

Dental Clinical Policy: Problem-Focused & Limited Evaluations

Reference Number: CP.DP.2

Last Review Date: 12/23

[Coding Implications](#)[Revision Log](#)

See [Important Reminder](#) at the end of this policy for important regulatory and legal information.

Description

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.

Policy/Criteria

- I. It is the policy of Envolve Dental Inc.[®] that a limited problem-focused oral evaluation is **medically necessary** when any of the following conditions are met:
 - A. When a new patient of record presents with a condition that is limited to a specific oral health problem or complaint;
 - B. When an existing patient of record presents with a condition that is limited to a specific oral health problem or complaint;
 - C. When none of the following contraindications are present:
 1. When a new patient of record presents for a general or overall oral evaluation;
 2. When an existing patient of record presents for a general or overall oral evaluation;
 3. When a patient presents with no specific oral health problem or complaint;
- II. It is the policy of Envolve Dental Inc.[®] that a detailed and extensive problem-focused oral evaluation is **medically necessary** when any of the following conditions are met:
 - A. When a new patient of record presents with a condition that entails a condition requiring extensive diagnostic and cognitive modalities;
 - B. When an existing patient of record presents with a condition that entails a condition requiring extensive diagnostic and cognitive modalities;
 - C. When a patient presents with one of the following conditions:
 1. Dentofacial anomalies;
 2. Complicated perio-prosthetic conditions;
 3. Complex temporomandibular dysfunction;
 4. Facial pain of unknown origin;
 5. Conditions requiring multi-disciplinary consultation;
 - D. When none of the following contraindications are present:
 1. When a new patient of record presents for a general or overall oral evaluation;
 2. When an existing patient of record presents for a general or overall oral evaluation;
 3. When a patient presents with no specific oral health problem or complaint;
- III. It is the policy of Envolve Dental Inc.[®] that a limited problem-focused re-evaluation of an established patient is **medically necessary** when any of the following conditions are met:
 - A. When it is necessary to assess the status of a previously existing condition such as the following:
 1. A traumatic injury where no treatment was rendered but the patient needs follow-up monitoring;
 2. An evaluation for undiagnosed continuing pain;
 3. A soft tissue lesion requiring follow-up evaluation;

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- B.** When none of the following contraindication are present:
 - 1. When no previous condition was observed or identified;
- IV.** It is the policy of Envolve Dental Inc.® that a re-evaluation post-operative visit is **medically necessary** when any of the following conditions are met:
 - A.** When it is necessary to assess the status of a previous operative visit;
 - B.** When none of the following contraindication are present:
 - 1. When no previous operative visit was performed;
 - C.** Required documentation to support medical necessity include the following:
 - 1. Signed patient record notes indicating the findings of the evaluation;
 - 2. Diagnostic radiographs taken during the evaluation visit;
 - 3. Intra-oral photographs where necessary to support conditions not clearly represented with radiographs.

Coverage Limitation/Exclusions

- 1. One D0140 per date of service;
- 2. One D0160 per date of service;
- 3. One D0170 per date of service;
- 4. One D0171 per date of service;
- 5. Subject to state-specific regulations.

Coding Implications

This clinical policy references Current Dental Terminology (CDT®). CDT® is a registered trademark of the American Dental Association. All CDT codes and descriptions are copyrighted 2023, American Dental Association. All rights reserved. CDT codes and CDT descriptions are from the current manuals and those included herein are not intended to be all-inclusive and are included for informational purposes only. Codes referenced in this clinical policy are for informational purposes only. Inclusion or exclusion of any codes does not guarantee coverage. Providers should reference the most up-to-date sources of professional coding guidance prior to the submission of claims for reimbursement of covered services.

CDT® Codes	Description
D0140	<i>Limited oral evaluations</i> are problem focused and limited to a specific oral health problem or complaint. This may require interpretation of information acquired through additional diagnostic procedures.
D0160	<i>Detailed and extensive problem focused oral evaluations</i> entails extensive diagnostic and cognitive modalities based on the findings of a comprehensive oral evaluation. Integration of more extensive diagnostic modalities to develop a treatment plan for a specific problem is required.
D0170	<i>Limited, problem focused re-evaluation</i> of an established patient (not a post-operative visit) involves assessing the status of a previously existing condition.
D0171	<i>Re-evaluation post-operative visit</i> , requires that a previous operative visit took place.

