



# Clinical UM Guideline

**Subject:** Claims and Pre-Determination  
Submission Requirements

**Guideline #:** Admin 02  
**Status:** New

**Current Effective Date:** 07/10/17  
**Last Review Date:** 09/05/2017

## Description

The Dental Plan Review Departments perform claim and pre-determination review and benefit determination using clinical documentation submitted by dental practices. This document addresses the type and quality/adequacy of documentation required to facilitate review for dental necessity, appropriateness of care, contractual alignment, and correct CDT procedure coding.

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

- Claims submission Guidelines
- Anthem Clinical Policy Manual

## Clinical Indications

### Dental/Medically Necessary and Appropriateness of Care:

To establish rationale of dental necessity and appropriateness of care, accuracy of CDT coding, and contract alignment, certain radiographs, photographs, chart notes, operative reports, exam forms, specialty referral forms, orthodontic indices, dental history, periodontal charting, narratives, pathology reports, and anesthesia records may be required.

**Medically/Dentally Necessary or Medical/Dental Necessity or Appropriateness of Care** 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.

**Contract Alignment** means certain contractual items (e.g., time limits, frequency of procedures, age limits, etc.) are supported by the clinical and administrative documentation submitted by the practitioner's office.

**CDT Coding accuracy** means that CDT Procedure Code(s) submitted for procedure(s) performed by the practitioner correspond with CDT Nomenclature and Descriptors.

**Not dentally necessary nor appropriate care for the indicated condition means the Medical/Dental Services were:**

- (1) Not consistent with the member's diagnosis or condition
- (2) The accuracy of CDT coding and contract alignment may be incorrect or inappropriate

(3) The provider failed to submit adequate primary or supplemental documentation that establishes and/or supports dental necessity and appropriateness of care, accuracy of CDT coding, and contract alignment.

**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.**

<b>Criteria</b>
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1. Submission of Radiographic Images:  
Requirements: Patient Identification noted on the radiographic images, current (within 12 months), dated, mounted, properly labeled and oriented and **diagnostic** (sufficient contrast and density with no geometric distortion). All periapical radiographic images must show the entire tooth structures (crown and root including the apex).
2. Electronic/Digital chart notes may be acceptable only when the documentation adequately represents the clinical findings, diagnosis, treatment plan, and treatment rendered.
3. Documentation of extraordinary circumstances can be submitted for review with a legible narrative or on an appeal basis.
4. Single page chart notes that appear to have been rewritten for submission will not be acceptable.
5. In August 2000 the CDT was designated by the federal government as the national terminology for reporting dental services on claims submitted to third party payers, in accordance with authority granted by the Health Insurance Portability and Accountability Act of 1996 (HIPAA). Dental services reported must utilize CDT Procedure coding and correspond with CDT Nomenclature and Descriptors.
6. All submitted documentation must be legible. Chart note entries, narratives, correspondence, and other handwritten documentation must be written neatly and only in ink. Failure to provide legible records may result in postponement of determination of benefits and/or denial of payments.

## 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.

<b>Procedure Code</b>	<b>Description</b>	<b>Send with Claim/Pre-Determination</b>
<b><u>Restorative Procedures</u></b>		
D2390	Resin Crown	Dated Pre-operative x-rays
D2510 – D2664	Inlays/Onlays	Prior placement date, dated pre-operative x-rays including bitewings Dated periodontal charting if applicable
D2710 –D2799, D2971	Crowns	Prior placement date, dated pre-operative x-rays including bitewings if applicable. Dated periodontal charting if applicable.
D2710 –D2799	Crowns specific to third molars	Prior placement date, dated pre-operative x-rays must include bitewings Dated periodontal charting if applicable
D2930 – D2934	Crowns (Stainless Steel)	Dated pre-operative x-rays
D2940	Protective Restoration	Dated pre-operative x-rays and chart notes
D2950, 2951	Build-ups, pins	Dated pre-operative x-rays, and rationale for dental necessity if applicable
D2952-D2957	Posts and core	Dated pre-operative x-rays, and rationale for dental necessity if applicable
D2960 – D2962	Veneers	Prior placement date, dated pre-operative x-rays including bitewings if applicable. Dated periodontal charting if applicable.
D2980 – D2983	Crown Repair	Dated pre-operative x-rays and chart notes/narrative

