NetClaim Solutions
Management Services Organization



DENTAL UTILIZATION
CLINICAL REVIEW GUIDELINES

This document is designed to provide guidance for the adjudication of claims and/or prior authorization requests. Utilization Review (UR) activities are supported by evidence–based, nationally recognized dental policies, clinical guidelines, and criteria developed, approved, and published by the American Dental Association. These policies, guidelines and criteria promote delivery of appropriate care in the most appropriate setting at the appropriate time. Specific plan coverage, exclusions or limitations supersede these criteria. The information in this document is proprietary and confidential, and the recipient hereof agrees to maintain that confidentiality. Neither this document, nor the information contained therein, may be reproduced, or disclosed to any third person or entity without express written consent and permission. Proprietary Information of NetClaim Solutions LLC. Copyright 2023

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Table of Contents

	Page
Instructions for Use	5
General Review Guidelines	7
Diagnostic	11
Restorative	19
Endodontics	38
Periodontics	47
Removable Prosthodontics	75
Implants	89
Fixed Prosthodontics	113
Oral Surgery	125
Adjunctive General Service	135

Instructions for Use

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NetClaim utilization review guidelines are based on recommendations and standards developed by dental professional organizations, and regulatory bodies to guide dental practitioners in delivering high-quality care. These guidelines explain the criteria that we use to adjudicate pre-treatments estimates, post reviews request and/or claims.
These guidelines are designed to promote best practices, ensure patient safety, and improve overall oral health outcomes.

Dental guidelines cover a wide range of topics and areas within dentistry, including:

1. **Prevention and Oral Health Promotion:** Guidelines address preventive measures such as oral hygiene practices, fluoride use, and patient education on maintaining good oral health.
2. **Diagnosis and Treatment Planning:** Guidelines provide recommendations for accurate diagnosis, assessment, and treatment planning for various dental conditions. This includes guidelines for dental examinations, radiographic imaging, and the interpretation of diagnostic findings.
3. **Restorative Dentistry:** Guidelines outline evidence-based approaches for restoring and replacing teeth, including the use of dental materials, techniques for dental fillings, crowns, bridges, and dental implants.
4. **Periodontics:** Guidelines focus on the prevention, diagnosis, and treatment of gum diseases (periodontal diseases) and provide recommendations for periodontal therapy, including scaling and root planning, periodontal surgery, and maintenance of periodontal health.
5. **Endodontics:** Guidelines cover root canal treatment, addressing proper diagnosis, disinfection techniques, instrumentation, and the restoration of endodontically treated teeth.
6. **Oral and Maxillofacial Surgery:** Guidelines provide recommendations for surgical procedures involving the mouth, jaw, and face, such as extractions, wisdom tooth removal and dental implants.
7. **Pediatric Dentistry:** Guidelines focus on dental care for infants, children, and adolescents, including preventive measures, treatment of dental caries, growth and development monitoring, and behavior management techniques.
8. **Dental Emergency Management:** Guidelines offer recommendations for managing dental emergencies and acute dental conditions, such as dental trauma, tooth avulsion, dental pain, and infection control in emergency situations.

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Clinical Rationale

Focus on Patient Quality of Care Benefits:

- **Improved Access to Quality Care:** NetClaim's clinical review process, including these Dental Clinical Guidelines, aims to streamline access to necessary dental procedures. This ensures enrollees receive the treatment they need to maintain optimal oral health.
- **Enhanced Patient Outcomes:** By outlining the necessity and benefits of various restorative services, these guidelines empower NetClaim's dental consultants to make informed coverage decisions. This directly translates to improved patient outcomes through comprehensive dental care.
- **Holistic Approach to Well-being:** Recognizing the link between oral health and overall well-being, NetClaim prioritizes coverage for dentistry. This ensures enrollees can achieve and maintain optimal health, impacting their quality of life.

Transparency in Decision-Making:

- **Evidence-Based Review:** These guidelines consider insights from recognized dental associations alongside the clinical judgment of qualified dentists (DMDs) for comprehensive coverage determinations.
- **Alignment with National Standards:** The framework adheres to established medical necessity guidelines set by the Centers for Medicare & Medicaid Services (CMS). This ensures decisions align with national healthcare standards.

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General Review Guidelines

Narratives

- All narratives must include the patient's signs and symptoms that support the proposed treatment and must be legible.
- Include a narrative when necessary to support procedure or service, even if it is not required specifically by the guidelines.

Radiographs

- All radiographs should be labeled with the patient's name, date taken and must be of diagnostic quality (adequate contrast, definition, and angle). Periapical films and all x-rays for crown/bridge must show the apex of the tooth/teeth.
- Bitewing x-rays are not acceptable for crown and bridge.
- All submitted radiographs must be the correct type and related to the area/teeth for the submitted procedure. The radiographic evidence shall be aligned with the code description as per the ADA Current Dental Terminology (CDT) code book.
- Radiographic evidence must present the tooth/area requested for service.
- All x-rays must identify right (R) or left (L).
- Post operative periapical x-rays of completed root canal treatments will be required when a core build up, post and core, and crown are placed.

Periodontal Charting

- Charting must include 6-point probing for scaling and root planning and other surgeries. Recession and the amount of gingiva for grafting procedures must be charted.

Periodontal Maintenance

- The periodontal surgery history must be documented to support the benefit of D4910.

Coordination of Benefits

- Copy of the primary plans Explanation of Payment (EOP) must be attached to the claim form for the secondary payer, for coordination of benefits purposes.

Unbundled Procedures

- If it is determined that submitted services were unbundled, they will be re-bundled to the appropriate code contracted amount.

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Alternate Benefits

- If determines that a less expensive alternate procedure, service, or course of treatment can be performed in place of the proposed treatment to correct a dental condition, and the alternate treatment will procedure a professionally satisfactory result, then the maximum will allow will be the charge for the less expensive treatment.

Additional Documentation Guidelines

- Refer to the guidelines for specific procedure codes regarding submission and supporting documentation requirements.
- All supporting documentation shall match the patient that requires the service.
- The requested service must be aligned with the description in the Current Dental Terminology (CDT) book as established by the American Dental Association.
- The tooth number must be aligned with the submitted radiographic evidence.
- If the tooth requested pertains to the created space of 2 contiguous teeth, it should be submitted as a supernumerary tooth number (tooth number+50).

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Revision Information

Date	Action	Comment
12/17/2024	X Ray and Additional Documentation Guidelines wording changes and specificity	Added more specificity to the section to address tooth requirements, CDT ADA book codes descriptions alignments, documentation clarity, etc.
2/28/2025	Minor changes in wording	Changed name section: "Rational" to "Clinical Rational" and the name of the guide "NetClaim Dental Utilization – Review Guidelines" to "Dental Utilization – Clinical Review Guidelines."

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Diagnostic

Description

A diagnostic dental service is a set of procedures and examinations conducted by dental professionals to assess the health of a patient's teeth, gums, and oral cavity. These services aim to identify any existing or potential oral health issues, such as cavities, gum disease, infections, or other abnormalities, in order to determine the appropriate treatment plan. Diagnostic services typically include clinical exams, X-rays, periodontal evaluations, and other diagnostic tools, all of which help in creating an accurate treatment plan for the patient's dental care.

There are several types of x-rays that are used to carry out evaluations, including the cone beam. A Cone Beam X-ray is an advanced imaging technology that captures detailed 3D images of specific areas of the body, primarily used in dental, oral, and maxillofacial practices. It employs a cone-shaped X-ray beam to produce high-resolution, three-dimensional images of bone structures, soft tissues, and dental anatomy.

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Definitions

Diagnostic imaging: A visual display of structural or functional patterns for the purpose of diagnostic evaluation. May be photographic or radiographic. (ADA)

Radiograph: An image or picture produced on a radiation sensitive film, phosphorous plate, emulsion, or digital sensor by exposure to ionizing radiation. (ADA)

Cone beam-computed tomography (CBCT): Three-dimensional radiographic image from a cone shaped beam for evaluating teeth and supporting structures.

Limited oral evaluation – problem focused (D0140): An evaluation limited to a specific oral health problem or complaint. This may require interpretation of information acquired through additional diagnostic procedures. Report additional diagnostic procedures separately. Definitive procedures may be required on the same date as the evaluation. (CDT)

Infection: Invasion and proliferation of pathogenic microorganisms in body tissues and the reaction of the tissues to their presence. (AEE)

Pain: a subjective unpleasant sensory (afferent) and emotional experience associated with actual or potential tissue damage or described in terms of such damage. (GPT)

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Dental Coverage

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Indications and Limitations

Dental Code Set: Diagnostic D0100 – D0999

Specific Procedure Codes: **Limited oral evaluation – problem focused (D0140)**
Applicability: There are circumstances in which a patient requires immediate attention due to a specific problem and/or dental emergencies, trauma, acute infections, etc. This section applies to scenarios in which the patient attempts to receive or receives services from non-participating providers. **Accepted Additional Diagnostic or Definitive Procedures:** 1. Radiograph (D0220, D0230, D0270) 2. Interim direct restoration (D2940) 3. Direct or indirect pulp cap (D3110, D3120) 4. Therapeutic pulpotomy (D3220) 5. Pulpal debridement (D3221) 6. Extractions (D7140, D7210, D7220, D7230, D7240, D7250) 7. Incision and drainage of abscess – intraoral soft tissue (D7510) 8. Palliative treatment of dental pain (D9110)
Documentation Requirements:
Main Narrative: 1. Clinical narrative establishing the specific problem and/or dental emergencies, trauma, or acute infections. **Disclaimer**: NetClaim Solutions may require additional clinical information to support dental treatment claims and ensure medical necessity. This information may include, but is not limited to, detailed treatment narratives, previous treatment plans, or supporting documentation. NetClaim Solutions is committed to providing the highest quality patient care and will diligently gather any necessary information. If additional data is not available at the time of review, NetClaim will make a decision based on the clinical evidence provided and established guidelines.

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Clinical Indications:

Problem focused or emergency services are indicated when:

1. The documentation provided clearly describes the specific problem, urgency of the condition, and/or rationale for immediate evaluation or treatment.
2. Urgency consideration under code D0140 may include, but is not limited to, documentation supporting:
    1. Acute dental pain requiring immediate evaluation
    2. Dental trauma
    3. Active infection, abscess, or facial swelling
    4. Uncontrolled bleeding
    5. Conditions requiring same-day diagnostic or palliative intervention

Specific Procedure Codes: **Cone beam computed tomography** (Cone Beam D0367 – D0383)

Documentation Requirements to Establish Medical Necessity:

Main Narrative:

1. Clinical narrative establishing the medical necessity of the procedure.

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Clinical Requirements:

Cone beam computed tomography (cone beam) is indicated for:

1. Evaluation of bone quality, volume, and anatomical structures before dental implant placement.
2. Evaluation of dental alignment, impacted teeth, and skeletal discrepancies for orthodontic treatment.
3. Planning for third molar extractions, mandibular surgery, or cyst/tumor removal.
4. Detection of cysts, tumors, or other abnormalities in the jaw and surrounding tissues.
5. Identification of bone defects, furcation involvement, or evaluation of bone loss for periodontal treatment.

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Cone beam computed tomography (cone beam) is NOT indicated when:

1. Routine use for diagnosis when 2D radiographs are sufficient.
2. Radiation exposure should be avoided, even if minimal, especially during pregnancy, unless absolutely necessary.
3. The required diagnostic information can be obtained through simpler, less costly imaging methods or methods with lower radiation exposure.

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Clinical Rationale

Focus on Patient Quality of Care Benefits:

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- **Enhanced Patient Outcomes:** By outlining the necessity and benefits of various restorative services, these guidelines empower NetClaim's dental consultants to make informed coverage decisions. This directly translates to improved patient outcomes through comprehensive dental care.
- **Holistic Approach to Well-being:** Recognizing the link between oral health and overall well-being, NetClaim prioritizes coverage for restorative dentistry. This ensures enrollees can achieve and maintain optimal health, impacting their quality of life.

Transparency in Decision-Making:

- **Evidence-Based Review:** These guidelines consider insights from recognized dental associations alongside the clinical judgment of qualified dentists (DMDs) for comprehensive coverage determinations.
- **Alignment with National Standards:** The framework adheres to established medical necessity guidelines set by the Centers for Medicare & Medicaid Services (CMS). This ensures decisions align with national healthcare standards.

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Revision Information

Date	Action	Comment
12/17/2024	Origination Policy Date	Inclusion in policy as a new requirement for pre-service review.
2/28/2025	Minor changes in wording	Changed name section: "Coverage" to "Dental Coverage," "Rational" to "Clinical Rational" and the name of the guide "NetClaim Dental Utilization – Review Guidelines" to "Dental Utilization – Clinical Review Guidelines." Include specific code related to sections.
3/21/2025	Add information about emergency service	Include definitions, applicability, documentations requirements and references for emergency services.
6/11/2026	Updated references	ADA 2026
05/21/2026	Add details of indications for emergency services	Inclusion of clinical criteria for emergency services and updated references.
07/23/2026	Updated emergency service subject to PROBLEM FOCUSED	Emergency service added wording, PROBLEM FOCUSED.

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Restorative

Description

Restorative dentistry involves repairing or replacing damaged or missing teeth to restore their function, appearance, and overall oral health. Restorative services in dentistry encompass a variety of procedures aimed at repairing teeth that have been damaged due to decay, trauma, or other factors. Dental crowns are tooth-shaped full coverage that are placed over damaged or weakened teeth to restore their strength, shape, and appearance.

Crowns are often used to cover teeth that have undergone root canal therapy, large restorations, or significant damage. Inlays and onlay are custom-made restorations used to repair moderately damaged teeth. Inlays are bonded within the tooth's cusps, while onlay extend over one or more cusps to restore more extensive damage.

Overall, restorative dentistry plays a crucial role in maintaining oral health, restoring function, and enhancing the appearance of the smile. These services help patients regain confidence in their smiles and enjoy an improved overall quality of life.

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Definitions

Crown: An artificial replacement that restores missing tooth structure by surrounding the remaining coronal tooth structure or is placed on a dental implant. It is made of metal, ceramic or polymer materials or a combination of such materials. It is retained by luting cement or mechanical means. (ADA)

Cracked tooth syndrome: A collection of symptoms characterized by transient acute pain experienced when chewing. (ADA)

Inlay: An intracolonial dental restoration, made outside the oral cavity to conform to the prepared cavity, which restores some of the occlusal surface of a tooth, but does not restore any cusp tips. It is retained by luting cement. (ADA)

Onlay: A dental restoration made outside the oral cavity that covers one or more cusp tips and adjoining occlusal surfaces, but not the entire external surface. It is retained by luting cement. (ADA)

Core Buildup: The replacement of a part or the entire crown of a tooth whose purpose is to provide a base for the retention of an indirectly fabricated crown. (ADA)

Pin: A small metal rod cemented or driven into dentin to aid in retention of a restoration. (ADA)

Post: Rod-like component designed to be inserted into a prepared root canal space so as to provide structural support. This device can either be in the form of an alloy, carbon fiber or fiberglass, and Posts are usually secured with appropriate luting agents. (ADA)

Laminate Veneer: A thin covering of the facial surface of a tooth usually constructed of tooth colored material used to restore discolored, damaged, misshapen, or misaligned teeth. (ADA)

Failure: in dental materials, fracture of any physical material as a result of cyclic loading and unloading characterized by fracture below its ultimate tensile strength; in prosthodontics, the inability of a prosthesis to produce the expected desired outcome. (GPT)

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Dental Coverage

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Indications and Limitations

Dental Code Set: Restorative D2000 – D2999

Specific Procedure Codes: **Inlay / Onlay (D2510 – D2664)**
Documentation Requirements to Establish Medical Necessity:

Main Radiograph Type:

1. Periapical x-ray of the tooth from the coronal area to the apex of the root and within 12 months of the date of request for authorization.

Additional Requirements (If apply):

When is necessary to deliver a clinical narrative:

1. The radiograph does not clearly indicate the medical necessity of the requested service.
2. Cracked tooth syndrome.
3. Destruction of ¾ of the tooth surfaces
4. Patient with enamel deficiency

When is necessary to deliver a photo:

1. Lines of fracture in tooth structure
2. Caries in buccal/facial or lingual surface
3. Cervical abrasion
4. For replacements – caries and fractures under the existing dental crown or perforations to the dental that cannot be visualized by radiographic images.

