

**ENVOLVE DENTAL, INC.
INCLUDING ALL ASSOCIATED SUBSIDIARIES
CLINICAL POLICY AND PROCEDURE**

DEPARTMENT: Utilization Management	DOCUMENT NAME: Comprehensive and Periodic Oral Evaluations
PAGE: 1 of 7	REFERENCE NUMBER: ENVD.CP.0001
EFFECTIVE DATE: 01/01/2019	REPLACES DOCUMENT: N/A
RETIRED: N/A	REVIEWED: 11/2021
SPECIALIST REVIEWED: Yes	REVISED:
PRODUCT TYPE: All	APPROVED DATE: 09/13/2019

IMPORTANT REMINDER:

This Clinical Policy has been developed by appropriately experienced and licensed health care professionals based on a thorough review and consideration of generally accepted standards of medical practice, peer-reviewed medical literature, government agency/program approval status, and other indicia of medical necessity.

The purpose of this Clinical Policy is to provide a guide to medical necessity. Benefit determinations should be based in all cases on the applicable contract provisions governing plan benefits (“Benefit Plan Contract”) and applicable state and federal requirements including Local Coverage Determinations (LCDs), as well as applicable plan-level administrative policies and procedures. To the extent there are any conflicts between this Clinical Policy and the Benefit Plan Contract provisions, the Benefit Plan Contract provisions will control.

Clinical policies are intended to be reflective of current scientific research and clinical thinking. This Clinical Policy is not intended to dictate to providers how to practice medicine, nor does it constitute a contract or guarantee regarding results. Providers are expected to exercise professional medical judgment in providing the most appropriate care, and are solely responsible for the medical advice and treatment of members.

SUBJECT:

Medical necessity guidelines for performance and documentation of comprehensive, and periodic oral evaluations on new and established patients.

DESCRIPTION:

When performing an oral health evaluation, the duly licensed provider performs a complete oral health evaluation, including history, examination, diagnosis, and initiates any necessary treatment plans. Included within each part of the evaluation is a series of tests particularly suited for the detection, diagnosis, and initiation of appropriate therapy for oral health disorders.

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POLICY:

Envolve Dental has established minimum standards for practitioner documentation and maintenance of medical records including record content, record organization and maintaining confidentiality for all patient health information (PHI). These standards, at a minimum, include the following:

- Duly licensed providers must keep accurate and complete records that are legible, complete, dated, timed, signed and authenticated in written or electronic form by the person responsible for providing the service, including but not limited to examination notes, imaging and diagnostic tests, prescriptions, referrals, and operative notes.
- Records must be prepared in accordance with the Centers for Medicare and Medicaid Services (CMS), American Medical Association (AMA) Current Procedural Terminology (CPT®), American Dental Association (ADA) Code on Dental Procedures and Nomenclature (CDT), applicable State Medicaid guidelines and Envolve Dental policies.

Duly licensed providers should fully and legibly document all services performed at each patient encounter. Each page of the record, whether a paper or electronic document, must identify the patient and date of service. Each service, whether an evaluation or diagnostic test, should include the medical necessity for the service and level of service, the findings or results, and any applicable interpretation and report as required by applicable documentation guidelines and Envolve Dental policies.

Generic findings statements that do not provide details including level of severity and potential treatment plans based on the individual examination/test results are not sufficient. Each service performed, including each component of an evaluation, must be individually/separately documented and cannot be copied from a previous date of service. The record must clearly support the diagnosis(es), show the medical necessity of each service and medical necessity of the level of service provided.

All evaluations require the signature of the rendering provider with the following requirements:

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- The signature must be a legible handwritten signature or initials; a reviewer must be able to determine whose signature is used
- Electronic signatures should contain date and timestamps and include printed statements, e.g., “electronically signed by” or “verified/reviewed by” the rendering provider’s name and preferably a professional designation. The authorship related to the signature must be clearly defined in the record.
- Digitized signature – an electronic image of the rendering provider’s handwritten signature reproduced in its identical form using a pen tablet.
- **Stamp signatures are not acceptable.**

PROCEDURE:

Components of a complete and thorough oral evaluation include assessment of:

- General health/growth
- Pain
- Extraoral soft tissue
- Temporomandibular joint
- Intraoral soft tissue
- Oral hygiene and periodontal health
- Intraoral hard tissue
- Developing occlusion
- Caries risk
- Behavior of child

Treatment records must contain the type of oral evaluation provided and patient specific recordings of findings, information reviewed, diagnoses, treatment plans and statuses. The most common interval of comprehensive oral evaluation is 36 months, and six months for a periodic oral evaluation; however, some patients may require examination and preventive services at more or less frequent intervals, based upon historical, clinical, and radiographic findings.

