stainless steel or prefabricated resin crown.*
- *When incisal edges of anterior teeth are undermined because of caries or replacement of a restoration undermining the incisal edges or a fracture, the procedures of choice may be veneers or crowns, either porcelain fused to metal or porcelain/ceramic substrate.*
- *An onlay should be considered when there is sufficient tooth structure, but cusp support is needed.*
- *An inlay is an intracoronal restoration and should have the same indications as a filling. It may not be practical due to the cost and limited use in current clinical dentistry practices*

Other resin restorations:

A. D1351 sealant – per tooth

Mechanically and/or chemically prepared enamel surface sealed to prevent decay.

CLINICAL / COVERAGE GUIDELINE:

If the resin restoration does not penetrate dentin, D1351 is appropriate.

CLINICAL / COVERAGE GUIDELINE:

If the pits and/or fissures are prepared, D1352 preventive resin restoration is appropriate

CLINICAL / COVERAGE GUIDELINE:

D2990 resin infiltration of incipient smooth surface lesions is appropriate for smooth surface lesions with some or no minor enameloplasty

B. D2330, D2391 or D2392 - Resin-based composites

If the resin restoration does penetrate dentin, one of the resin-based composite codes is appropriate.

C. D9910/D9911 - Desensitizing

Appropriate reporting of these procedures is clearly detailed below.

CLINICAL DENTISTRY GUIDELINES

CLINICAL / COVERAGE GUIDELINE:

All acid etching, adhesives (including resin bonding agents), liners, bases and/or curing techniques are considered to be a part of and included in amalgam and composite restoration procedures. None of these included procedures may be unbundled and/or charged as a separate service.

- A. D9910 – application of desensitizing medicament

CLINICAL / COVERAGE GUIDELINE:

Includes in-office treatment for root sensitivity. Typically reported on a “per visit” basis for application of topical fluoride. This code is not to be used for bases, liners or adhesives under restorations.

- B. D9911 – application of desensitizing resin for cervical and/or root surface, per tooth

CLINICAL / COVERAGE GUIDELINE:

This code is not to be used for bases, liners, or adhesives used under restorations.” CDT 2011/2012, page 76

CROWNS AND FIXED BRIDGES

Note: Providers may document the date of service for these procedures to be the date when final impressions are completed, subject to review.

CLINICAL / COVERAGE GUIDELINE:

Providers must complete any irreversible procedure started regardless of payment or coverage.

- 1. Upgrades

CLINICAL / COVERAGE GUIDELINE:

Plan designs limit the total maximum amount chargeable to a member for any combination of upgrades to \$250 per unit.

- 1. Typical upgrades include:
 - i. Choice of metal – noble, high noble, titanium alloy or titanium
 - ii. porcelain on molar teeth
 - iii. porcelain margins, by report

Note: porcelain margin upgrades may be reported as D2999 for single crowns or as D6999 for abutment crowns

- iv. Based on the particular plan design, porcelain margins may be charged separately. A reasonable charge should be made (\$100 or less per unit). Signed informed consent accepting the optional nature of this feature must be present.

CLINICAL DENTISTRY GUIDELINES

CLINICAL / COVERAGE GUIDELINE:

Grievances involving charges for upgrades will be found in favor of the Provider's right to charge for upgraded features only when a signed informed consent or treatment plan is present that meets the "prudent layperson" requirement for clear disclosure of the proposed upgraded features. Members must have access to their covered benefit as well as any upgraded procedures.

2. Single Crowns

CLINICAL / COVERAGE GUIDELINE:

When bicuspid and anterior crowns are covered, the benefit is generally porcelain fused to a base metal crown or a porcelain/ceramic substrate crown.

CLINICAL / COVERAGE GUIDELINE:

When molar crowns are indicated due to caries, an undermined or fractured off cusp or the necessary replacement of a restoration due to pathology, the benefit is usually a base metal crown.

