



Clinical UM Guideline

Subject: Teeth With A Poor or Guarded Prognosis
Guideline #: Admin -01 **Current Effective Date:** 01/01/2016
Status: New **Last Review Date:** 02/08/2017

Description

This document addresses the treatment of teeth that have been determined to have a poor or guarded prognosis. The condition involves teeth deemed poor or guarded by radiographic, periodontal and photographic analysis resulting from advanced caries or periodontal disease.

Note: Please refer to the following documents for additional information concerning related topics:

- Osseous Surgery (04-205)
- Crown Lengthening – (04-206)
- Scaling and Root Planing (04-301)

Clinical Indications

Medically Necessary:

Dental care is medically necessary for the purpose of preventing and eliminating orofacial disease, infection, and pain while restoring the dentition to form and function. Medically necessary care is additionally directed at correcting facial disfiguration or dysfunction.

Medically/Dentally Necessary or Medical/Dental Necessity means Medical/Dental Services that are:

- (1) Consistent with the Member's diagnosis or condition;
- (2) Is rendered:
 - (A) In response to a life-threatening condition or pain; or
 - (B) To treat an injury, illness or infection related to the dentition; or
 - (C) To achieve a level of function to the dentition consistent with prevailing community standards for the diagnosis or condition.

Not Medically Necessary:

Any mode of periodontal or restorative therapy directed at salvaging a non-functional, non-restorable tooth is considered medically unnecessary. This includes advanced periodontitis, class 4 or 5 periodontally involved teeth demonstrating bleeding upon probing, pocket depths greater than 6mm, a grade I or II furcation involvement and class II or III mobility. Class 5 periodontitis is considered refractory to treatment and does not respond to conventional therapy. Situations with recurrence soon after periodontal treatment are determined to have a poor or guarded

prognosis. This also includes early onset juvenile forms of periodontitis. An unrestorable tooth is one which includes a poor, unfavorable crown to root ratio, impingement of the biological width and demonstrates significant tooth structure loss making it extremely difficult to be brought back to its prior existing form while satisfying functional requirements.

This includes all therapies directed at treating teeth considered refractory to periodontal therapies and/or are non-restorable.

Note: Whether a service is covered by the plan, when any service is performed in conjunction with or in preparation for a non-covered or denied service, all related services are also either not covered or denied.

Note:

A group may define covered dental services under either their dental or medical plan, as well as to define those services that may be subject to dollar caps or other limits. The plan documents outline covered benefits, exclusions and limitations. The health plan advises dentists and enrollees to consult the plan documents to determine if there are exclusions or other benefit limitations applicable to the service request. The conclusion that a particular service is medically or dentally necessary does not constitute an indication or warranty that the service requested is a covered benefit payable by the health plan. Some plans exclude coverage for services that the health plan considers either medically or dentally necessary. When there is a discrepancy between the health plan's clinical policy and the group's plan documents, the health plan will defer to the group's plan documents as to whether the dental service is a covered benefit. In addition, if state or federal regulations mandate coverage then the health plan will adhere to the applicable regulatory requirement.

Criteria:

At times, requests are submitted by treating dentists to treat teeth that are considered to have a guarded or poor prognosis. Dental review may determine that the teeth in question may not qualify for any benefit other than removal. Listed below is the criteria used by Anthem dental when evaluating teeth with a guarded prognosis. The term treatment as defined below is directed at any procedure other than extraction of the tooth or tooth remnant. A tooth may be considered as having a guarded prognosis when:

1. There is a unfavorable crown/root ratio.
2. The periodontal health of teeth or remaining tooth structure is compromised which is key to long term prognosis. Teeth demonstrating uncontrolled or untreated periodontal disease, evidenced by loss of supporting bone which compromises the long term prognosis will not be considered for a benefit. Teeth with radiographically evident untreated periodontal disease must be supported by clinical documentation. The treating dentist must demonstrate that definitive periodontal therapy and continued periodontal maintenance has been successfully performed. A letter of rationale including periodontal history and treatment must be submitted.
3. The endodontic status of a tooth or tooth remnant must be considered. Treatment of a tooth with untreated or unresolved periapical or periradicular pathology is considered not appropriate.
4. Carious lesions that extend into the level of the alveolar crest that compromises the biologic width and/or extends into the furca can negatively affect the crown/root ratio are considered as having a guarded or poor prognosis.
5. A tooth exhibiting significant coronal structural loss from decay, large restorations or fracture.
6. A tooth that exhibits root fracture or significant internal or external resorption.

Coding

The following codes for treatments and procedures applicable to this document are included below for informational purposes. Inclusion or exclusion of a procedure, diagnosis or device code(s) does not constitute or imply member

coverage or provider reimbursement policy. Please refer to the member's contract benefits in effect at the time of service to determine coverage or non-coverage of these services as it applies to an individual member.

