

**The Uniform Dental Plan and DeltaCare do not require preauthorization for dental treatment.**

However, in order for a treatment to be covered, it must be dentally necessary and comply with specific clinical criteria. These guidelines are designed to help ensure you get the most from your coverage and protect your health.

For your convenience, below are our definitions of dental necessity and its components.

**Dental Necessity**

A service is “dentally necessary” if it is recommended by a treating provider and if all of the following conditions are met:

- The purpose of the service, supply or intervention is to treat a dental condition;
- It is the appropriate level of service, supply or intervention considering the potential benefits and harm to the patient;
- The level of service, supply or intervention is known to be effective in improving health outcomes;
- The level of service, supply or intervention recommended for this condition is cost-effective compared to alternative interventions, including no intervention; and
- For new interventions, effectiveness is determined by scientific evidence; for existing interventions, effectiveness is determined first by scientific evidence, then by professional standards, then by expert opinion.

**Definitions**

A level of service, supply or intervention is considered “**cost effective**” if the benefits and harms relative to costs represent an economically efficient use of resources for patients with this condition. In the application of this criterion to an individual case, the characteristics of the individual patient shall be determinative. Cost-effective does not necessarily mean lowest price.

“**Effective**” means that the intervention, supply or level of service can reasonably be expected to produce the intended results and to have expected benefits that outweigh potential harmful effects.

“**Health outcomes**” are results that affect health status as measured by the length or quality (primarily as perceived by the patient) of a person's life.

A health “**intervention**” is an item or service delivered or undertaken primarily to treat (i.e., prevent, diagnose, detect, treat, or palliate) a dental condition (i.e., disease, illness, injury, genetic or congenital defect or a biological condition that lies outside the range of normal, age-appropriate human variation) or to maintain or restore functional ability. For purposes of this definition of dental necessity, “a health intervention means not only the intervention itself, but also the dental condition and patient indications for which it is being applied.

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**“New interventions”** for which clinical trials have not been conducted because of epidemiological reasons (i.e., rare or new diseases or orphan populations) shall be evaluated on the basis of professional standards of care or expert opinion. (See *“existing interventions”* below.) An intervention is considered to be new if it is not yet in widespread use for the dental condition and patient indications being considered.

For **“existing interventions,”** the scientific evidence should be considered first and, to the greatest extent possible, should be the basis for determinations of “dental necessity.” If no scientific evidence is available, professional standards of care should be considered. If professional standards of care do not exist, or are outdated or contradictory, decisions about existing interventions should be based on expert opinion. Giving priority to scientific evidence does not mean that coverage of existing interventions should be denied in the absence of conclusive scientific evidence.

**“Scientific evidence”** consists primarily of controlled clinical trials that either directly or indirectly demonstrate the effect of the intervention on health outcomes. If controlled clinical trials are not available, observational studies that demonstrate a causal relationship between the intervention and health outcomes can be used. Partially controlled observational studies and uncontrolled clinical series may be suggestive, but do not by themselves demonstrate a causal relationship unless the magnitude of the effect observed exceeds anything that could be explained either by the natural history of the medical condition or potential experimental biases.

**“Treating provider”** means a health care provider who has personally evaluated the patient.

#### Clinical Criteria

Your dentist may log in to [DeltaDentalWA.com](https://www.deltadentalwa.com/provider.aspx) and review our clinical criteria here: <https://www.deltadentalwa.com/provider.aspx>. These requirements are updated annually.

#### For More Information

To learn more about the specific benefits covered under the Uniform Dental Plan and DeltaCare plan, please refer to the Certificates of Coverage.

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