



Utilization Review Criteria

Purpose

To ensure consistent and equitable determination of coverage for certain covered dental services, the following SKYGEN USA, LLC guidelines are applied in the delivery of services to members.

Policy

It is expected that procedures performed will comply with these guidelines and exceptions are minimal. SKYGEN USA utilizes the current American Dental Association's Code of Dental Terminology in rendering benefit decisions. Generally accepted dental practice guidelines are applied in all decisions in conjunction with each State's and Plan requirements.

In addition, the following conditions should be considered when appropriately applying Utilization Review Criteria:

- Individual needs such as age, comorbidities, complications, progress treatment, psychosocial situation and home environment, when applicable.
- Assessment of the local delivery system.
- EPSDT standards for members under 21

The specifics of criteria applicable are outlined in detail within the Provider Office Reference Manual. Copies of the criteria are available on the Provider Web Portal and will be furnished via fax upon request.

The following is a brief synopsis of the services provided by SKYGEN USA, LLC. to plan members.

- **Diagnostic Services** – Diagnostic services include oral evaluations, diagnostic imaging, tests and examinations and oral pathology. Services are utilized to assess, diagnose and for development of treatment plans.
- **Preventive Services** – Preventive services include prophylaxis, fluoride treatment, sealants, space maintenance and other preventive counseling services. Services are utilized to provide routine periodic care to permit early detection of dental disease to allow for minimally invasive treatments to correct the condition.
- **Restorative Services** – Restorative services include amalgams, resin-based composites, metallic/porcelain inlays/onlays/ crowns and other services. Services are utilized to restore and replace tooth structure lost thru decay and other trauma.
- **Endodontic Services** – Endodontic services include pulp capping, pulpotomies, endodontic therapy and endodontic surgical services. Services are utilized to treat the effects of dental disease on the tissues within the root of the tooth and to retain the root structure to support restorative services.
- **Periodontic Services** – Periodontic services include non-surgical services such as scaling or periodontal maintenance and surgical services. Services are utilized to treat the effects of periodontal disease.

- **Prosthetic (removable and fixed), Maxillofacial Prosthetics, Implant Services** – These services include dentures, fixed partial dentures (bridges) artificial face prostheses and surgical implants and their associated restorative services. Services are utilized to replace teeth or facial parts lost due to disease or trauma.
- **Oral and Maxillofacial Surgery Services** – Oral and Maxillofacial surgery services include tooth extractions, excisions of lesions, treatment of trauma to the jaw and other surgical repair procedures. Services are utilized to remove teeth, recontour bone and generally treat the effects of trauma and disease on the jaws (mandible and maxilla).
- **Orthodontic Services** – Orthodontic services include procedures associated with the early growth of the jaw and the repositioning of teeth (braces). Services are utilized to achieve in functional (chewing) or non-functional (aesthetics) improvements.
- **Adjunctive General Services** – Adjunctive general services include anesthesia, consultations, professional visits, drugs, miscellaneous services and non-clinical procedures. Services are utilized to be a part of treatment services (general anesthesia, hospital call, and consultation) or other services such as dental case management.