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ICD-10-CM Diagnosis Codes that Support Coverage Criteria

ICD-10-CM Code	Description
A69.0	Necrotizing ulcerative stomatitis
A69.1	Other Vincent's infections
D10.0	Benign neoplasm of lip
D10.1	Benign neoplasm of tongue
D10.2	Benign neoplasm of floor of mouth
D10.30	Benign neoplasm of unspecified part of mouth
D10.39	Benign neoplasm of other parts of mouth
D10.4	Benign neoplasm of tonsil
D10.5	Benign neoplasm of other parts of oropharynx
D10.6	Benign neoplasm of nasopharynx
D10.7	Benign neoplasm of hypopharynx
D10.9	Benign neoplasm of pharynx unspecified
E08.630	Diabetes mellitus due to underlying condition with periodontal disease
E08.638	Diabetes mellitus due to underlying condition with other oral complications
E09.630	Drug or chemical induced diabetes mellitus with periodontal disease
E09.638	Drug or chemically induced diabetes mellitus with other oral complications
E10.630	Type 1 diabetes mellitus with periodontal disease
E10.638	Type 1 diabetes mellitus with other oral complications
E11.630	Type 2 diabetes mellitus with periodontal disease
E11.638	Type 2 diabetes mellitus with other oral complications
K00.0	Anodontia
K00.1	Supernumerary teeth
K00.2	Abnormalities of size and form of teeth
K00.3	Mottled teeth
K00.4	Disturbances in tooth formation
K00.5	Hereditary disturbances in tooth structure, not elsewhere classified
K00.6	Disturbances in tooth eruption
K00.7	Teething syndrome
K00.8	Other disorders of tooth development
K00.9	Disorder of tooth development, unspecified
K01.0	Embedded teeth
K01.1	Impacted teeth
K02.3	Arrested dental caries
K02.51	Dental caries on pit and fissure surface limited to enamel
K02.52	Dental caries on pit and fissure surface penetrating into dentin
K02.53	Dental caries on pit and fissure surface penetrating into pulp
K02.61	Dental caries on smooth surface limited to enamel
K02.62	Dental caries on smooth surface penetrating into dentin
K02.63	Dental caries on smooth surface penetrating into pulp
K02.7	Dental root caries

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ICD-10-CM Code	Description
K02.9	Dental caries, unspecified
K03.0	Excessive attrition of teeth
K03.1	Abrasion of teeth
K03.2	Erosion of teeth
K03.3	Pathological resorption of teeth
K03.4	Hypercementosis
K03.5	Ankylosis of teeth
K03.6	Deposits [accretions] on teeth
K03.7	Posteruptive color changes of dental hard tissues
K03.81	Cracked tooth
K03.89	Other specified diseases of hard tissues of teeth
K03.9	Disease of hard tissues of teeth, unspecified
K04.01	Reversible pulpitis
K04.02	Irreversible pulpitis
K04.1	Necrosis of pulp
K04.2	Pulp degeneration
K04.3	Abnormal hard tissue formation in pulp
K04.4	Acute apical periodontitis of pulpal origin
K04.5	Chronic apical periodontitis
K04.6	Periapical abscess with sinus
K04.7	Periapical abscess without sinus
K04.8	Radicular cyst
K04.90	Unspecified diseases of pulp and periapical tissues
K04.99	Other diseases of pulp and periapical tissues
K05.00	Acute gingivitis, plaque induced
K05.01	Acute gingivitis, non-plaque induced
K05.10	Chronic gingivitis, plaque induced
K05.11	Chronic gingivitis, non-plaque induced
K05.20	Aggressive periodontitis, unspecified
K05.211	Aggressive periodontitis, localized, slight
K05.212	Aggressive periodontitis, localized, moderate
K05.213	Aggressive periodontitis, localized, severe
K05.219	Aggressive periodontitis, localized, unspecified severity
K05.221	Aggressive periodontitis, generalized, slight
K05.222	Aggressive periodontitis, generalized, moderate
K05.223	Aggressive periodontitis, generalized, severe
K05.229	Aggressive periodontitis, generalized, unspecified severity
K05.30	Chronic periodontitis, unspecified
K05.311	Chronic periodontitis, localized, slight
K05.312	Chronic periodontitis, localized, moderate
K05.313	Chronic periodontitis, localized, severe
K05.319	Chronic periodontitis, localized, unspecified severity
K05.321	Chronic periodontitis, generalized, slight

