



An Independent Licensee of the Blue Cross Blue Shield Association

## BLUEDENTAL<sup>SM</sup> COVERAGE GUIDELINES

### GENERAL INFORMATION

#### 1. Claim Narratives:

- All narratives must include the patient's signs and symptoms that support the proposed treatment, i.e. sensitivity to hot/cold/percussion.
- Include a narrative when necessary, i.e. child will not cooperate; crack that is not visible on x-ray.

#### 2. Radiographs:

- Radiographs are not returned. Only submit duplicate radiographs.
- All Radiographs should be labeled and must be of diagnostic quality. Periapical films must include the apex of the tooth. All x-rays for crowns/bridges must show the apex of the tooth/teeth.
- Bitewing x-rays are not acceptable for crown/bridge procedures.
- All Radiographs submitted must be the correct type of x-ray for the submitted procedure.
- All x-rays must indicate R or L.
- Post-Op Periapical x-rays of completed root canal treatments will be required when a core build-up, post and core, and or crown are being placed.
- While BlueDental covers periapical radiographs, we do so on the basis that the radiographs are necessary for diagnostic purposes. Our position remains consistent with the American Dental Association's position as reported in the JADA (September 2006).
- BlueDental considers the routine exposure of periapical radiographs, absent specific clinical indications as documented in the patient record, to be unnecessary and not allowed.

3. **Date of Placement:** When a crown / bridge is being replaced, please be sure to send date of ORIGINAL crown / bridge placement.

4. **Periodontal Charting:** Charting must include 6-point probings for scaling and root planing and other surgeries. Recession and the amount of gingiva for grafting procedures must be charted.

5. **Periodontal Maintenance:** Patient history of periodontal surgery must be documented to support the benefit of D4910.

6. **Preauthorization:** If the charge for treatment is expected to exceed \$300, BlueDental strongly advises the treating dentist to submit a treatment plan prior to initiating services. BlueDental may request x-rays, periodontal charting or other dental records, prior to issuing the pre-determination. The proposed services will be reviewed and a pre-determination will be issued to the member or dentist, specifying coverage. The pre-determination is not a guarantee of coverage and is considered valid for 180 days.

7. **Coordination:** A copy of the primary remit statement must be attached to the claim form if BlueDental is secondary. BlueDental is always considered secondary to the member's hospital, medical/surgical or major medical plan for the extraction of wisdom teeth.

## **Benefit Plan Variances**

Although a procedure may be listed in the following coverage guidelines, a specific benefit plan may not cover all procedures. Please refer to the member's plan documentation in order to verify benefits.

## **COVERAGE GUIDELINES**

### **Least Expensive Alternate Treatment – LEAT**

If:

1) BlueDental 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:

2) The alternate treatment will produce a professionally satisfactory result;

Then:

The maximum allowed will be the charge for the less expensive treatment.

### **Restorative: D2000 - D2999**

**Inlay and Onlay** - D2510, D2520, D2530, D2542, D2543, D2544, D2610, D2620, D2630, D2642, D2643, D2644, D2650, D2651, D2652, D2662, D2663, D2664

#### **Documentation Requirements:**

1. Periapical radiograph taken within the last 6 months

#### **Clinical Requirements:**

- Will not be covered when:
  - A more conservative restoration will can adequately restore the tooth.
  - When treatment is provided for cosmetic purposes, due to an existing large restoration, due to signs of stress fracture or craze lines, absent patient symptoms.
  - There is untreated bone loss.
  - The tooth has a poor prognosis from a restorative, endodontic, or periodontal perspective.
  - There is periapical pathology or unresolved, incomplete, or failed endodontic therapy.
  - Services are meant to treat temporomandibular joint dysfunction.
- Inlays/Onlays for altering occlusion, involving vertical dimension, replacing tooth structure lost by attrition, erosion, abrasion (wear), or for periodontal, orthodontic, or other types of splinting are not covered.

**Crowns** - D2710, D2712, D2720, D2721, D2722, D2740, D2750, D2751, D2752, D2780, D2781, D2782, D2783, D2790, D2791, D2792, D2794, D2799, D2950, D2951, D2952, D2953, D2954, D2955, D2957, D2960, D2961, D2962, D2970, D2971, D2975, D2980, D2981, D2982, D2983, D2990, D2999

#### **Documentation Requirements - original or replacement:**

1. Periapical radiograph exposed within the last 6 months

2. Narrative if the radiograph does not clearly indicate the necessity of a crown. Narratives are particularly helpful in those cases of cracked tooth syndrome and other unusual clinical situations
3. Photos may be helpful, but they do not replace the required radiograph.
4. Replacement - date of original placement.

