
Delta Dental of Ohio Clinical Criteria for Utilization Management Decisions

Clinical Criteria for Appropriateness of Care

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Introduction

This Delta Dental of Ohio clinical criteria document addresses decision criteria for professional evaluation of conditions where dental procedures are not considered appropriate care pursuant to an evidence-based determination that the procedures were inadvisable, deficient in clinical quality, inadequately documented, incomplete or never performed. The purpose of this document is to provide written criteria to ensure that Delta Dental of Ohio consistently applies sound and objective evidence when dental procedures must be evaluated by dental peer reviewers for appropriateness of care, as well as ensuring that individual patient circumstances and the local delivery system are taken into account.

For a dental procedure to be deemed appropriate care, there must be evidence that the type, frequency, extent, site and duration of treatment is applicable to an individual patient's dental condition and that the timing, sequencing and documentation of treatment is consistent with generally accepted standards of dental practice. These elements of quality care provide a foundation for the concept of appropriateness of care and establish a benchmark for how dental care should be delivered. Conditions where dental procedures may be determined not to have been provided in an appropriate manner include the presence of a clinical contraindication to treatment that subjects a patient to the risk of a dental procedure having a poor or harmful outcome, inadequate quality of care, failure to appropriately complete treatment, the provision of conflicting information with claim submission and the failure of a practitioner to adequately document the performance and completion of a dental procedure.

Applicable Dental Procedures

Depending on the situation and application, conditions where dental procedures may be determined not to have been provided in an appropriate manner may pertain to all dental procedures, dental procedures specific to a tooth or area of the mouth or one or more particular categories of dental treatment. Reference to a particular condition or dental procedure is for informational purposes only and does not imply benefit coverage or noncoverage of a procedure by a member's dental plan. A determination that a dental procedure is clinically appropriate, or meets other requirements such as adequate documentation, does not guarantee that the procedure is a covered benefit of a member's dental plan. To determine if a dental procedure is a covered benefit of an individual member's dental plan, please refer to the plan documents in effect on the date of service.

Clinical Criteria¹

When the payment of benefits for a dental procedure by a member's dental plan requires an evaluation of appropriateness of care by a dental peer reviewer, if there is credible evidence of a condition where the procedure was inadvisable, deficient in clinical quality, inadequately documented, incomplete or never performed, benefit payment may be disapproved after a review of the patient's unique circumstances and any mitigating factors. The following

¹ Government regulations or the provisions of a member's dental plan that define when a dental procedure may be considered medically necessary and clinically appropriate with respect to benefit coverage may take precedence over these criteria.

examples are generally considered to be conditions where a dental procedure may be considered inappropriate care and be disapproved for benefit payment:

- Unresolved active periodontal disease
- Advanced loss of periodontal attachment with insufficient bony support to maintain teeth in a stable functional condition
- Advanced furcation involvement in a multirooted tooth
- Advanced mucogingival defects
- Unresolved periapical pathology
- Inadequate or unsuccessful endodontic therapy or periradicular surgery
- Improperly aligned post
- Unfavorable root morphology or root resorption
- Iatrogenic perforation of a root by a post, pin or as a result of other manipulation
- Failed root integrity due to root fracture or resorptive defect
- Structural breakdown from dental caries, extensive restoration and/or tooth fracture with insufficient natural or restored sound tooth structure to maintain a tooth in a stable functional condition
- Fracture, breakdown or perforation through the furcation of a multirooted tooth
- A primary tooth nearing exfoliation where more than half of the root(s) are resorbed and the tooth is mobile
- Allergy to a material used in a dental procedure (e.g., nickel)
- Inadequate tooth preparation for a restoration
- Inadequate marginal adaptation of a restoration
- Inadequate healing time for a restoration following surgical crown lengthening
- Compromised temporomandibular joint
- Coexisting major systemic disease or other health condition where proceeding with dental treatment is inadvisable
- An alternative procedure is the appropriate treatment for a patient's condition or circumstance
- A tooth had been extracted or was missing as of the service date submitted for a dental procedure
- Information about a patient's dental treatment sent with a claim is inconsistent with the patient record
- No documentation that a dental procedure was performed and completed