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ICD-10-CM Code	Description
K05.322	Chronic periodontitis, generalized, moderate
K05.323	Chronic periodontitis, generalized, severe
K05.329	Chronic periodontitis, generalized, unspecified severity
K05.4	Periodontosis
K05.5	Other periodontal diseases
K05.6	Periodontal disease, unspecified
K06.010	Localized gingival recession, unspecified
K06.011	Localized gingival recession, minimal
K06.012	Localized gingival recession, moderate
K06.013	Localized gingival recession, severe
K06.020	Generalized gingival recession, unspecified
K06.021	Generalized gingival recession, minimal
K06.022	Generalized gingival recession, moderate
K06.023	Generalized gingival recession, severe
K06.1	Gingival enlargement
K06.2	Gingival and edentulous alveolar ridge lesions associated with trauma
K06.3	Horizontal alveolar bone loss
K06.8	Other specified disorders of gingiva and edentulous alveolar ridge
K06.9	Disorder of gingiva and edentulous alveolar ridge, unspecified
K08.0	Exfoliation of teeth due to systemic causes
K08.101	Complete loss of teeth, unspecified cause, class I
K08.102	Complete loss of teeth, unspecified cause, class II
K08.103	Complete loss of teeth, unspecified cause, class III
K08.104	Complete loss of teeth, unspecified cause, class IV
K08.109	Complete loss of teeth, unspecified cause, unspecified class
K08.111	Complete loss of teeth due to trauma, class I
K08.112	Complete loss of teeth due to trauma, class II
K08.113	Complete loss of teeth due to trauma, class III
K08.114	Complete loss of teeth due to trauma, class IV
K08.119	Complete loss of teeth due to trauma, unspecified class
K08.121	Complete loss of teeth due to periodontal diseases, class I
K08.122	Complete loss of teeth due to periodontal diseases, class II
K08.123	Complete loss of teeth due to periodontal diseases, class III
K08.124	Complete loss of teeth due to periodontal diseases, class IV
K08.129	Complete loss of teeth due to periodontal diseases, unspecified class
K08.131	Complete loss of teeth due to caries, class I
K08.132	Complete loss of teeth due to caries, class II
K08.133	Complete loss of teeth due to caries, class III
K08.134	Complete loss of teeth due to caries, class IV
K08.139	Complete loss of teeth due to caries, unspecified class
K08.191	Complete loss of teeth due to other specified cause, class I
K08.192	Complete loss of teeth due to other specified cause, class II
K08.193	Complete loss of teeth due to other specified cause, class III

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ICD-10-CM Code	Description
K08.194	Complete loss of teeth due to other specified cause, class IV
K08.199	Complete loss of teeth due to other specified cause, unspecified class
K08.20	Unspecified atrophy of edentulous alveolar ridge
K08.21	Minimal atrophy of the mandible
K08.22	Moderate atrophy of the mandible
K08.23	Severe atrophy of the mandible
K08.24	Minimal atrophy of maxilla
K08.25	Moderate atrophy of maxilla
K08.26	Severe atrophy of maxilla
K08.3	Retained dental root
K08.401	Partial loss of teeth, unspecified cause, class I
K08.402	Partial loss of teeth, unspecified cause, class II
K08.403	Partial loss of teeth, unspecified cause, class III
K08.404	Partial loss of teeth, unspecified cause, class IV
K08.409	Partial loss of teeth, unspecified cause, unspecified class
K08.411	Partial loss of teeth due to trauma, class I
K08.412	Partial loss of teeth due to trauma, class II
K08.413	Partial loss of teeth due to trauma, class III
K08.414	Partial loss of teeth due to trauma, class IV
K08.419	Partial loss of teeth due to trauma, unspecified class
K08.421	Partial loss of teeth due to periodontal diseases, class I
K08.422	Partial loss of teeth due to periodontal diseases, class II
K08.423	Partial loss of teeth due to periodontal diseases, class III
K08.424	Partial loss of teeth due to periodontal diseases, class IV
K08.429	Partial loss of teeth due to periodontal diseases, unspecified class
K08.431	Partial loss of teeth due to caries, class I
K08.432	Partial loss of teeth due to caries, class II
K08.433	Partial loss of teeth due to caries, class III
K08.434	Partial loss of teeth due to caries, class IV
K08.439	Partial loss of teeth due to caries, unspecified class
K08.491	Partial loss of teeth due to other specified cause, class I
K08.492	Partial loss of teeth due to other specified cause, class II
K08.493	Partial loss of teeth due to other specified cause, class III
K08.494	Partial loss of teeth due to other specified cause, class IV
K084.99	Partial loss of teeth due to other specified cause, unspecified class
K08.50	Unsatisfactory restoration of tooth, unspecified
K08.51	Open restoration margins of tooth
K08.52	Unrepairable overhanging of dental restorative materials
K08.530	Fractured dental restorative material without loss of material
K08.531	Fractured dental restorative material with loss of material
K08.539	Fractured dental restorative material, unspecified
K08.54	Contour of existing restoration of tooth biologically incompatible with oral health