**Clinical Requirements:**

- Crowns for teeth with Cracked Tooth Syndrome must include clinical notes documenting the following:
  - The date of onset of symptoms and all follow-up reassessment appointments relating to the original diagnosis of cracked tooth syndrome.
  - Any conservative treatments attempted to make the tooth asymptomatic which may include time monitoring the symptoms.
  - Thermal sensitivity and sensitivity to occlusal load that ceases when pressure is withdrawn.
  - If fracture line is present, it should be probable with explorer tip.
- Crowns, veneers, core build-ups, and post and cores will not be benefitted when:
  - There is untreated periodontal disease.
  - The tooth has poor prognosis from a restorative, endodontic, or periodontal perspective.
  - There is periapical pathology or unresolved, incomplete, or failed endodontic therapy.
  - Services are meant to treat temporomandibular joint dysfunction.
- Crowns will not be covered when:
  - A more conservative restoration will adequately restore the tooth to form and function.
  - When treatment is provided due to an existing large restoration, due to signs of stress fracture or craze lines, absent patient symptoms.
- Crowns are not benefitted for cosmetic or preventative purposes.
- Crowns for altering occlusion, involving vertical dimension, replacing tooth structure lost by attrition, erosion, abrasion (wear), abreaction, corrosion, TMD or for periodontal, orthodontic, or other splinting are not covered.

**Core Build Up** - D2950: When an existing crown is being replaced, the necessity of a buildup cannot be determined until the crown is removed. A pre-treatment determination can be made regarding the crown with a periapical radiograph and narrative.

**Documentation Requirements:**

1. Diagnostic Periapical Radiograph within the last 6 months
2. Photo - if necessary; does not replace the required radiograph
3. Narrative - if necessary, in addition to the required radiograph

**Clinical Requirements:**

- Benefits are allowed for a core buildup in conjunction with a crown, onlay or bridge abutment only when necessary or essential for retention of the final restoration and preservation of the tooth.
- Build-ups performed in conjunction with inlays and  $\frac{3}{4}$  crowns are disallowed.

- When a root canal was performed on an anterior tooth and the endodontic access was minimal the tooth does not qualify for a build-up.

**Posterior Composite Fillings** - D2391, D2392, D2393, D2394

Payment for composite resin restorations on posterior teeth will be based on the corresponding amount for an amalgam restoration. The patient will be responsible for any difference in the allowed amounts of the two procedures.

**Endodontics: D3000 - D3999**

**Root Canal Therapy** - The following procedures cannot be billed as a separate charge when performed in conjunction with root canal therapy on the same tooth.

- D0220 / D0230 - Intra-operative images
- D0460 - Pulp Vitality Test
- D2940 - Sedative Filling
- D3220 - Pulpotomy
- D3221 - Pulpal Debridement
- D3910 - Surgical Procedure for isolation of tooth with rubber dam
- D3950 - Canal Preparation
- D9110 - Palliative Treatment

**Clinical Requirements:**

- Benefit is based on the completion date/final fill, not the date that treatment is initiated.
- Benefits will not be provided for incompletely filled root canals, incompletely filled canal spaces or unresolved pathology.
- Endodontic therapy will *not* be covered when:
  - There is untreated bone loss.
  - The tooth has poor prognosis from a restorative or periodontal perspective (examples: severe bone loss or furcation involvement).

**Periodontics: D4000 - D4999**

**Clinical Requirements:**

Allow a gingivectomy when performed on the same day as crown/onlay insertion if the tooth is broken below the gumline. A gingivectomy is benefited for a restorative procedure. A digital photograph is required. Specific requirements:

- To qualify for gingival flap procedure, including root planing (D4240, D4241) gingival pockets must present as moderately deep (5 – 8 mm) with loss of attachment.
- Full mouth debridement (D4355) is benefited in order to do a proper evaluation and diagnosis if the dentist is unable to accomplish an effective prophylaxis under normal conditions.
- Crown lengthening will not be covered when:
  - The tooth is not restorable

- The tooth presents with bone loss requiring periodontal treatment such as scaling and root planing, osseous surgery, or gingival grafting procedures.

