



November 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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UPDATED			
Application of Medicaments and Desensitizing Resins	Nov. 1, 2018	<ul style="list-style-type: none"> Updated supporting information to reflect the most current clinical evidence and references; no change to coverage rationale or list of applicable codes 	
Non-Surgical Periodontal Therapy	Nov. 1, 2018	<ul style="list-style-type: none"> Updated coverage rationale: <ul style="list-style-type: none"> Modified list of indications for periodontal maintenance; replaced "to maintain the results of non-surgical periodontal <i>scaling and root planing therapy</i> and prevent recurrent disease" with "to maintain the results of <i>surgical and non-surgical periodontal treatment</i> and prevent recurrent disease" Updated information pertaining to clinical evidence/study findings for gingival irrigation per quadrant; replaced language indicating "the available studies show the greatest <i>problem with</i> irrigation as an adjunctive therapy is that the antimicrobials are quickly eliminated" with "the available studies show the greatest <i>limitation of</i> irrigation as an adjunctive therapy is that the antimicrobials are quickly eliminated <i>and have no sustained effect</i>" Updated supporting information to reflect the most current description of services and references 	
Surgical Extraction of Impacted Teeth	Nov. 1, 2018	<ul style="list-style-type: none"> Updated supporting information to reflect the most current clinical evidence and references; no change to coverage rationale or list of applicable codes 	
Policy Title	Effective Date	Summary of Changes	Coverage Rationale
REVISED			
Miscellaneous Diagnostic Procedures	Jan. 1, 2019	<ul style="list-style-type: none"> Changed policy type classification from "Coverage Guideline" to "Clinical Policy" Revised coverage rationale: <ul style="list-style-type: none"> Updated content sub-heading; replaced "HbA1c In Office <i>Testing</i>" with "In-Office HbA1c and Blood Glucose Level Tests" Updated information pertaining to clinical evidence/study findings: <ul style="list-style-type: none"> In-Office HbA1c and Blood Glucose Level Tests <ul style="list-style-type: none"> Modified language to indicate the link between periodontal disease and 	<p><u>In-Office HbA1c and Blood Glucose Level Tests</u> The link between periodontal disease and diabetes has been well established, and the clinical utility of chairside dental office screening with subsequent referral to primary care has been explored as a means to improve the diagnosis of prediabetes and diabetes. There is a lack of high quality evidence that testing in the dental office setting results in improved outcomes.</p> <p><u>Caries Susceptibility Tests</u> There is a lack of objective, high quality evidence to support or refute the efficacy or superiority of this specific testing method as a tool for Caries risk assessment and management.</p> <p><u>Adjunctive Pre-Diagnostic Tests that Aid in the Detection of Mucosal Abnormalities Including Premalignant and Malignant Lesions (Not to Include Cytology or Biopsy Procedures)</u> Based on current evidence, these devices should be utilized as part of a</p>