CLINICAL / COVERAGE GUIDELINE:

Porcelain/ceramic substrate crowns and porcelain fused to metal crowns on molars may be susceptible to fracture during occlusal function. Depending on the properties of the material used, it may not be consistent with good clinical practice to routinely use all-porcelain/ceramic restorations on molar teeth

CLINICAL / COVERAGE GUIDELINE:

When anterior teeth have incisal edges/corners that are undermined or missing because of caries, a defective restoration or are fractured off, a labial veneer may not be sufficient. The treatment of choice may then become a porcelain fused to a base metal crown or porcelain/ceramic substrate crown.

CLINICAL / COVERAGE GUIDELINE:

Final crowns for teeth with a good prognosis should be sequenced after performing necessary endodontic and/or periodontic procedures and such teeth should exhibit a minimum crown/root ratio of 50%. See sequencing-related clinical / coverage guidelines earlier in this document.

CLINICAL / COVERAGE GUIDELINE:

Crown services must be documented using valid procedure codes as found in the American Dental Association's Current Dental Terminology (CDT).

Enamel "craze" lines or "imminent" or "possible" fractures: Anterior or posterior teeth that show a discolored line in the enamel indicating a non-decayed defect in the surface enamel, however, are not a through-and-through fracture should be monitored for future breakdown. Crowns may be benefited only when there is evidence of true decay undermining more than 50% of the remaining enamel surface, or when there is a through-and-through fracture identified radiographically, or when a portion of the tooth has actually fractured off and is missing. Otherwise, there is no benefit provided for crown coverage of a tooth due to a "suspected future or possible" fracture.

3. Brand name dental materials/alternatives

CLINICAL DENTISTRY GUIDELINES

The American Dental Association publishes the Current Dental Terminology once every year.

CDT includes the Code on Dental Procedures and Nomenclature.

“The Code is designated by the Federal Government under the Health Insurance Portability and Accountability Act of 1996 (HIPAA) as the national terminology for reporting dental services, and is recognized by third-party payers nationwide.” (CDT 2011-2012 Introduction, page i)

Contracts, plan designs and benefit determinations are all based upon the CDT procedure codes, not on Brand Names. LIBERTY makes no distinction in payment for variations of material brand or quality within the same procedure code. It is the determination of the treating dentist as to what materials work best in each clinical situation. Benefit, plan payment and member copayment is per code

4. Benefit determination protocols utilized by LIBERTY’s licensed Dental Consultants:
 1. Verify what procedure(s) a provider is recommending, regardless of any submitted *Brand Name*
 2. Apply the most accurate *CDT* code(s) to describe the verified procedure(s)
 3. Refer to the specific, applicable plan design to determine if the verified procedure:
 - i. is listed as covered
 - ii. would be considered some type of upgrade compared to a basic covered procedure
 - iii. is not covered at all
5. It is the responsibility of the provider to complete an adequate/accurate informed consent/financial disclosure process including:
 1. Benefits - the procedure code(s) for the member’s basic benefit(s)
 2. Alternatives – the procedure code(s) for any recommended alternate/upgraded or non-covered service and the member’s responsibility based on the application of the alternative treatment formula. Presentation of options must be clear and evident, so that a prudent layperson would understand the basic differences and the cost differences. Best practice would be for the member to sign the treatment plan sheet showing a clear indication of the choice selected, and to sign a separate financial consent indicating the agreement to pay for any alternative, optional or non-covered services. Adoption of these practices is aimed at grievances after the fact, and minimizing refunds ordered by LIBERTY on the treating provider.
 3. Risks – the risks of treatment as well as the risks of doing nothing

CLINICAL DENTISTRY GUIDELINES

4. It is expressly understood that “no treatment” is a viable option for various conditions and situations. Monitoring an area for further development is also a viable option and should be noted in the treatment plan.
6. Post and core procedures include buildups
 1. “D2952 post and core in addition to crown, indirectly fabricated post and core are custom fabricated as a single unit.
 2. “D2954 prefabricated post and core in addition to crown core is built around a prefabricated post. This procedure includes the core material” CDT 2011/2012, page 18.

By CDT definitions, each of these procedures includes a “core”. Therefore, providers may not unbundle procedure D2950 core buildup, including any pins and report it separately from either of these procedures for the same tooth during the same course of treatment.