Disclaimer: NetClaim Solutions may require additional clinical information to support dental treatment claims and ensure medical necessity. This information might include, but is not limited to, detailed treatment narratives, previous treatment plans, or supporting documentation. NetClaim Solutions is committed to providing the highest quality patient care and will diligently gather any necessary information. If additional data is not readily available at the time of review, NetClaim will make the most informed decision possible based on the clinical evidence provided and established guidelines.

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Clinical Requirements:

Inlays/onlay are indicated for:

1. When there is a need to protect weakened tooth structure without additional removal of tissue unlike a crown.
2. When a tooth needs more support than a filling can provide but doesn't require a full crown.
3. To restore the structural integrity of a tooth while preserving as much of the natural tooth structure as possible.

Inlays/onlay are not indicated when:

1. Altering occlusion, involving vertical dimension, replacing tooth structure lost by attrition, erosion, abrasion (wear), abfraction, or periodontal, orthodontic, or other types of splinting.
2. If the tooth has extensive decay or damage that extends beyond the cusps and significantly compromises its structural integrity.

Specific Procedure Codes: **Crowns (D2710 – D2799)**

Documentation Requirements to Establish Medical Necessity:

Main Radiograph Type:

1. Periapical X-ray or extraoral single diagnostic bitewing with high quality of the tooth from the coronal area to the apex of the root and within 12 months of the date of request for authorization.

Alternative X Ray:

1. Panoramic X Ray with high quality/definition within 12 months of the date of request for authorization.

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Additional Requirements (If apply):

When is necessary to deliver a clinical narrative:

1. The radiograph does not clearly indicate the medical necessity of the requested service.
2. Cracked tooth syndrome.
3. Destruction of ¾ of the tooth surfaces
4. Patient with enamel deficiency

When is necessary to deliver a photo:

1. Lines of fracture in tooth structure
2. Caries in buccal/facial or lingual surface
3. Cervical abrasion
4. For replacements – caries and fractures under the existing dental crown or perforations to the dental that cannot be visualized by radiographic images.

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Clinical Requirements:

Crowns are indicated if the tooth is:

1. When a tooth has extensive decay that cannot be restored with a filling and its necessary to restore its shape, strength, and function.
    - The destruction of molar tooth due to caries or trauma must involve four surfaces or more and/or two cuspids or more missing.
    - The destruction of premolar tooth due to caries or trauma may affect three surfaces or more and/or one cuspid or more missing.
    - The destruction of anterior tooth due to caries or trauma must involve four surfaces and at least 50% of the incisal edge.
2. If a tooth is fractured or broken, a crown can provide protection and support by covering the damaged portion and preventing further damage.
3. After root canal therapy, a tooth may become weak and prone to fracture. Placing a crown over the tooth can strengthen it and protect it from future damage.

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Crowns for teeth with Cracked Tooth Syndrome must include clinical notes documenting the following:

1. The date of onset of symptoms and all follow-up reassessment appointments relating to the original diagnosis of cracked tooth syndrome.
2. Thermal sensitivity and sensitivity to occlusal load that ceases when pressure is withdrawn.
3. Any conservative treatments attempted to make the tooth asymptomatic which may include monitoring the symptoms.
4. If a fracture line is present, it should be probable with an explorer tip.

Crowns are not indicated when:

1. A more conservative restoration will adequately restore the tooth to form and function.
2. Stress fractures or craze lines are present in a large existing restoration.
3. There is an untreated periodontal disease.
4. The tooth has poor prognosis from a restorative, endodontic, or periodontal evaluation.
5. There is periapical pathology (Examples: Radiolucency, abscess, cyst, etc.) or unresolved, incomplete, or failed endodontic therapy.
6. Based on radiographic evidence, the tooth presents a root fracture.
7. Services are meant to treat temporomandibular joint dysfunction.

Note: Crowns are not benefited for cosmetic or preventive purposes and are not included in all coverages.

Specific Procedure Codes: **Prefabricated Resin Crown (D2932)**

Documentation Requirements to Establish Medical Necessity:

Main Narrative and Radiograph Type:

1. Clinical narrative for medical necessity.
2. Periapical x-ray or extraoral single diagnostic bitewing with high quality of the tooth from the coronal area to the apex of the root and within 12 months of the date of request for authorization.

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Clinical Requirements:

Prefabricated Resin Crown are indicated if the tooth is:

1. Restoration of the teeth with more than two surfaces affected by carious lesions, or where extensive one or two surface lesions are present.
2. When a tooth has been treated with a pulpotomy, pulpectomy, or root canal therapy.
3. Present of developmental defects (hypoplasia, hypocalcification, enamel hypoplasia, amelogenesis imperfecta, dentinogenesis imperfecta, etc.)
4. Restoration of a primary tooth intended to serve as an abutment for a space maintainer.
5. Restoration and protection of teeth exhibiting extensive surface loss due to attrition, abrasion, or erosion.

Prefabricated Resin Crown are not indicated if the tooth is:

1. A primary tooth close to exfoliation with more than half the roots resorbed.
2. Excessive crown destruction resulting in the inability to achieve mechanical retention.
3. When the restoration is requested solely for cosmetic purposes.
4. As a preventive measure for teeth with no evidence of pathology.

Specific Procedure Codes: **Core Build Up & Post and Core (D2950 - D2954)**

Documentation Requirements to Establish Medical Necessity:

Main Radiograph Type:

1. Periapical x-ray of the tooth from the coronal area to the apex of the root and within 12 months of the date of request for authorization.

Additional Requirements (If apply):

When is necessary to deliver a clinical narrative:

1. The remaining structure of the existing tooth requires reinforcement for a separate extra coronal restorative procedure.

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Clinical Requirements:

Core Build Up & Post and Core are indicated when:

1. Benefits are allowed for a core build up in conjunction with crown, onlay or bridge abutment only when necessary or essential for retention of the final restoration and preservation of the tooth.
2. After root canal therapy, the tooth's internal structure may be weakened, making it susceptible to fracture. A post and core can help strengthen the tooth and provide support for the crown.
3. When a tooth has undergone extensive decay, trauma, or previous large restorations, there may be insufficient natural tooth structure remaining to support a crown.

Core Build Up & Post and Core are not indicated when:

1. When a root canal was performed on an anterior tooth and the endodontic access was minimal.
2. Build – ups performed in conjunction with inlays and ¾ crowns are disallowed.

Specific Procedure Codes: **Veneers (D2962)**

Documentation Requirements to Establish Medical Necessity:

Main Radiograph Type:

1. Periapical x-ray of the tooth from the coronal area to the apex of the root and within 12 months of the date of request for authorization.

Additional Requirements (If apply):

When is necessary to deliver a clinical narrative:

1. The radiograph does not clearly indicate the medical necessity of the requested service.
2. Cracked tooth syndrome.
3. Patient with enamel deficiency

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When is necessary to deliver a photo:

1. Lines of fracture in tooth structure
2. Caries in buccal/facial or lingual surface
3. Cervical abrasion
4. Patient with enamel deficiency

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Clinical Requirements:

Veneers are indicated when:

1. Discolored Teeth: Stains that cannot be bleached out, including those caused by root canal treatments, tetracycline or other drugs, excessive fluoride, or large resin fillings.
2. Worn Enamel due to erosion or abrasion.
3. To repair minor chips and cracks, providing a seamless restoration that looks natural.
4. To close small gaps or spaces between teeth.

Veneers are not indicated when:

1. Teeth with extensive decay, large fillings, or those that require significant structural restoration.
2. Patients with gum recession or active periodontal disease.
3. Teeth with severe enamel erosion may not be suitable candidates as the bonding strength could be compromised.
4. Patients who habitually grind or clench their teeth (bruxism).
5. For correcting significant bite issues or malocclusion.
6. Teeth that are highly sensitive, particularly to cold, may not respond well to the enamel removal process.

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Guide to Determine Clinical Failures in Dental Major Restoration

There are clinical reasons that can lead to the failure of a major dental restoration treatment. They are usually related to biological, mechanical, or technical factors and this may result in the proposal for a new treatment. These include:

1. Recurrent cavities.
2. Complications associated with endodontically treated teeth.
3. Periodontal disease.
4. Fracture or infection of the tooth.
5. Root resorption.
6. Problems with the crown material. (Weak material, allergic reactions).
7. Poor oral hygiene.
8. Bruxism or excessive chewing forces.
9. Problems during the procedure (inadequate preparation, poor margins).

Disclaimer: NetClaim Solutions may require additional clinical information to support dental treatment claims and ensure medical necessity and accurately apply the Health Plans dental coverage when a treatment fail. This information might include, but is not limited to, detailed treatment narratives, previous treatment plans, or supporting documentation. NetClaim Solutions is committed to providing the highest quality patient care and will diligently gather any necessary information. If additional data is not readily available at the time of review, NetClaim will make the most informed decision possible based on the clinical evidence provided and established guidelines.

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Clinical Rationale

Focus on Patient Quality of Care Benefits:

- **Improved Access to Quality Care:** NetClaim's clinical review process, including these Dental Clinical Guidelines, aims to streamline access to necessary restorative dental procedures. This ensures enrollees receive the treatment they need to maintain optimal oral health.
- **Enhanced Patient Outcomes:** By outlining the necessity and benefits of various restorative services, these guidelines empower NetClaim's dental consultants to make informed coverage decisions. This directly translates to improved patient outcomes through comprehensive dental care.
- **Holistic Approach to Well-being:** Recognizing the link between oral health and overall well-being, NetClaim prioritizes coverage for restorative dentistry. This ensures enrollees can achieve and maintain optimal health, impacting their quality of life.

Transparency in Decision-Making:

- **Evidence-Based Review:** These guidelines consider insights from recognized dental associations alongside the clinical judgment of qualified dentists (DMDs) for comprehensive coverage determinations.
- **Alignment with National Standards:** The framework adheres to established medical necessity guidelines set by the Centers for Medicare & Medicaid Services (CMS). This ensures decisions align with national healthcare standards.

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Codes

The following list(s) of procedure codes is provided for reference purposes and requirements as established by the Current Dental Terminology (CDT) book, published by the American Dental Association (ADA). Listing a code in this guideline does not imply that the service described by the code is a covered or non-covered service. Benefit coverage for services is determined by the member specific benefit plan document. The inclusion of a code does not imply any right to reimbursement or guarantee claim payment. Other Policies and Guidelines may apply.

Dental Code	Description	Applicable Tooth/Type/Surface
D2410	Gold foil-one surfaces	All Teeth Permanent #1-32 / Surface (O/B/L/I/F/M/D)
D2420	Gold foil-two surfaces	All Teeth Permanent #1-32 / Surface (O/B/L/I/F/M/D)
D2430	Gold foil-three surfaces	All Teeth Permanent #1-32 / Surface (O/B/L/I/F/M/D)
D2510	Inlay-metallic-one surface	All Teeth Permanent #1-32 / Surface (O/B/L/I/F/M/D)
D2520	Inlay-metallic-two surfaces	All Teeth Permanent #1-32 / Surface (O/B/L/I/F/M/D)
D2530	Inlay-metallic-three or more surfaces	All Teeth Permanent #1-32 / Surface (O/B/L/I/F/M/D)
D2542	Onlay metallic -two surfaces	All Teeth Permanent #1-32 / Surface (O/B/L/I/F/M/D)
D2543	Onlay metallic -three surfaces	All Teeth Permanent #1-32 / Surface (O/B/L/I/F/M/D)
D2544	Onlay metallic -four or more surfaces	All Teeth Permanent #1-32 / Surface (O/B/L/I/F/M/D)
D2610	Inlay-porcelain/ceramic - one surface	All Teeth Permanent #1-32 / Surface (O/B/L/I/F/M/D)
D2620	Inlay-porcelain/ceramic - two surfaces	All Teeth Permanent #1-32 / Surface (O/B/L/I/F/M/D)
D2642	Onlay porcelain/ceramic -two surfaces	All Teeth Permanent #1-32 / Surface (O/B/L/I/F/M/D)
D2643	Onlay porcelain/ceramic - three surfaces	All Teeth Permanent #1-32 / Surface (O/B/L/I/F/M/D)
D2644	Onlay porcelain/ceramic - four or more surfaces	All Teeth Permanent #1-32 / Surface (O/B/L/I/F/M/D)

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D2650	Inlay-resin based-composite-one surface	All Teeth Permanent #1-32 / Surface (O/B/L/I/F/M/D)
D2651	Inlay-resin based-composite-two surfaces	All Teeth Permanent #1-32 / Surface (O/B/L/I/F/M/D)
D2652	Inlay-resin based-composite-three or more surfaces	All Teeth Permanent #1-32 / Surface (O/B/L/I/F/M/D)
D2662	Onlay – resin-based composite – two surfaces	All Teeth Permanent #1-32 / Surface (O/B/L/I/F/M/D)
D2663	Onlay – resin-based composite – three surfaces	All Teeth Permanent #1-32 / Surface (O/B/L/I/F/M/D)
D2664	Onlay – resin-based composite – four or more surfaces	All Teeth Permanent #1-32 / Surface (O/B/L/I/F/M/D)
D2710	Crown – resin-based composite (indirect)	All Teeth Permanent #1-32
D2712	Crown – 3/4 resin- based composite (indirect)	All Teeth Permanent #1-32
D2720	Crown – resin with high noble metal	All Teeth Permanent #1-32
D2722	Crown – resin with noble metal	All Teeth Permanent #1-32
D2740	Crown - porcelain / ceramic	All Teeth Permanent #1-32
D2750	Crown - porcelain fused to high noble metal	All Teeth Permanent #1-32
D2751	Crown - porcelain fused to predominantly base metal	All Teeth Permanent #1-32
D2752	Crown - porcelain fused to noble metal	All Teeth Permanent #1-32
D2753	Crown - Porcelain Fused to Titanium and Titanium Alloys	All Teeth Permanent #1-32
D2780	Crown 3/4 Cast High Noble Metal	All Teeth Permanent #1-32
D2781	Crown 3/4 Cast predominantly base metal	All Teeth Permanent #1-32
D2782	Crown – 3/4 cast noble metal	All Teeth Permanent #1-32
D2783	Crown – 3/4 porcelain / ceramic	All Teeth Permanent #1-32
D2790	Crown – full cast high noble metal	All Teeth Permanent #1-32
D2791	Crown - full cast predominantly base metal	All Teeth Permanent #1-32

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D2792	Crown – full cast noble metal	All Teeth Permanent #1-32
D2794	Crown - titanium and titanium alloys	All Teeth Permanent #1-32
D2799	Provisional crown - further treatment or completion of diagnosis necessary prior to final impression	All Teeth Permanent #1-32// Any tooth (posterior or anterior), typically used for a full cast crown when the specific material or type is not otherwise listed under other codes.
D2910	Re-cement or re-bond inlay, onlay, veneer or partial coverage restoration	All Teeth primary #A-T; Permanent #1-32 - Previously Cemented
D2915	Re-cement or re-bond indirectly fabricated or prefabricated post and core	All Teeth primary #A-T; Permanent #1-32 - Previously Cemented
D2920	Re-cement or re-bond crown	All Teeth primary #A-T; Permanent #1-32 - Previously Cemented
D2930	Prefabricated stainless steel crown – primary tooth	All Teeth primary #A-T
D2931	Prefabricated stainless steel crown – permanent tooth	All Teeth Permanent #1-32
D2932	Prefabricated resin crown	All Teeth primary #A-T; Permanent #1-32
D2940	Protective restoration	All Teeth primary #A-T; Permanent #1-32
D2950	Core Buildup, Including Any Pins, when required	All Teeth Permanent #1-32
D2951	Pin retention - per tooth, in addition to restoration	All Teeth Permanent #1-32
D2952	Post and core in addition to crown, indirectly fabricated	All Teeth Permanent #1-32
D2954	Prefabricated post and core in addition to crown	All Teeth Permanent #1-32
D2962	Labial veneer (porcelain laminate) indirect	Permanent Anterior Teeth (Upper 6/7/8/9/10/11 - Lower 22/23/24/25/26/27)
D2971	Additional procedures to construct new crown under existing partial denture framework	All Teeth Primary #A-T; Permanent #1-32 // Used for any single tooth that requires a temporary crown, often following a fracture. The tooth could be anterior or posterior depending on the clinical situation.