Clinical Policy Updates

Policy Title	Effective Date	Summary of Changes	Coverage Rationale
REVISED			
Miscellaneous Diagnostic Procedures <i>(continued)</i>	Jan. 1, 2019	<p>diabetes has been well established, and the clinical utility of chairside dental office screening with subsequent referral to primary care has been explored as a means to improve the diagnosis of prediabetes and diabetes; there is a lack of high quality evidence that testing in the dental office setting results in improved outcomes</p> <p>Caries Susceptibility Tests</p> <ul style="list-style-type: none"> ▪ Replaced reference to “high quality <i>clinical</i> evidence” with “high quality evidence” • Added definition of “HbA1c/A1C” • Updated list of applicable CDT codes to reflect annual code edits; added D0412 • Updated supporting information to reflect the most current description of services, clinical evidence, FDA information, and references 	<p>comprehensive approach to screening for oral cancer. The gold standard for definitive diagnosis remains surgical biopsy with histopathological examination.</p> <p><u>Pulp Vitality Tests</u></p> <p>Pulp vitality tests are indicated for the following:</p> <ul style="list-style-type: none"> • For traumatic injuries to teeth • Teeth with deep Caries or defective restorations <p>Pulp vitality tests are not indicated for the following:</p> <ul style="list-style-type: none"> • Sensitivity of exposed dentin without evidence of Pulp pathosis • Teeth with no evidence of Caries, resorption, defective restorations, or are otherwise asymptomatic • As part of routine dental examinations <p><u>Diagnostic Casts</u></p> <p>Combined with clinical and radiographic findings, Diagnostic Casts may be useful for select cases, as they can provide a further understanding of the overall dentition. They may be helpful in developing the treatment plan without the patient present, and can serve as an additional tool for educating the patient. They provide an opportunity for a more thorough evaluation of the following:</p> <ul style="list-style-type: none"> • Tooth interdigitation • Functional occlusion, and any occlusal abnormalities • Wear facets and defective restorations, coronal contours, proximal contacts and embrasure spaces between teeth
Therapeutic Parenteral Drug Administration and In-Office Dispensing of Medications	Jan. 1, 2019	<ul style="list-style-type: none"> • Revised coverage rationale: <ul style="list-style-type: none"> ○ Updated content sub-headings; replaced: <ul style="list-style-type: none"> ▪ “Therapeutic Parenteral Drug Administration (Single or Two or More Administrations)” with “Therapeutic Parenteral Drug Administration (Single or Two or More 	<p><u>Therapeutic Parenteral Drug Administration (Single or Two or More Administrations)/Infiltration of Sustained Release Therapeutic Drug (Single or Multiple Sites)</u></p> <p>Therapeutic Parenteral drug administration may be indicated to enhance healing of surgical procedures, or reduce pain and/or risk of infection. Medications include antibiotics, steroids or anti-inflammatory drugs, and sustained release anesthetics.</p> <p><u>Drugs or Medicaments Dispensed in the Office for Home Use</u></p> <p>Dispensing of drugs may be indicated to enhance healing of surgical</p>

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Policy Title	Effective Date	Summary of Changes	Coverage Rationale
REVISED			
Therapeutic Parenteral Drug Administration and In-Office Dispensing of Medications (continued)	Jan. 1, 2019	<p>Administrations)/<i>Infiltration of Sustained Release Therapeutic Drug (Single or Multiple Sites)</i>"</p> <ul style="list-style-type: none"> ▪ "Other Drugs and/or Medicaments (<i>By Report</i>)" with "Drugs or Medicaments <i>Dispensed in the Office for Home Use</i>" ○ Updated information pertaining to clinical evidence/study findings: <p>Therapeutic Parenteral Drug Administration (Single or Two or More Administrations)/Infiltration of Sustained Release Therapeutic Drug (Single or Multiple Sites)</p> <ul style="list-style-type: none"> ▪ Modified language to indicate therapeutic parenteral drug administration may be indicated to enhance healing of surgical procedures, or reduce pain and/or risk of infection; medications include antibiotics, steroids or anti-inflammatory drugs, and sustained release anesthetics <p>Drugs or Medicaments Dispensed in the Office for Home Use</p> <ul style="list-style-type: none"> ▪ Modified language to indicate dispensing of 	<p>procedures, or reduce pain and/or risk of infection. These include, but are not limited to oral antibiotics, oral analgesics, and topical fluoride.</p> <p>Coverage Limitations and Exclusions</p> <ul style="list-style-type: none"> • Drugs/medications, obtainable with or without a prescription, unless they are dispensed and utilized in the dental office during the patient visit

Clinical Policy Updates

Policy Title	Effective Date	Summary of Changes	Coverage Rationale
REVISED			
Therapeutic Parenteral Drug Administration and In-Office Dispensing of Medications (continued)	Jan. 1, 2019	<p>drugs may be indicated to enhance healing of surgical procedures, or reduce pain and/or risk of infection; these include, but are not limited to oral antibiotics, oral analgesics, and topical fluoride</p> <ul style="list-style-type: none"> ○ Revised list of coverage limitations and exclusions; removed language indicating therapeutic parenteral drug administration is inclusive when administered intravenously (IV) during IV sedation and general anesthesia • Updated list of applicable CDT codes to reflect annual code edits; added D9613 • Updated supporting information to reflect the most current description of services, clinical evidence, FDA information, and references 	

