



December 2018

policy update **bulletin**

Dental Clinical Policy & Coverage Guideline Updates

UnitedHealthcare respects the expertise of the physicians, health care professionals, and their staff who participate in our network. Our goal is to support you and your patients in making the most informed decisions regarding the choice of quality and cost-effective care, and to support practice staff with a simple and predictable administrative experience. The Policy Update Bulletin was developed to share important information regarding UnitedHealthcare Dental Clinical Policy and Coverage Guideline updates.*

*Where information in this bulletin conflicts with applicable state and/or federal law, UnitedHealthcare follows such applicable federal and/or state law

Dental Clinical Policy & Coverage Guideline Updates

Overview

This bulletin provides complete details on UnitedHealthcare Dental Clinical Policy, Coverage Guideline, and Utilization Review Guideline (URG) updates. The inclusion of a dental service (e.g., procedure or technology) in this bulletin indicates only that UnitedHealthcare has recently adopted a new policy and/or updated, revised, replaced or retired an existing policy; it does not imply that UnitedHealthcare provides coverage for the dental service. In the event of an inconsistency or conflict between the information provided in this bulletin and the posted policy, the provisions of the posted policy will prevail. Note that most benefit plan documents exclude from benefit coverage health services identified as investigational or unproven/not medically necessary. Physicians and other health care professionals may not seek or collect payment from a member for services not covered by the applicable benefit plan unless first obtaining the member's written consent, acknowledging that the service is not covered by the benefit plan and that they will be billed directly for the service.



A complete library of Dental Clinical Policies & Coverage Guidelines is available at [UHCprovider.com](https://www.uhcprovider.com) > *Policies and Protocols* > *Dental Clinical Policies and Coverage Guidelines*.

Tips for using the Policy Update Bulletin:

- From the table of contents, click the policy title to be directed to the corresponding policy update summary.
- From the policy updates table, click the policy title to view a complete copy of a new, updated, or revised policy.

Policy Update Classifications

New

New clinical coverage criteria and/or documentation review requirements have been adopted for a health service (e.g., test, drug, device or procedure)

Updated

An existing policy has been reviewed and changes have not been made to the clinical coverage criteria or documentation review requirements; however, items such as the clinical evidence, FDA information, and/or list(s) of applicable codes may have been updated

Revised

An existing policy has been reviewed and revisions have been made to the clinical coverage criteria and/or documentation review requirements

Replaced

An existing policy has been replaced with a new or different policy

Retired

The health service(s) addressed in the policy are no longer being managed or are considered to be proven/medically necessary and are therefore not excluded as unproven/not medically necessary services, unless coverage guidelines or criteria are otherwise documented in another policy

Note: The absence of a policy does not automatically indicate or imply coverage. As always, coverage for a health service must be determined in accordance with the member's benefit plan and any applicable federal or state regulatory requirements. Additionally, UnitedHealthcare reserves the right to review the clinical evidence supporting the safety and effectiveness of a medical technology prior to rendering a coverage determination.

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Take Note

ANNUAL CDT® CODE UPDATES

Beginning Jan. 1, 2019, all applicable Dental Clinical Policies, Coverage Guidelines, and Utilization Review Guidelines will be modified to reflect the 2019 Current Dental Terminology (CDT®) code additions, revisions, and deletions. Refer to the following source for information on the 2019 code updates:

[American Dental Association®. Current Dental Terminology: CDT®](#)

Complete details on impacted policies and corresponding code edits will be provided in the January 2019 edition of the Dental Policy Update Bulletin.

Coverage Guideline Updates

Policy Title	Effective Date	Coverage Rationale
NEW		
Dental Care Services in an Operating Room or Ambulatory Surgery Center	Jan. 1, 2019	<p>The provision of dental care under general anesthesia in a hospital operating room (OR) or ambulatory surgery center (ASC) is necessary for select individuals.</p> <p>Indications include consideration of the following:</p> <ul style="list-style-type: none"> • Compromising medical condition • Age • Behavior/cognitive impairment • Complexity of care <p><u>Prior Authorization Documentation (When Required)</u></p> <ul style="list-style-type: none"> • Physician documentation (if indicated) • Dental provider clinical documentation (including imaging if available) • Completed Dental Care Services in an Operating Room or Ambulatory Surgery Center: Criteria Scoring form showing a total score of 24 or greater