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D2980	Crown repair necessitated by restorative material failure	All Teeth Primary #A-T; Permanent #1-32 // Applies to a tooth with an existing crown that requires repair. This could be on any tooth, both anterior and posterior.
D2999	Unspecified restorative procedure, by report	All Teeth Primary #A-T; Permanent #1-32 // This is a general code for unspecified restorative procedures that could apply to any tooth depending on the specific nature of the treatment being performed.

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Revision Information

Date	Action	Comment
08/01/2023	Origination Policy Date	
07/03/2024	Clinical Changes	Included clinical indications, references for restorative services and the NetClaim clinical rationale.
9/18/2024	Section name changes and addition of disclaimer for additional information.	Changed the name of the General Requirements section to: Documentation Requirements to Establish Medical Necessity and added new disclaimer for additional information.
9/24/2024	Section redesign to include specificity of the documentation requirements	Provided more structure for the documentation requirements to establish the main requirement vs conditioned requirements.
12/17/2024	Updated CDT codes tooth, arch or quadrants requirements, if apply.	Included the detail for the requirement of tooth, arch or quadrant for the CDT codes to support adverse decision due to lack of information.
2/28/2025	Minor changes in wording	Changed name section: "Coverage" to "Dental Coverage," "Rational" to "Clinical Rational" and the name of the guide "NetClaim Dental Utilization – Review Guidelines" to "Dental Utilization – Clinical Review Guidelines." Include specific code related to sections.
3/21/2025	Add new section and definition	Include the definition of failures, new section "Guide to determine clinical failures in dental major restoration" and references.

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6/23/2025	Updated documentation for crowns, add new section and references	Included another type of x-ray to the main radiography, examples of different pathologies and included new section "Prefabricated Resin Crowns", and references.
7/28/2025	Including new alternate X Ray option for Crowns	Include the panoramic x ray with high definition.
6/11/2026	New contraindication	Included another scenario for contraindications for crown services and updated references.
6/11/2026	Updated references	ADA 2026
6/30/2026	Crown contraindication updated	Contraindication #2 wording updated (large restoration)
6/30/2026	Crown contraindication added	Contraindication added on Crowns (#6)

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Endodontics

Description

Endodontic services encompass a range of specialized dental procedures aimed at diagnosing, treating, and preserving the health of the dental pulp and the tissues surrounding the tooth roots.

Endodontic treatment becomes necessary when the dental pulp, which is the soft tissue inside the tooth containing nerves, blood vessels, and connective tissue, becomes infected, inflamed, or injured. Some common scenarios where endodontic treatment may be required are decay, trauma, abscess, deep fillings, pulpitis, tooth discoloration, persistent pain, and cracked teeth.
In summary, endodontic treatment is necessary when the dental pulp is compromised due to infection, inflammation, or injury. It aims to save the natural tooth by removing the diseased pulp, cleaning the root canals, and sealing the tooth to prevent further infection.

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Definitions

Root Canal Therapy: The treatment of disease and injuries of the pulp and associated periradicular conditions. (ADA)

Root Canal: The portion of the pulp cavity inside the root of a tooth; the chamber within the root of the tooth that contains the pulp. (ADA)

Pulpitis: Inflammation of the dental pulp. (ADA)

Decay: The lay term for carious lesions in a tooth; decomposition of tooth structure. (ADA)

Retreatment: A procedure to remove root canal filling materials from the tooth, followed by cleaning, shaping and obturating the canals. (AAE)

Abscess: Acute or chronic localized inflammation, probably with a collection of pus, associated with tissue destruction and, frequently, swelling; usually secondary to infection.

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Dental Coverage

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Indications and Limitations

Dental Code Set: Endodontics D3000 – D3999

Specific Procedure Codes: **Root Canal Retreatment (D3346 – D3348)**

Documentation Requirements to Establish Medical Necessity:

Main Radiograph Type:

1. Periapical x-ray that includes the structure, apical area of the tooth where any present pathology can be visualized.

Additional Requirements:

Clinical Narrative:

1. In any retreatment of previous root canal therapy, specifying the clinical need of the requested treatment.

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Clinical Requirements:

Root canal retreatments are indicated for:

1. When a tooth continues to exhibit symptoms such as pain, swelling, or sensitivity to hot or cold temperatures despite having undergone initial root canal treatment.
2. If new pathology such as decay, fractures, or perforations develops in a tooth that has previously undergone root canal treatment.
3. Procedural errors during the initial root canal treatment.

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Root canal retreatments are not indicated when:

1. Significant loss of tooth structure due to decay, previous treatments, or fracture, making the tooth non-restorable even after retreatment.
2. Advanced periodontal disease that affects the tooth's stability and prognosis, making retreatment unlikely to be successful.
3. Poor patient compliance with oral hygiene practices or follow-up care can affect the success of the retreatment.
4. If the tooth cannot be adequately restored to function and aesthetics after retreatment, alternative treatments like extraction may be more appropriate.

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Clinical Rationale

Focus on Patient Quality of Care Benefits:

- **Improved Access to Quality Care:** NetClaim's clinical review process, including these Dental Clinical Guidelines, aims to streamline access to necessary endodontics procedures. This ensures enrollees receive the treatment they need to maintain optimal oral health.
- **Enhanced Patient Outcomes:** By outlining the necessity and benefits of various endodontics services, these guidelines empower NetClaim's dental consultants to make informed coverage decisions. This directly translates to improved patient outcomes through comprehensive dental care.
- **Holistic Approach to Well-being:** Recognizing the link between oral health and overall well-being, NetClaim prioritizes coverage for endodontic treatment. This ensures enrollees can achieve and maintain optimal health, impacting their quality of life.

Transparency in Decision-Making:

- **Evidence-Based Review:** These guidelines consider insights from recognized dental associations alongside the clinical judgment of qualified dentists (DMDs) for comprehensive coverage determinations.
- **Alignment with National Standards:** The framework adheres to established medical necessity guidelines set by the Centers for Medicare & Medicaid Services (CMS). This ensures decisions align with national healthcare standards.

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Codes

The following list(s) of procedure codes is provided for reference purposes and requirements as established by the Current Dental Terminology (CDT) book, published by the American Dental Association (ADA). Listing a code in this guideline does not imply that the service described by the code is a covered or non-covered service. Benefit coverage for services is determined by the member specific benefit plan document. The inclusion of a code does not imply any right to reimbursement or guarantee claim payment. Other Policies and Guidelines may apply.

Dental Code	Description	Applicable Tooth/Type
D3110	Pulp cap - direct (excluding final restoration)	All Teeth Primary #A-T; Permanent #1-32 with small areas of pulp exposure
D3120	Pulp cap - indirect (excluding final restoration)	All Teeth Primary #A-T; Permanent #1-32 with deep decay near the pulp
D3220	Therapeutic pulpotomy (excluding final restoration) - removal of pulp coronal to the dentinocemental junction and application of medicament	All Teeth Primary #A-T; Permanent #1-32 with pulp infection are limited to the coronal portion
D3221	Pulpal debridement, primary and permanent teeth	All Teeth Primary #A-T; Permanent #1-32
D3230	Pulpal Therapy (resorbable filling) anterior, primary tooth (excluding final restoration)	Primary incisors and cuspids (Upper C/D/E/F/G/H - Lower M/N/O/P/Q/R)
D3240	Pulpal therapy (resorbable filling) – posterior, primary tooth (excluding final restoration)	Primary first and second molar (UR A/B - UL I/J - UL K/L - LR S/T)
D3310	Endodontic therapy, anterior tooth (excluding final restoration)	Permanent Anterior Teeth (Upper 6/7/8/9/10/11 - Lower 22/23/24/25/26/27)
D3320	Endodontic therapy, premolar tooth (excluding final restoration)	Permanent Premolar (Bicuspid)Teeth (UR 4/5 - UL 12/13 - LL 20/21 - LR 28/29)
D3330	Endodontic therapy, molar tooth (excluding final restoration)	Permanent Molar Teeth (UR 1/2/3 - UL 14/15/16 - LL 17/18/19 - LR 30/31/32)
D3333	Internal root repair of perforation defects	Permanent Teeth it refers to a root canal treatment for a molar tooth (UR 1/2/3 - UL 14/15/16 - LL 17/18/19 - LR 30/31/32)
D3346	Retreatment of previous root canal therapy - anterior	Permanent Anterior Teeth previously treated with root canal therapy (Upper 6/7/8/9/10/11 - Lower 22/23/24/25/26/27)

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D3347	Retreatment of previous root canal therapy - premolar	Permanent Premolar Teeth previously treated with root canal therapy (UR 4/5 - UL 12/13 - LL 20/21 - LR 28/29)
D3348	Retreatment of previous root canal therapy - molar	Permanent Molar Teeth previously treated with root canal therapy (UR 1/2/3 - UL 14/15/16 - LL 17/18/19 - LR 30/31/32)
D3351	Apexification/recalcification – initial visit (apical closure/calcific repair of perforations, root resorption.)	All Teeth Permanent #1-32 with non-vital pulp, typically in immature teeth
D3352	Apexification/recalcification – interim medication replacement	All Teeth Permanent #1-32 with non-vital pulp, typically in immature teeth
D3353	Apexification/Recalcification – Final Visit	All Teeth Permanent #1-32 with non-vital pulp, typically in immature teeth, for regenerative endodontic procedures
D3410	Apicoectomy – Anterior	Permanent Anterior Teeth requiring surgical removal of the root tip (Upper 6/7/8/9/10/11 - Lower 22/23/24/25/26/27)
D3421	Apicoectomy – Premolar (first root)	Permanent Premolar Teeth requiring surgical removal of the root tip (UR 4/5 - UL 12/13 - LL 20/21 - LR 28/29)
D3425	Apicoectomy – Molar (first root)	Permanent Molar Teeth requiring surgical removal of the root tip (UR 1/2/3 - UL 14/15/16 - LL 17/18/19 - LR 30/31/32)
D3426	Apicoectomy - each additional root	All Teeth Permanent #1-32 requiring apicoectomy on an additional root
D3430	Retrograde Filling – Per Root	All Teeth Permanent #1-32 requiring retrograde filling following apicoectomy
D3450	Root Amputation – Per Root	All Teeth Permanent #1-32 requiring root resection
D3920	Hemisection	All Teeth Permanent #1-32 requiring the removal of a portion of the tooth (typically for multi-rooted teeth)
D3999	Unspecified endodontics procedures	All Teeth Permanent #1-32 // Used for any endodontic procedure that doesn't fall into the predefined codes

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Date	Action	Comment
08/01/2023	Origination Policy Date	
07/03/2024	Clinical Changes	Included clinical indications, references for the endodontics services and the NetClaim clinical rationale.
09/18/2024	Section name changes and addition of disclaimer for additional information.	Changed the name of the General Requirements section to: Documentation Requirements to Establish Medical Necessity and added new disclaimer for additional information.
9/24/2024	Section redesign to include specificity of the documentation requirements	Provided more structure for the documentation requirements to establish the main requirement vs conditioned requirements.
12/17/2024	Updated CDT codes tooth, arch or quadrants requirements, if apply.	Included the detail for the requirement of tooth, arch or quadrant for the CDT codes to support adverse decision due to lack of information.
2/28/2025	Minor changes in wording	Changed name section: "Coverage" to "Dental Coverage," "Rational" to "Clinical Rational" and the name of the guide "NetClaim Dental Utilization – Review Guidelines" to "Dental Utilization – Clinical Review Guidelines." Include specific code related to sections.
10/2/2025	Update additional requirements	Remove "if apply" from the documentation requirements.
6/11/2026	Updated references	ADA 2026

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Periodontics

Description

Periodontal services encompass a range of treatments and preventive measures aimed at maintaining the health of the structures supporting the teeth, including the gums, alveolar bone, and periodontal ligaments. These services are critical for preventing, diagnosing, and treating periodontal disease, which can have significant implications for overall oral health.

Periodontal services become necessary under various circumstances to address and manage conditions affecting the supporting structures of the teeth, primarily the gums, periodontal ligaments, and alveolar bone.

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Definitions

Gingivectomy: The excision or removal of gingiva. (ADA)

Gingivoplasty: Surgical procedure to reshape gingiva. (ADA)

Gingivitis: Inflammation of gingival tissue without loss of connective tissue. (ADA)

Graft: A piece of tissue or alloplastic material placed in contact with tissue to repair a defect or supplement a deficiency. (ADA)

Crown lengthening: A surgical procedure exposing more tooth for restorative purposes by apically positioning the gingival margin and removing the supporting bone. (ADA)

Osseous Surgery: A surgical procedure intended to achieve long-term periodontal health by osteoplasty or ostectomy to reshape and recontour the alveolar bone resulting in physiologic form and contour of the alveolar bone and overlying soft tissues (AAP)

Scaling: Removal of plaque, calculus, and stain from teeth. (ADA)

Root Planning: A treatment procedure designed to remove cementum or surface dentin that is rough, impregnated by calculus, or contaminated with toxins or microorganisms. (AAP)

Periodontitis: Inflammation and loss of the connective tissue of the supporting or surrounding structure of teeth with loss of attachment. (ADA)

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Dental Coverage

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Indications and Limitations

Dental Code Set: Periodontics D4000 – D4999

Specific Procedure Codes: **Gingivectomy/ Gingivoplasty (D4210 - D4211)**
Documentation Requirements to Establish Medical Necessity:

Main Radiograph Type:

1. Periapical x-rays of the affected area or high quality panoramic x-ray.

Additional Requirements:

1. 6-point periodontal probing chart per tooth within 6 months of the date of request for authorization.

Clinical Narrative:

1. When there is an existing soft tissue condition that requires the specific periodontal services.

When is necessary to deliver a photo:

1. When the provided x-rays do not clearly demonstrate the need for treatment.
2. To demonstrate the existing soft tissue condition for the requested procedure.

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Clinical Requirements:

Gingivectomy/ Gingivoplasty is indicated when:

1. Patients may experience swollen, inflamed, and enlarged gums.
2. When periodontal pockets are deep (typically greater than 4-5 mm) and do not reduce after non-surgical.
3. Excessive gingival tissue can interfere with normal oral functions.
4. Patients with excessive gum tissue that leads to a gummy smile or uneven gum line.

Gingivectomy/ Gingivoplasty is not indicated when:

1. Patients with uncontrolled systemic conditions such as diabetes, hypertension, or bleeding disorders.
2. If the patient has poor oral hygiene practices.
3. In cases of severe periodontitis with extensive bone loss.
4. In cases where non-surgical treatments, such as scaling and root planning or improved oral hygiene, can adequately address the condition.

Specific Procedure Codes: **Gingival Flap including Root Planning (D4240 - D4241)**

Documentation Requirements to Establish Medical Necessity:

Main Radiograph Type:

1. Periapical x-ray that includes the complete structure and apical area of the tooth or high quality panoramic x-ray.

Additional Requirements (If apply):

1. 6-point periodontal probing chart per tooth within 6 months of the date of request for authorization.

When is necessary to deliver a clinical narrative:

1. To describe the existing presence of debridement in the root surface and granulation tissue.
2. To determine the presence of a cracked tooth or fractured root.

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Clinical Requirements:

Gingival Flap including Root Planning are indicated for:

1. For patients with deep periodontal pockets (generally deeper than 5 mm) that cannot be adequately cleaned with non-surgical treatments such as scaling and root planning.
2. Removing plaque and tartar from root surfaces and reducing bacterial load.
3. To reshape the alveolar bone, reducing bony defects and creating a more maintainable periodontal environment.
4. For procedures involving bone grafts and the placement of membranes for guided tissue regeneration to stimulate the regrowth of bone and periodontal ligament.
5. It can also be used for aesthetic purposes to correct gingival contours and improve the appearance of the smile.

Gingival Flap including Root Planning are not indicated in the presence of:

1. Inadequate attached gingiva
2. Active infections
3. Uncontrolled systemic diseases
4. Poor oral hygiene
5. Extensive bone loss

Specific Procedure Codes: Apically Positioned Flap (D4245)

Documentation Requirements to Establish Medical Necessity:

Main Radiograph Type:

Periapical Radiograph with high quality of the tooth from the coronal area to the apex of the root within 6 months of the date of request for authorization.

