Updated: 10/26/2026

DENTAL CLINICAL GUIDELINES 2026

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INTRODUCTION:

Guardian Clinical Policies are developed by licensed dentists and reviewed periodically. The intent is to ensure that clinical criteria are current with dental terminology, evidence-based research, and clinical trends. Member/Patients and Provider/Dentists should be aware that benefit plan designs are often influenced by the marketplace, consultants, and purchasers of the plan, which is often the employer and may not be aligned with the latest clinical ideas. Once benefit design decisions are made, each covered service under the plan must meet clinical guidelines to be reimbursable. The clinical team at The Guardian Life Insurance Company of America makes every effort to stay current with standard clinical practices. Given this knowledge, clinical guidelines are developed for many procedure codes to determine when a procedure will be covered.

Clinical claim review is a benefit determination based on applicable clinical guideline criteria and the patient's plan benefits. Clinical claim review does not constitute an evaluation or judgment of your treatment plan or diagnosis. As a provider, you may recommend treatment that is in your patient's best interest; however, such treatment does not always meet the clinical guideline criteria required for benefit eligibility under the patient's plan. ***For this reason, Guardian recommends that you submit a predetermination request whenever possible****.*

Appeal Limits: Beginning with clinical denial determinations communicated on or after September 21, 2026, the clinical review process includes an initial determination and up to two appeals. Once a provider and/or member has submitted two appeals, the available appeal rights have been exhausted, and additional appeal requests will not be considered.

PRE-DETERMINATION/PRE-TREATMENT REVIEW:

The member and dentist may have services, or a treatment plan reviewed and considered for available benefits prior to beginning treatment. It tells the member and their dentist, in advance, what we would pay for the covered dental services listed in the treatment plan, so that the member is aware of their financial obligation at the time of treatment. Pre-determinations are held in the system until the claim is submitted for payment and do **not** go back through the review process at that time. Payment is contingent on; a) the work being done as proposed and while the member is insured; and b) application of the deductible and payment limit provisions and all the other terms of the member's plan. If you have an approved predetermination, you can include this with the claim submission.

Pre-treatment review is strongly recommended, for any/all services that are listed in the section below, and/or for extensive treatment plans.

APPEALING A DENIED CLAIM OR SERVICE:

If the member or dentist disagrees with the benefit determination, they have the right to appeal the denial or reduction of benefits for any claim or service. The member or dentist may re-send the claim or predetermination marked as "Appeal" and may include any previously unsubmitted documentation. Guardian will have the claim re-reviewed by a different reviewing dentist, in compliance with applicable state laws. Based on the information submitted, the reviewing dentist will determine the benefit available for the service within the terms of the contract. A letter explaining the benefit (Explanation of Benefits) will be sent to the member and/or dentist.

A Provider may request to have a Reviewing Dentist correspond with the dental office and provide further details about the determination that was made. A request for a Provider correspondence should be documented on the Appeal submission. The appeal will be reviewed per the normal process outlined above and an email will be sent to provide further details about the adverse determination and request any further documentation that may result in a different outcome. Please be sure an appropriate email address is included in the appeal documentation. If there is additional documentation, such as chart notes, intraoral photographs, or additional x-rays that should be considered in an appeal, please submit that information with the appeal. Please reference the information provided on the Explanation of Benefits for the appeal process. Emails are sent on a claim-by-claim basis. Please do not request a correspondence for multiple claims on a single appeal form.

PROOF OF CLAIM/SUPPORTING CLAIM DOCUMENTATION:

To accurately pay for and determine covered benefits, Guardian reserves the right to require acceptable diagnostic documentation for any service received on a claim. **If the necessary information is not provided, no benefit or minimum benefit may be allowable.**

Acceptable diagnostic documentation may, at Guardian's discretion, consist of:

1. **Radiographs**: Submitted radiographs should be pre-operative, current (taken within 24 consecutive months of the date of service), and of diagnostic-quality that clearly shows the entire tooth (teeth) prior to the service being completed. Radiograph(s) should be identified with the right or left side, the patient/member's name, the date taken, and the provider's name. Please note that a Panoramic radiograph (alone) is considered to have limited diagnostic value for determination of services outside of oral surgery procedures.

