



# Dental Policy

**Subject:** Teeth with a Poor or Guarded Prognosis

**Guideline #:** Clinical Policy – 01E

**Publish Date:** 05/01/2019

**Status:** New

**Last Review Date:** 04/22/2019

---

## Description

When requests are submitted by treating dentists to provide services for teeth that are considered to have a guarded or poor prognosis, dental review may determine that the teeth in question may not qualify for any benefit other than removal.

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 does not constitute an indication or warranty that the service requested is a covered benefit payable by the dental plan.

## Documentation

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

## Criteria

A tooth may be considered as having a guarded prognosis when:

1. 1. Crown to root ratios that are poorer than 1:1 creates 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, long term prognosis, age, and occlusion.
2. The periodontal health of teeth is key to long term prognosis. Teeth demonstrating uncontrolled or untreated periodontal disease, evidenced by radiographic or periodontal charting, loss of supporting bone including furcation, may not be considered unless the treating dentist can demonstrate that definitive periodontal therapy and periodontal maintenance have been successfully performed. The current periodontal status and history of periodontal therapy, presence of tooth mobility, prognosis and continuous maintenance therapy may be requested prior to benefit determination.
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 benefit. See Dental 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 Policy 03-001 Endodontic Therapy.
  - c. A tooth with an overfill/underfill root canal obturation or poor condensation may not be considered. See Dental Policy 03-001 Endodontic Therapy.
  - d. Teeth with internal or external resorption may not be considered for benefit. See Dental Policy 03-001 Endodontic Therapy.
4. Carious lesions that compromise the biologic width and/or extend into the furcation are considered as having a guarded or poor prognosis.

5. A tooth exhibiting significant coronal structural loss that appears unrestorable.
6. A tooth that exhibits root fracture, root defects, or root perforation.

**History**

Revision History	Version	Date	Nature of Change	SME
	Initial	1/1/16		Kahn
	Revision	2/8/17	Criteria, Discussion	Kahn
	Revision	2/6/18	Appropriateness and medical necessity	Kahn
	revision	3/4/19	External facing policy	Committee
	Revision	4/22/19	Criteria numbering	kahn