## **Endodontic Procedures**

D3220 – D3240	Endodontic therapy	Dated pre-operative x-rays
D3310 – D3348	Endodontic Therapy	Dated pre and post-operative x-rays

<b><u>Procedure Code</u></b>	<b><u>Description</u></b>	<b><u>Send with Claim/Pre-Determination</u></b>
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D3351 – D3353	Apexification/Recalcification	Dated pre-operative x-rays
D3355 – D3357	Pulpal Regeneration	Dated pre-operative x-rays and chart notes
D3410 – D3450	Apicoectomy/Periradicular Surgery	Dated pre-operative x-rays
D3470	Reimplantation	Dated pre-operative x-rays
D3920	Hemisection	Dated pre-operative x-rays

**Periodontic Procedures**

D4210 – D4211	Gingivectomy	Dated Periodontal charting (pre and post root planing), pre-operative Full Mouth x-rays, progress or chart notes if applicable, narrative including dates of pre-operative root planing, intra-oral photographs if applicable
D4212	Gingivectomy/Gingivoplasty	Dated pre-operative x-rays and chart notes/narrative, dated current periodontal charting and intra-oral photographs if applicable
D4240 – D4245	Flap procedures	Dated Periodontal charting (pre and post root planing), pre-operative x-rays, progress or chart notes if applicable narrative including dates of pre-operative root planing
D4249, D4268	Crown Lengthening	Dated Periodontal charting, dated pre-operative x-rays, chart notes/narrative
D4260 – D4261	Osseous Surgery	Dated Periodontal charting (pre and post root planing), pre-operative Full Mouth x-rays, progress or chart notes if applicable narrative including dates of pre-operative root planing
D4263 - D4264	Bone Grafts	Dated Periodontal charting, Dated pre-operative x-rays, progress or chart notes if applicable

D4265 – D4267	Tissue Regeneration	Dated Periodontal charting, Dated pre-operative x-rays, progress or chart notes if applicable
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<u>Procedure Code</u>	<u>Description</u>	<u>Send with Claim/Pre-Determination</u>
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D4274	Distal Wedge Procedure	Dated Periodontal charting, Pre-operative x-rays, chart notes
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D4270 – D4285	Tissue grafts	Dated Periodontal charting showing attachment levels, Recession (in millimeters), and amount of Attached keratinized gingiva (in millimeters), intra-oral photographs
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D4341 – D4342	Scaling and Root Planing	Dated Periodontal charting, dated pre-operative x-rays, progress or chart notes if applicable for 4 quadrants the amount of time performed.
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D4355	Full Mouth Debridement	Dated pre-operative x-rays and chart notes
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D4381	Local Delivery Antimicrobial Agent	Dated Periodontal charting, history of periodontal therapy
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D4910	Periodontal Maintenance	Dated periodontal charting if applicable Chart notes/narrative regarding history of periodontal therapy
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**Removable Prosthodontics**

D5110 – D5140, D5211 – D5226, D5281	Complete and Partial Denture Placement	Prior placement date, dated pre-operative x- rays. Chart notes and dated periodontal charting if applicable
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D5410 – D5761	Additional Denture Codes	Narrative for necessity
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D5982	Surgical Stent	Chart Notes, narrative for necessity.
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**Implant Procedures**

D6010 – D6199, D3460	Implant Procedures	Dated Pre-operative full mouth x-rays, dated periodontal charting
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D6190	Radiographic/surgical implant Index	Narrative for necessity, progress or chart notes if applicable.
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**Fixed prosthodontics**

D6205 – D6794	Bridge procedures	Prior placement date, dated pre-operative full mouth x-rays, dated periodontal charting
D6920 – D6999	Bridge repairs & Misc. Procedures	Dated pre-operative x-rays and chart notes/narrative

**Oral and Maxillofacial Surgery Procedures**

D7210 – D7251	Surgical Extraction	Pre-Determinations: Dated pre-operative x-rays, treatment notes detailing dental necessity
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<b><u>Procedure Code</u></b>	<b><u>Description</u></b>	<b><u>Send with Claim/Pre-Determination</u></b>
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(Continued)