2. **Periodontal Charting**: Submitted periodontal charting should be comprehensive (documenting measuring points per tooth, furcation defects, mobility, and any recession), current (recorded within 12 consecutive months of the date of service), legible, and identified with the patient/member's name, date recorded, and the provider's name.

3. **Progress/Chart Notes**: When radiographs and periodontal charting (when applicable) do not adequately document or support the necessity of a service, please submit a direct copy of the patient/member's progress and/or chart notes from their dental record in addition to radiographs and periodontal charting

(when applicable) to support the necessity and appropriateness of treatment. Although not required, progress and/or/chart notes are extremely helpful adjuncts for appropriate claim determination. *Be aware that documentation, such as narratives, letters, and remarks made on the claim form or on x-rays, are not the best source for additional information.* Also, please note that progress and/or chart notes alone are not sufficient to document the necessity of treatment. The submission of chart notes is recommended with the initial claim.

4. **Intra and Extra-oral photographs, and Other Diagnostic Materials**: When radiographs and periodontal charting (when applicable) alone do not adequately document or support the necessity of a service, current, diagnostic-quality, labelled intra-oral photographs, or other diagnostic materials (when available) may be submitted in addition to radiographs and periodontal charting (when applicable) to document the necessity and appropriateness of treatment. Although not required, intra-oral photographs can be extremely helpful adjuncts for appropriate claim determination. Please note that photographs alone will not be sufficient to document the necessity of treatment.

DUPLICATION OF RECORDS:

Guardian recognizes that original patient records and radiographs are the property of the contracted dentist and are essential to planning treatment as well as verifying past treatment decisions. The original patient record, including original radiographs, should be retained in the dentist's office. Guardian dental plans do not cover radiograph duplication charges. The specified charge, if there is any, should be based on your office policy for all patients. Originals should not be used to fulfill requests made by patients or third parties for copies of records. Radiographs will not be returned.

COVERED SERVICES-UTILIZATION MANAGEMENT AND UTILIZATION REVIEW:

To be covered, a service must be necessary, appropriate for a given condition, and on the list of covered services in the member's certificate booklet. A reviewing dentist may be utilized by Guardian to determine the appropriate benefit for a dental procedure or course of treatment.

LEAST EXPENSIVE ALTERNATIVE TREATMENT:

If more than one type of service can be used to treat a dental condition, Guardian will base benefits on the least expensive service which is within professionally accepted standards of dental practice, as determined by Guardian. For example, in the case of multiple missing teeth, in both quadrants of an arch, the benefit may be based on the reimbursement for a removable partial denture. In the case

of a composite filling on a posterior tooth, the benefit may be based on the corresponding amalgam filling.

STANDARD PLAN EXCLUSIONS:

1. Any service or procedure performed in conjunction with, as part of, or related to a service or procedure which is not covered by the plan.
2. Any procedure or treatment method, which does not meet professionally recognized standards of dental practice, or which is considered experimental in nature.
3. Any service or procedure performed on a tooth or teeth with guarded, questionable, or poor prognosis from a periodontal, endodontic, or restorative perspective. Considerations for the determination of poor or questionable prognosis include but are not limited to advanced bone loss, furcation involvement, tooth mobility, internal/external resorption, root fracture, pulp necrosis and/or a periapical lesion that does not respond to nonsurgical root canal treatment or subsequent surgical intervention, significant loss of tooth structure, poor crown/root ratio, and iatrogenic compromising factors.
4. Any service or procedure intended solely for the purpose of: (1)Treating or diagnosing disturbances of the temporomandibular joint (unless required by state law), (2) Alteration of vertical dimension or the restoration or maintenance of occlusion, (3) Treating of a condition necessitated by attrition, abrasion, erosion or abfraction (4) Splinting or stabilizing teeth for periodontal or restorative reasons (5) Treating cervical and/or root sensitivity (6) Cosmetics (including the characterization and personalization of a dental prosthesis).

