

## **Exhibit BB – Direct Restoration Criteria**

Review is only performed under EPSDT and post-payment audit.

### **A. Documentation required in patient record.**

1. Panorax, bitewing radiographs or periapical radiographs showing entire tooth (teeth) to be restored.
2. Narrative demonstrating medical necessity
  - a. A decision regarding benefits is made based on the documentation provided.
  - b. Treatment rendered without supporting documentation is subject to retrospective review.

### **B. Codes**

DentaQuest adheres to the code definitions as described in the American Dental Association Current Dental Terminology User's Manual.

### **C. Criteria**

1. Tooth (teeth) must demonstrate decay into dentin on at least one surface to be restored.
2. Direct restorations are limited to one per surface per tooth, except Maxillary first and second molars, the occlusal surface can be named twice, and anterior teeth, the facial and lingual surfaces can be named twice.
3. Tooth (teeth) must meet the DentaQuest restorable tooth criteria.<sup>1</sup>
4. Replacement restorations must have recurrent decay or material failure. It is DentaQuest's expectation that replacement prior to published frequency remain the responsibility of the treating provider.
5. Payment is based on tooth and restored surfaces.

D. Materials used must meet standards of good dental practice. No payment will be made if materials are used in a manner contraindicated by manufacturer instructions.

E. Services that fail to meet clinical criteria due to prior treatment will require medical necessity review.

### **Reference:**

- OAC 5160-5-01 Dental Services
- Appendix A to rule 5160-5-01 Restorative Service

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<sup>1</sup> AM-UM01- Exhibit I – Non-Restorable Tooth Criteria Non-Restorable Tooth Criteria