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ICD-10-CM Code	Description
K08.55	Allergy to existing dental restorative material
K08.56	Poor aesthetic of existing restoration of tooth
K08.59	Other unsatisfactory restoration of tooth
K08.81	Primary occlusal trauma
K08.82	Secondary occlusal trauma
K08.89	Other specified disorders of teeth and supporting structures
K08.9	Disorder of teeth and supporting structures, unspecified
K09.0	Developmental odontogenic cysts
K09.1	Developmental (nonodontogenic) cysts of oral region
K09.8	Other cysts of oral region, not elsewhere classified
K09.9	Cyst of oral region, unspecified
K11.0	Atrophy of salivary gland
K11.1	Hypertrophy of salivary gland
K11.20	Sialoadenitis, unspecified
K11.21	Acute sialoadenitis
K11.22	Acute recurrent sialoadenitis
K11.23	Chronic sialoadenitis
K11.3	Abscess of salivary gland
K11.4	Fistula of salivary gland
K11.5	Sialolithiasis
K11.6	Mucocele of salivary gland
K11.7	Disturbances of salivary secretion
K11.8	Other diseases of salivary glands
K11.9	Disease of salivary gland, unspecified
K12.0	Recurrent oral aphthae
K12.1	Other forms of stomatitis
K12.2	Cellulitis and abscess of mouth
K12.30	Oral mucositis (ulcerative), unspecified
K12.31	Oral mucositis (ulcerative) due to antineoplastic therapy
K12.32	Oral mucositis (ulcerative) due to other drugs
K12.33	Oral mucositis (ulcerative) due to radiation
K12.39	Other oral mucositis (ulcerative)
K13.0	Diseases of lips
K13.1	Cheek and lip biting
K13.21	Leukoplakia of oral mucosa, including tongue
K13.22	Minimal keratinized residual ridge mucosa
K13.23	Excessive keratinized residual ridge mucosa
K13.24	Leukokeratosis nicotina palati
K13.29	Other disturbances of oral epithelium, including tongue
K13.3	Hairy leukoplakia
K13.4	Granuloma and granuloma-like lesions of oral mucosa
K13.5	Oral submucous fibrosis
K13.6	Irritative hyperplasia of oral mucosa

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ICD-10-CM Code	Description
K13.70	Unspecified lesions of oral mucosa
K13.79	Other lesions of oral mucosa
K14.0	Glossitis
K14.1	Geographic tongue
K14.2	Median rhomboid glossitis
K14.3	Hypertrophy of tongue papillae
K14.4	Atrophy of tongue papillae
K14.5	Plicated tongue
K14.6	Glossodynia
K14.8	Other diseases of tongue
K14.9	Disease of tongue, unspecified
M26.30	Unspecified anomaly of tooth position of fully erupted tooth or teeth
M26.31	Crowding of fully erupted teeth
M26.32	Excessive spacing of fully erupted teeth
M26.33	Horizontal displacement of fully erupted tooth or teeth
M26.34	Vertical displacement of fully erupted tooth or teeth
M26.35	Rotation of fully erupted tooth or teeth
M26.36	Insufficient interocclusal distance of fully erupted teeth (ridge)
M26.37	Excessive interocclusal distance of fully erupted teeth
M26.39	Other anomalies of tooth position of fully erupted tooth or teeth
M26.4	Malocclusion, unspecified
M26.50	Dentofacial functional abnormalities, unspecified
M26.51	Abnormal jaw closure
M26.52	Limited mandibular range of motion
M26.53	Deviation in opening and closing of the mandible
M26.54	Insufficient anterior guidance
M26.55	Centric occlusion maximum intercuspation discrepancy
M26.56	Non-working side interference
M26.57	Lack of posterior occlusal support
M26.59	Other dentofacial functional abnormalities
M26.601	Right temporomandibular joint disorder, unspecified
M26.602	Left temporomandibular joint disorder, unspecified
M26.603	Bilateral temporomandibular joint disorder, unspecified
M26.609	Unspecified temporomandibular joint disorder, unspecified
M26.611	Adhesions and ankylosis of right temporomandibular joint
M26.612	Adhesions and ankylosis of left temporomandibular joint
M26.613	Adhesions and ankylosis of bilateral temporomandibular joint
M26.619	Adhesions and ankylosis of unspecified temporomandibular joint
M26.621	Arthralgia of right temporomandibular joint
M26.622	Arthralgia of left temporomandibular joint
M26.623	Arthralgia of bilateral temporomandibular joint
M26.629	Arthralgia of unspecified temporomandibular joint
M26.631	Articular disc disorder of right temporomandibular joint