Definitions:

a. Attrition: The frictional wearing of a tooth over time caused by tooth-to-tooth contact. Features of attrition include flattened occlusal surfaces, worn or shortened incisal edges, matching wear facets on opposing teeth, and exposure of dentin.

b. Abrasion: The systematic wearing away of tooth structure as caused by an external mechanical force. Examples include aggressive tooth brushing, chewing pens, or an ill-fitting dental appliance.

c. Erosion: The irreversible loss of hard tooth structure caused by chemical dissolution from acids NOT produced by bacteria. Examples include dietary acids, intrinsic acids and environmental exposure.

d. Abfraction: The loss of tooth structure in the cervical area thought to be the result of occlusal stress and/or tooth flexure.

COMMONLY REVIEWED SERVICES:

The chart below lists the documentation to include for submission of the commonly reviewed services. **Pre-treatment estimates are recommended.**

Procedure Code	Description of Service	Documentation for Submission
D2542-D2544 D2642-D2644 D2662-D2664 D2710-D2794 D2960-D2962	Indirect Restorations	• Current preoperative periapical (PA) and/or bitewing (BW) radiograph, taken within 24 consecutive months of the date of service, and of diagnostic quality that clearly shows the entire tooth/teeth prior to the service being complete. • Chart notes • Relevant intra-oral photos • Panorex not recommended, as they are considered to have limited diagnostic value outside of oral surgery procedures. **•Pre-treatment estimate is recommended.**
D2950-D2957	Core Buildups and Post/Cores, including pins	• Current preoperative periapical (PA) and/or bitewing (BW) radiograph, taken within 24 consecutive months of the date of service, and of diagnostic quality that clearly shows the entire tooth/teeth prior to the service being complete. • Chart notes • Relevant intra-oral photos • Panorex not recommended, as they are considered to have

		limited diagnostic value outside of oral surgery procedures. • **Pre-treatment estimate is recommended.**
D3310-D3348	Endodontics	• Current preoperative periapical (PA) and/or bitewing (BW) radiograph, taken within 24 consecutive months of the date of service, and of diagnostic quality that clearly shows the entire tooth/teeth prior to the service being complete. • Chart notes. • Relevant intra-oral photos. • Panorex not recommended, as they are considered to have limited diagnostic value outside of oral surgery procedures. • **Pre-treatment estimate is recommended.**
D4000-D4999	Periodontics	• Current preoperative radiographs, taken within 24 consecutive months of the date of service, and of diagnostic quality that clearly shows the entire tooth/teeth prior to the service being complete. • Comprehensive periodontal charting. • Relevant intra-oral photos; grafting and crown lengthening. • Panorex not recommended, as they are considered to have limited diagnostic value outside of oral surgery procedures. • **Pre-treatment estimate is recommended.**
D6205-D6784	Fixed Partial Dentures (bridges)	• Current preoperative periapical (PA) and/or bitewing (BW) radiograph, taken within 24 consecutive months of the date

		of service, and of diagnostic quality that clearly shows the entire tooth/teeth prior to the service being complete. • Chart notes. • Relevant intra-oral photos. • Panorex not recommended, as they are considered to have limited diagnostic value outside of oral surgery procedures. • **Pre-treatment estimate is recommended**.
D7000-D7999	Oral and Maxillofacial Surgery	• Current preoperative radiograph, taken within 24 consecutive months of the date of service, and of diagnostic quality that clearly shows the entire tooth/teeth prior to the service being complete. • Radiographs must reflect the extent of the surrounding bone and the current anatomical position of the tooth • Chart notes. • Relevant intra-oral photos. • **Pre-treatment estimate is recommended**.

CLINICAL GUIDELINE CRITERIA FOR COMMONLY REVIEWED SERVICES:

D2000-D2999 Restorations:

- All clinical guidelines are subject to individual consideration by the Guardian dentist consultants based on the unique circumstances of the case.
- Individual plans may vary. Please see Member's specific plan information for specific benefit limitations.

