



## Criteria for Medical Necessity

### Purpose

SKYGEN USA, LLC. has established a policy and process to ensure consistent and equitable determination of coverage for certain covered dental services based on the concept of clinical criteria as the determinant of medical necessity. Since industry wide accepted standards for clinical criteria do not exist, organizations like SKYGEN USA develop their own set of policies to identify clinical criteria for the determination of medical necessity.

### Policy

SKYGEN USA's ongoing development and maintenance of clinical criteria utilized for the determination of medical necessity is managed by its Chief Dental Officer with input and review by various independent dental consultants, internal clinical staff and the Peer Review Committee. Development of clinical criteria may incorporate relevant information from numerous entities including but not limited to:

- American Dental Association's Code of Dental Terminology
- Clinical articles and guidelines
- Dental schools
- Dental consultants
- Practicing dentists
- Insurance companies
- Dental specialty organizations and other dental related organization
- Local State or Health Plan specific criteria requirements

The ADA CDT Code Manual provides the identification and description of each dental procedure code for which clinical criteria are developed. In the dental environment, clinical criteria have remained fairly stable over the years. As such during the past 10 – 15 years the majority of the procedure codes have had stable clinical criteria. Typically 5 – 10 percent of the clinical criteria change due to new, modified and deleted codes.

The SKYGEN USA Chief Dental Officer oversees the review and development of all clinical criteria utilized for medical necessity determinations. Clinical criteria are reviewed and approved annually by the SKYGEN USA Peer Review Committee. Committee approved clinical criteria are the basis for the determination of medical necessity but may be subject to modification to reflect specific Plan / State requirements.

The determination of medical necessity is necessary for prior authorization, concurrent reviews or retrospective review for claims processing. The Dental Consultant or licensed physician, as required by Plan / State, will consider all submitted documentation in the final determination of medical necessity.

#### Considerations in the application of clinical criteria in evaluating Medical Necessity

1. Clinical Criteria

The application of clinical criteria will, in most cases, be the primary factor in the determination of medical necessity.

2. Local Delivery System

Local Delivery System variances should be taken into consideration in the application of clinical criteria to the determination of medical necessity. Such factors could be the geographic distribution of primary care (general) dentists, specialist dentists, outpatient facilities, etc. These factors may occur in geographical regions characterized as urban or rural and should be considered, where appropriate, in the decision process.

3. Individual Needs

Individual variations should also be taken into consideration in the application of clinical criteria to the determination of medical necessity. In general, factors that should be considered would include, but not be limited to:

- Be necessary to protect life, to prevent significant illness or disability, or to alleviate severe pain.
- Be individualized, specific, and consistent with symptoms or confirmed diagnosis of the illness or injury under treatment, and not in excess of the recipient's needs.
- Be consistent with generally accepted professional medical standards.
- Be reflective of the level of service that can be safely furnished, and for which no equally effective and more conservative or less costly treatment is available.
- Be furnished in a manner not primarily intended for the convenience of the member, the member's caretaker or the provider.

It is important to consider the fact that a dentist has prescribed, recommended or approved dental services, does not in and of itself, render such services medically necessary or a medical necessity.

In the event that the dental consultant is unable to determine medical necessity due to the medical implications of treatment, the dental consultant can refer such review to the medical director of the Plan or associated entity.