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The duly licensed provider evaluates the examination findings with all aspects of the patient's health status and social situation in determining an appropriate course of action.

AUTHORIZATION PROTOCOLS:

Oral evaluations within the benefit and frequency limits do not require pre-authorization. Additional evaluation exceeding benefit limitations may require prior authorization for selected health plans and/or products. Please refer to your State contract and Provider Manual for exact coverage information. All services are subject to retrospective review.

REFERENCES:

CDT 2019 Dental Procedure Codes published by the American Dental Association.

American Academy of Pediatric Dentistry. "Guideline on Periodicity of Examination, Preventive Dental Services, Anticipatory Guidance/Counseling, and Oral Treatment for Infants, Children, and Adolescents". Adopted 1991; Updated 2013.

http://www.aapd.org/media/policies_guidelines/g_periodicity.pdf

CODING IMPLICATIONS:

Please refer to your State contract and Provider Manual for exact coverage implications.

Oral evaluations involve the collection and recording of data thereby enabling the dentist to provide a diagnosis and treatment plan. There is no distinction made between oral evaluations provided by general practitioners and specialists. Periodic and comprehensive evaluations (D0120, D0145 and D0150) should not be billed within a six month window of the previous evaluation date. The following periodic and comprehensive oral evaluations are recognized by Envolve Dental:

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- **D0120:** *Periodic oral evaluations* are performed on established patients. The oral evaluations is intended to determine any changes in the patients dental and medical health status, since the previous periodic or comprehensive oral evaluation. This evaluation includes oral cancer evaluation and periodontal screening where indicated, and may require interpretation of information acquired through additional diagnostic procedures.
- **D0145:** *Oral evaluations for a patient under three years of age and counseling with primary care giver* include recording of the oral and physical health history and evaluation of caries susceptibility. This evaluation also includes development of an appropriate preventive oral health regimen and communication with and counseling of the child's parent, legal guardian and or primary caregiver. Anticipatory guidance is the process of providing practical, developmentally-appropriate information about children's health to prepare parents for the significant physical, emotional, and psychological milestones. Individualized discussion and counseling should be an integral part of each visit.
- **D0150:** *Comprehensive oral evaluation* of new or established patients are used when evaluating a patient comprehensively. This applies to new patients; established patients who have had a significant change in health conditions or other unusual circumstances, by report, or established patients who have been absent from active treatment for three or more years. It is a thorough evaluation and recording of the extraoral and intraoral hard and soft tissues. It may require interpretation of information acquired through diagnostic procedures. This includes an evaluation for oral cancer where indicated, the evaluation and recording of the patients dental and medical history and a general health assessment. It may include the evaluation and recording of dental caries, missing ort unerupted teeth, restorations, existing prostheses, occlusal relationships, periodontal conditions (including periodontal screening and/or charting), hard and soft tissue anomalies, etc. Established patients should be monitored using D0120. The use of D0150 on an established patient within a three year window requires the submission of medical records for pre-payment review.
- **D0180:** *Comprehensive periodontal evaluations of new or established patients* are indicated for patients who show signs and symptoms of periodontal disease and for patients with risk factors such as smoking or diabetes. These include evaluation of and recording of the patients'

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dental and medical histories and general health assessments. These may include the evaluation and recording of dental caries, missing or unerupted teeth, restorations, occlusal relationships and oral cancer evaluation.

Envolve Dental complies with the coding guidelines of the health plan and/or State in which the client resides. When billing D0150, the need for a comprehensive evaluation must be documented in the record. Abnormal comparative utilization of comprehensive examination coding is subject to retrospective review. Envolve Dental requires the submission of the following ICD-10 codes with comprehensive and periodic oral evaluations (Box 34 and 34a of the ADA American Dental Association Dental Claim Form):

ICD-10	ICD-10 Code Description
Z01.20	Encounter for dental examination and cleaning without abnormal findings
Z01.21	Encounter for dental examination and cleaning with abnormal findings
Z13.84	Encounter screening for dental disorders

ATTACHMENTS:

DEFINITIONS:

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REVISION LOG

REVISION	DATE
Annual Review	09/2019
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