Example: D2950 is generally not appropriate on an endodontically treated tooth receiving a post as the code D2954 post and core includes the core build up. LIBERTY will not benefit both codes on the same tooth on the same date of service.

7. Outcomes

Guidelines for the Assessment of Clinical Quality and Professional Performance, published by The California Dental Association, and standards set by the specialty boards shall apply.

1. Margins, contours and contacts must be clinically acceptable
2. Prostheses should be designed with a minimum life expectancy or service life of 3? 5? years or more. 5-years?

CLINICAL / COVERAGE GUIDELINE:

Based on the submitted materials, the requested single crown does not appear to have sufficient periodontal support, or have sufficient tooth structure to retain a crown for an expected life of 5 or more years. Radiographic images indicate that the tooth may be mobile and be lost during normal function sooner than a 5-year life expectation.

8. Fixed Bridges

When a single posterior tooth is missing on one side of an arch and there are clinically adequate abutment teeth on each side of the missing tooth, the general choices to replace the missing tooth would be a fixed bridge or an implant.

If it is also necessary to replace teeth on the opposite side of the same arch, the benefit would be a removable partial denture instead of the fixed bridge. This is not to assume that a removable partial denture would be the benefit in the case where there are multiple edentulous areas, but functional bridge(s) is/are properly treating one or more of the pre-existing edentulous areas.

CLINICAL DENTISTRY GUIDELINES

If a bridge is failing, however, and must be replaced, and there are other edentulous areas, the dental consultant may consider the replacement of both/all edentulous areas with a removable appliance.

This consideration may be altered in a young person with periodontal stability. In such cases consideration may be given to replacing “like for like”; e.g. replacing a defective bridge with another one even in the presence of other edentulous areas. Dental Consultants may deny the replacement bridge asking for additional information as to the treating dentist’s plans for the other edentulous areas. However, upon resubmission with a valid narrative, replacement of the bridge may be considered.

CLINICAL / COVERAGE GUIDELINE:

The requested fixed bridge appliance does not meet plan guidelines for missing tooth replacement due to the presence of other missing teeth in the same arch. Consideration should be given for a removable appliance to replace all areas of missing teeth.

1. Fixed bridges are not covered benefits in the presence of untreated moderate to severe periodontal disease, as evidenced in x-rays, or when a proposed abutment tooth or teeth have poor crown/root ratios.

CLINICAL / COVERAGE GUIDELINE:

Fixed bridges are not a benefit or considered clinically acceptable by LIBERTY in the presence of evidence of possible active periodontal disease indicating the likelihood of tooth mobility, or when remaining tooth structure does not provide sufficient crown/root ratio of 50% or greater or sufficient tooth structure to properly retain the prosthesis on one or more teeth involved. Consideration should be given to a removable prosthesis.

CLINICAL / COVERAGE GUIDELINE:

When up to all four incisors are missing in an arch, the potential abutment teeth are clinically adequate and implants are not appropriate, possible benefits for a fixed bridge will be evaluated on a case-by-case basis. Evaluation and diagnosis of any patient’s periodontal status or active disease should be documented with recent full mouth periodontal probing and submitted with any benefit determination.

1. Bridge abutments would generally be full coverage crowns.
2. Double abutments to support a fixed bridge are considered to be unnecessary unless there is evidence or documentation of medical necessity

CLINICAL / COVERAGE GUIDELINE:

A distal cantilevered pontic is generally inappropriate for the replacement of a missing posterior tooth. However, a mesial cantilevered pontic but may be acceptable for the replacement of a maxillary lateral incisor when an adequate adjacent cuspid can be used for the abutment crown. Supporting narrative should be provided for any proposed cantilever bridge.

CLINICAL / COVERAGE GUIDELINE:

Replacement of Third molars is not a benefit unless other molars are also missing and the placement of an implant approximating the third molar location would provide anchorage for a prosthesis. Routine replacement of non-functional third molars is not a benefit.

CLINICAL DENTISTRY GUIDELINES

3. Outcomes

1. Margins, contours and contacts should be clinically acceptable
2. Prognosis should be good for long term longevity
3. Guidelines for the Assessment of Clinical Quality and Professional Performance of the California Dental Association shall apply.

