



# Dental Clinical Policy

**Subject:** Generally Accepted Standard of Dental Care

**Guideline #:** Clinical Policy – 01

**Publish Date:** 01/01/2026

**Status:** Revised

**Last Review Date:** 10/30/2025

## Description

When requests are submitted by treating dentists to provide services for covered members, dental review may determine that the treatment proposed or rendered may not qualify for any benefit based on the plan contractual requirement that dental services meet generally accepted standards of dental care.

The plan conducts a review of as part of its contractual obligations to ensure dental services meet specific criteria. For example, certain contracts may require the provision of benefits for services that adhere to generally accepted standards of dental care and are delivered at the lowest cost appropriate for addressing the patient's condition. It is important to note that a determination of medical or dental necessity and/or appropriateness does not guarantee that the service in question will be covered or paid for by the dental plan.

Dental care directed at salvaging non-functional, non-restorable teeth may not be considered for benefits. In order to make that determination, the plan performs review due to contractual requirements that necessitate benefits for dental services meet specific contract requirements. For example, plan contract(s) may require the provision of benefits for services that meet generally accepted standards of dental care at the lowest cost that properly addresses the patient's condition. The conclusion that a particular service is medically or dentally necessary and/or appropriate does not constitute an indication and/or warranty that the service requested is a covered benefit payable by the dental plan.

Dental review as it applies to accepted standards of care means dental services that a dentist, exercising prudent clinical judgment, provides to a patient for the purpose of evaluating, diagnosing or treating a dental injury or disease or its symptoms, and that are: in accordance with the generally accepted standards of dental practice; in terms of type, frequency and extent and is considered effective for the patient's dental injury or disease; and is not primarily performed for the convenience of the patient or dentist, is not cosmetic and is not more costly than an alternative service.

For dental purposes, "generally accepted standards of dental care" means:

- standards that are based on credible scientific evidence published in peer-reviewed, dental literature generally recognized by the practicing dental community
- specialty society recommendations/criteria
- the views of recognized dentists practicing in the relevant clinical area
- any other relevant factors

## Documentation

Must include current (within 12 months), dated, properly identified, pretreatment diagnostic radiographic image/s that include the radiographic apex. Clinical chart notes, intra-oral photographs, current (within 12 months), dated 6-point periodontal charting, and history of periodontal therapy may also be required.

## Criteria

A service may be considered not meeting generally accepted standards of dental care when:

1. Crown to root ratios that are poorer than 1:1 create a less than ideal situation. Unfavorable crown to root ratios must include an assessment of the patient's full mouth dental condition, medical history, dental history, periodontal history, periodontal continuing care, age, and occlusion.
2. The periodontal health of teeth must be considered. Teeth demonstrating uncontrolled or untreated periodontal disease, evidenced by radiographic or periodontal charting, loss of supporting bone including furcation, may not be considered for approval of the dental procedure unless the treating dentist can demonstrate that definitive periodontal therapy and periodontal maintenance have been successfully performed, or the treatment plan includes periodontal therapy, the success of which will be evaluated prior to approval for the indirect restoration. The current periodontal status and history of periodontal therapy, presence of tooth mobility, and continuous maintenance therapy may be requested prior to benefit determination. Current (within 12 months), dated 6-point periodontal charting may also be required.
3. The endodontic status of a tooth must be considered (included but not limited to):
  - a. Untreated or unresolved periapical or periradicular pathology will not be considered for any benefits other than endodontic therapy. See Dental Clinical Policy 03-001 Endodontic Therapy.
  - b. Unresolved lesion in close proximity to the pulp chamber in the absence of treatment planned endodontic therapy. See Dental Clinical Policy 03-001 Endodontic Therapy.
  - c. A tooth with an overfill/underfill root canal obturation or poor condensation may not be considered. See Dental Clinical Policy 03-001 Endodontic Therapy.
  - d. Teeth with internal or external resorption may not be considered for benefit. See Dental Clinical Policy 03-001 Endodontic Therapy.
4. Treatment of teeth with sub-gingival/sub-osseous carious lesions that compromise the **supracrestal tissue attachment (STA formerly referred to as biologic width)** without addressing restorative and periodontal considerations is considered not appropriate.
5. A tooth exhibiting significant coronal structural loss that appears unrestorable.
6. A tooth that exhibits root fracture, root defects, or root perforation.
7. A tooth that exhibits caries into the furcation.
8. A tooth appearing unrestorable due to the extent and location of root caries.

## History

Revision History	Version	Date	Nature of Change	SME
	Initial	06/12/2019		Dr. Kahn
	Revision	07/23/2019	Verbiage	Committee

Revision	12/02/2020	Annual Review	Committee
Revised	12/06/2020	Annual Review	Committee
Revised	10/06/2021	Annual Review	Committee
Revised	11/11/2022	Annual Review	Committee
Revised	11/01/2023	Annual Review	Committee
	Revised	11/05/2024	Minor editorial refinements to description and criteria (line #8 added); intent unchanged.
	Revised	10/30/2025	Minor editorial refinements to description and criteria (line #8 added); intent unchanged.

Federal and State law, as well as contract language, takes precedence over Dental Clinical Policy. Dental Clinical Policy provides guidance in interpreting dental benefit applications. The Plan reserves the right to modify its Dental Clinical Policies and guidelines periodically and as necessary. Dental Clinical Policy is provided for informational purposes and does not constitute medical advice. These Policies are available for general adoption by any lines of business for consistent review of the medical or dental necessity and/or appropriateness of care of dental services. To determine if a review is required, please contact the customer service number on the member's card.

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