Additional Requirements:

1. Clinical photographs
2. Narrative describing the clinical objective of the flap procedure.
3. Periodontal charting

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Clinical Requirements:

Apically Positioned Flap (D4245) is indicated for:

- Preservation of keratinized attached gingiva during periodontal surgery.
- In conjunction with osseous resection surgery to manage periodontal surgery.
- During the second stage of implant surgery, when preserving keratinized tissue is important.
- Surgical exposure of labially impacted teeth while maintaining attached gingiva.
- Treatment of peri-implantitis when flap repositioning is indicated.

Apically Positioned Flap (D4245) is not indicated for:

- Inadequate plaque control or poor oral hygiene.
- Active uncontrolled periodontal inflammation or acute infection that requires initial periodontal therapy first.
- Insufficient remaining periodontal support where the tooth has a hopeless prognosis.
- Esthetic areas (especially anterior teeth) when apical repositioning would create excessive root exposure, gingival recession, or poor cosmetic out.

Specific Procedure Codes: **Crown lengthening (D4249)**

Documentation Requirements to Establish Medical Necessity:

Main Radiograph Type:

Periapical x-ray that includes the complete structure and apical area of the tooth.

Additional Requirements:

- Photographic image.

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Clinical Requirements:

Crown lengthening is indicated for:

1. For treatment of subgingival caries or fractures.
2. When there is not enough tooth structure above the gum line to support a crown.
3. Biologic width violation.
4. Root surface exposure for periodontal procedures.
5. Aesthetic concerns such as a gummy smile or uneven gum line.

Crown lengthening is not indicated for:

1. For tooth with insufficient root support in the bone.
2. Patient with advanced periodontal disease.
3. Patient with inadequate oral hygiene.
4. Patient with uncontrolled systemic conditions.
5. Esthetic concerns.
6. Severely worn teeth.
7. Potential negative impact on adjacent teeth.

Specific Procedure Codes: **Osseous Surgery/Bone Grafting (D4260 – D4264)**

Documentation Requirements to Establish Medical Necessity:

Main Radiograph Type:

Periapical x-rays that include the complete structure and apical area of the affected teeth or high quality panoramic x-ray.

Additional Requirements (If apply):

1. 6-point periodontal probing chart per tooth within 6 months of the date of request for authorization.

When is necessary to deliver a clinical narrative:

1. When there is a need to reshape the alveolar process to achieve a more physiologic form.

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Clinical Requirements:

Osseous surgery/Bone grafting is indicated for:

1. Patients with moderate to severe periodontal pockets.
2. Correcting osseous defects, such as craters, hemiseptal defects, and interproximal osseous defects, which are difficult to clean and maintain.
3. To expose more of the tooth structure.
4. Stabilization of mobile teeth.

Osseous surgery/Bone grafting is not indicated for:

1. Insufficient root length.
2. Non-restorable teeth.
3. Advanced periodontal disease with extensive bone loss.
4. Uncontrolled systemic conditions.
5. Patients who do not maintain good oral hygiene.
6. Active infection at the graft site.
7. Patients who smoke.

Specific Procedure Codes: **Guided Tissue Regeneration Resorbable (D4266-D4267)**

Documentation Requirements to Establish Medical Necessity:

Main Radiograph Type: (per site)

Periapical radiograph with high quality of the tooth from the coronal area to the apex of the root within 6 months of the date of request for authorization.

Additional Requirements:

- Current periodontal charting
- Clinical photographs pre and post placement of membrane
- Narrative describing the defect type (intrabony defect, furcation involvement)
- Documentation of membrane type (resorbable vs non-resorbable)

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Clinical Requirements:

Guided Tissue Regeneration Resorbable is indicated when:

1. Presence of periodontal defects where regeneration of alveolar bone, periodontal ligament, and cementum is required because natural healing alone is inadequate.
2. Class II furcation defects in teeth with favorable anatomy where periodontal regeneration is clinically achievable.
3. Adjunct to periodontal surgery or bone graft procedures
4. Adequate patient compliance and oral hygiene.

Guided Tissue Regeneration Resorbable is not indicated when:

1. Teeth with poor or hopeless prognosis
2. Root Fracture or extensive root resorption.
3. Poor plaque control and inability to maintain adequate oral hygiene.
4. Uncontrolled systemic conditions affecting healing (e.g., uncontrolled diabetes, immunocompromised states, severe metabolic disorders).
5. Active smoking or tobacco use may compromise regenerative outcomes.

Specific Procedure Codes: Pedicle Soft Tissue graft **(D4270)**

Documentation Requirements to Establish Medical Necessity:

Main Radiograph Type: (per site)

Periapical radiograph with high quality of the tooth from the coronal area to the apex of the root within 6 months of the date of request for authorization

Additional Requirements:

- Periodontal charting.
- Gingival recession measurements (mm).
- Width of keratinized/attached gingiva.
- Clinical photographs.
- Description of symptoms (root sensitivity, esthetic concern, progression).
- Narrative explaining why soft tissue grafting is medically necessary.

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Clinical Requirements:

Pedicle Soft Tissue graft is indicated when:

- Localized gingival recession with exposed root surfaces.
- Adequate adjacent keratinized gingival tissue available to serve as the donor (pedicle) tissue.
- Root coverage to reduce dentinal hypersensitivity.
- Increase the width of attached or keratinized gingiva.
- Correction of localized mucogingival defects
- Prevention of further gingival recession in areas with adequate surrounding tissue
- Improvement of periodontal health and esthetics in isolated recession defects
- Sites with sufficient blood supply to support a pedicle graft

Pedicle Soft Tissue graft is not indicated when:

- Inadequate adjacent donor tissue to create a pedicle flap
- Active periodontal disease or uncontrolled gingival inflammation
- Poor plaque control or inadequate oral hygiene
- Heavy tobacco use or smoking that may impair healing
- Uncontrolled systemic diseases affecting wound healing (e.g., uncontrolled diabetes, immunosuppression)
- Multiple adjacent recession defects requiring another grafting technique
- Thin periodontal phenotype that cannot adequately support a pedicle graft
- Inadequate vascular supply at the recipient site
- Poor patient compliance with postoperative instructions

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Specific Procedure Codes: Autogenous connective tissue graft (first tooth, implant, or edentulous tooth position, including donor and recipient sites) – (D4273)

Documentation Requirements to Establish Medical Necessity

Main Radiograph Type: (per site)

Periapical radiograph with high quality of the tooth from the coronal area to the apex of the root within 6 months of the date of request for authorization

Additional Requirements:

- Periodontal charting.
- Gingival recession measurements (mm)

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- Width of keratinized/attached gingiva
- Clinical photographs
- Description of symptoms (root sensitivity, esthetic concern, progression)
- Narrative explaining why soft tissue grafting is medically necessary

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Clinical Requirements:

Autogenous connective tissue graft is indicated when:

- Gingival recession with exposed root surfaces requiring connective tissue grafting
- Root coverage for esthetic or functional purposes
- Root hypersensitivity secondary to gingival recession
- Increase gingival thickness (periodontal phenotype modification)
- Increase the width of attached or keratinized gingiva
- Soft tissue augmentation around natural teeth or dental implants
- Peri-implant soft tissue deficiencies
- Cases where adjacent tissue is insufficient for a pedicle graft
- Enhancement of soft tissue prior to restorative or implant therapy
- Prevention of progressive gingival recession

Autogenous connective tissue graft is not indicated when:

- Active periodontal infection or untreated periodontal disease
- Poor oral hygiene or inability to maintain plaque control
- Heavy smoking or tobacco use that compromises graft healing
- Uncontrolled systemic conditions that impair healing (e.g., uncontrolled diabetes, immunosuppression)
- Inadequate donor tissue available from the palate.
- Poor recipient site vascularity.
- Patients unable or unwilling to comply with postoperative care
- Conditions where the expected clinical benefit is unlikely because of severe periodontal attachment loss or poor prognosis of the involved tooth

Specific Procedure Codes: **Soft Tissue Grafting (D4277-D4278)**

Documentation Requirements to Establish Medical Necessity:

Main Radiograph Type:

Periapical radiograph that includes the complete structure and apical area of the affected tooth or high-quality panoramic x-ray.

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Additional Requirements:

1. 6-point periodontal probing chart per tooth within 12 months of the date of request for authorization.
2. Clinical narrative explaining the existing condition of the specific area.
3. Clinical photography that demonstrates recession of soft tissue.
4. Miller and/or Cairo classification of gingival recession must be documented in the ADA form (observation section) for procedures D4277 and D4278.

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Clinical Requirements:

Soft tissue grafting is indicated:

1. In cases where the gingival tissue is thin or insufficient.
2. For patients with exposed roots due to periodontal disease or trauma.
3. Prevention of further recession.
4. Improvement of soft tissue defects.
5. Presence of type II furcation involvement or interproximal intrabony defects, where clinical benefit is supported.

Soft tissue grafting is not indicated:

1. In patients with active, uncontrolled periodontal infections.
2. Patients who do not maintain adequate oral hygiene.
3. Patient with systemic health issues.
4. Patients who smoke.

Specific Procedure Codes: **Removal of non – Resorbable barrier (D4286)**

Documentation Requirements to Establish Medical Necessity:

Main Documentation Required:

Photograph of membrane in place

Additional Requirements:

1. Original procedure date of membrane placement

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2. Type of membrane use (non-resorbable)
3. Clinical finding supporting the need for removing membrane
4. Progress notes and post-operative evaluation

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Clinical Requirements:

Removal of non – Resorbable barrier is indicated:

- Documented prior placement of a non-resorbable barrier membrane during a regenerative periodontal procedure requiring subsequent retrieval
- The manufacturer or clinical protocol requires surgical removal after the healing period (typically 4 to 8 weeks)
- The membrane has become exposed, contaminated, infected, or interfering with healing
- Membrane removal is necessary before continuing periodontal or implant therapy

Removal of non – Resorbable barrier is not indicated:

- A resorbable membrane was used during the regenerative procedure, eliminating the need for surgical membrane retrieval
- The membrane has completely biodegraded, and no residual barrier requiring retrieval is present
- There is no membrane exposure, infection, contamination, or other membrane-related complication requiring intervention
- No documented prior placement of a non-resorbable barrier membrane during a regenerative periodontal procedure

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Specific Procedure Codes: **Splint-Intra-coronal; natural teeth or prosthetic crowns (D4322-D4323)**

Documentation Requirements to Establish Medical Necessity:

Main Radiograph Type:

Periapical radiograph with high quality of the tooth from the coronal area to the apex of the root within 6 months of the date of request for authorization

Additional Requirements:

- Periodontal charting
- Tooth mobility classification (Grade I, II, III)
- Occlusal evaluation documenting traumatic occlusion, if applicable
- Documentation of previous periodontal therapy and patient response if applicable
- Narrative of Medical Necessity

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Clinical Requirements:

Splint-Intra-coronal; natural teeth or prosthetic crowns is Indicated:

- Moderate to severe tooth mobility due to periodontal disease
- Stabilization after periodontal therapy
- Support for the teeth with reduced periodontal attachment
- Mobility affecting function or patient comfort
- Teeth requiring short term stabilization following trauma, periodontal conditions, or doing pre-prosthetic preparation

Splint-Intra-coronal; natural teeth or prosthetic crowns is not Indicated:

- Untreated active periodontal disease
- Poor Oral Hygiene or lack of patient compliance
- Teeth with hopeless periodontal prognosis
- Untreated endodontic pathology or active periapical infection
- Unstable occlusion or unresolved occlusal trauma that has not been addressed.

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- Splinting performed solely for patient convenience or esthetics without documented functional necessity
- Insufficient number of stable adjacent teeth to provide adequate support for the splint
- Primary (physiologic) tooth mobility that does not impair function or comfort and does not require stabilization
- Temporary stabilization when a definitive treatment is planned shortly afterward, unless medically necessary
- Poor restorative prognosis of the teeth to be splinted due to extensive decay, root fractures, or non-restorable tooth structure

Specific Procedure Codes: **Scaling and Root Planning (D4341- D4342)**

Documentation Requirements to Establish Medical Necessity:

Main Radiograph Type:

1. Periapical x-rays that include the complete structure and apical area of the affected teeth or high quality panoramic x-ray.

Additional Requirements (If apply):

- 6-point periodontal probing chart per tooth within 6 months of the date of request for authorization.

When is necessary to deliver a clinical narrative:

1. When there is a presence of subgingival calculus, inflammatory tissue and 4mm or greater periodontal pockets.

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Clinical Requirements:
Scaling and Root Planning is indicated: 1. Active periodontal disease is present. 2. Diagnosis of periodontitis is made. 3. Bone loss is evident radiographically. 4. Loss of clinical attachment due to destruction of the periodontal ligament and loss of the bone support. 5. Periodontal probing is between 4-6 mm deep. Scaling and Root Planning is not indicated: 1. Patients without periodontal pockets (less than 4 mm) and without signs of inflammation or bone loss. 2. Patients who do not adhere to good oral hygiene practices. 3. Patients with uncontrolled systemic conditions. 4. In cases of advanced periodontitis with deep pockets exceeding 7 mm and significant bone.

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Clinical Rationale

Focus on Patient Quality of Care Benefits:

- **Improved Access to Quality Care:** NetClaim's clinical review process, including these Dental Clinical Guidelines, aims to streamline access to necessary periodontics procedures. This ensures enrollees receive the treatment they need to maintain optimal oral health.
- **Enhanced Patient Outcomes:** By outlining the necessity and benefits of various periodontics services, these guidelines empower NetClaim's dental consultants to make informed coverage decisions. This directly translates to improved patient outcomes through comprehensive dental care.
- **Holistic Approach to Well-being:** Recognizing the link between oral health and overall well-being, NetClaim prioritizes coverage for periodontic treatment. This ensures enrollees can achieve and maintain optimal health, impacting their quality of life.

Transparency in Decision-Making:

- **Evidence-Based Review:** These guidelines consider insights from recognized dental associations alongside the clinical judgment of qualified dentists (DMDs) for comprehensive coverage determinations.
- **Alignment with National Standards:** The framework adheres to established medical necessity guidelines set by the Centers for Medicare & Medicaid Services (CMS). This ensures decisions align with national healthcare standards.

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Codes

The following list(s) of procedure codes is provided for reference purposes and requirements as established by the Current Dental Terminology (CDT) book, published by the American Dental Association (ADA). Listing a code in this guideline does not imply that the service described by the code is a covered or non-covered service. Benefit coverage for services is determined by the member specific benefit plan document. The inclusion of a code does not imply any right to reimbursement or guarantee claim payment. Other Policies and Guidelines may apply.

