

Policy and Procedure			
Policy Name:	Preventive Dentistry Guidelines	Policy ID:	QM.016.01
Approved By:	Dental Director (signature on file)	Effective Date:	1/1/2013
States:	All States	Revision Date:	N/A
Application:	All programs		

This policy applies for operations under Premier Access Insurance Company and Access Dental Plan. For the purposes of this Policy, Premier Access Insurance Company and Access Dental Plan shall be collectively referred to as "Premier Access".

Purpose

To ensure members receive appropriate preventive dentistry services.

Policy

All clinical tests and procedures and oral health education shall be provided to **Premier Access** members by their primary care dentist and/or specialty dentists, when appropriate, to prevent and/or eliminate caries, periodontal disease or other oral disease. Guidelines are based on national/regional/state guidelines such as the American Dental Association, American Academy of Pediatrics, California Dental Association, Title 10, Title 22 , the California Denti-Cal Manual of Criteria and other applicable state guidelines and standards of care.

Definitions

There are currently no applicable terms to be defined for this policy

Procedure

1. Caries Prevention:

- Comprehensive program of plaque removal;
- Dental health education;
- Diet counseling;
- Fluoride use; and
- Periodic professional prophylaxis.

2. Periodontal Disease Prevention

- Comprehensive program of plaque removal and control;
- Dental health education;
- Periodic professional prophylaxis;
- Occlusal evaluation;
- Diet counseling;
- Correction of malocclusions and malposed teeth; and
- Restoration of broken down and deformed teeth.

3. Prevention of Other Oral Diseases

- Prevention of inflammation and ulcerations of the oral mucous membranes and gingiva through reduction or elimination of continuous mechanical and/or chemical irritations, psychological stress, or other traumatic irritation; and
- Recognition of potentially harmful tissue changes.

4. Prevention of Systemic Complications

- Physical evaluation;
- Thorough medical/dental history;
- Interprofessional cooperation between dentist and physician when appropriate; and
- When warranted, a determination of the physical and emotional ability of a patient to tolerate a specific dental procedure.

References

This policy was previously tracked as Quality Management Program Policy and Procedure **QM-24 –Preventive Dentistry Guidelines**.

See also related policy:

Policy QM.004.01, Dental Periodicity Schedule for Children

Revision History

Date:	Description
01/01/2013	Conversion to new policy and procedure template and policy ID naming convention.