D7210 – D7251	Surgical Extraction	Claims: Dated pre-operative x-rays and detailed chart notes describing surgical procedure performed.
D7260 – D7283, D7287 – D7291	Other Oral Surgery Procedures	Dated pre-operative x-rays and Chart Notes
D7270 – D7272	Reimplantation/ Transplantation	Dated pre-operative x-rays
D7285 – D7286	Biopsies	Pathology Report, r-rays if applicable.
D7310 – D7321	Alveoloplasty	Date pre-operative x-rays, narrative and progress of chart notes if applicable.
D7410 – D7461	Surgical Excision (soft tissue)	Chart Notes
D7471 – D7490	Surgical Excision (hard tissue)	Dated pre-operative x-rays and Chart Notes
D7510 - D7521	Incision and Drainage	Dated pre-operative x-rays and detailed chart notes describing surgical procedure performed location.
D7530 – D7560 D7810 – D7877	Surgical Incision TMJ Surgery	Dated pre-operative x-rays and Chart Notes No materials needed
D7880 – D7881	Occlusal Device	Medical coverage information, narrative for necessity
D7899	Unspecified TMD therapy by report	Diagnosis and detailed chart notes describing the therapy proposed/rendered
D7920 – D7951, D7970 – D7996	Other surgical Repairs	Dated pre-operative x-rays and Chart Notes
D7953	Bone Graft	Dated pre-operative x-rays, progress or chart

notes as applicable

D7960 – D7963

Frenulectomy/  
Frenuloplasty

Chart Notes

**Orthodontics (Medically necessary orthodontic care)**

D8030 – D8090

Medically Necessary  
Orthodontic Treatment

Completed HLD Index Form, orthodontically trimmed study models with wax bites or ortho cadcam electronic equivalent including all views, orthodontic treatment plan, when appropriate, surgical treatment plan and letter of medical necessity.

**Adjunctive Services**

D9120

Fixed partial denture  
sectioning

Dated pre-operative x-rays and chart notes

D9223

Deep sedation/General  
Anesthesia

On the same claim form, submit procedures performed on the same date of service that the sedation/general anesthesia was performed. If the procedures were provided by another practitioner, include these procedures in the "Remarks" (Section 35) of the claim form. Complete anesthesia record Indicating start and stop times of anesthesia.

D9243

IV Conscious Sedation

On the same claim form, submit procedures performed on the same date of service that the sedation/general anesthesia was performed. If the procedures were provided by another practitioner, include these procedures in the "Remarks" (Section 35) of the claim form. Complete anesthesia record Indicating start and stop times of anesthesia.

D9610, D9630

Other Drugs/Medications

Narrative and progress or charts  
notes if applicable

D9920 – D9930

Behavior Management

Chart Notes

D9940

Occlusal Guards

Chart Notes

D9951 – D9952

Occlusal Adjustments

Chart Notes

## Discussion/General Information

Clinical records are the most important tool for justification of treatment planned and rendered. Complete records should include a description of the patient's condition, including diagnosis/es, medical and dental history, exam notes, diagnosis and treatment plan, progress/treatment notes, informed consent, referrals, photographs, laboratory prescriptions, medications, and radiographs.

There are reasons to keep clearly written, legible, complete, accurate, signed and dated patient records. Accurate and complete records are indispensable for recording treatment and demonstrating sound clinical judgment and technique. Records are a provider's best defense in the event of allegations of malpractice. The dental record should contain sufficient information to support the diagnosis, justify treatment, and document the course and results of treatment accurately.

In addition, the information contained in complete accurate records is often required for insurance benefit determination as support for dental necessity, appropriateness of care, contractual alignment, and CDT procedure coding.

Digital records. There are considerable benefits and risks to ensure digital records have the same integrity as handwritten records. The core benefit is the organization of patient information which makes access easier and saves time. Further problems such as illegible handwriting is eliminated. However, use of digital record templates are often subject to criticism due to failure to "customize" documentation to accurately represent an individual patient's clinical condition.

## References

### Peer Reviewed Publications:

### Government Agency, Medical Society, and Other Authoritative Publications:

#### History

Status	Date	Action
Reviewed	08/16/2017	

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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**ADA Practical Guide to Frequently Asked Legal Questions, 2<sup>nd</sup> Edition; Practical Guide Series; American Dental Association Division of Legal Affairs**

**The Risk Management Reference Guide; The Dentists Insurance Company**

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**Keith Horner, John Ru, and Vivian E Rushton, Interpreting Dental Radiographs, Quintessence Publishing Co. Ltd., 2002.**



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