Dental Code	Description	Applicable Quadrant
D4210	Gingivectomy or gingivoplasty - four or more contiguous teeth or tooth bounded spaces per quadrant	Any quadrant (UR/UL/LL/LR)
D4211	Gingivectomy or gingivoplasty- one to three contiguous teeth or tooth bounded spaces per quadrant	Any quadrant (UR/UL/LL/LR)
D4240	Gingival flap procedure, including root planing - four or more contiguous teeth or tooth bounded spaces per quadrant	Any quadrant (UR/UL/LL/LR)
D4241	Gingival flap procedure, including root planing - one to three contiguous teeth or tooth bounded spaces per quadrant	Any quadrant (UR/UL/LL/LR)
D4245	Apically Positioned Flap	Any quadrant (UR/UL/LL/LR)
D4249	Clinical crown lengthening – hard tissue	Any quadrant (UR/UL/LL/LR)
D4260	Osseous surgery (including elevation of a full thickness flap and closure) - four or more contiguous teeth or tooth bounded spaces per quadrant	Any quadrant (UR/UL/LL/LR)

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D4261	Osseous surgery (including elevation of a full thickness flap and closure) - one to three contiguous teeth or tooth bounded spaces per quadrant	Any quadrant (UR/UL/LL/LR)
D4263	Bone replacement graft – retained natural tooth – first site in quadrant	Any quadrant (UR/UL/LL/LR)
D4264	Bone replacement graft – retained natural tooth – each additional site in quadrant	Any quadrant (UR/UL/LL/LR)
D4265	Biologic materials to aid in soft and osseous tissue regeneration	Any quadrant (UR/UL/LL/LR)
D4266	Guided tissue regeneration- resorbable barrier, per site	Any quadrant (UR/UL/LL/LR)
D4267	Guided tissue regeneration- non resorbable barrier, per site (includes membrane removal	Any quadrant (UR/UL/LL/LR)
D4270	Pedicle soft tissue graft procedure	Any quadrant (UR/UL/LL/LR)
D4273	Autogenous connective tissue graft procedures (including donor and recipient surgical sites) first tooth, implant, or edentulous tooth position in graft	Any quadrant (UR/UL/LL/LR)
D4277	Free soft tissue graft procedure (including recipient and donor surgical sites) first tooth, implant, or edentulous tooth position in graft	Any quadrant (UR/UL/LL/LR)
D4278	Free soft tissue graft procedure (including recipient and donor surgical sites) each aditional contiguous tooth, implant, or edentulous tooth position in graft	Any quadrant (UR/UL/LL/LR)

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D4286	Removal of non – Resorbable barrier	Any quadrant (UR/UL/LL/LR)
D4322	Splint - Intra-Coronal; Natural Teeth or prosthetic Crowns	Any quadrant (UR/UL/LL/LR)
D4323	Splint - Extra-Coronal; Natural Teeth or prosthetic Crowns	Any quadrant (UR/UL/LL/LR)
D4341	Periodontal scaling and root planning - four or more teeth per quadrant	Any quadrant (UR/UL/LL/LR)
D4342	Periodontal scaling and root planning - one to three teeth per quadrant	Any quadrant (UR/UL/LL/LR)
D4355	Full mouth debridement to enable a comprehensive oral evaluation and diagnosis on a subsequent visit	N/A
D4910	Periodontal maintenance	N/A
D4920	Unscheduled dressing change - by someone other than treating dentist or their staff.	N/A
D4999	Unspecified Periodontics procedures	Any quadrant (UR/UL/LL/LR)

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Revision Information

Date	Action	Comment
08/01/2023	Origination Policy Date	
07/03/2024	Clinical Changes	Included the clinical indications, references for the periodontics services and the NetClaim clinical rationale.
09/18/2024	Section name changes and addition of disclaimer for additional information.	Changed the name of the General Requirements section to: Documentation Requirements to Establish Medical Necessity and added new disclaimer for additional information.
9/24/2024	Section redesign to include specificity of the documentation requirements	Provided more structure for the documentation requirements to establish the main requirement vs conditioned requirements.
12/17/2024	Updated CDT codes tooth, arch or quadrants requirements, if apply.	Included the detail for the requirement of tooth, arch or quadrant for the CDT codes to support adverse decision due to lack of information.
2/28/2025	Minor changes in wording	Changed name section: "Coverage" to "Dental Coverage," "Rational" to "Clinical Rational" and the name of the guide "NetClaim Dental Utilization – Review Guidelines" to "Dental Utilization – Clinical Review Guidelines." Include specific code related to sections.
10/2/2025	Updated Doc Requirements D4211	Removed the statement "if apply"

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06/11/2026	Updated references	ADA 2026
07/16/2026	Clinical changes	Added Guided Tissue Regeneration Resorbable (D4266-D4267) with clinical indications, contraindications, documentation requirements, and review criteria.
07/06/2026	Added #4 additional requirements	Miller classification of gingival recession must be documented in the ADA form.
7/15/2026	New section for code D4245	Clinical requirements, indication and contraindindications base on CDT BOOK S026
7/15/2026	New section for code D4266-D4267	Clinical requirements, indication and contraindindications base on CDT BOOK S026
7/15/2026	New section for code D4270	Clinical requirements, indication and contraindindications base on CDT BOOK S026
7/15/2026	New section for code D4270	Clinical requirements, indication and contraindindications base on CDT BOOK S026
7/15/2026	New section for code D4273	Clinical requirements, indication and contraindindications base on CDT BOOK S026
7/15/2026	New section updated adding D4278	Clinical requirements, indication and contraindindications base on CDT BOOK S026
7/15/2026	New section updated adding D4286	Clinical requirements, indication and contraindindications base on CDT BOOK S026
7/15/2026	New section updated adding D4322- D4323	Clinical requirements, indication and contraindindications base on CDT BOOK S026

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Removable Prosthodontics

Description

Removable prosthesis services in dentistry focus on providing patients with custom-made, removable appliances to replace missing teeth and restore oral functionality, and aesthetics. Unlike fixed prostheses like crowns or bridges, these can be taken out of the mouth by the patient. These services encompass a range of procedures and types of prostheses tailored to the individual needs of the patient, promoting overall oral health and quality of life.

Complete dentures are designed to replace an entire arch of missing teeth, whether in the upper or lower jaw for patients who have lost all their teeth. Partial dentures are designed to replace one or more missing teeth in patients who still have some of their natural teeth. Unilateral partial denture is designed to replace one or more missing teeth on only one side of the mouth. Unlike traditional partial dentures, which span across both sides of the arch and are supported by multiple teeth, a unilateral partial denture focuses on a specific area, providing a localized solution.

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Definitions

Removable partial denture: A removable partial denture is a prosthetic replacement of one or more missing teeth that can be removed by the patient. (ADA)

Arch, dental: The curved composite structure of the natural dentition and the residual ridge, or the remains thereof, after the loss of some or all of the natural teeth. (ADA)

Jaw: A common name for either the maxilla or the mandible. (ADA)

Denture: An artificial substitute for some or all of the natural teeth and adjacent tissues. (ADA)

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Dental Coverage

The guidelines described in this document do not represent the members' benefits approved by the plan. The provider has the responsibility to validate the plan approved member's benefits before rendering the services.

Indications and Limitations

Dental Code Set: Removable Prosthodontic D5000 – D5899

Specific Procedure Codes: **Complete/ Immediate Dentures (D5110 – D5140)**
Documentation Requirements to Establish Medical Necessity:
Main Radiograph Type: 1. Panoramic X Ray or Full Mouth Series (36 months or less from the date of request) – the image should allow the visualization of the conditions of the edentulous space, the adjacent teeth (when applicable) and bone structure. This is to confirm that the member does not have additional pathologies that must be treated prior to treatment. **Additional Requirements (If apply):** **When is necessary to deliver a clinical narrative:** 1. If the prosthetic treatment is the final phase of the treatment plan. **Disclaimer:** NetClaim Solutions may require additional clinical information to support dental treatment claims and ensure medical necessity. This information might include, but is not limited to, detailed treatment narratives, previous treatment plans, or supporting documentation. NetClaim Solutions is committed to providing the highest quality patient care and will diligently gather any necessary information. If additional data is not readily available at the time of review, NetClaim will make the most informed decision possible based on the clinical evidence provided and established guidelines.
Clinical Requirements:
Complete/ Immediate dentures are indicated: 1. For patients who have lost all their natural teeth in one or both arches. 2. When remaining teeth are non-restorable due to extensive decay, periodontal disease, or trauma. 3. If a favorable prognosis is present.

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Complete/ Immediate denture is not indicated:

1. If the patient has enough healthy remaining natural teeth that can support a partial denture or other types of restorations.
2. Severe bone loss in the jaw compromises the stability and retention of complete dentures, making them uncomfortable or difficult to fit properly.
3. If the patient has any medical conditions that may affect the success and tolerance of removable dentures.
4. Patient's ability and willingness to maintain proper oral hygiene and care for removable dentures.

Specific Procedure Codes: **Partial Dentures (5211 – D5226)**

Documentation Requirements to Establish Medical Necessity:

Main Radiograph Type:

1. Panoramic X Ray or Full Mouth Series (36 months or less from the date of request) – the image should allow the visualization of the conditions of the edentulous space, the adjacent teeth (when applicable) and bone structure. This is to confirm that the member does not have additional pathologies that must be treated prior to treatment.

Additional Requirements (If apply):

When is necessary to deliver a clinical narrative:

1. If the prosthetic treatment is the final phase of the treatment plan.

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Clinical Requirements:

Partial dentures are indicated:

1. For patients who have lost some, but not all, of their natural teeth in one or both arches.
2. If a favorable prognosis is present.
3. When more than one (1) posterior tooth will be replaced not including third molars.
4. The abutment teeth are more than 50% supported in bone.

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Partial dentures are not indicated:

1. If the remaining natural teeth are not strong enough to support a partial denture due to extensive decay, periodontal disease, or structural issues.
2. Patients who anticipate losing additional teeth soon.
3. Cases where the placement of clasps or attachments required for partial dentures is challenging due to unusual tooth positioning or oral anatomy.
4. If the patient has any medical conditions that may affect the success and tolerance of removable dentures.

Specific Procedure Codes: **Unilateral Denture (D5282 – D5286)**

Documentation Requirements to Establish Medical Necessity

Main Radiograph Type:

1. Panoramic X Ray or Full Mouth Series (36 months or less from the date of request) – the image should allow the visualization of the conditions of the edentulous space, the adjacent teeth (when applicable) and bone structure. This is to confirm that the member does not have additional pathologies that must be treated prior to treatment.

Additional Requirements (If apply):

When is necessary to deliver a clinical narrative:

1. If the prosthetic treatment is the final phase of the treatment plan.

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Clinical Requirements:

Unilateral dentures are indicated:

1. For patients missing one or more teeth on only one side of the arch.
2. The abutment teeth are more than 50% supported in bone.
3. When a full arch partial denture is unnecessary due to localized tooth loss.

Unilateral dentures are not indicated when:

1. If the patient has missing teeth on both sides of the arch.
2. Patients with widespread tooth loss throughout the mouth, where a unilateral approach would not provide comprehensive restoration of chewing and speaking functions.

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Specific Procedure Codes: Interim Partial Denture, Resin Base **(D5820 – D5821)**

Documentation Requirements to Establish Medical Necessity

Main Radiograph Type:

1. Panoramic X Ray or Full Mouth Series (36 months or less from the date of request) – the image should allow the visualization of the conditions of the edentulous space, the adjacent teeth (when applicable) and bone structure. This is to confirm that the member does not have additional pathologies that must be treated prior to treatment.

Additional Requirements:

Medical Necessity Narrative

1. Detailed clinical narrative justifying the medical necessity of interim partial dentures.

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Clinical Requirements:

Nature of Service:

- Considered temporary and not intended as permanent treatment.
- Constructed of acrylic resin without cast metal framework.
- Generally used for 2 to 6 months during tissue healing or treatment planning stabilization.

Interim partial dentures are indicated:

1. Evidence of partial **edentulism** affecting function.
2. Patient is in a **healing or transitional phase** (following multiple extractions, periodontal surgery, or other pre-prosthetic procedures).
3. Documentation of an intended **definitive restorative plan** (e.g., cast metal RPD, fixed bridge, or implants) that is temporarily deferred.
4. **Panoramic or periapical radiograph** demonstrating edentulous spaces and adequate bone support for remaining teeth.
5. Periodontal and soft tissue health is **stable**; no active infection or untreated caries.
6. The need for interim replacement is justified by **speech and/or masticatory function concerns**.

Interim partial dentures are not indicated when:

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1. No clinical or radiographic evidence of missing teeth requiring interim replacement.
2. Presence of **active periodontal disease, caries, or oral infection** that contraindicates removable prosthesis placement.
3. No documentation of a future treatment plan or evidence that the device is transitional in nature.
4. Bilateral or full-arch edentulism requiring a **definitive removable partial denture** or complete denture from the outset.
5. Severe **bruxism or clenching** likely to fracture acrylic resin base.
6. Duplicate request for an interim prosthesis without clinical justification (e.g., previous device still serviceable).
7. Request based solely on esthetic preference without functional or rehabilitative necessity.

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Clinical Rationale

Focus on Patient Quality of Care Benefits:

- **Improved Access to Quality Care:** NetClaim's clinical review process, including these Dental Clinical Guidelines, aims to streamline access to necessary removable prosthodontics procedures. This ensures enrollees receive the treatment they need to maintain optimal oral health.
- **Enhanced Patient Outcomes:** By outlining the necessity and benefits of various removable prothesis services, these guidelines empower NetClaim's dental consultants to make informed coverage decisions. This directly translates to improved patient outcomes through comprehensive dental care.
- **Holistic Approach to Well-being:** Recognizing the link between oral health and overall well-being, NetClaim prioritizes coverage for removable prosthodontics treatment. This ensures enrollees can achieve and maintain optimal health, impacting their quality of life.

Transparency in Decision-Making:

- **Evidence-Based Review:** These guidelines consider insights from recognized dental associations alongside the clinical judgment of qualified dentists (DMDs) for comprehensive coverage determinations.
- **Alignment with National Standards:** The framework adheres to established medical necessity guidelines set by the Centers for Medicare & Medicaid Services (CMS). This ensures decisions align with national healthcare standards.

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Codes

The following list(s) of procedure codes is provided for reference purposes and requirements as established by the Current Dental Terminology (CDT) book, published by the American Dental Association (ADA). Listing a code in this guideline does not imply that the service described by the code is a covered or non-covered service. Benefit coverage for services is determined by the member specific benefit plan document. The inclusion of a code does not imply any right to reimbursement or guarantee claim payment. Other Policies and Guidelines may apply.

Dental Code	Description	Applicable Arch	Applicable Quadrant
D5110	Complete denture - maxillary	Maxillary or Upper	N/A
D5120	Complete denture - mandibular	Mandibular or Lower	N/A
D5130	Immediate denture - maxillary	Maxillary or Upper	N/A
D5140	Immediate denture - mandibular	Mandibular or Lower	N/A
D5211	Maxillary partial denture - resin base (including retentive / clasping materials, rests, and teeth)	Maxillary or Upper	N/A
D5212	Mandibular partial denture - resin base (including retentive / clasping materials, rests, and teeth)	Mandibular or Lower	N/A
D5213	Maxillary partial denture - cast metal framework with resin denture base (including retentive / clasping materials, rests, and teeth)	Maxillary or Upper	N/A
D5214	Mandibular partial denture - cast metal framework with resin denture bases (including retentive / clasping materials, rests, and teeth)	Mandibular or Lower	N/A
D5225	Maxillary partial denture - flexible base (including retentive / clasping material, rest, and teeth)	Maxillary or Upper	N/A
D5226	Mandibular partial denture - flexible base (including retentive / clasping material, rest, and teeth)	Mandibular or Lower	N/A
D5282	Removable unilateral partial denture - one piece cast metal (including retentive / clasping materials, rests, and teeth), maxillary	Maxillary or Upper	N/A

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D5283	Removable unilateral partial denture - one piece cast metal (including retentive / clasping materials, rests, and teeth), mandibular	Mandibular or Lower	N/A
D5284	Removable unilateral partial denture - one piece flexible base (including retentive / clasping materials, rest, and teeth) - per quadrant	Refer to the client-specific rule (per arch)	Refer to the client-specific rule (per arch)
D5286	Removable unilateral partial denture - one piece resin (including retentive / clasping materials, rest, and teeth) - per quadrant	Refer to the client-specific rule (per arch)	Refer to the client-specific rule (per arch)
D5820	Interim partial denture (including retentive\clasping materials, rests, and teeth), maxillary	Maxillary or Upper	N/A
D5821	Interim partial denture (including retentive\clasping materials, rests, and teeth), mandibular	Mandibular or Lower	N/A

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Revision Information

Date	Action	Comment
08/01/2023	Origination Policy Date	
07/03/2024	Clinical Changes	Included the clinical indications, references for the removable prosthodontics services and the NetClaim clinical rationale.
09/18/2024	Section name changes and addition of disclaimer for additional information.	Changed the name of the General Requirements section to: Documentation Requirements to Establish Medical Necessity and added new disclaimer for additional information.
9/24/2024	Section redesign to include specificity of the documentation requirements	Provided more structure for the documentation requirements to establish the main requirement vs conditioned requirements.
12/17/2024	Updated CDT codes tooth, arch or quadrants requirements, if apply.	Included the detail for the requirement of tooth, arch or quadrant for the CDT codes to support adverse decision due to lack of information.
2/28/2025	Minor changes in wording	Changed name section: "Coverage" to "Dental Coverage," "Rational" to "Clinical Rational" and the name of the guide "NetClaim Dental Utilization – Review Guidelines" to "Dental Utilization – Clinical Review Guidelines." Include specific code related to sections.
6/23/2025	Updated CDT codes requirements	Changed the applicable arch or quadrant for service D5284 and D5286.

