

# *UnitedHealthcare Dental* Policy Update Bulletin: December 2020

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## Take Note

### **New Look for UnitedHealthcare Dental Policies**

Beginning Dec. 1, 2020 and continuing over the next several months, we will be refreshing the look of the UnitedHealthcare Dental Clinical Policies, Coverage Guidelines, and Utilization Review Guidelines. Unless otherwise announced, there will be no change to policy content/guidelines as a result of the new look.

### **Annual CDT® Code Updates**

Beginning Jan. 1, 2021, all applicable Dental Clinical Policies, Coverage Guidelines, and Utilization Review Guidelines will be modified to reflect the 2021 Current Dental Terminology (CDT®) code additions, revisions, and deletions. Refer to the [American Dental Association®](#), [Current Dental Terminology: CDT®](#) for information on the 2021 code updates. Complete details on impacted policies and corresponding code edits will be provided in the January 2021 edition of the Dental Policy Update Bulletin.

## Coverage Guideline Updates

Revised			
Policy Title	Effective Date	Summary of Changes	Coverage Rationale
Miscellaneous Diagnostic Procedures	Jan. 1, 2021	<p><b>Coverage Rationale</b></p> <p><i>In-Office HbA1c and Blood Glucose Level Tests</i></p> <ul style="list-style-type: none"> <li>Revised language to state, for the purposes of diagnosing pre-diabetes and diabetes, using HbA1c and blood glucose level tests in the dental office setting are not indicated due to insufficient evidence of efficacy or improved health outcomes</li> </ul> <p><i>Antigen and Antibody Testing</i></p> <ul style="list-style-type: none"> <li>Added language stating antigen and antibody testing for public health related pathogens is out of scope for dental providers</li> </ul> <p><b>Definitions</b></p> <ul style="list-style-type: none"> <li>Added definition of: <ul style="list-style-type: none"> <li>Antibody</li> <li>Antigen</li> </ul> </li> </ul> <p><b>Applicable Codes</b></p> <ul style="list-style-type: none"> <li>Updated list of applicable CDT codes to reflect annual edits; added D0604 and D0605</li> </ul> <p><b>Supporting Information</b></p> <ul style="list-style-type: none"> <li>Updated <i>Description of Services, Clinical Evidence, FDA, and References</i> sections to reflect the most current information</li> </ul>	<p><b>In-Office HbA1c and Blood Glucose Level Tests</b></p> <p>For the purposes of diagnosing pre-diabetes and diabetes, using HbA1c and blood glucose level tests in the dental office setting are not indicated due to insufficient evidence of efficacy or improved health outcomes.</p> <p><b>Caries Susceptibility Tests</b></p> <p>Caries susceptibility tests are not indicated due to insufficient evidence of efficacy.</p> <p><b>Adjunctive Pre-Diagnostic Tests that Aid in the Detection of Mucosal Abnormalities Including Premalignant and Malignant Lesions (Not to Include Cytology or Biopsy Procedures)</b></p> <p>These procedures are not indicated due to insufficient evidence of efficacy.</p> <p><b>Brush Biopsy</b></p> <p>Brush biopsies (e.g., Oral CDx® The BrushTest, Orcellex) are not indicated due to insufficient evidence of efficacy. Pulp Vitality Tests</p> <p><b>Pulp Vitality Tests</b></p> <p>Pulp vitality tests are indicated for the following:</p> <ul style="list-style-type: none"> <li>For traumatic injuries to teeth</li> <li>Teeth with deep Caries or defective restorations</li> </ul> <p>Pulp vitality tests are not indicated for the following:</p> <ul style="list-style-type: none"> <li>Sensitivity of exposed dentin without evidence of Pulp pathosis</li> <li>As part of routine dental examinations</li> </ul> <p><b>Diagnostic Casts</b></p> <p>Diagnostic casts may be indicated for a more thorough evaluation of the following:</p>

## Coverage Guideline Updates

Revised			
Policy Title	Effective Date	Summary of Changes	Coverage Rationale
Miscellaneous Diagnostic Procedures (continued)	Jan. 1, 2021		<ul style="list-style-type: none"> <li>• Tooth interdigitation</li> <li>• Functional occlusion, and any occlusal abnormalities</li> <li>• Wear facets and defective restorations, coronal contours, proximal contacts and embrasure spaces between teeth</li> </ul> <p><b>Antigen and Antibody Testing</b></p> <p>Antigen and antibody testing for public health related pathogens is out of scope for dental providers.</p> <p><b>Exclusions</b></p> <ul style="list-style-type: none"> <li>• Dental Services that are not Necessary</li> <li>• Any Dental Procedure not directly associated with dental disease</li> <li>• Procedures that are considered to be Experimental, Investigational or Unproven</li> </ul> <p><b>Coverage Limitations</b></p> <ul style="list-style-type: none"> <li>• Diagnostic casts are limited to 1 time per consecutive 24 months</li> <li>• Pulp Vitality Tests are limited to 1 charge per visit, regardless of how many teeth are tested</li> <li>• Adjunctive Pre-Diagnostic Test that aids in detection of mucosal abnormalities including premalignant and malignant lesions, not to include cytology or biopsy are limited to 1 time per consecutive 12 months</li> </ul>

## General Information

The inclusion of a health service (e.g., test, drug, device or procedure) in this bulletin indicates only that UnitedHealthcare is adopting a new policy and/or updated, revised, replaced or retired an existing policy; it does not imply that UnitedHealthcare provides coverage for the health service. 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.

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.

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 Dental Policy Update Bulletin was developed to share important information regarding UnitedHealthcare Dental Clinical Policy, Coverage Guideline, and Utilization Review Guideline updates. When information in this bulletin conflicts with applicable state and/or federal law, UnitedHealthcare follows such applicable federal and/or state law.

## Policy Update Classifications

### *New*

New clinical coverage criteria 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; 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

### *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



The complete library of UnitedHealthcare Dental Clinical Policies & Coverage Guidelines is available at [UHCprovider.com](https://UHCprovider.com) > Policies and Protocols > [Dental Clinical Policies and Coverage Guidelines](#).