Other Considerations

When dental procedures must be evaluated by dental peer reviewers for payment of dental benefits, the following additional information will be taken into consideration, if applicable:

- Individual patient characteristics including age, comorbidities, complications, progress of treatment, psychosocial situation and home environment
- Available services in the local dental delivery system and their ability to meet the member's specific dental care needs when clinical criteria are applied

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Required Documentation

The decision to perform a dental procedure on a patient should be based on a thorough clinical and radiographic examination that facilitates the formulation of an appropriate treatment plan consistent with the elements of appropriate care. Maintaining complete clinical documentation in an organized and consistent manner throughout the delivery of patient care is an essential element of appropriateness of care that supports a patient's continuity of care and optimizes professional decision-making and resultant dental health outcomes.

When dental procedures must be evaluated by dental peer reviewers for payment of dental benefits, the treating practitioner should submit claims for benefit payment with appropriate information from the patient's dental record. If the practitioner is unable to provide this information, benefit payment may be disapproved. Commonly required documentation for dental procedures includes:

- Preoperative radiographic and/or photographic imaging supporting the performance of a dental procedure
- Relevant information about a patient's overall medical and dental history
- Documentation of the present condition of the teeth and surrounding tissues
- Explanation of the diagnostic rationale for performing a dental procedure
- Documentation of the performance and completion of a dental procedure, including any associated procedures concurrently provided (e.g., anesthesia or intravenous sedation)

Additional Information

The provision of dental advice and clinical treatment of patients is the sole responsibility of treating dentists, and these clinical criteria are not intended to restrict dentists from carrying out that responsibility or recommend treatment to their patients.

Delta Dental of Ohio's clinical criteria are developed and annually updated by a panel of licensed dental general practitioners and specialists serving on Delta Dental of Ohio's Utilization Management (UM) Committee, including the Dental Director and Utilization Management Director. The criteria are developed in alignment with evidence-based clinical recommendations, guidelines and parameters of care of leading nationally recognized dental public health organizations, health research agencies and professional organizations, credible scientific evidence published in peer-reviewed medical and dental literature, the curriculum of accredited dental schools, the regulatory status of relevant dental technologies, the rules and requirements of the Centers for Medicare and Medicaid Services, Delta Dental of Ohio national processing policies and input from practicing dentists. New and revised clinical criteria must be approved by the Dental Director and adopted by the UM Committee prior to release.

Federal or state statutes or regulations, dental plan contract provisions, local or national claim processing policies or other mandated requirements may take precedence over these clinical criteria.

Delta Dental of Ohio reserves the right to modify or replace this document at any time as appropriate to ensure the soundness, accuracy and objectivity of Delta Dental of Ohio's clinical criteria.

Appendix A

EPSDT - Early and Periodic Screening, Diagnostic, and Treatment (EPSDT). It is a comprehensive healthcare benefit for children and youth under age 21 enrolled in Medicaid, which includes regular screenings (like vision, hearing, dental and developmental), diagnostic services, and treatment to correct or ameliorate health conditions. This program aims to find and treat health issues before they become serious or disabling, offering a wide range of medically necessary services beyond what is typically covered in a state's standard Medicaid plan.

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Covered dental services must, at a minimum, include dental care needed for relief of pain, infection, restoration of teeth, maintenance of dental health (provided at as early an age as necessary), and medically necessary orthodontic services. Each state is required to develop a dental periodicity schedule in consultation with recognized dental organizations involved in child health. Services at more frequent intervals than specified in the periodicity schedule are covered when medically necessary for an individual child. The recommended periodicity schedule from the AAPD provides a guide to the type and timing of oral evaluation and prevention services that are considered to be medically necessary under EPSDT. The AAPD periodicity schedule can be accessed at <http://www.aapd.org/assets/1/7/Periodicity-AAPDSchedule.pdf>.

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