REMOVABLE PROSTHODONTICS

Note: Providers may document the date of service for these procedures to be the date when prosthetic appliances are completed.

A. Partial Dentures – clinical guidelines/best practices

1. A removable partial denture is normally not indicated for a single tooth replacement of non-functional second or third molars (i.e. no opposing occlusion).
 - i. Partial dentures are covered when posterior teeth require replacement on both sides of the same arch or multiple edentulous (missing but un-replaced natural teeth) areas are present.
 - a. More than three missing posterior teeth in one quadrant and no missing teeth in the contralateral quadrant.
 - b. More than four missing posterior teeth in the same arch
 - c. Four adjacent missing anterior teeth and one or more missing posterior tooth in the same arch.
 - d. Treatment plan that includes both a fixed bridge and a removable partial denture in the same arch, the partial denture is considered the covered service.
 - ii. Full or partial dentures are not covered for replacement if an existing appliance can be made satisfactory by relining or repair.
 - iii. Full or partial dentures are not a covered if a clinical evaluation reveals the presence of a satisfactory appliance, even if a patient demands replacement due to their own perceived functional and/or cosmetic problems.
 - iv. Best Practice: to replace unilateral missing teeth with a fixed bridge or implant. Unilateral removable partial dentures are rarely appropriate.
 - v. Best Practice: Abutment teeth should be restored prior to the fabrication of a removable appliance and would be covered if the teeth meet the same standalone benefit requirements of a single crown.

CLINICAL DENTISTRY GUIDELINES

- vi. Partials should be designed so that they do not harm the remaining teeth.
- vii. Materials used for removable partial dentures must be strong enough to resist breakage during normal function, nonporous, color stable, esthetically pleasing, non-toxic and non-abrading to the opposing or supporting dentition.
- viii. Appliances should be designed to cause no damage to abutment teeth and/or periodontal tissues, and to facilitate oral hygiene.
- ix. Flexible partial dentures (D5225/D5226) include the following brands: Valplast, Thermoflex, Flexite, etc.
- x. Partial dentures with acrylic clasps (such as Valplast or others, also known as “Combo Partials”) are considered under the coverage for D5213/D5214.
- xi. Proper patient education and orientation to the use of removable partial dentures should be part of the diagnosis and treatment plan. Educational materials regarding these prostheses are highly encouraged to avoid misunderstandings and grievances, and to manage patient expectation.

B. Complete Dentures

- 1. Complete dentures are the appliances of last resort, particularly in the mandibular arch. Patients should be fully informed of their significant limitations.
- 2. Establishing vertical dimension is considered to be a part of and included in the fee/process for fabricating a complete denture (standard, interim or immediate). Therefore, benefits for a complete denture are not limited or excluded in any way simply because of the necessity to establish vertical dimension.
- 3. Proper patient education and orientation to the use of removable partial dentures should be part of the diagnosis and treatment plan. Educational materials regarding these prostheses are highly encouraged to avoid misunderstandings and grievances, and to manage patient expectation.

C. Interim Complete Dentures

- 1. These non-covered appliances are only intended to replace teeth during the healing period, prior to fabrication of a subsequent, covered complete denture. Benefit may not exist for both an interim and definitive complete denture. Discussion of coverage and benefits should be clearly discussed and agreed by the member before proceeding with any optional, elective, upgraded or non-covered service. Evidence of such a discussion would be member signature on informed consent forms, treatment plan documents, chart progress notes and/or financial consent forms.

D. Immediate Complete Dentures

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1. These covered dentures are inserted immediately after a patient's remaining teeth are removed. While immediate dentures offer the benefit of never having to be without teeth, they must be relined (refitted on the inside) during the healing period after the extractions have been performed. The reason for such relining is that the shape of the supporting soft tissues and bone changes significantly during healing, causing the denture to become loose. In many cases, immediate dentures must be discarded and replaced with non-covered (limitation) standard complete dentures within the first six months.
2. An immediate denture includes routine post-delivery care, adjustments and soft liners for six months.
3. Not a benefit as a temporary denture. Subsequent complete dentures are not a benefit within a five-year period of an immediate denture.
4. Proper patient education and orientation to the use of removable partial dentures should be part of the diagnosis and treatment plan. Educational materials regarding these prostheses are highly encouraged to avoid misunderstandings and grievances, and to manage patient expectation.
5. If prior services are found to be clinically defective due to inadequate technical quality, the providers are expected to replace or correct services rendered by them at no additional charge to the member.