1. Indirect Restorations-Onlays (D2542-D2664):

a. Benefit allowance includes insulating bases, temporary or provisional restorations, associated gingival involvement, and occlusal adjustment.

b. Benefit is limited to permanent teeth. May be considered on primary (deciduous) teeth with no permanent successor for Members aged 14 and older if roots are well formed and supported.

c. Benefits may only be allowed when documentation confirms that an indirect restoration is necessary because of decay and/or *injury* that cannot be restored with a direct restoration (amalgam/resin-based composite). As defined in the Member's policy book, *injury* is: *(1) all damage to a Covered Person's mouth due to an accident which occurs while he or she is covered by this Plan; and (2) all complications arising from that damage. However, the term does not include damage to teeth, appliances or dental prostheses which results solely from chewing or biting food or other substances.*

d. Benefits may only be allowed when documentation confirms that an indirect restoration is necessary to restore decay and/or missing tooth structure that cannot be restored with a direct restoration (amalgam/resin-based composite). In most instances, crowns are benefitted for:

   i. Teeth with 50% or more of a cusp/incisal edge or overall tooth structure decayed and/or completely fractured (missing).
   ii. Endodontically treated posterior teeth, and/or
   iii. Teeth with a clinical diagnosis of Cracked Tooth Syndrome including documentation of clinical testing and/or symptoms. *

***Cracked tooth Syndrome**: The ADA definition: *A collection of symptoms characterized by transient acute pain experienced when chewing. Guardian does not cover preventive crowns on asymptomatic teeth with cracks/craze lines. We recommend the submission of patient progress/chart notes to support a diagnosis of cracked tooth syndrome.*

e. Benefit allowance for porcelain/ceramic or resin-based composite may be limited to the corresponding high noble metal or noble benefit and the benefit for high noble metal may be limited to the corresponding noble metal benefit.

f. Benefits for the replacement of an existing onlay are excluded unless the existing onlay is damaged while in the covered person's mouth in an injury suffered while insured and cannot be made serviceable. In most instances, replacement crowns are benefitted when submitted documentation demonstrates that the integrity of existing restoration has been compromised by fracture and/or damage and/or the tooth has recurrent decay or resultant periodontal pathology.

g. Benefit is excluded for any service or procedure performed on a tooth or teeth with guarded, questionable, or poor prognosis from a periodontal, endodontic, or restorative perspective. Considerations for the determination of poor or

questionable prognosis include but are not limited to advanced bone loss, furcation involvement, tooth mobility, internal/external resorption, root fracture, pulp necrosis and/or a periapical lesion that does not respond to nonsurgical root canal treatment or subsequent surgical intervention, significant loss of tooth structure, poor crown/root ratio, and iatrogenic compromising factors.

h. Benefit is excluded for any service or procedure intended solely for the purpose of:

   i. Treating or diagnosing disturbances of the temporomandibular joint (unless required by state law).

   ii. Alteration of vertical dimension or the restoration or maintenance of occlusion.

   iii. Treating of a condition necessitated by attrition or abrasion.

   iv. Splinting or stabilizing teeth for periodontal reasons.

   v. Treating cervical and/or root sensitivity.

   vi. Cosmetics (including the characterization and personalization of a dental prosthesis).

2. Indirect Restorations-crowns (D2710-D2794):

a. Benefit allowance includes insulating bases, temporary or provisional restorations, associated gingival involvement, and occlusal adjustment.

b. Benefit is limited to permanent teeth. May be considered on primary (deciduous) teeth with no permanent successor for Members aged 14 and older if roots are well formed and supported.

c. Benefits may only be allowed when documentation confirms that an indirect restoration is necessary because of decay and/or *injury* that cannot be restored with a direct restoration (amalgam/resin-based composite). As defined in the Member's policy book, *injury* is: *(1) all damage to a Covered Person's mouth due to an accident which occurs while he or she is covered by this Plan; and (2) all complications arising from that damage. However, the term does not include damage to teeth, appliances or dental prostheses which results solely from chewing or biting food or other substances.*

d. Benefits may only be allowed when documentation confirms that an indirect restoration is necessary to restore decay and/or missing tooth structure that cannot be restored with a direct restoration (amalgam/resin-based composite). In

most instances, crowns are benefitted for:

i. Teeth with 50% or more of a cusp/incisal edge or overall tooth structure decayed and/or completely fractured (missing).
ii. Endodontically treated posterior teeth, and/or
iii. Teeth with a clinical diagnosis of Cracked Tooth Syndrome including documentation of clinical testing and/or symptoms. *