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ICD-10-CM Code	Description
M26.632	Articular disc disorder of left temporomandibular joint
M26.633	Articular disc disorder of bilateral temporomandibular joint
M26.639	Articular disc disorder of unspecified temporomandibular joint
M26.69	Other specified disorders of temporomandibular joint
M26.70	Unspecified alveolar anomaly
M26.71	Alveolar maxillary hyperplasia
M26.72	Alveolar mandibular hyperplasia
M26.73	Alveolar maxillary hypoplasia
M26.74	Alveolar mandibular hypoplasia
M26.79	Other specified alveolar anomalies
M26.81	Anterior soft tissue impingement
M26.82	Posterior soft tissue impingement
M26.89	Other dentofacial anomalies
M26.9	Dentofacial anomaly, unspecified
M27.0	Developmental disorders of jaws
M27.1	Giant cell granuloma, central
M27.2	Inflammatory conditions of jaws
M27.3	Alveolitis of jaws
M27.40	Unspecified cyst of jaw
M27.49	Other cysts of jaw
M27.51	Perforation of root canal space due to endodontic treatment
M27.52	Endodontic overfill
M27.53	Endodontic underfill
M27.59	Other periradicular pathology associated with previous endodontic treatment
M27.61	Osseointegration failure of dental implant
M27.62	Post-osseointegration biological failure of dental implant
M27.63	Post-osseointegration mechanical failure of dental implant
M27.69	Other endosseous dental implant failure
M27.8	Other specified diseases of jaw
M27.9	Disease of jaws, unspecified
Q37.0	Cleft hard palate with bilateral cleft lip
Q37.1	Cleft hard palate with unilateral cleft lip
Q37.2	Cleft soft palate with bilateral cleft lip
Q37.3	Cleft soft palate with unilateral cleft lip
Q37.4	Cleft hard and soft palate with bilateral cleft lip
Q37.5	Cleft hard and soft palate with unilateral cleft lip
Q37.8	Unspecified cleft palate with bilateral cleft lip
Q37.9	Unspecified cleft palate with unilateral cleft lip
Q38.0	Congenital malformations of lips, not elsewhere classified
Q38.1	Ankyloglossia
Q38.2	Macroglossia
Q38.3	Other congenital malformations of tongue

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ICD-10-CM Code	Description
Q38.4	Congenital malformations of salivary glands and ducts
Q38.5	Congenital malformations of palate, not elsewhere classified
Q38.6	Other congenital malformations of mouth
Q38.7	Congenital pharyngeal pouch
Q38.8	Other congenital malformations of pharynx
R52	Pain, unspecified
R68.2	Dry mouth, unspecified
S00.502A	Unspecified superficial injury of oral cavity, initial encounter
S00.502D	Unspecified superficial injury of oral cavity, subsequent encounter
S00.502S	Unspecified superficial injury of oral cavity, sequela
S00.512A	Abrasion of oral cavity, initial encounter
S00.512D	Abrasion of oral cavity, subsequent encounter
S00.512S	Abrasion of oral cavity, sequela
S00.522A	Blister (nonthermal) of oral cavity, initial encounter
S00.522D	Blister (nonthermal) of oral cavity, subsequent encounter
S00.522S	Blister (nonthermal) of oral cavity, sequela
S02.5XXA	Fracture of tooth (traumatic), initial encounter for closed fracture
S02.5XXB	Fracture of tooth (traumatic), initial encounter for open fracture
S02.5XXD	Fracture of tooth (traumatic), subsequent encounter for fracture with routine healing
S02.5XXG	Fracture of tooth (traumatic), subsequent encounter for fracture with delayed healing
S02.5XXK	Fracture of tooth (traumatic), subsequent encounter for fracture with nonunion
S02.5XXS	Fracture of tooth (traumatic), sequela
S03.00XA	Dislocation of jaw, unspecified side, initial encounter
S03.00XD	Dislocation of jaw, unspecified side, subsequent encounter
S03.00XS	Dislocation of jaw, unspecified side, sequela
S03.01XA	Dislocation of jaw, left side, initial encounter
S03.01XD	Dislocation of jaw, left side, subsequent encounter
S03.01XS	Dislocation of jaw, left side, sequela
S03.02XA	Dislocation of jaw, right side, initial encounter
S03.02XD	Dislocation of jaw, right side, subsequent encounter
S03.02XS	Dislocation of jaw, right side, sequela
S03.03XA	Dislocation of jaw, bilateral, initial encounter
S03.03XD	Dislocation of jaw, bilateral, subsequent encounter
S03.03XS	Dislocation of jaw, bilateral, sequela
S03.2XXA	Dislocation of tooth, initial encounter
S03.2XXD	Dislocation of tooth, subsequent encounter
S03.2XXS	Dislocation of tooth, sequela
Z13.84	Encounter screening for dental disorders
Z18.32	Retained tooth
Z91.841	Risk for dental carries, low