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10/2/2025	Updated X Ray Requirement	Added more clarity in the expected timeframe of X Ray to 36 months or less.
11/12/2025	New section added.	Services D5820 and D5821 for interim partial dentures were added to the document. The references and codes were updated as well.
6/11/2026	Updated references	ADA 2026
6/24/2026	Contraindication added	Contraindication #7 updated for implants
7/16/2026	Updated code section for abutments	Codes addes base on CDT BOOK 2026
7/16/2026	New section for code D6090	Clinical requirements added to this code base on CDT BOOK 2026
7/16/2026	New section for code D6105	Clinical requirements added to this code base on CDT BOOK 2026
7/16/2026	New section for code D6106-D6107	Clinical requirements added to this code base on CDT BOOK 2026
7/16/2026	New section for code D6193	Clinical requirements added to this code base on CDT BOOK 2026
7/16/2026	New section for code D6197	Clinical requirements added to this code base on CDT BOOK 2026

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Implants

Description

Dental implant services are specialized procedures to replace missing teeth, providing a durable and natural-looking solution that enhances both functionality and aesthetics. Dental implants are artificial tooth roots made from biocompatible materials, usually titanium, that are surgically placed into the jawbone.

These implants provide a stable foundation for fixed or removable replacement teeth that are designed to match your natural teeth. The procedure involves multiple stages, including initial assessment, surgical placement, healing, and final prosthesis attachment, all tailored to ensure optimal results for each patient.

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Definitions

Implant: Material inserted or grafted into tissue. (ADA)

Dental implant: A device specially designed to be placed surgically within or on the mandibular or maxillary bone as a means of providing location and support for dental replacement prosthesis. (ADA)

Implant abutment: The fixture that is placed between the implant body (aka implant post) and the restorative prosthesis (e.g., single crown; denture). (ADA)

Attachment: A mechanical device for the fixation, retention, and stabilization of a prothesis. (AP)

Osseointegrated Implant: A direct physical and functional relationship between organic viable bone and the external surface of a stationary, load-bearing implant as revealed when viewed under a light microscope. (JOI)

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Dental Coverage

The guidelines described in this document do not represent the members' benefits approved by the plan. The provider has the responsibility to validate the plan approved member's benefits before rendering the services.

Indications and Limitations

Dental Code Set: Implants D6000 – D6199

Specific Procedure Codes: **Implant (D6010, D6011)**
Documentation Requirements to Establish Medical Necessity:

Main Radiograph Type:

1. Periapical x-ray, panoramic x-ray or cone beam CT (12 months or less from the date of request) that shows all the bone structure and edentulous space where the implant is intended to be placed.

Additional Requirements:

When is necessary to deliver a complete treatment plan or clinical narrative:

1. Phase 1 Code D6010 – describing the complete treatment plan and the implant to be used (prosthetic function, brand, type, and size of the planned implant). Any change in the brand, type and size during the surgical procedure will not affect the payment during the claim process.
2. Phase 2 Code D6011 – must include the date of surgical implant placement.
3. If prosthodontic treatment is the final phase of a treatment plan.
4. When the treatment plan includes a fixed bridge replacement.

Special Considerations:

1. The patient must be 18 years old and not pregnant.
2. All extractions sites for implants must be healed and radiopaque.

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Clinical Requirements:

Implants are indicated:

1. The patient must be generally fit and healthy.
2. There must be at least 1.5 mm to 2 mm of inter-dental space between dental implants and naturally existing teeth to maintain periodontal health and form.
3. There must be at least 3 mm of space between implant and implant.
4. Four (4) dental implants per arch will be authorized for the partially edentulous patient; for the completely edentulous, four (4) in the maxilla and two (2) in the mandibular area. When more than four (4) teeth are missing in the same arch bilaterally, consideration must be given to a removable partial denture as an alternative benefit**. (Validate the plan approved member benefits before rendering the services)**

Implants are not indicated:

1. Dental implants are not medically appropriate for replacement of wisdom teeth (1, 16,17, and 32).
2. Dental implants that fail will not be replaced.
3. Patients with uncontrolled systematic diseases.
4. Patients with poor oral hygiene and periodontal disease.
5. Patients with inadequate bone volume or density.
6. Active substance abuse, including alcohol.
7. Cases where the final proposed restoration treatment would not contribute to functional occlusion (non- functional space / no antagonist tooth).

Specific Procedure Codes: **Abutments & Abutment/ Implant Supported Single or Retainer Crowns (D6056-D6088; D6094; D6097-D6099; D6121-D6123; D6195)**

Documentation Requirements to Establish Medical Necessity:

Main Radiograph Type:

1. Periapical or Panoramic x-ray with high quality showing osseointegrated implants must be taken up to 30 days before sending the preauthorization

Additional Requirements:

1. If the implant was placed with another insurance must be sent the date of the implant placement

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Clinical Requirements:

Abutment/ Implant Supported Single or Retainer Crowns are indicated:

1. The patient has lost a single tooth due to trauma, decay, or other factors.
2. The implant has fully integrated with the bone, typically taking 3-6 months, depending on bone quality and location.
3. The surrounding gingival tissues must be healthy to ensure proper support and aesthetics.
4. The crown should align well with opposing dentition to avoid excessive stress on the implant.
5. Dental implants will be re-evaluated via intraoral radiographs or CT scans prior to the authorization of abutments or crowns three to six months after dental implant placement.
6. **After abutments or crowns are seated, a final intraoral radiograph or CT scan must be reviewed.**

Abutment/ Implant Supported Single or Retainer Crowns are not indicated:

1. Do not accomplish with the timeframe for the osteointegration.
2. If osseointegration is incomplete, the implant's stability may be compromised.
3. The presence of peri-implant mucositis or peri-implantitis.
4. Inadequate occlusal load.
5. Insufficient or poorly contoured gingival tissue.
6. Abutment screw loosening or improper implant angulation.

Specific Procedure Codes: **Interim Implant Crowns (D6085)**

Documentation Requirements to Establish Medical Necessity:

Clinical Narrative:

1. Narrative describing the current condition of the healing period to sustain the medical necessity of the use of an interim device prior to fabrication and placement of the definitive prothesis.

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Clinical Requirements:

Interim Implant Crowns are Indicated when:

1. Protection of the Implant Site - Shields the surgical site from bacterial contamination and mechanical trauma while bone healing and soft-tissue maturation occur.
2. Maintenance of Emergence Profile & Tissue Contours - Preserves gingival architecture and emergence profile—especially critical in the esthetic zone—to guide optimal soft-tissue healing.
3. Space Maintenance & Occlusal Support **-** Keeps the edentulous space stable, prevents supra-eruption of opposing teeth, and maintains occlusal vertical dimension until final restoration.
4. Function, Phonetics & Aesthetics **-** Restores masticatory function and speech, and provides an esthetic solution for patients uncomfortable with an edentulous gap during healing.

Interim Implant Crowns are not indicated when:

1. Poor Patient Hygiene or Compliance – patients unable to maintain meticulous oral hygiene around an interim crown are at higher risk for peri-implant mucositis or peri-implantitis—definitive loading should be postponed until hygiene can be assured.
2. Active Infection or Unresolved Soft-Tissue Pathology – healing-period provisional should **not** be placed if there is unresolved peri-implant inflammation, soft-tissue hypertrophy, or insufficient vestibular depth requiring surgical correction first.
3. This crown is not intended for the purpose of provisional or temporary crown.

Specific Procedure Codes: **Repair of Implant / Abutment Supported Prosthesis (D6090)**

Documentation Requirements to Establish Medical Necessity:

Main Radiograph Type:

Periapical radiograph or high-quality definition panoramic radiograph with implant in place.

Additional Requirements:

Narrative of medical necessity for the repair of implant/abutment supported prosthesis.

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Clinical Requirements:
Repair of Implant/Abutment Supported Prosthesis are indicated: • Fracture porcelain • Broken or damaged framework • Repair or replacement of prosthetic components • Laboratory repair of an implant – supported prosthesis • Restoring function after wear, fracture, or accidental damage • Modification of the prosthesis to restore proper fit or occlusion when a repair is performed Repair of Implant/Abutment Supported Prosthesis are not indicated: • The service is routine maintenance or cleaning (D6080) • Only a simple adjustment or occlusal adjustment is performed • The implant – supported crown only needs to be recemented or rebonded (D6092) • The implant abutment – not the prosthesis – is repaired or replaced (D6095) • The prosthesis requires complete replacement rather than repair

Specific Procedure Codes: **Removal of implant body not requiring bone removal or flap elevation (D6105)**
Documentation Requirements to Establish Medical Necessity:
Main Radiograph Type: Periapical radiograph or high-quality definition panoramic radiograph with implant to be removed. **Additional Requirements:** Narrative of medical necessity. **Disclaimer:** NetClaim Solutions may require additional clinical information to support dental treatment claims and ensure medical necessity. This information might include, but is not limited to, detailed treatment narratives, previous treatment plans, or supporting documentation. NetClaim Solutions is committed to providing the highest quality patient care and will diligently gather any necessary information. If additional data is not readily available at the time of review, NetClaim will make the most informed decision possible based on the clinical evidence provided and established guidelines.
Clinical Requirements:
Removal of implant body not requiring bone removal or flap elevation are indicated: • A failed endosteal implant can be removed without raising surgical flap. • No bone removal (osteotomy) is necessary.

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- The implant is mobile or minimally integrated, allowing uncomplicate removal.
- Removal is indicated because of:
    - Implant failure
    - Peri-implant infection
    - Lack of osseointegration
    - Persistent pain or discomfort
    - Mechanical failure requiring implant removal
    - Planned replacement of the implant when simple removal is sufficient

Removal of implant body not requiring bone removal or flap elevation are not indicated:

- Bone removal is required to retrieve the implant
- A surgical flap must be elevated for access
- The implant is well osseointegrated and requires more extensive surgery (use the appropriate implant removal code instead)
- Only prosthesis, abutment, or retaining screw is being removed rather than the implant body itself

Specific Procedure Codes: **Guided tissue regeneration – resorbable/non - resorbable barrier per implant (D6106 - D6107)**

Documentation Requirements to Establish Medical Necessity:

Main Radiograph Type:

Periapical radiograph or high-quality definition or panoramic radiograph with implant in place.

Additional Requirements:

Narrative of medical necessity for the repair of implant/abutment supported prosthesis.

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Clinical Requirements:

Indications for Guided tissue regeneration – resorbable barrier, per implant (D6106):

- Guided bone regeneration (GBR) around an existing implant
- Surgical treatment of peri-implantitis associated with an osseous defect

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- Protection and stabilization of bone graft material placed around an implant
- Promotion of bone regeneration by excluding soft tissue from the defect

Indications for Guided tissue regeneration – non - resorbable barrier, per implant (D6107):

- Guided bone regeneration requiring prolonged space maintenance
- Regenerative treatment of peri-implant osseous defects
- Bone grafting procedures where a non-resorbable membrane is clinically indicated
- Management of peri-implant bone loss requiring membrane stabilization

Contraindications for Guided tissue regeneration – resorbable barrier, per implant (D6106):

- No peri-implant osseous defect requiring membrane placement
- Uncontrolled infection that contraindicates regenerative procedures
- Inadequate soft tissue for primary closure
- Membrane placement is not clinically necessary or adequately documented

Contraindications for Guided tissue regeneration – non-resorbable barrier, per implant (D6107):

- Absence of a regenerative indication
- Active uncontrolled infection
- Inability to obtain primary soft tissue closure
- Patient unable or unwilling to return for membrane removal when required

Specific Procedure Codes: **Implants Supported Dentures (D6110 – D6113)**

Documentation Requirements to Establish Medical Necessity:

Main Radiograph Type:

1. Panoramic x-ray or full mouth showing osseointegrated implants.

Additional Requirements:

1. Detailed description of the complete treatment plan.

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Clinical Requirements:

Implants supported dentures are indicated:

1. Patients who have lost all teeth in one or both arch.
2. Patients who wish to minimize bone loss.
3. Patients that radiography show osteointegration implant.

Implants dentures are not indicated:

1. Patients with uncontrolled medical conditions.
2. Patients are unable to maintain good oral hygiene practices.
3. Lack of adequate bone height or width in the jaw to support implants.
4. When the radiography does not show the osseointegration of the implant.

Specific Procedure Codes: **Implants Supported (D6191 – D6192)**

Documentation Requirements to Establish Medical Necessity:

Main Radiograph Type:

1. Panoramic x-ray or full mouth (30 days or less from the date of request) showing osseointegrated implants.

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Clinical Requirements:

Implants supported semi precision abutment & attachment are indicated:

1. When the patient has total or partial edentulism and implants are placed to improve the retention of the removable prosthesis.
2. When the patient has prosthetic mobility, poor stability or complaints of lack of retention.
3. D6192 is placed after D6191, to adapt the internal part of the removable prosthesis to the implant. They must be submitted together.

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Implants supported semi precision abutment & attachment are not indicated:

1. Poor or uncontrolled oral hygiene.
2. Limited vertical space that does not allow attachment placement.
3. Severe bruxism.

Specific Procedure Codes: **Replacement of an implant screw (D6193)**

Documentation Requirements to Establish Medical Necessity:

Main Radiograph Type:

Periapical radiograph or high-quality definition panoramic radiograph with implant in place.

Additional Requirements:

Narrative of medical necessity for the replacement of implant screw.

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Clinical Requirements:

Replacement of an implant screw are indicated:

- Fracture implant screw
- Stripped or damaged screw threads
- Screw cannot be adequately retorqued due to deformation or wear
- Replacement of failed prosthetic implant screw to restore the implant – supported restoration

Replacement of an implant screw are not indicated:

- A loose screw that can simply be retightened (use D6089 for implant screw retorque, when appropriate), not D6193
- Replacement performed as part of another procedure where the screw is already included in the code
- Implant failure requiring removal or replacement of the implant body rather than only the screw

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Specific Procedure Codes: **Replacement of restorative material used to close an access opening of a screw - retained implant supported prothesis, per implant (D6197)**

Documentation Requirements to Establish Medical Necessity:

Main Documentation Required:
Photograph from the screw-access opening of the implant.

Additional requirement:
Narrative of medical necessity for the replacement of restorative material used to close an access opening of a screw - retained implant supported prothesis, per implant.

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Clinical Requirements:

Replacement of restorative material used to close an access opening of a screw - retained implant supported prosthesis, per implant are indicated:

- Loss, wear, or fracture of the restorative material (e.g., composite or resin) sealing the screw-access opening
- Recurrent leakage, or contamination of the screw access channel
- Replacement of the access filling after removing and reinserting a screw-retained implant prosthesis for maintenance or repair
- Access opening requires resealing to protect the implant screw and surrounding tissues

Contraindications for replacement of restorative material used to close an access opening of a screw - retained implant supported prosthesis, per implant:

- Initial placement of the access - filling material when the screw – retained prosthesis is delivered (this is included in the original prosthesis)
- Cement – retained implant restorations (no screw- access opening exists)
- Repair of the implant – supported prosthesis itself (use D6090 when appropriate)
- Replacement of the implant screw (use D6193)

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Clinical Rationale

Focus on Patient Quality of Care Benefits:

1. **Improved Access to Quality Care:** NetClaim's clinical review process, including these Dental Clinical Guidelines, aims to streamline access to necessary implants dental procedures. This ensures enrollees receive the treatment they need to maintain optimal oral health.
2. **Enhanced Patient Outcomes:** By outlining the necessity and benefits of various implants services, these guidelines empower NetClaim's dental consultants to make informed coverage decisions. This directly translates to improved patient outcomes through comprehensive dental care.
3. **Holistic Approach to Well-being:** Recognizing the link between oral health and overall well-being, NetClaim prioritizes coverage for implant dentistry. This ensures enrollees can achieve and maintain optimal health, impacting their quality of life.

Transparency in Decision-Making:

- **Evidence-Based Review:** These guidelines consider insights from recognized dental associations alongside the clinical judgment of qualified dentists (DMDs) for comprehensive coverage determinations.
- **Alignment with National Standards:** The framework adheres to established medical necessity guidelines set by the Centers for Medicare & Medicaid Services (CMS). This ensures decisions align with national healthcare standards.

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Codes

The following list(s) of procedure codes is provided for reference purposes and requirements as established by the Current Dental Terminology (CDT) book, published by the American Dental Association (ADA). Listing a code in this guideline does not imply that the service described by the code is a covered or non-covered service. Benefit coverage for services is determined by the member specific benefit plan document. The inclusion of a code does not imply any right to reimbursement or guarantee claim payment. Other Policies and Guidelines may apply.