***Cracked tooth Syndrome**: The ADA definition: *A collection of symptoms characterized by transient acute pain experienced when chewing.* Guardian does not cover preventive crowns on asymptomatic teeth with cracks/craze lines. *We recommend the submission of patient progress/chart notes to support a diagnosis of cracked tooth syndrome.*

e. Benefit allowance for porcelain/ceramic or resin-based composite may be limited to the corresponding high noble metal or noble benefit, and the benefit for high noble metal may be limited to the corresponding noble metal benefit.

f. Benefits for the replacement of an existing crown are excluded unless the existing crown is damaged while in the covered person's mouth in an injury suffered while insured and cannot be made serviceable. In most instances, replacement crowns are benefitted when submitted documentation demonstrates that the integrity of existing restoration has been compromised by fracture and/or damage and/or the tooth has recurrent decay or resultant periodontal pathology.

g. Benefit is excluded for any service or procedure performed on a tooth or teeth with guarded, questionable, or poor prognosis from a periodontal, endodontic, or restorative perspective. Considerations for the determination of poor or questionable prognosis include but are not limited to advanced bone loss, furcation involvement, tooth mobility, internal/external resorption, root fracture, pulp necrosis and/or a periapical lesion that does not respond to nonsurgical root canal treatment or subsequent surgical intervention, significant loss of tooth structure, poor crown/root ratio, and iatrogenic compromising factors.

h. Benefit is excluded for any service or procedure intended solely for the purpose of:

i. Treating or diagnosing disturbances of the temporomandibular joint.
ii. Alteration of vertical dimension or the restoration or maintenance of occlusion.
iii. Treating of a condition necessitated by attrition or abrasion.
iv. Splint or stabilizing teeth for periodontal reasons.
v. Treating cervical and/or root sensitivity.
vi. Cosmetics (including the characterization and personalization of a dental prosthesis.

3. Core Buildup/Post and Core (D2950-D2957):

a. Benefit may only be allowed when done in conjunction with a covered unit of crown or bridge and only when documentation confirms substantial loss of natural tooth structure due to decay and/or injury. As defined in the Member's policy book, injury is: (1) all damage to a Covered Person's mouth due to an accident which occurs while he or she is covered by this Plan; and (2) all complications arising from that damage. However, the term does not include damage to teeth, appliances or dental prostheses which results solely from chewing or biting food or other substances.

b. Post and cores and core build-ups are allowed only when there is insufficient circumferential tooth structure remaining to retain a full coverage indirect restoration (less than 3 mm of sound dentin remains circumferentially after tooth preparation). Per CDT descriptor, a core buildup is not a filler to eliminate any undercut, box form, or concave irregularity in a preparation.

c. In most instances, core build-ups are benefitted for:
   i. vital teeth with 50% or more tooth structure decayed and/or missing (complete fracture)
   ii. Posterior teeth with completed endodontic treatment.
   iii. Anterior teeth with completed endodontic treatment and with 50% or more of a cusp/incisal edge or overall tooth structure decayed and/or completely fractured (missing).

d. Benefit for Indirectly fabricated post and core (D2952/D2953) may be limited to prefabricated post and core (D2954/D2957) allowance as a Least Expensive Alternate Treatment.

e. Benefits for the replacement of a Core Buildup/Post and Core is excluded unless the existing Core Buildup/Post and Core is damaged while in the covered person's mouth in an injury suffered while insured and cannot be made serviceable. In most instances, replacement Core Buildup/Post and Core are benefitted when submitted documentation demonstrates that the integrity of existing restoration has been compromised by fracture and/or damage and/or the tooth has recurrent decay or periodontal pathology.

