



Dental Clinical Policy

Subject: Generally Accepted Standard of Dental Care

Guideline #: Clinical Policy – 01

Status: Revised

Publish Date: 01/01/2021

Last Review Date: 12/06/2020

Description

When requests are submitted by treating dentists to provide services for covered members, dental review may determine that the treatment proposed or rendered may not qualify for any benefit based on the plan contractual requirement that dental services meet generally accepted standards of dental care.

Dental care directed at salvaging non-functional, non-restorable teeth may not be considered for benefits. In order to make that determination, the plan performs review due to contractual requirements that necessitate benefits for dental services meet specific contract requirements. For example, plan contract(s) may require the provision of benefits for services that meet generally accepted standards of dental care at the lowest cost that properly addresses the patient's condition. The conclusion that a particular service is medically or dentally necessary does not constitute an indication or warranty that the service requested is a covered benefit payable by the dental plan.

Dental review, as it applies to accepted standards of dental care, means dental services that a dental professional, exercising prudent clinical judgment, provides to a patient for the purpose of evaluating, diagnosing or treating a dental injury or disease or its symptoms, and that are: in accordance with the generally accepted standards of dental care; in terms of type, frequency and extent and is considered effective for the patient's dental injury or disease; and is not primarily performed for the convenience of the patient or dental professional, is not cosmetic and is not more costly than an alternative service.

For dental purposes, "generally accepted standards of dental care" means:

- Standards that are based on credible scientific evidence published in peer-reviewed, dental literature generally recognized by the practicing dental community
- specialty society recommendations/criteria
- the views of recognized dentists practicing in the relevant clinical area
- any other relevant factors

Documentation

Must include recent, dated, properly identified pretreatment diagnostic radiographic image/s that include the radiographic apex. Clinical chart notes, intra-oral photographs, current dated 6-point periodontal charting, and history of periodontal therapy may also be required.

Criteria

A service may be considered not meeting generally accepted standards of dental care when:

1. Crown to root ratios that are poorer than 1:1 creates a less than ideal situation. Unfavorable crown to root ratios must include an assessment of the patient’s full mouth dental condition, medical history, dental history, periodontal history, periodontal continuing care, age, and occlusion.
2. The periodontal health of teeth must be considered. Teeth demonstrating uncontrolled or untreated periodontal disease, evidenced by radiographic or periodontal charting, loss of supporting bone including furcation, may not be considered for approval of the dental procedure unless the treating dentist can demonstrate that definitive periodontal therapy and periodontal maintenance have been successfully performed, or the treatment plan includes periodontal therapy, the success of which will be evaluated prior to approval for the indirect restoration. The current periodontal status and history of periodontal therapy, presence of tooth mobility, and continuous maintenance therapy may be requested prior to benefit determination. Current dated 6 point periodontal chart as described by the ADA and AAP may also be required.
3. The endodontic status of a tooth must be considered (included but not limited to):
 - a. Untreated or unresolved periapical or periradicular pathology will not be considered for any benefits other than endodontic treatment. See Dental Policy 03-001 Endodontic Therapy.
 - b. Unresolved lesion in close proximity to the pulp chamber in the absence of treatment planned endodontic therapy. See Dental Policy 03-001 Endodontic Therapy.
 - c. A tooth with an overfill/underfill root canal obturation or poor condensation may not be considered. See Dental Policy 03-001 Endodontic Therapy.
 - d. Teeth with internal or external resorption may not be considered for benefit. See Dental Policy 03-001 Endodontic Therapy.
4. Treatment of teeth with sub-gingival/sub-osseous carious lesions that compromise the **supracrestal tissue attachment (STA formerly referred to as biologic width)** and/or extend into the furcation without addressing restorative and periodontal considerations is considered not appropriate.
5. A tooth exhibiting significant coronal structural loss that appears unrestorable.
6. A tooth that exhibits root fracture, root defects, or root perforation.

History

Revision History	Version	Date	Nature of Change	SME
	Initial	6/12/19		Kahn
	Revision	7/23/19	Verbiage	Committee
	Revision	12/02/2020	Annual Review	Committee
	Revised	12/06/2020	Annual Review	Committee