E. Repairs and Relines

1. Repair of a partial or complete denture is covered if it results in a serviceable appliance, subject to limitations.
2. Supporting soft tissues and bone shrink over time, resulting in decreased retention and/or stability of the appliance. A reline of a partial or complete denture would be covered (subject to plan limitations) if the procedure would result in a serviceable appliance.

IMPLANTS

A. General Guidelines

1. A thorough history and clinical examination leading to the evaluation of the patient's general health and diagnosis of his/her oral condition must be completed prior to the establishment of an appropriate treatment plan.
2. A conservative treatment plan should be considered prior to providing a patient with one or more implants. Crown(s) and fixed partial prosthetics for dental implants may be contraindicated for the following reasons:
 - i. Adverse systemic factors such as diabetes and history of recent smoking habit
 - ii. Poor oral hygiene and tissue management by the patient

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- iii. Inadequate osseointegration of the dental implant(s) (mobility)
- iv. Excessive para-function or occlusal loading
- v. Poor positioning of the dental implant(s)
- vi. Excessive loss of bone around the implant prior to its restoration
- vii. Mobility of the implant(s) prior to placement of the prosthesis
- viii. Inadequate number of implants or poor bone quality for long span prostheses
- ix. Need to restore the appearance of gingival tissues in high esthetic areas
- x. When the patient is under 16 years of age, unless unusual conditions prevail

B. Restoration

1. The restoration of dental implants differs in many ways from the restoration of teeth, and as such, the restoration of dental implants has separate guidelines.
2. Care must be exercised when restoring dental implants so that the occlusal and lateral loading of the prosthesis does not damage the integration of the dental implant system, to the bone or affect the integrity of the implant system itself.
3. Care must also be exercised when designing the prosthesis so that the hardness of the material used is compatible with that of the opposing occlusion.
4. Jaw relationship and intra arch vertical distance should be considered in the initial treatment plan and selection of retentive and restorative appliances.

C. Outcomes

1. The appearance of fixed prosthetic appliances for implants may vary considerably depending on the location, position and number of implants to be restored.
2. The appearance of the appliances must be appropriate to meet the functional and esthetic needs of the patient.
3. The appearance and shape of the fixed prosthesis must exhibit contours that are in functional harmony with the remaining hard and soft tissues of the mouth.
4. They must exhibit good design form to facilitate good oral hygiene, even in cases where the prosthesis may have a ridge lap form.
5. Fixed implant prostheses must incorporate a strategy for removal of the appliance without damage to the implant, or adjacent dentition, so that the implant can be utilized in cases where there is further loss of teeth, or where repair of the appliance is necessary.

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6. Multiple unit fixed prostheses for implants must fit precisely and passively to avoid damage to the implants or their integration to the bone.
7. It is a contra-indication to have a fixed dental prosthesis abutted by both dental implant(s) and natural teeth (tooth) without incorporating a design to alleviate the stress from an osseointegrated (non-movable) abutment to a natural tooth supported by the periodontal ligament allowing slight movement.
8. It is the responsibility of the restoring dentist to evaluate the initial acceptability of the implants prior to proceeding with a restoration.
9. It is the responsibility of the restoring dentist to instruct the patient in the proper care and maintenance of the implant system and to evaluate the patient's care initially following the final placement of the prosthetic restoration.
10. Fixed partial prostheses, as well as a single unit crowns, are expected to have a minimum life expectancy or service life of 5-years.
11. Second stage implant surgery; placement of the healing collar after a sufficient period of osseointegration is inclusive in the placement of the implant body (D6010).
12. Flap procedures D4240, D4241, D4245 during placement of implant body (D6010) is inclusive.