Dental Code	Description	Applicable Tooth/Type	Applicable Arch
D6010	Surgical placement of implant body: endosteal implant	All Teeth Permanent #1-32	N/A
D6011	Surgical access to an implant body (second stage implant surgery)	All Teeth Permanent #1-32	N/A
D6056	Prefabricated abutment - includes modification and placement	All Teeth Permanent #1-32	N/A
D6057	Custom fabrication abutment - includes placement	All Teeth Permanent #1-32	N/A
D6058	Abutment supported porcelain / ceramic crown	All Teeth Permanent #1-32	N/A
D6059	Abutment supported porcelain fused to metal crown (high noble metal)	All Teeth Permanent #1-32	N/A
D6060	Abutment supported porcelain fused to metal crown (predominantly base metal)	All Teeth Permanent #1-32	N/A
D6061	Abutment supported porcelain fused to metal crown (noble metal)	All Teeth Permanent #1-32	N/A
D6062	Abutment supported cast metal crown (high noble metal)	All Teeth Permanent #1-32	N/A
D6063	Abutment supported cast metal crown (predominantly base metal)	All Teeth Permanent #1-32	N/A
D6064	Abutment supported cast metal crown (noble metal)	All Teeth Permanent #1-32	N/A
D6065	Implant supported porcelain / ceramic crown	All Teeth Permanent #1-32	N/A
D6066	Implant supported crown - porcelain fused to high noble alloys	All Teeth Permanent #1-32	N/A
D6067	Implant supported crown - high noble alloys	All Teeth Permanent #1-32	N/A

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D6068	Abutment supported retainer for porcelain / ceramic FPD	All Teeth Permanent #1-32	N/A
D6069	Abutment supported retainer for porcelain fused to metal FPD (high noble metal)	All Teeth Permanent #1-32	N/A
D6070	Abutment supported retainer for porcelain fused to metal FPD (predominantly base metal)	All Teeth Permanent #1-32	N/A
D6071	Abutment supported retainer for porcelain fused to metal FPD (noble metal)	All Teeth Permanent #1-32	N/A
D6072	Abutment supported retainer for cast metal FPD (high noble metal)	All Teeth Permanent #1-32	N/A
D6073	Abutment supported retainer for cast metal FPD (predominantly base metal)	All Teeth Permanent #1-32	N/A
D6074	Abutment supported retainer for cast metal FPD (noble metal)	All Teeth Permanent #1-32	N/A
D6075	Implant supported retainer for ceramic FPD	All Teeth Permanent #1-32	N/A
D6076	Implant supported retainer for FPD - porcelain fused to high noble alloys	All Teeth Permanent #1-32	N/A
D6077	Implant supported retainer for metal FPD - high noble alloys	All Teeth Permanent #1-32	N/A
D6085	Provisional implant crown	All Teeth Permanent #1-32	N/A
D6094	Abutment supported crown - titanium and titanium alloys	All Teeth Permanent #1-32	N/A
D6105	Removal of implant body not requiring bone removal or flap elevation	All Teeth Permanent #1-32	N/A
D6106	Guided tissue regeneration – resorbable barrier, per implant	All Teeth Permanent #1-32	N/A
D6107	Guided tissue regeneration – non - resorbable barrier, per implant	All Teeth Permanent #1-32	N/A
D6120	Implant supported retainer-porcelain fused to titanium and	All Teeth Permanent #1-32	N/A
D6110	Implant/abutment supported removable denture for edentulous arch- maxillary	N/A	Maxillary or Upper
D6111	Implant/abutment supported removable denture for edentulous arch- mandibular	N/A	Mandibular or Lower
D6112	Implant/abutment supported removable denture for partially edentulous arch - maxillary	N/A	Maxillary or Upper

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D6113	Implant/abutment supported removable denture for partially edentulous arch - mandibular	N/A	Mandibular or Lower
D6191	Semi - precision abutment - placement	All Teeth Permanent #1-32	N/A
D6192	Semi - precision attachment - placement	All Teeth Permanent #1-32	N/A
D6197	Replacement of restorative material used to close an access opening of a screw - retained implant supported prothesis, per implant	All Teeth Permanent #1-32	N/A
D6199	Unspecified Implant Procedure, By Report	All Teeth Permanent #1-32	Mandibular or Lower

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Revision Information

Date	Action	Comment
08/01/2023	Origination Policy Date	
07/03/2024	Clinical Changes	Included clinical indications, references for the implant's services and the NetClaim clinical rationale.
09/18/2024	Section name changes and addition of disclaimer for additional information.	Changed the name of the General Requirements section to: Documentation Requirements to Establish Medical Necessity and added new disclaimer for additional information.
10/8/2024	Section redesign to include specificity of the documentation requirements	Provided more structure for the documentation requirements to establish the main requirement vs conditioned requirements.
12/17/2024	Updated CDT codes tooth, arch or quadrants requirements, if apply.	Included the detail for the requirement of tooth, arch or quadrant for the CDT codes to support adverse decision due to lack of information.
2/28/2025	Minor changes in wording	Changed name section: "Coverage" to "Dental Coverage," "Rational" to "Clinical Rational" and the name of the guide "NetClaim Dental Utilization – Review Guidelines" to "Dental Utilization – Clinical Review Guidelines." Include specific code related to sections.
3/21/2025	Add new section	Include two new sections: "Single Crown Abutment/ Implant Supported, documentation and clinical requirements ", "Guide to

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		determine clinical failures in dental implant." and references.
4/29/2025	Removed incorrect requirement	Removed incorrect requirement due to involuntary human error.
4/30/2025	Add new section	Include new section: "Interim Implant Crown" and references.
6/23/2025	Add new section, documentation requirements and minor changes in wording	Included new sections: "Implants Supported", added documentation requirements for retainer crowns, changed name section: "Single Crown Abutment/ Implant Supported" to "Abutments & Abutment/ Implant Supported Single or Retainer Crowns' and references.
8/4/2025	Added disclaimer in implants	Included disclaimer about the treatment plan changes and no impact in the claim payment.
11/12/2025	New x-ray requirements and minor wording changes	Added more specificity to the x-ray timeframe for certain services.
6/11/2026	Updated references	ADA 2026
6/11/2026	New contraindication	Included another scenario for contraindications for implants services.

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Fixed Prosthodontics

Description

Fixed prosthodontics is a branch of restorative dentistry that involves the replacement and restoration of teeth using prostheses that are permanently attached to the existing teeth or dental implants.

A dental bridge is used to fill the gap created by one or more missing teeth. A bridge typically consists of two or more crowns for the teeth on either side of the gap—these anchoring teeth are called abutment teeth—and a false tooth or teeth in between. These false teeth, called pontics, can be made from gold, alloys, porcelain, or a combination of these materials. Bridges help restore the ability to chew and speak, maintain the shape of the face, prevent remaining teeth from drifting out of position, and restore a smile.

There are diverse types of dental bridges such as traditional bridges, Maryland bridge, Cantilever bridge and implant supported bridge.

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Definitions

Abutment: A tooth, a portion of a tooth, or that portion of a dental implant that serves to support and/or retain a prosthesis (AP)

Pontic: The term used for an artificial tooth on a fixed partial denture (bridge). (ADA)

Retainer: Any type of device used for the stabilization or retention of a prosthesis. (AP)

Fixed Partial Denture: A prosthetic replacement of one or more missing teeth cemented or otherwise attached to the abutment natural teeth or their implant replacements. (ADA)

Maryland bridge: Fixed partial denture featuring retainers which are resin bonded to natural teeth that serve as an abutment. (ADA)

Cantilever extension: Part of a fixed prosthesis that extends beyond the abutment to which it is attached and has no additional support. (ADA)

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Dental Coverage

The guidelines described in this document do not represent the members' benefits approved by the plan. The provider has the responsibility to validate the plan approved member's benefits before rendering the services.

Indications and Limitations

Dental Code Set: Fixed Prosthodontic D6200 – D6999

Specific Procedure Codes: **Fixed Partial Denture (FPD) (D6210 – D6794)**
Documentation Requirements to Establish Medical Necessity:

Main Radiograph Type:

1. Periapical or panoramic x-ray (12 months or less from the date of request) that show all the structure of the teeth that are intended to be the retainers, including the bone structure and edentulous spaces.

Additional Requirements (If apply):

When is necessary to deliver a clinical narrative:

1. If fixed prosthodontic treatment is the final phase of a treatment plan.
2. When the treatment plan includes a fixed bridge replacement.

When is necessary to deliver a photo:

1. In case that the reason for the replacement of fixed bridges cannot be demonstrated radiographically.

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Clinical Requirements:

Fixed Partial Denture are indicated:

1. When teeth that are too damaged for fillings but not lost.
2. When one or more teeth are missing and need replacement.
3. To restore chewing, biting, and speaking functions.

Fixed Partial Denture are not indicated:

1. The abutment teeth are compromised or unable to support a bridge.
2. There is a significant periodontal disease that compromises the supporting structures.
3. The patient has poor oral hygiene or is unwilling to maintain the bridge properly.
4. There is insufficient bone support, and the patient is not a candidate for bone grafting or implants.
5. When there is less invasive and favorable treatment for the patient.

Maryland Bridges are indicated:

1. Replacement of a single missing tooth, especially in the anterior teeth
2. Young patients where implants are contraindicated or postponed
3. Abutment teeth with sound enamel and minimal restorations
4. Good periodontal health and stable occlusion
5. Patients requesting a conservative, minimally invasive treatment plan
6. Used as temporary or interim restoration

Maryland Bridges are not indicated:

1. Insufficient enamel for bonding (large restorations, erosion)
2. Short clinical crowns
3. Active periodontal disease or poor oral hygiene
4. Heavy occlusal forces or para functional habits (bruxism)
5. Deep overbite or unfavorable occlusion
6. Replacement of posterior teeth with high masticatory load

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Cantilever Fixed Partial Denture are indicated:

1. Replacement of a single missing tooth where only one suitable abutment exists
2. Abutment teeth with excellent periodontal support and favorable crown-root ratio
3. Commonly used in anterior teeth
4. Situations where implants are contraindicated or declined by the patient
5. Favorable occlusal scheme with minimal lateral forces

Cantilever Fixed Partial Denture are not indicated:

1. Posterior regions with heavy occlusal loads
2. Long edentulous spans
3. Periodontally compromised or abutment teeth with mobility
4. Poor occlusal control or parafunctional habits
5. Unfavorable tooth alignment or inadequate root support.

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Guide to Determine Clinical Failures in Fixed Partial Dentures

There are clinical reasons that can lead to failure in fixed partial dentures. They are usually related to biological, mechanical, or technical factors, and this may result in the proposal for a new treatment. These include:

1. Recurrent cavities.
2. Complications associated with endodontically treated teeth.
3. Periodontal disease.
4. Fracture or infection of the tooth.
5. Poor oral hygiene.
6. Problems with the material. (Weak material, allergic reactions).
7. Bruxism or excessive chewing forces.
8. Problems during the procedure (inadequate preparation, poor margins).

Disclaimer: NetClaim Solutions may require additional clinical information to support dental treatment claims and ensure medical necessity and accurately apply the Health Plans dental coverage when a treatment fail. This information might include, but is not limited to, detailed treatment narratives, previous treatment plans, or supporting documentation. NetClaim Solutions is committed to providing the highest quality patient care and will diligently gather any necessary information. If additional data is not readily available at the time of review, NetClaim will make the most informed decision possible based on the clinical evidence provided and established guidelines.

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Clinical Rationale

Focus on Patient Quality of Care Benefits:

1. **Improved Access to Quality Care:** NetClaim's clinical review process, including these Dental Clinical Guidelines, aims to streamline access to necessary fixed prosthodontics procedures. This ensures enrollees receive the treatment they need to maintain optimal oral health.
2. **Enhanced Patient Outcomes:** By outlining the necessity and benefits of various fixed prosthodontics services, these guidelines empower NetClaim's dental consultants to make informed coverage decisions. This directly translates to improved patient outcomes through comprehensive dental care.
3. **Holistic Approach to Well-being:** Recognizing the link between oral health and overall well-being, NetClaim prioritizes coverage for prosthodontics fixed treatment. This ensures enrollees can achieve and maintain optimal health, impacting their quality of life.

Transparency in Decision-Making:

- **Evidence-Based Review:** These guidelines consider insights from recognized dental associations alongside the clinical judgment of qualified dentists (DMDs) for comprehensive coverage determinations.
- **Alignment with National Standards:** The framework adheres to established medical necessity guidelines set by the Centers for Medicare & Medicaid Services (CMS). This ensures decisions align with national healthcare standards.

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Codes

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Dental Code	Description	Applicable Tooth/Type
D6210	Pontic - cast high noble metal	All Teeth Permanent #1-32
D6211	Pontic - cast predominantly base metal	All Teeth Permanent #1-32
D6212	Pontic - cast noble metal	All Teeth Permanent #1-32
D6214	Pontic – titanium and titanium alloys	All Teeth Permanent #1-32
D6240	Pontic - porcelain fused to high noble metal	All Teeth Permanent #1-32
D6241	Pontic - porcelain fused to predominantly base metal	All Teeth Permanent #1-32
D6242	Pontic - porcelain fused to noble metal	All Teeth Permanent #1-32
D6243	Pontic - porcelain fused to titanium and titanium alloys	All Teeth Permanent #1-32
D6245	Pontic - porcelain / ceramic	All Teeth Permanent #1-32
D6250	Pontic resin with high noble metal	All Teeth Permanent #1-32
D6545	Retainer – Cast Metal for Resin Bonded Fixed	All Teeth Permanent #1-32
D6606	Retainer inlay – cast noble metal, two surfaces	All Teeth Permanent #1-32
D6607	Retainer inlay – cast noble metal, three or more surfaces	All Teeth Permanent #1-32
D6608	Retainer onlay – porcelain /ceramic, two surfaces	All Teeth Permanent #1-32
D6609	Retainer onlay – porcelain /ceramic, three or more surfaces	All Teeth Permanent #1-32
D6610	Retainer onlay – cast high noble metal, two surfaces	All Teeth Permanent #1-32
D6710	Retainer crown – indirect resin based composite	All Teeth Permanent #1-32
D6720	Retainer crown - resin with high noble metal	All Teeth Permanent #1-32

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D6740	Retainer Crown - Porcelain/Ceramic	All Teeth Permanent #1-32
D6750	Retainer crown - porcelain fused to high noble metal	All Teeth Permanent #1-32
D6751	Retainer crown - porcelain fused to predominantly base metal	All Teeth Permanent #1-32
D6752	Retainer crown - porcelain fused to noble metal	All Teeth Permanent #1-32
D6753	Retainer crown - porcelain fused to titanium and titanium alloys	All Teeth Permanent #1-32
D6780	Retainer crown - 3/4 cast high noble metal	All Teeth Permanent #1-32
D6781	Retainer crown – ¾ cast predominantly base metal	All Teeth Permanent #1-32
D6782	Retainer crown – ¾ cast noble metal	All Teeth Permanent #1-32
D6783	Retainer crown - 3/4 porcelain/ ceramic	All Teeth Permanent #1-32
D6790	Retainer crown - full cast high noble metal	All Teeth Permanent #1-32
D6791	Retainer crown – full cast predominantly base metal	All Teeth Permanent #1-32
D6792	Retainer crown - full cast noble metal	All Teeth Permanent #1-32
D6794	Retainer crown – titanium and titanium alloys	All Teeth Permanent #1-32
D6930	Re-cement or re-bond fixed partial denture	All Teeth Permanent #1-32 // Re-cement or Re-bond fixed prosthesis. This code is used when a previously placed fixed prosthesis, such as a bridge, needs to be re-cemented or re-bonded due to loosening or other reasons.
D6980	Fixed Partial Denture Repair, by Report.	All Teeth Permanent #1-32 // Replacement of missing tooth or teeth. This code is used to document the replacement of a missing tooth or teeth in an existing fixed prosthesis (such as a bridge).
D6999	Unspecified fixed prosthodontic procedure, by report	All Teeth Permanent #1-32 // Unspecified Fixed Prosthodontic Service. This is a miscellaneous code for when a fixed prosthodontic procedure does not fit into any other specified category.

