

# Dental Clinical Policy: New Technology

Reference Number: CP.DP.12

Last Review Date: 12/24

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

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

## Description

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

- I. It is the policy of Envolve Dental Inc.® that the use of new technology or new uses of existing technology are indicated as follows:
  - A. When there is approval of evidence-based safety and efficacy studies from appropriate regulatory bodies: Food and Drug Administration (FDA), Centers for Medicare and Medicaid Services (CMS);
  - B. When there are clinical preferred practice pattern publications from American Dental Association;
  - C. When there is input from relevant specialists and professionals who have expertise in the new technology or new use of existing technology
  - D. When there is clinical literature using current medical journals, published clinical research, or other evidence-based medicine resources;
  - E. When there are criteria defined by the full-service carrier;
  - F. When it has been determined that new technology will improve health outcomes, health risks and health benefits derived from new technology when compared with established procedures and products;
  - G. When none of the following contraindications are present:
    1. The services, supplies, or equipment have not received American Dental Association approval;
    2. Clinical criteria have not been established.

## Coverage Limitation/Exclusions

### Coding Implications

Retrospective review/analysis or fraud, waste and abuse initiatives that identify mis-coding (upcoding) resulting in higher reimbursement than allowed for the correctly coded service, or does not provide documentation supporting performing and/or completing claimed services may result in the recoupment of the identified monetary variance by any of the following means: a) from the payment for other claimed services; or b) directly from the provider.

## ICD-10-CM Diagnosis Codes that Support Coverage Criteria

Reviews, Revisions, and Approvals	Date	Approval Date
Annual Review	12/22	12/22

Annual Review and Format Change	12/23	12/23
Annual Review	12/24	12/24

## References

### **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, 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.

This clinical policy is the property of Envolve Dental. Unauthorized copying, use, and distribution of this clinical policy or any information contained herein are strictly prohibited. Providers, members and their representatives are bound to the terms and conditions expressed herein through the terms of their

contracts. Where no such contract exists, providers, members and their representatives agree to be bound by such terms and conditions by providing services to members and/or submitting claims for payment for such services.

**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 <https://www.cms.gov> for additional information.

©2024 Envolve Benefit Options, Inc. All rights reserved. All materials are exclusively owned by Envolve Benefit Options, Inc and are protected by United States copyright law and international copyright law. No part of this publication may be reproduced, copied, modified, distributed, displayed, stored in a retrieval system, transmitted in any form or by any means, or otherwise published without the prior written permission of Envolve Benefit Options, Inc. You may not alter or remove any trademark, copyright or other notice contained herein. Envolve Benefit Options® and Envolve Benefit Options, Inc® are registered trademarks exclusively owned by Envolve Benefit Options, Inc.