

## **DENTAL GUIDELINES**

Information regarding publications incorporated by reference is found in the Introduction of the Fee Schedule.

The following Commission guidelines are in addition to the CDT<sup>®</sup> guidelines and represent additional guidance from the Commission relative to dental services. To the extent that a conflict may exist between an incorporated portion of the CDT<sup>®</sup> and a guideline or identifier unique to Arizona, then the Arizona guideline or identifier shall control.

General requirements on reporting services are found in the Introduction of the Fee Schedule. In addition to the definitions and commonalities preceding the coded procedures, several other requirements unique to this Section (Dental) are defined or identified as follows:

- A. Dental practitioners shall include dentists, dental specialists, denturists, dental therapists, dental hygienists, hospitals, and dental clinics. Practitioners shall be licensed in the state where they practice. Services provided by dental therapists and dental hygienists shall be billed by the dentist or dental specialist, except when a dental hygienist is providing service under an affiliated practice agreement and the State dental practice act allows individual billing by the hygienist or other providers.
- B. A CDT<sup>®</sup> code shall be billed when a CDT<sup>®</sup> code exists that accurately describes the service provided. If a code is not listed in the rate table, reimbursement shall be By Report, and the bill must be accompanied by documentation to support the amount billed.
- C. Laboratory services, such as crafting dental appliances, including but not limited to crowns and dentures, are bundled with the MAR for the associated dental procedure. No additional reimbursement shall be due for these services. Laboratory services do not include imaging such as radiographs or scans, which shall be reimbursed based on the MAR of the CDT<sup>®</sup> code or the billed amount, whichever is less.
- D. Preexisting or underlying conditions shall be covered only when required to successfully complete treatment related to the compensable workers' compensation illness or injury.
- E. Prophylaxis or routine preventive care shall not be reimbursed.