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Revision Information

Date	Action	Comment
08/01/2023	Origination Policy Date	
07/03/2024	Clinical Changes	Included clinical indications, references for the fixed prosthodontics services and the NetClaim clinical rationale.
09/18/2024	Section name changes and addition of disclaimer for additional information.	Changed the name of the General Requirements section to: Documentation Requirements to Establish Medical Necessity and added new disclaimer for additional information.
10/8/2024	Section redesign to include specificity of the documentation requirements	Provided more structure for the documentation requirements to establish the main requirement vs conditioned requirements.
12/17/2024	Updated CDT codes tooth, arch or quadrants requirements, if apply.	Included the detail for the requirement of tooth, arch or quadrant for the CDT codes to support adverse decision due to lack of information.
2/28/2025	Minor changes in wording	Changed name section: "Coverage" to "Dental Coverage," "Rational" to "Clinical Rational" and the name of the guide "NetClaim Dental Utilization – Review Guidelines" to "Dental Utilization – Clinical Review Guidelines." Include specific code related to sections.

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11/12/2025	Added new x-ray requirements and minor wording changes	Added more clarity in the expected timeframe of X Rays.
6/11/2026	Updated references	ADA 2026

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Oral Surgery

Description

Oral surgery is a specialized branch of dentistry that involves the diagnosis and surgical treatment of a wide range of conditions affecting the mouth, teeth, gums, jaws, and related structures. Oral surgeons, also known as oral and maxillofacial surgeons, are highly trained professionals who perform various surgical procedures to address both functional and aesthetic issues.

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Definitions

Extraction: The process or act of removing tooth or tooth parts. (ADA)

Supernumerary teeth: Extra erupted or unerupted teeth that resemble teeth of normal shape. (ADA)

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Dental Coverage

The guidelines described in this document do not represent the members' benefits approved by the plan. The provider has the responsibility to validate the plan approved member's benefits before rendering the services.

Indications and Limitations

Dental Code Set: Oral and Maxillofacial Surgery D7000 – D7999

Specific Procedure Codes: **Extraction D7210**

Documentation Requirements to Establish Medical Necessity:

Main Radiograph Type:

1. Pre-Operative Periapical X Ray or extraoral single diagnostic bitewing with high quality of the tooth from the coronal area to the apex of the root and within 12 months of the date of request for pre-authorization.

Alternative X Ray:

1. Panoramic X Ray with high quality/definition within 12 months of the date of request for pre-authorization.

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Clinical Requirements:

The extraction D7210 is indicated:

1. Non-restorable carious lesion.
2. Supernumerary tooth.
3. A tooth broke below the bone level.
4. Pain and/or swelling due to impeded eruption.
5. Recurrent pericoronitis.

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The extraction D7210 is not indicated:

1. If the radiograph does not show the necessity for the code D7210 the provider must submit the service code D7140.

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Clinical Rationale

Focus on Patient Quality of Care Benefits:

1. **Improved Access to Quality Care:** NetClaim's clinical review process, including these Dental Clinical Guidelines, aims to streamline access to necessary oral surgery procedures. This ensures enrollees receive the treatment they need to maintain optimal oral health.
2. **Enhanced Patient Outcomes:** By outlining the necessity and benefits of various oral surgery services, these guidelines empower NetClaim's dental consultants to make informed coverage decisions. This directly translates to improved patient outcomes through comprehensive dental care.
3. **Holistic Approach to Well-being:** Recognizing the link between oral health and overall well-being, NetClaim prioritizes coverage for oral surgery treatments. This ensures enrollees can achieve and maintain optimal health, impacting their quality of life.

Transparency in Decision-Making:

- **Evidence-Based Review:** These guidelines consider insights from recognized dental associations alongside the clinical judgment of qualified dentists (DMDs) for comprehensive coverage determinations.
- **Alignment with National Standards:** The framework adheres to established medical necessity guidelines set by the Centers for Medicare & Medicaid Services (CMS). This ensures decisions align with national healthcare standards.

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Dental Code	Description	Applicable Tooth/Type	Applicable Arch	Applicable Quadrant
D7111	Extraction, coronal remnants – primary tooth	All Teeth primary #A-T	N/A	N/A
D7140	Extraction, erupted tooth, or exposed root (elevation and / or forceps removal)	All Teeth Permanent #1-32	N/A	N/A
D7210	Extraction, erupted tooth requiring removal of bone and / or sectioning of tooth, and including elevation of mucoperiosteal flap if indicated	All Teeth Permanent #1-32	N/A	N/A
D7220	Removal of impacted tooth – soft tissue	All Teeth Permanent #1-32	N/A	N/A
D7230	Removal of impacted tooth – partially bony	All Teeth Permanent #1-32	N/A	N/A
D7240	Removal of impacted tooth – completely bony	All Teeth Permanent #1-32	N/A	N/A
D7241	Removal of Impacted Tooth – Complicated	All Teeth Permanent #1-32	N/A	N/A
D7250	Removal of residual tooth roots (cutting procedure)	All Teeth Permanent #1-32	N/A	N/A
D7260	Oroantral fistula closure	All Teeth Permanent #1-32	N/A	N/A
D7261	Primary closure of a sinus perforation	All Teeth Permanent #1-32	N/A	N/A
D7270	Tooth re-implantation and / or stabilization of accidentally avulsed or displace tooth	All Teeth Permanent #1-32	N/A	N/A
D7272	Tooth Transplantation	All Teeth Permanent #1-32	N/A	N/A

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D7280	Exposure of an unerupted tooth	All Teeth Permanent #1-32	N/A	N/A
D7283	Placement of device to facilitate eruption of impacted tooth	All Teeth Permanent #1-32	N/A	N/A
D7285	Incisional biopsy of oral tissue – hard (bone, tooth)	All Teeth Permanent #1-32	N/A	N/A
D7286	Incisional biopsy of oral tissue – soft	All Teeth Permanent #1-32	N/A	N/A
D7290	Surgical repositioning of teeth	All Teeth Permanent #1-32	N/A	N/A
D7291	Transseptal fibertomy/supra crestal fiberotomy, by report	All Teeth Permanent #1-32	N/A	N/A
D7310	Alveoloplasty in conjunction with extractions - four or more teeth or tooth spaces, per quadrant	N/A	N/A	Any quadrant (UR/UL/LL/LR)
D7311	Alveoloplasty in conjunction with extractions - one to three teeth or tooth spaces, per quadrant	N/A	N/A	Any quadrant (UR/UL/LL/LR)
D7320	Alveoloplasty not in conjunction with extractions - four or more teeth or tooth spaces, per quadrant	N/A	N/A	Any quadrant (UR/UL/LL/LR)
D7321	Alveoloplasty in conjunction with extractions - one to three teeth or tooth spaces, per quadrant	N/A	N/A	Any quadrant (UR/UL/LL/LR)
D7340	Vestibuloplasty – ridge extension (secondary epithelialization)	N/A	Maxillary/Upper or Mandibular Lower	N/A
D7350	Vestibuloplasty – ridge extension (including soft tissue grafts, muscle reattachment, revision of soft tissue attachment and management of hypertrophied and hyperplastic tissue)	N/A	Maxillary/Upper or Mandibular Lower	N/A
D7471	Removal of lateral exostosis (maxilla or mandible)	N/A	Maxillary/Upper or Mandibular Lower	Any quadrant (UR/UL/LL/LR)

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D7472	Removal of torus palatinus	N/A	Maxillary / Upper	Any quadrant (UR/UL/LL/LR)
D7473	Removal of torus mandibularis	N/A	Mandibular / Lower	Any quadrant (UR/UL/LL/LR)
D7510	Incision and drainage of abscess- intraoral soft tissue	All Teeth Permanent #1-32	N/A	Any quadrant (UR/UL/LL/LR)
D7511	Incision and drainage of abscess – intraoral soft tissue – complicated (includes drainage of multiple fascial spaces)	All Teeth Permanent #1-32	N/A	Any quadrant (UR/UL/LL/LR)
D7520	Incision and drainage of abscess – extraoral soft tissue	All Teeth Permanent #1-32	N/A	Any quadrant (UR/UL/LL/LR)
D7521	Incision and drainage of abscess – extraoral soft tissue – complicated (includes drainabe of multiple fascial spaces)	All Teeth Permanent #1-32	N/A	Any quadrant (UR/UL/LL/LR)
D7550	Partial oslectomy/sequestrecstomy for removal on non-vitals	N/A	N/A	Any quadrant (UR/UL/LL/LR)
D7670	Alveolus – closed reduction, may include stabilization of teeth	All Teeth Permanent #1-32	N/A	N/A
D7671	Alveolus – open reduction, may include stabilization of teeth	All Teeth Permanent #1-32	N/A	N/A
D7961	Buccal / labial frenectomy (frenulectomy)	N/A	Maxilar/Upper or Mandibular Lower (buccal/lingual)	N/A
D7962	Lingual frenectomy (frenulectomy)	N/A	Maxilar/Upper or Mandibular Lower	N/A
D7970	Excision of Hyperplastic Tissue Per Arch	N/A	Maxilar/Upper or Mandibular Lower	N/A
D7971	Excision of Pericoronal Gingiva	All Teeth Permanent #1-32	N/A	N/A
D7999	Unspecified oral surgery procedure, by report	N/A	N/A	N/A

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09/18/2024	Section name changes and addition of disclaimer for additional information.	Changed the name of the General Requirements section to: Documentation Requirements to Establish Medical Necessity and added new disclaimer for additional information.
10/24/2024	Section redesign to include specificity of the documentation requirements	Provided more structure for the documentation requirements to establish the main requirement vs conditioned requirements.
12/17/2024	Updated CDT codes tooth, arch or quadrants requirements, if apply.	Included the detail for the requirement of tooth, arch or quadrant for the CDT codes to support adverse decision due to lack of information.
2/28/2025	Minor changes in wording	Changed name section: "Coverage" to "Dental Coverage," "Rational" to "Clinical Rational" and the name of the guide "NetClaim Dental Utilization – Review Guidelines" to "Dental Utilization – Clinical Review Guidelines." Include specific code related to sections.
10/2/2025	Added specific X Ray requirement	Added more specificity in the type of X ray needed to establish medical necessity.

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Adjunctive Service

Description

Adjunctive services refer to supplementary or additional treatments and procedures provided to enhance the primary treatment a patient receives. In the context of dentistry, adjunctive services are those that support, improve, or are necessary to the success of the primary dental treatments but are not the main focus of the treatment plan. These services can help in the diagnosis, prevention, and treatment of dental conditions, ensuring comprehensive patient care.

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Definitions

Anesthesia: A procedure that controls the patient's level of anxiety or pain. Delivery of an anesthesia inducing agent by a dentist or other health care practitioner is regulated by state dental boards.

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Dental Coverage

The guidelines described in this document do not represent the members' benefits approved by the plan. The provider has the responsibility to validate the plan approved member's benefits before rendering the services.

Indications and Limitations

Dental Code Set: Adjunctive Service D9000 – D9999

Specific Procedure Codes: **Anesthesia (D9222 – D9243)**
Documentation Requirements to Establish Medical Necessity:
Main Narrative: 2. Narrative describing the specific procedure code and/or teeth number with the medical condition justifying the requirement of sedation time. **Disclaimer:** NetClaim Solutions may require additional clinical information to support dental treatment claims and ensure medical necessity. This information might include, but is not limited to, detailed treatment narratives, previous treatment plans, or supporting documentation. NetClaim Solutions is committed to providing the highest quality patient care and will diligently gather any necessary information. If additional data is not readily available at the time of review, NetClaim will make the most informed decision possible based on the clinical evidence provided and established guidelines.
Clinical Requirements:
The anesthesia is indicated: 1. Extensive or complicated surgical procedures 2. Severe physical disability 3. Documented medical complications. 4. Uncontrolled management problem. The anesthesia is not indicated: 1. Patients with uncontrolled medical conditions. 2. History of allergic reactions to anesthetics. 3. Patients with a history of drug or alcohol abuse. 4. Severe Mental Health Disorders.

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Clinical Rationale

Focus on Patient Quality of Care Benefits:

1. **Improved Access to Quality Care:** NetClaim's clinical review process, including these Dental Clinical Guidelines, aims to streamline access to necessary adjunctive procedures. This ensures enrollees receive the treatment they need to maintain optimal oral health.
2. **Enhanced Patient Outcomes:** By outlining the necessity and benefits of various adjunctive services, these guidelines empower NetClaim's dental consultants to make informed coverage decisions. This directly translates to improved patient outcomes through comprehensive dental care.
3. **Holistic Approach to Well-being:** Recognizing the link between oral health and overall well-being, NetClaim prioritizes coverage for adjunctive services. This ensures enrollees can achieve and maintain optimal health, impacting their quality of life.

Transparency in Decision-Making:

- **Evidence-Based Review:** These guidelines consider insights from recognized dental associations alongside the clinical judgment of qualified dentists (DMDs) for comprehensive coverage determinations.
- **Alignment with National Standards:** The framework adheres to established medical necessity guidelines set by the Centers for Medicare & Medicaid Services (CMS). This ensures decisions align with national healthcare standards.

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Codes

The following list(s) of procedure codes is provided for reference purposes and requirements as established by the Current Dental Terminology (CDT) book, published by the American Dental Association (ADA). Listing a code in this guideline does not imply that the service described by the code is a covered or non-covered service. Benefit coverage for services is determined by the member specific benefit plan document. The inclusion of a code does not imply any right to reimbursement or guarantee claim payment. Other Policies and Guidelines may apply.

Dental Code	Description	Applicable Tooth/Type	Applicable Arch	Applicable Quadrant	Narrative or Report
D9110	Palliative (emergency) treatment of dental pain – minor procedure	N/A	N/A	N/A	N/A
D9222	Deep sedation / general anesthesia – first 15 minutes	N/A	N/A	N/A	Narrative of Medical Necessity
D9223	Deep sedation / general anesthesia – each subsequent 15 minute increment	N/A	N/A	N/A	Narrative of Medical Necessity
D9239	Intravenous moderate (conscious) sedation / analgesia – first 15 minutes	N/A	N/A	N/A	Narrative of Medical Necessity
D9243	Intravenous moderate (conscious) sedation / analgesia – each subsequent 15 minutes increment	N/A	N/A	N/A	Narrative of Medical Necessity
D9410	House / extended care facility call	N/A	N/A	N/A	Narrative of Medical Necessity
D9420	Hospital or ambulatory surgical center call	N/A	N/A	N/A	By Report
D9630	Other drugs and/or medicaments, by report	N/A	N/A	N/A	By Report
D9910	Application of desensitizing resin for cervical and/or root surface, per tooth	All Teeth Permanent #1-32	N/A	N/A	N/A

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D9930	Treatment of complications (post-surgical)-unusual circumstances, by report	N/A	N/A	N/A	By Report
D9944	Occlusal guard- hard appliance, full arch	N/A	Maxilar/Upper or Mandibular Lower	N/A	N/A
D9951	Occlusal adjustment – limited	N/A	N/A	N/A	N/A
D9952	Occlusal adjustment – complete	N/A	N/A	N/A	N/A
D9995	Teledentistry - Synchronous; real-time encounter	N/A	N/A	N/A	N/A
D9996	Teledentistry - Asynchronous; information stored and forwarded to dentist for subsequent review	N/A	N/A	N/A	N/A
D9999	Unspecified adjunctive procedure, by report	N/A	N/A	N/A	By Report

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Revision Information

Date	Action	Comment
08/01/2023	Origination Policy Date	
07/03/2024	Clinical Changes	Included clinical indications, references for the adjunctive services and the NetClaim clinical rationale.
09/18/2024	Section name changes and addition of disclaimer for additional information.	Changed the name of the General Requirements section to: Documentation Requirements to Establish Medical Necessity and added new disclaimer for additional information.
10/24/2024	Section redesign to include specificity of the documentation requirements	Provided more structure for the documentation requirements to establish the main requirement vs conditioned requirements.
12/17/2024	Updated CDT codes tooth, arch or quadrants requirements, if apply.	Included the detail for the requirement of tooth, arch or quadrant for the CDT codes to support adverse decision due to lack of information.
2/28/2025	Minor changes in wording	Changed name section: "Coverage" to "Dental Coverage," "Rational" to "Clinical Rational" and the name of the guide "NetClaim Dental Utilization – Review Guidelines" to "Dental Utilization – Clinical Review Guidelines." Include specific code related to sections.
6/11/2026	Updated references	ADA 2026

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