

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

DEPARTMENT: Utilization Management	DOCUMENT NAME: New Technologies and New Uses of Existing Technologies
PAGE: 1 of 3	REFERENCE NUMBER: ENVD.UM.CP.0012
EFFECTIVE DATE: 09/13/2019	REPLACES DOCUMENT:
RETIRED:	REVIEWED: 11/2021
SPECIALIST REVIEW: Yes	REVISED:
PRODUCT TYPE: All	COMMITTEE APPROVAL: 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 determination of new technologies and new uses of existing technologies. These technologies include medical procedures or new uses of existing medical procedures for oral health care, new pharmaceuticals or new uses of existing pharmaceuticals for dental procedure related use, and new devices or new uses of existing devices for dental conditions.

POLICY/CRITERIA:

When Envolve Dental, Inc. (Envolve Dental) is delegated (by a full-service carrier) to determine the appropriateness of new technologies or new applications of an existing technology, the following criteria are applied in the evaluation process:

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- The approval of evidence based safety and efficacy studies from appropriate regulatory bodies: Food and Drug Administration (FDA), Centers for Medicare and Medicaid Services (CMS).
- Clinical preferred practice pattern publications from American Dental Association.
- Input from relevant specialists and professionals who have expertise in the new technology or new use of existing technology.
- Clinical literature using current medical journals, published clinical research, or other evidence based medicine resources.
- Criteria as defined by the full-service carrier.

In making the decision to use the new technologies, Envolve Dental must determine the new technology will improve health outcomes, health risks and health benefits derived from new technology when compared with established procedures and products. New technologies or new applications of existing technologies include services or supplies which include, but are not limited to, any diagnosis, treatment, procedure, facility, equipment, drugs, drug usage, devices, or supplies. This policy applies to all Category III CPT codes (xxxxT) and unspecified CDT codes (DX999). These services may be considered through a prior authorization request on a case-by-case basis.

Clinical criteria for new technologies are reviewed and clearly documented. All Envolve Dental clinical criteria policies include procedures for applying criteria based on the needs of individual patients and characteristics of the local delivery system. The criteria will be available from the Utilization Management department by request of the physician. All policies, procedures, and criteria are in compliance with any decisions made by the Utilization Management Committee, and Medical Directors. The Quality Improvement and Utilization Management committees formally approve the updated Utilization Management Program with its policies, procedures, and criteria in the first quarter of every year. Any material changes in the Utilization Management policies, procedures, or criteria are reported to the appropriate carrier plans, networks providers, and state departments of insurance.

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AUTHORIZATION PROTOCOLS:

New technologies or new uses of existing technologies may require pre-authorization or may be subject to retrospective medical record review.

Professional services provided by duly licensed providers must be within the scope of licensure as defined by applicable State guidelines and Local Coverage Determinations.

REFERENCES:

- American Medical Association (AMA) Current Procedural Terminology (CPT®), Current Edition
- American Dental Association (ADA) Code on Dental Procedures and Nomenclature (CDT Code).
- Centers for Medicare and Medicaid Services (CMS)
 - National Correct Coding Initiative Edits for Physicians
 - Physician Fee Schedule
 - Medicare Administrative Contractors and Local Coverage Determination policies
- Clinical literature using current medical journals, computerized research, or other sources that may be available

CODING IMPLICATIONS:

Please refer to your State contract for exact coverage implications.

REVIEW/REVISION LOG

Revision:	Date
Annual Review	11/2021