

# First Dental Health Utilization Review

First Dental Health (FDH) Utilization Review is designed to ensure member confidence in the necessity of the procedures and client confidence in the savings achieved through the contracted fee schedules and procedure modifications/denials which are contractually binding with FDH network dentists.

The FDH Utilization Review Department is lead by our Dental Director, Dr. Alan Coffin while maintaining contacts and relationships with other dentists and specialists in other areas to assist with utilization review as needed.

FDH Claims Analysts are required to have at least five years dental experience and are required to maintain a current x-ray license. The average length of time that the current Claims Analysts have been performing utilization review is 5 years. FDH Claims Analysts are authorized to approve and/or modify dental services (not deny); all questionable services are referred to a dentist or specialist for peer level (specialty-matched) review.

FDH UR reviews ALL claims. Below are examples of some of the most frequently modified procedures under FDH's Utilization Review process:

## Examples

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### Diagnostic

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| D0150 modified to a D0120 –              | Initial exams will be modified to periodic exams based on the claim history FDH maintains a on each patient.                    |
| D0180 modified to a D120 –               | Periodontal exams will be modified to a periodic exam or denied based on the claim history FDH maintains on each patient.       |
| D0220 through D0277 bundled to a D0210 – | When multiple x-rays totaling 10 or more are billed separately, FDH will combine them into a full mouth set of x-rays.          |
| D0470 –                                  | Study Models are included in the manufacturing of a crown, bridge or denture and therefore not allowed to be billed separately. |
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### Preventive

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| D1110, D1120, D1203 & D1204 – | Prophylaxis & fluoride are allowed 100% of the time and re-priced to the FDH fee schedule. |
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D1330 – Oral hygiene instructions are denied unless performed in a separate visit for a thorough training and demonstration. These instructions are considered to be part of an examination.

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**Restorative**

D2391 through D2394  
D2140 through D2161 - Posterior composite fillings are considered to be cosmetic and therefore the silver equivalent filling is allowed.

D2510 through D2652 – Inlays will be modified to the equivalent filling based on tooth structure present/missing.

D2710 through D2794 – Crowns are possibly denied or modified to a filling based on tooth structure that is present/missing. Crowns are also possibly denied due to existing periodontal conditions. (All denials are made with FDH’s Dental Director’s guidance)

D2950 – Crown build-ups can be denied based on the tooth structure that is present/missing.

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**Endodontics**

D3110 – Direct pulp caps can be denied as not dentally necessary based on the evaluation of x-rays.

D3120 – Indirect pulp caps are denied as they are always included in any restoration.

D3230 & D3240 modified to D3220 – Pulpal therapy can be modified to a pulpotomy based on x-rays and what was actually performed by the dentist.

D3310 through D3330 – Root canals are always verified for dental necessity as well as proper completion by the evaluation of x-rays.

D3346 through D3348 – Retreat root canals are always verified for dental necessity, the tooth’s prognosis and proper completion by the evaluation of x-rays.

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**Periodontics**

The existences of all periodontal conditions are verified by utilizing x-rays and periodontal charting. FDH considers irrigation to be a part of any periodontal treatment and thus not allowed to be billed separately.

D4210, D4211 & D4249 – Gingivectomies & Crown lengthening are denied when performed on the same day as a crown/bridge preparation. Healing time is needed after this procedure prior to crown/bridge treatment.

D4260, D4261, D4341 and D4342 – Osseous surgery & Root planing are always verified for the number of teeth involved so that the correct code is approved for necessity.

D4910 – A patient's claim history is always checked by FDH to assure that periodontal treatment has been completed prior to approving a periodontal maintenance procedure as necessary. FDH also makes sure that a sufficient amount of healing time after periodontal treatment has occurred prior to approving this code.

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**Prosthodontics**

D5110 through D5281 – FDH verifies the necessity for all partial and full dentures by utilizing x-rays. All teeth and clasps are not allowed to be billed separately for a partial or full denture. FDH ensures that any existing condition necessitating treatment, is completed prior to the prosthetic being approved for dental necessity.

D5410 through D5761 – FDH checks the patient's claim history for a placement date prior to approving these codes as dentally necessary. FDH assures that good quality products are delivered to the patient by only allowing these procedures after a certain amount of time has passed since the delivery date.

D6205 through D6794 – FDH verifies the necessity of all bridges by utilizing x-rays. FDH makes sure that any existing periodontal condition is treated prior to the approval of a bridge.

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**Implants**

D6010 – FDH verifies the necessity of implants by utilizing x-rays. FDH makes sure that the patient is a viable candidate for implants by evaluation the patient's oral hygiene and dental condition of their mouth. FDH ensures that any existing condition, necessitating treatment, is completed prior to the implant being approved for dental necessity.

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**Oral Surgery**

D7111 through D7250 – FDH verifies the need for a tooth extraction and that the proper billing code is used by utilizing x-rays.

D7911 & D7912 – Sutures after the extraction of teeth are considered to be a part of the extraction. Billing separately for these procedures is not allowed.

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**Adjunctive General Services**

D9515 –	FDH considers local anesthesia to be a part of the dental treatment provided and is not allowed to be billed separately.
D9910 –	FDH does not allow the application of desensitizing medicaments to be billed separately if applied on the same day as dental treatment.
D9972 through D9974 –	FDH considers bleaching to be cosmetic and does not approve these codes for dental necessity.

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**Orthodontics**

D8010 through D8220 --	All orthodontic codes are verified to be correct based on the age of the patient and type of dentition present. All orthodontic cases include the placement of appliances, monthly re-check/adjustment visits, the removal of appliances and post treatment or interim stabilization (retainers). All orthodontic cases are re-priced to the FDH fee schedule. If a patient requires multiple phases of orthodontic treatment, FDH requires that the allowed amounts will not collectively exceed the allowable amount for comprehensive orthodontic treatment.
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