

Delta Dental of Michigan Clinical Criteria for Utilization Management Decisions

Reference Number: 282.23 v3	Title: Clinical Criteria for Appropriateness of Care			
Issue Date (Effective Date): 12/1/2024	Next Review Date: 8/1/2026	Last Review Date: 8/1/2025	Last Revised Date: 11/7/2025	UM Committee Approval Date: 5/30/2024

Introduction

This Delta Dental of Michigan (Delta Dental) clinical criteria document addresses decision criteria for professional evaluation of conditions where dental procedures are not considered appropriate care pursuant to an evidence-based determination that the procedures were inadvisable, deficient in clinical quality, inadequately documented, incomplete or never performed. The purpose of this document is to provide written criteria to ensure that Delta Dental consistently applies sound and objective evidence when dental procedures must be evaluated by dental peer reviewers for appropriateness of care, as well as ensuring that individual patient circumstances and the local delivery system are taken into account.

For a dental procedure to be deemed appropriate care, there must be evidence that the type, frequency, extent, site and duration of treatment is applicable to an individual patient's dental condition and that the timing, sequencing and documentation of treatment is consistent with generally accepted standards of dental practice. These elements of quality care provide a foundation for the concept of appropriateness of care and establish a benchmark for how dental care should be delivered. Conditions where dental procedures may be determined not to have been provided in an appropriate manner include the presence of a clinical contraindication to treatment that subjects a patient to the risk of a dental procedure having a poor or harmful outcome, inadequate quality of care, failure to appropriately complete treatment, the provision of conflicting information with claim submission and the failure of a practitioner to adequately document the performance and completion of a dental procedure.

Applicable Dental Procedures

Depending on the situation and application, conditions where dental procedures may be determined not to have been provided in an appropriate manner may pertain to all dental procedures, dental procedures specific to a tooth or area of the mouth or one or more particular categories of dental treatment. Reference to a particular condition or dental procedure is for informational purposes only and does not imply benefit coverage or noncoverage of a procedure by a member's dental plan. A determination that a dental procedure is clinically appropriate, or meets other requirements such as adequate documentation, does not guarantee that the procedure is a covered benefit of a member's dental plan. To determine if a dental procedure is a covered benefit of an individual member's dental plan, please refer to the plan documents in effect on the date of service.

Clinical Criteria¹

When the payment of benefits for a dental procedure by a member's dental plan requires an evaluation of appropriateness of care by a dental peer reviewer, if there is credible evidence of a condition where the procedure was inadvisable, deficient in clinical quality, inadequately documented, incomplete or never performed, benefit payment may be disapproved after a review of the patient's unique circumstances and any mitigating factors. The following

¹ Government regulations or the provisions of a member's dental plan that define when a dental procedure may be considered medically necessary and clinically appropriate with respect to benefit coverage may take precedence over these criteria.

examples are generally considered to be conditions where a dental procedure may be considered inappropriate care and be disapproved for benefit payment:

- Unresolved active periodontal disease
- Advanced loss of periodontal attachment with insufficient bony support to maintain teeth in a stable functional condition
- Advanced furcation involvement in a multirooted tooth
- Advanced mucogingival defects
- Unresolved periapical pathology
- Inadequate or unsuccessful endodontic therapy or periradicular surgery
- Improperly aligned post
- Unfavorable root morphology or root resorption
- Iatrogenic perforation of a root by a post, pin or as a result of other manipulation
- Failed root integrity due to root fracture or resorptive defect
- Structural breakdown from dental caries, extensive restoration and/or tooth fracture with insufficient natural or restored sound tooth structure to maintain a tooth in a stable functional condition
- Fracture, breakdown or perforation through the furcation of a multirooted tooth
- A primary tooth nearing exfoliation where more than half of the root(s) are resorbed and the tooth is mobile
- Allergy to a material used in a dental procedure (e.g., nickel)
- Inadequate tooth preparation for a restoration
- Inadequate marginal adaptation of a restoration
- Inadequate healing time for a restoration following surgical crown lengthening
- Compromised temporomandibular joint
- Coexisting major systemic disease or other health condition where proceeding with dental treatment is inadvisable
- An alternative procedure is the appropriate treatment for a patient's condition or circumstance
- A tooth had been extracted or was missing as of the service date submitted for a dental procedure
- Information about a patient's dental treatment sent with a claim is inconsistent with the patient record
- No documentation that a dental procedure was performed and completed

Other Considerations

When dental procedures must be evaluated by dental peer reviewers for payment of dental benefits, the following additional information will be taken into consideration, if applicable:

- Individual patient characteristics including age, comorbidities, complications, progress of treatment, psychosocial situation and home environment
- Available services in the local dental delivery system and their ability to meet the member's specific dental care needs when clinical criteria are applied

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Required Documentation

The decision to perform a dental procedure on a patient should be based on a thorough clinical and radiographic examination that facilitates the formulation of an appropriate treatment plan consistent with the elements of appropriate care. Maintaining complete clinical documentation in an organized and consistent manner throughout the delivery of patient care is an essential element of appropriateness of care that supports a patient's continuity of care and optimizes professional decision-making and resultant dental health outcomes.