f. Benefit is excluded for any service or procedure performed on a tooth or teeth with guarded, questionable, or poor prognosis from a periodontal, endodontic, or restorative perspective. Considerations for the determination of poor or questionable prognosis include but are not limited to advanced bone loss,

furcation involvement, tooth mobility, internal/external resorption, root fracture, pulp necrosis and/or a periapical lesion that does not respond to nonsurgical root canal treatment or subsequent surgical intervention, significant loss of tooth structure, poor crown/root ratio, and iatrogenic compromising factors.

g. Benefit is excluded for any service or procedure intended solely for the purpose of:
   i. Treating or diagnosing disturbances of the temporomandibular joint (unless required by state law).
   ii. Alteration of vertical dimension or the restoration or maintenance of occlusion.
   iii. Treating of a condition necessitated by attrition or abrasion.
   iv. Splinting or stabilizing teeth for periodontal reasons.
   v. Treating cervical and/or root sensitivity.
   vi. Cosmetics (including the characterization and personalization of a dental prosthesis).

4. Veneer Restorations-(D2960-D2962):

a. Benefit allowance includes insulating bases, temporary or provisional restorations, associated gingival involvement, and occlusal adjustment.

b. Benefit is limited to permanent teeth. May be considered on primary (deciduous) teeth with no permanent successor for Members aged 14 and older if roots are well formed and supported.

c. Benefits may only be allowed when documentation confirms that an indirect restoration is necessary because of decay and/or *injury* that cannot be restored with a direct restoration (amalgam/resin-based composite). As defined in the Member's policy book, *injury* is: (1) all damage to a Covered Person's mouth due to an accident which occurs while he or she is covered by this Plan; and (2) all complications arising from that damage. However, the term does not include damage to teeth, appliances or dental prostheses which results solely from chewing or biting food or other substances. In most instances, veneers are benefitted for teeth with 50% or more of a cusp/incisal edge or overall tooth structure decayed and/or completely fractured (missing).

d. Replacement of an existing veneer is excluded unless it is damaged while in the covered person's mouth in an injury suffered while insured and cannot be made serviceable. In most instances, replacement veneers are benefitted when submitted documentation demonstrates that the integrity of existing restoration has been compromised by fracture and/or

damage and/or the tooth has recurrent decay or periodontal pathology.

e. Benefit is excluded for any service or procedure performed on a tooth or teeth with guarded, questionable, or poor prognosis from a periodontal, endodontic, or restorative perspective. Considerations for the determination of poor or questionable prognosis include but are not limited to advanced bone loss, furcation involvement, tooth mobility, internal/external resorption, root fracture, pulp necrosis and/or a periapical lesion that does not respond to nonsurgical root canal treatment or subsequent surgical intervention, significant loss of tooth structure, poor crown/root ratio, and iatrogenic compromising factors.

f. Benefit is excluded for any service or procedure intended solely for the purpose of:

i. Treating or diagnosing disturbances of the temporomandibular joint (unless required by state law).
ii. Alteration of vertical dimension or the restoration or maintenance of occlusion.
iii. Treating a condition necessitated by attrition or abrasion.
iv. Splinting or stabilizing teeth for periodontal reasons.
v. Treating cervical and/or root sensitivity.
vi. Cosmetics (including the characterization and personalization of a dental prosthesis).

D3000-D3999 Endodontics:

- All clinical guidelines are subject to individual consideration by the Guardian dentist consultants based on the unique circumstances of the case.
- Individual plans may vary. Please see Member's specific plan information for specific benefit limitations.

1. Endodontic therapy D3331:

a. Benefit may only be allowed when documentation confirms a non-negotiable root canal blocked by foreign bodies, including but not limited to separated instruments, broken posts, or calcification of 50% or more of the length of the tooth root requires the formation of a pathway for endodontic therapy.

b. Benefit is excluded for any service or procedure performed on a tooth or teeth with guarded, questionable, or poor prognosis from a periodontal, endodontic, or restorative

perspective.

c. Considerations for the determination of poor or questionable prognosis include but are not limited to advanced bone loss, furcation involvement, tooth mobility, internal/external resorption, root fracture, pulp necrosis and/or a periapical lesion that does not respond to nonsurgical root canal treatment or subsequent surgical intervention, significant loss of tooth structure, poor crown/root ratio, and iatrogenic compromising factors.