CDT Including, but not limited to, the following:

D4210 – D4999 Any periodontal CDT code for teeth with a hopeless prognosis

CPT

41899 Unlisted dentoalveolar procedure

ICD-10 Diagnosis

K03.3 Pathologic resorption of teeth
K05.2 Aggressive Periodontitis
K05.20 Aggressive Periodontitis, unspecified
K05.21 Aggressive Periodontitis, localized
K05.22 Aggressive Periodontitis, generalized
K08.1 (K08.101 – Complete loss of teeth
K08.104)
K08.12 (K08.191 – Complete loss of teeth due to periodontal disease
K08.199)
K08.4 Partial loss of teeth
K08.40 (K08.401 – Partial loss of teeth, unspecified
K08.404)
K08.42 (K08.421 – Partial loss of teeth due to periodontal disease
K08.429)
K02.63 Dental caries on smooth surface penetrating into pulp

Discussion/General Information

Definitions

ADA Classification of Periodontal Disease

Description: Type I

Gingivitis - No loss of attachment; Bleeding on probing may be present

Type II

Early Periodontitis - Pocket depth or attachment loss: 3-4mm; Bleeding on probing may be present

Localized area of gingival recession; Possible grade I furcation involvement

Type III

Moderate Periodontitis - Pocket depths or attachment loss 4-6 mm

Bleeding on probing; Grade I or II furcation involvement; Class I mobility

Type IV

Advanced Periodontitis - Pocket depths or attachment loss >6 mm

Bleeding on probing; Grade II or III furcation involvement; Class II or III mobility

Type V

Refractory & Juvenile (Early Onset) Periodontitis - Periodontitis not responding to conventional therapy or which recurs soon after treatment. Juvenile forms of periodontitis.

1. Any tooth/teeth diagnosed as either Type IV or V periodontitis where long term dental treatment and retention of the tooth is questionable beyond 5 years.
2. Any tooth/teeth that are carious beyond repair where treatment creates an unstable restoration. This typically involves retained roots or molar or premolar teeth that demonstrates radiographic furca involvement.

3. Any tooth/teeth demonstrating a crown to root ratio considered unfavorable, at or greater than 2:1 (crown to root)

Furcation Classification/Involvement

Class III and IV (Stedman classification Class III, IV; Glickman Grading III, and IV are considered poor and/or hopeless prognosis).

Class I

The concavity, just above the furcation entrance on the root trunk, can be felt with the probe tip; however, the furcation probe cannot enter the furcation area.

Class II

The probe is able to partially enter the furcation, extending approximately one third of the width of the tooth, but it is not able to pass completely through the furcation.

Class III

In *mandibular molars*, the probe passes completely through the furcation between the mesial and distal roots.

In *maxillary molars*, the probe passes between the mesio-buccal and disto-buccal roots and touches the palatal root.

Class IV

Same as a class III furcation involvement except that the entrance to the furcation is visible clinically owing to tissue recession.

Crown to root ratio - the ratio of the length of the part of a tooth that appears above the alveolar bone versus what lies below it. It is an important consideration in the diagnosis, treatment planning and restoration of teeth.

Furcation - the anatomical area where the roots divide on a multi-rooted tooth

Periodontitis - inflammation of the tissue around the teeth, often causing shrinkage of the gums and loosening of the teeth.

Refractory - resistant to a process or stimulus; stubborn or unmanageable

References

Peer Reviewed Publications:

Government Agency, Medical Society, and Other Authoritative Publications:

1. Liran Levin, Michal Halperin-Sternfeld; The Journal of the American Dental Association (JADA), Vol. 144, Issue 10, p1119–1133; Published in issue: October 2013

History

Status	Date	Action
Reviewed	12/20/2016	

Federal and State law, as well as contract language, and Dental Policy take precedence over Clinical UM Guidelines. We reserve the right to review and update Clinical UM Guidelines periodically. Clinical guidelines approved by the Clinical Policy Committee are available for general adoption by plans or lines of business for consistent review of the medical or dental necessity of services related to the clinical guideline when the plan performs utilization review for the subject. Due to variances in utilization patterns, each plan may choose whether to implement a particular Clinical UM Guideline. To determine if review is required for this Clinical UM Guideline, please contact the customer service number on the member's card.

Alternatively, commercial or FEP plans or lines of business which determine there is not a need to adopt the guideline to review services generally across all providers delivering services to Plan's or line of business's members may instead use the clinical guideline for provider education and/or to review the medical or dental necessity of services for any provider who has been notified that his/her/its claims will be reviewed for medical or dental necessity due to billing practices or claims that are not consistent with other providers, in terms of frequency or in some other manner.

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