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ICD-10-CM Code	Description
Z91.842	Risk for dental caries, moderate
Z91.843	Risk for dental caries, high
Z98.810	Dental sealant status
Z98.811	Dental restoration status
Z98.818	Other dental procedure status

Reviews, Revisions, and Approvals	Date	Approval Date
Policy developed	9/19	9/19
Update definition of D0140	10/19	10/19
Annual Review	12/21	12/21
Annual Review	12/22	12/22
Annual Review and New Format	12/23	12/23

References

1. American Dental Association. CDT 2023: Dental Procedure Codes. American Dental Association, 2023.
2. 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 2022.
3. http://www.aapd.org/media/policies_guidelines/g_periodicity.pdf

Important Reminder

This clinical policy has been developed by appropriately experienced and licensed health care professionals based on a review and consideration of currently available generally accepted standards of dental practice; peer-reviewed dental/medical literature; government agency/program approval status; evidence-based guidelines and positions of leading national dental and health professional organizations; views of dentists practicing in relevant clinical areas affected by this clinical policy; and other available clinical information. Envolve Dental makes no representations and accepts no liability with respect to the content of any external information used or relied upon in developing this clinical policy. This clinical policy is consistent with standards of dental practice current at the time that this clinical policy was approved. “Envolve Dental” means a dental plan that has adopted this clinical policy and that is operated or administered, in whole or in part, by Envolve Benefit Options, Inc, or any of such health plan’s affiliates, as applicable.

The purpose of this clinical policy is to provide a guide to dental and medical necessity, which is a component of the guidelines used to assist in making coverage decisions and administering benefits. It does not constitute a contract or guarantee regarding payment or results. Coverage decisions and the administration of benefits are subject to all terms, conditions, exclusions and limitations of the coverage documents (e.g., evidence of coverage, certificate of coverage, policy,

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contract of insurance, etc.), as well as to state and federal requirements and applicable Envolve Dental administrative policies and procedures.

This clinical policy is effective as of the date determined by Envolve Dental. The date of posting may not be the effective date of this clinical policy. This clinical policy may be subject to applicable legal and regulatory requirements relating to provider notification. If there is a discrepancy between the effective date of this clinical policy and any applicable legal or regulatory requirement, the requirements of law and regulation shall govern. Envolve Dental retains the right to change, amend or withdraw this clinical policy, and additional clinical policies may be developed and adopted as needed, at any time.

This clinical policy does not constitute dental or medical advice, dental treatment or dental care. It is not intended to dictate to providers how to practice dentistry. Providers are expected to exercise professional dental and medical judgment in providing the most appropriate care, and are solely responsible for the dental and medical advice and treatment of members. This clinical policy is not intended to recommend treatment for members. Members should consult with their treating dentist in connection with diagnosis and treatment decisions.

Providers referred to in this clinical policy are independent contractors who exercise independent judgment and over whom Envolve Dental has no control or right of control. Providers are not agents or employees of Envolve Dental.

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Note: For Medicaid members, when state Medicaid coverage provisions conflict with the coverage provisions in this clinical policy, state Medicaid coverage provisions take precedence. Please refer to the state Medicaid manual for any coverage provisions pertaining to this clinical policy.

Note: For Medicare members, to ensure consistency with the Medicare National Coverage Determinations (NCD) and Local Coverage Determinations (LCD), all applicable NCDs, LCDs, and Medicare Coverage Articles should be reviewed prior to applying the criteria set forth in this clinical policy. Refer to the CMS website at <http://www.cms.gov> for additional information.

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