D4000-D4999 Periodontics:

Site: A term used to describe a single area, position, or locus. The word "site" is frequently used to indicate an area of soft tissue recession of a single tooth or an osseous defect adjacent to a single tooth; also used to indicate soft tissue defects and/or osseous defects in edentulous tooth positions.

Tooth Bounded Space: A space created by one or more missing teeth that have a tooth on each side.

- If two contiguous teeth have areas of soft tissue recession, each area of recession is a single site.
- If two contiguous teeth have adjacent but separate osseous defects, each defect is a single site.
- If two contiguous teeth have a communicating interproximal osseous defect, it should be considered a single site.
- All non-communicating osseous defects are single sites.
- All edentulous non-contiguous tooth positions are single sites.
- Depending on the dimensions of the defect, up to two contiguous edentulous tooth positions may be considered a single site.
- All clinical guidelines are subject to individual consideration by the Guardian dentist consultants based on the unique circumstances of the case.
- Individual plans may vary. *Please see Member's specific plan information for specific benefit limitations.*
- Benefit allowance includes local anesthetic (including Oraquix), nitrous oxide inhalation, irrigation, suturing, all necessary postoperative care, finishing procedures, and follow-up evaluations for surgical and non-surgical procedures.
- Benefit may only be allowed with documentation of periodontal disease evidenced in radiographs and periodontal charting. Radiographs must show pathologic loss of alveolar crest height from the cementoenamel junction to the adjacent alveolar bone. Any tooth with 50% or more bone loss is excluded for poor periodontal prognosis.

1. Crown lengthening D4249:

a. Allowance includes the treatment plan, local anesthetic, and post-surgical care.

b. Benefit may only be allowed for a tooth/teeth in a healthy or non-diseased periodontal environment.

c. Benefit may only be allowed for a tooth/teeth requiring a full-thickness flap and removal of bone to expose sufficient tooth structure to adequately support and retain a restoration. Radiographs must show an inadequate amount of remaining tooth structure above the alveolar bone.

d. Benefits for clinical crown lengthening are not considered on teeth with guarded, questionable, or poor prognosis from a periodontal, endodontic, or restorative perspective.

2. Mucogingival grafts D4270-D4285:

a. Allowance includes the treatment plan, local anesthetic, and post-surgical care.

b. Benefit may only be allowed for tooth/teeth with documentation of progressive pathologic recession and less than 2mm of attached keratinized tissue confirmed by radiographs, pocket depth probings, recession, and attached keratinized tissue measurements.

c. Benefits for mucogingival grafts are not considered on teeth with guarded, questionable, or poor prognosis from a periodontal, endodontic, or restorative perspective.

3. Scaling and Root Planing D4341 and D4342:

a. Allowance includes the treatment plan, local anesthetic, and post-surgical care.

b. 4341 and/or 4342 are indicated when there is radiographic evidence of pathology present in the supporting structures of the teeth, along with periodontal charting, attributable to a loss of attachment. 4342 is the correct code when less than 4 teeth in the quadrant require treatment. Root planning is defined as a definitive nonsurgical therapeutic treatment involving the judicious and thorough planing of the root surface of the teeth. This procedure is therapeutic in nature.

c. Benefit may only be allowed with documentation of periodontal disease evidenced in radiographs and periodontal charting, attributable to a loss of attachment, as exposure to the cemental surfaces of the roots is necessary for the procedure as defined.

d. Radiographs must show pathologic bone loss from the cementoenamel junction to the adjacent alveolar bone.

e. Any tooth with 50% or more bone loss is excluded for poor periodontal prognosis.

D6200-D6999 Prosthodontics, Fixed:

- All clinical guidelines are subject to individual consideration by the Guardian dentist consultants based on the unique circumstances of the case.
- Individual plans may vary. Please see Member's specific plan information for specific benefit limitations.