### **Osseous Surgery/Bone Grafting** - D4260, D4261, D4263, D4264, D4265, D4266, D4267

#### **Documentation Requirements**

1. 6-point periodontal probings
2. Radiographs demonstrating bone loss
3. Narrative - if necessary

#### **Clinical Requirements**

- Diagnosis of periodontitis is made
- Active periodontal disease is present
- Loss of clinical attachment due to destruction of the periodontal ligament and loss of the bone support
- Bone loss is evident radiographically
- Periodontal probings are greater than 4 mm

### **Soft Tissue Grafting** - D4270, D4273, D4275, D4276, D4277, D4278, D4283, D4285

#### **Documentation Requirements**

1. 6-point periodontal probings
2. Photos
3. Narrative - if necessary

#### **Clinical Requirements**

- Diagnosis of periodontitis is made
- Active periodontal disease is present

### **Scaling and Root Planing** - D4341, D4342

#### **Documentation Requirements**

1. 6-point periodontal probings
2. Radiographs demonstrating bone loss
3. Narrative - if necessary
4. Grafting procedures require photos

#### **Clinical Requirements**

- Diagnosis of periodontitis is made
- Active periodontal disease is present
- Loss of clinical attachment due to destruction of the periodontal ligament and loss of the bone support
- Bone loss is evident radiographically
- Periodontal probings are greater than 4 mm
- No more than two (2) full quadrants (D4341) on the same date of service will be benefitted.

- Although calculus may be present, this alone does not require scaling and root planing to correct.
- If fewer than 4 teeth per quadrant have periodontal probings of greater than 4mm and radiographic bone loss, the benefits will be based on the allowance for D4342.

#### **Localized delivery of Antimicrobial Agent - D4381**

- By definition, D4381 is per tooth. Dentists may not charge per site.
- Requires a thirty (30) day healing period after D4341 or D4342.

#### **Periodontal Maintenance - D4910**

- Patient must have history of periodontal surgery within the previous 24 months. D4240, D4241, D4341, D4342, D4260, D4261, D4263, D4264

#### **Prosthodontics (Removable): D5000 – D5899**

- Verify eligibility when creating a treatment plan for the procedures listed below. Additionally, it is recommended to obtain prior authorization for these services:
  - Recent pre-treatment x-ray of full arch(es) and Date of Extraction(s): D5110, D5120, D5130, D5140, D5211, D5212, D5213, D5214, D5225, D5226, D5281, D5810, D5811, D5820, D5821

#### **Implant Services: D6000 - D6199**

For implant services, verify eligibility before treatment. This will assist in determining to what extent implant services are covered under the dental benefit plan.

#### **Clinical Requirements:**

- Benefits are based on least costly treatment to replace a missing tooth with consideration of the condition of adjacent teeth. All active periodontal disease in the patient's oral cavity must have been treated and be under control.
- Benefit are for the replacement of missing natural teeth. Implants done to restore a space beyond the natural complement of natural teeth are not covered.
- Pre-authorizations submitted for an implant, abutment and crown are only approved for the implant, if the previous criteria are met. The abutment and crown are approved after the implant is placed and a film is submitted.

#### **Prosthodontics (Fixed): D6200 - D6999**

For Prosthodontics, verify eligibility before treatment. This will assist in determining to what extent these services are covered under the dental benefit plan.

#### **Clinical Requirements:**

- If there are multiple missing teeth in an arch a benefit will be allowed for a partial.

- Benefits will be denied if an abutment tooth for a partial denture has a poor prognosis from either a restorative, periodontal, or endodontic perspective.

## **Oral and Maxillofacial Surgery: D7000 - D7999**

### **Wisdom Tooth Extraction:**

- BlueDental will always be the secondary carrier for services and treatment in which the member is eligible for coverage under his or her hospital, medical/surgical or major medical plan. Please submit a copy of primary carrier's EOP when submitting a claim for the extraction of wisdom teeth.

### **Clinical Requirements:**

- Benefits will be determined based on review of the pre-operative radiograph, narrative and operative report that supports the use of the CDT code submitted.