Coverage Guideline Updates

Policy Title	Effective Date	Summary of Changes
UPDATED		
Bacterial and Viral Testing	Nov. 1, 2018	<ul style="list-style-type: none"> Routine review; no content changes
General Anesthesia and Conscious Sedation Services	Jan. 1, 2019	<ul style="list-style-type: none"> Updated list of applicable CDT codes to reflect annual code edits; revised description for D9219
Implants	Nov. 1, 2018	<ul style="list-style-type: none"> Updated supporting information to reflect the most current references; no change to coverage rationale or list of applicable codes
Medically Necessary Orthodontic Treatment	Nov. 1, 2018	<ul style="list-style-type: none"> Routine review; no content changes
Occlusal Guards	Jan. 1, 2019	<ul style="list-style-type: none"> Updated list of applicable CDT codes to reflect annual code edits: <ul style="list-style-type: none"> Added D9944, D9945, and D9946 Removed D9940
Removable Prosthodontics	Jan. 1, 2019	<ul style="list-style-type: none"> Updated list of applicable CDT codes to reflect annual code edits: <ul style="list-style-type: none"> Added D5282, D5283, and D5876 Removed D5281 Revised description for D5211, D5212, and D5630
Space Maintenance	Jan. 1, 2019	<ul style="list-style-type: none"> Updated list of applicable CDT codes to reflect annual code edits: <ul style="list-style-type: none"> Added D1516, D1517, D1526, and D1527 Removed D1515 and D1525 Updated supporting information to reflect the most current references
Surgical Extraction of Erupted Teeth and Retained Roots	Nov. 1, 2018	<ul style="list-style-type: none"> Updated coverage rationale; replaced language indicating “surgical extraction of an erupted tooth is not <i>proven</i> or indicated for the [listed conditions]” with “surgical extraction of an erupted tooth is not indicated for the [listed conditions]” Updated supporting information to reflect the most current references

Coverage Guideline Updates

Policy Title	Effective Date	Summary of Changes	Coverage Rationale
REVISED			
Full Mouth Debridement	Dec. 1, 2018	<ul style="list-style-type: none"> • Revised coverage rationale/list of coverage limitations and exclusions; removed language indicating this service is: <ul style="list-style-type: none"> ○ Not to be billed on same day as any exam code or non-surgical periodontal therapy code ○ Not to be billed within 12 months of prophylaxis or periodontal maintenance ○ Not to be used as a therapeutic or preventive procedure such as scaling and root planing or prophylaxis • Updated supporting information to reflect the most current references 	<p><u>Indications for Coverage</u></p> <p>Full mouth Debridement is a covered dental service and indicated when the following criteria have been met:</p> <ul style="list-style-type: none"> • Heavy calculus is present on teeth and usually visible on radiographs • Due to the amount of calculus, plaque and debris, a comprehensive examination and diagnosis is not possible <p><u>Coverage Limitations and Exclusions</u></p> <ul style="list-style-type: none"> • Limited to once every 36 months

Utilization Review Guideline (URG) Updates

Policy Title	Effective Date	Summary of Changes	Review Criteria
REVISED			
National Standardized Dental Claim Utilization Review Criteria	Jan. 1, 2019	<ul style="list-style-type: none"> Updated list of resource tools; replaced reference link to "2018 CDT Dental Procedures Codes" with "2019 CDT Dental Procedures Codes" Revised list of applicable CDT codes: <ul style="list-style-type: none"> Restorative Services <ul style="list-style-type: none"> Added D2983 with accompanying: <ul style="list-style-type: none"> Language to indicate the following documentation is required only when requested: <ul style="list-style-type: none"> Narrative of necessity/report of procedure Current dated pre-operative radiographs of teeth Reference link to Dental Coverage Guideline titled <i>Other Restorative Procedures</i> Diagnostic, Preventive, Removable Prosthodontics, and Adjunctive General Services <ul style="list-style-type: none"> Added D0412, D1516, D1517, D1526, D1527, D5282, D5283, D5876, D9613, D9944, D9945, and D9946 (<i>annual code edits</i>) Removed D1515, D1525, D5281, and D9940 (<i>annual code edits</i>) 	Refer to the policy for complete details on National Standardized Dental Claim Utilization Review Criteria .