1. Fixed Partial Dentures (Bridges) D6205-D6252, D6545-D6784):

a. Allowance included insulating bases, temporary or provisional restorations and associated gingival involvement.

b. Benefit may only be allowed when necessary to replace a tooth/teeth extracted while Member is insured with the plan. For most plans, a dental prosthesis replacing teeth lost, or extracted before the Member became covered is not benefitted unless the dental prosthesis also replaces one or more eligible natural teeth lost or extracted after the Member became covered, unless a prior plan paid extraction benefits for teeth extracted while the Member was covered under the prior plan, the group and the Member are considered to have transferred from the group's immediate prior carrier and a copy of the EOB

reflecting coverage of the extractions is received. Please see member's specific plan information for specific benefit limitations and exclusions.

c. Replacement of an existing appliance or dental prosthesis is excluded unless it is damaged while in the covered person's mouth in an injury suffered while insured and cannot be made serviceable. Replacement of an existing appliance or dental prosthesis is only allowed for only same service replacement

d. Benefits may be excluded for replacement of extracted or missing third molars/wisdom tooth/teeth or hemisected tooth/teeth.

e. Specialized techniques and characterizations are not covered.

f. Facings on dental prosetheses for teeth posterior to the send bicuspid are not covered.

g. Benefits to replace a missing tooth with a posterior fixed partial denture and a removeable partial may not be benefitted in the same arch within the plan's limitation period.

h. Benefit allowance for porcelain/ceramic or resin-based composite may be limited to the corresponding high noble metal or noble benefit and the benefit for high noble metal may be limited to the corresponding noble metal benefit.

i. Benefits allowance for fixed partial dentures may be limited to the corresponding removable partial denture allowance if the patient has 2 or more bilaterally missing posterior teeth as *the Least Expensive Alternate Treatment*.

j. Benefit is excluded for any service or procedure performed on a tooth or teeth with guarded, questionable, or poor prognosis from a periodontal, endodontic, or restorative perspective. Considerations for the determination of poor or questionable prognosis include but are not limited to advanced bone loss, furcation involvement, tooth mobility, internal/external resorption, root fracture, pulp necrosis and/or a periapical lesion that does not respond to nonsurgical root canal treatment or subsequent surgical intervention, significant loss of tooth structure, poor crown/root ratio, and iatrogenic compromising factors.

k. Benefit is excluded for any service or procedure intended soley for the purpose of:
   i. Treating or diagnosing disturbances of the temporomandibular joint (unless required by state law).
   ii. Alteration of vertical dimension or the restoration or maintenance of occlusion maintenance of occlusion.
   iii. Treating a condition necessitated by attrition or abrasion.
   iv. Splinting or stabilizing teeth for periodontal reasons.
   v. Treating cervical and/or root sensitivity.
   vi. Cosmetics (including the characterization and personalization of a dental prosthesis).

D7000-D7999 ORAL AND MAXILLOFACIAL SURGERY:

- All clinical guidelines are subject to individual consideration by the Guardian dentist consultants based on the unique circumstances of the case.
- Individual plans may vary. Please see Member's specific plan information for specific benefit limitations.
- Oral Surgery Procedures and related services may be covered by the Member's medical plan.

1. Extractions D7111-D7251:

a. Benefit allowance includes the treatment plan, local anesthetic, and post-treatment care.

b. Current ADA CDT Dental Procedure Codes designation for supernumerary teeth is required for claim payment.

c. Appropriate coding should follow the current ADA CDT Dental Procedure Codes descriptors for codes D7111-D7250. Coding for the removal of impacted teeth is based upon the anatomic position of the tooth, not the technique necessary for removal. All third molars do not qualify for surgical or impacted extraction codes.

d. Benefit allowance for any extraction includes removal of the entire tooth, any necessary minor smoothing of the socket/alveolar bone, and any necessary suturing.

e. Benefits for any surgical extraction (D7210-D7250) may be limited to the benefit for D7140 when performed in conjunction with another surgical procedure in the same site on the same date of service by the same Dentist.