When dental procedures must be evaluated by dental peer reviewers for payment of dental benefits, the treating practitioner should submit claims for benefit payment with appropriate information from the patient's dental record. If the practitioner is unable to provide this information, benefit payment may be disapproved. Commonly required documentation for dental procedures includes:

- Preoperative radiographic and/or photographic imaging supporting the performance of a dental procedure
- Relevant information about a patient's overall medical and dental history
- Documentation of the present condition of the teeth and surrounding tissues
- Explanation of the diagnostic rationale for performing a dental procedure
- Documentation of the performance and completion of a dental procedure, including any associated procedures concurrently provided (e.g., anesthesia or intravenous sedation)

Additional Information

The provision of dental advice and clinical treatment of patients is the sole responsibility of treating dentists, and these clinical criteria are not intended to restrict dentists from carrying out that responsibility or recommend treatment to their patients.

Delta Dental's clinical criteria are developed and annually updated by a panel of licensed dental general practitioners and specialists serving on Delta Dental's Utilization Management (UM) Committee, including the Dental Director and Utilization Management Director. The criteria are developed in alignment with evidence-based clinical recommendations, guidelines and parameters of care of leading nationally recognized dental public health organizations, health research agencies and professional organizations, credible scientific evidence published in peer-reviewed medical and dental literature, the curriculum of accredited dental schools, the regulatory status of relevant dental technologies, the rules and requirements of the Centers for Medicare and Medicaid Services, Delta Dental national processing policies and input from practicing dentists. New and revised clinical criteria must be approved by the Dental Director and adopted by the UM Committee prior to release.

Federal or state statutes or regulations, dental plan contract provisions, local or national claim processing policies or other mandated requirements may take precedence over these clinical criteria.

Delta Dental reserves the right to modify or replace this document at any time as appropriate to ensure the soundness, accuracy and objectivity of Delta Dental's clinical criteria.

References

American College of Prosthodontists. Parameters of Care for the Specialty of Prosthodontics. *J Prosthodont*. 2020 Jul;29(S1):3-147.

American Dental Association. (2024) "Documentation/Patient Records".
<https://www.ada.org/resources/practice/practice-management/documentation-patient-records>.

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Avila G, Galindo-Moreno P, et al. A novel decision-making process for tooth retention or extraction. *J Periodontol.* 2009 Mar;80(3):476-91.

Berman LH, Hargreaves KM. *Cohen's Pathways of the Pulp.* 12th ed. Elsevier; 2021.

Blazquez G. "Fundamentals of Restorability." American Association of Endodontists, 24 May 2021, <https://www.aae.org/specialty/fundamentals-of-restorability/>.

Cárcamo-España V, Reyes NC, et al. Compromised Teeth Preserve or Extract: A Review of the Literature. *J Clin Med.* 2022 Sep 8;11(18):5301.

Dawood A, Patel S. The Dental Practicality Index - assessing the restorability of teeth. *Br Dent J.* 2017 May 26;222(10):755-758.

Esteves H, Correia A, Araújo F. Classification of extensively damaged teeth to evaluate prognosis. *J Can Dent Assoc.* 2011;77:b105.

European Society of Endodontontology. Quality guidelines for endodontic treatment: consensus report of the European Society of Endodontontology. *Int Endod J.* 2006 Dec;39(12):921-30.

Gavril D, Kakka A, et al. Pre-endodontic restoration of structurally compromised teeth: current concepts. *Br Dent J.* 2021 Sep;231(6):343-349.

Greenstein G, Greenstein B, Cavallaro J. Prerequisite for treatment planning implant dentistry: periodontal prognostication of compromised teeth. *Compend Contin Educ Dent.* 2007 Aug;28(8):436-46; quiz 447, 470.

Hsu, Yung-Ting. (2015). The relationship between periodontics and prosthodontics: the two-way street. *J Prosthodont & Implant.* 2015 May;4(1):4-11.

Ioannou AL, Kotsakis GA, Hinrichs JE. Prognostic factors in periodontal therapy and their association with treatment outcomes. *World J Clin Cases.* 2014 Dec 16;2(12):822-7.

Kwok V, Caton JG. Commentary: prognosis revisited: a system for assigning periodontal prognosis. *J Periodontol.* 2007 Nov;78(11):2063-71.

Montori VM, Leung, TW, et al. Can contraindications compromise evidence-based, patient-centered clinical practice? *Can J Clin Pharmacol.* 2006 Winter;13(1):e92-101.

Mordohai N, Reshad M, et al. Factors that affect individual tooth prognosis and choices in contemporary treatment planning. *Br Dent J.* 2007 Jan 27;202(2):63-72.

Newman MG, Klokkevold PR, Elangovan S, Kapila Y, Carranza FA, Takei H. *Newman and Carranza's Clinical Periodontology and Implantology.* 14th ed. Elsevier; 2023.

Robertson-Preidler J, et al. What is appropriate care? An integrative review of emerging themes in the literature. *BMC Health Serv Res.* 2017 Jun 30;17(1):452.

Ritter, AV, Boushell LW, Walter R. *Sturdevant's Art and Science of Operative Dentistry.* 7th ed. Elsevier; 2019.

Rosenstiel SF, Land MF, Walter R. *Contemporary fixed prosthodontics.* 6th ed. Mosby; 2022.

Samet N, Jotkowitz A. Classification and prognosis evaluation of individual teeth--a comprehensive approach. *Quintessence Int.* 2009 May;40(5):377-87.

Tada S, Allen PF, et al. The Impact of the Crown-Root Ratio on Survival of Abutment Teeth for Dentures. *J Dent Res.* 2015 Sep;94(9 Suppl):220S-5S.