

Exhibit BB – Direct Restoration Criteria

Reference: American Dental Association

Documentation required in patient record.

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

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

D. 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
 - 3. Tooth (teeth) must meet the DentaQuest restorable tooth criteria.
 - 4. Tooth (teeth) must have good long-term prognosis.
 - 5. Restoration must have good long-term prognosis.
 - 6. Replacement restorations must have recurrent decay around existing restoration or failure of the restoration material. It is DentaQuest's expectation that replacement prior to published frequency remain the responsibility of the treating provider.
- E. Payment is based on tooth and restored surfaces.
 - F. Payment is for repair due to tooth structure lost due to decay or fracture.
 - G. Payment is based on anatomically supported surfaces. Anatomically unsupported service combinations may be down coded.
 - H. Payment may be made for the least expensive alternative treatment material.
 - I. 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.
 - J. No Payment will be made for the following conditions:
 - 1. Abrasion
 - 2. Erosion
 - 3. Non-carious lesion
 - 4. Restoration of vertical dimension
 - 5. Abfraction
 - 6. Attrition

- K. Procedures that may meet clinical criteria for approval may be disallowed due to frequency limitations.
- L. Services that fail to meet clinical criteria due to prior treatment will require medical necessity review.
- M. Sealant repairs will deny on a tooth that has a history of a restoration involving the occlusal surface.
- N. Sealants will deny on a tooth that has a history of a restoration involving the occlusal surface.

References:

- American Dental Association
 - OAC 5160-5-01 Dental Services
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