

Delta Dental of Michigan Clinical Criteria for Utilization Management Decisions				
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Introduction

This Delta Dental of Michigan (Delta Dental) clinical criteria document addresses space maintainer procedures. The purpose of this document is to provide written clinical criteria to ensure that Delta Dental consistently applies sound and objective clinical evidence when determining the medical necessity and clinical appropriateness of space maintenance treatment, as well as taking individual patient circumstances and the local delivery system into account.

The premature loss of primary teeth can cause the undesirable movement of teeth, lead to reduced arch length, jeopardize the eruption of permanent teeth and create or worsen malocclusion. When properly used, space maintenance procedures can preserve spaces created by lost primary teeth and allow for proper permanent tooth eruption. Space maintenance treatment is performed mainly in response to the loss of primary molars, since the risk of space loss following the premature loss of primary anterior teeth is usually low.

The American Academy of Pediatric Dentistry's best practice guidelines on Management of the Developing Dentition and Occlusion in Pediatric Dentistry (AAPD, 2024) define space maintainers as passive appliances that "prevent loss of arch length, width, and perimeter by maintaining the relative position of the existing dentition." Space maintainers are selected for individual patients based on the tooth or teeth prematurely lost, the arch space to be maintained and other patient circumstances:

- **Fixed unilateral space maintainers:** This type of fixed space maintainer is utilized to prevent unilateral space loss in a single quadrant and is commonly placed where a single primary molar has been lost. This category includes band and loop appliances cemented to an abutment tooth, crown and loop appliances that involve a wire loop to hold space attached to a stainless steel crown and the distal shoe appliance to hold space for an unerupted first permanent molar when a second primary molar is lost.
- **Fixed bilateral space maintainers:** This type of fixed space maintainer is typically utilized for bilateral loss of primary teeth in both quadrants of the maxillary or mandibular arch. This category includes the lower lingual holding arch and the maxillary Nance and transpalatal arch appliances. Two fixed unilateral appliances may be used in place of a fixed bilateral space maintainer.
- **Removable unilateral and bilateral space maintainers:** This type of removable space maintainer is typically utilized for multiple primary teeth lost when there is no good option for placement of a fixed appliance. Obtaining required patient cooperation to ensure the effectiveness of space maintenance may present a challenge with this type of appliance.

Space maintainers may be performed by general dentists, pediatric dentists and other dental specialists in a variety of healthcare facilities.

Applicable Dental Procedure Codes

The following dental procedure codes defined in the current version of the American Dental Association’s Code on Dental Procedures and Nomenclature (the CDT® Code) are applicable to this document and are the appropriate codes to use when documenting space maintainer procedures. Inclusion of these codes here is for informational purposes only and does not imply benefit coverage or noncoverage of a procedure by a member’s dental plan. A determination that a

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dental procedure is medically necessary and clinically appropriate does not guarantee that the procedure is a covered benefit of a member's dental plan. To determine if space maintainers are a covered benefit of an individual member's dental plan, please refer to the plan documents in effect on the date of service.

CDT® Procedure Code	Procedure Code Nomenclature
D1510	space maintainer - fixed, unilateral – per quadrant
D1516	space maintainer - fixed - bilateral, maxillary
D1517	space maintainer - fixed - bilateral, mandibular
D1520	space maintainer - removable, unilateral - per quadrant
D1526	space maintainer - removable - bilateral, maxillary
D1527	space maintainer - removable - bilateral, mandibular
D1551	re-cement or re-bond bilateral space maintainer - maxillary
D1552	re-cement or re-bond bilateral space maintainer - mandibular
D1553	re-cement or re-bond unilateral space maintainer - per quadrant
D1556	removal of fixed unilateral space maintainer - per quadrant
D1557	removal of fixed bilateral space maintainer - maxillary
D1558	removal of fixed bilateral space maintainer - mandibular
D1575	distal shoe space maintainer - fixed, unilateral - per quadrant

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Clinical Criteria¹

When approval of benefit payment for a space maintainer by a member's dental plan requires a determination by Delta Dental that the procedure is medically necessary and clinically appropriate, the patient's dental record must document a generally accepted indication for performing the procedure. The following conditions are generally considered to be indications for placing a space maintainer:

- Premature loss of a primary tooth due to dental caries, ectopic eruption, accident or other condition where there is a need and opportunity to prevent space loss

For patients who do not meet the published qualifying criteria for space maintainer placement, Delta Dental will consider documentation from relevant clinicians that explains the necessity of covering a space maintainer procedure for conditions not included in the criteria.

Depending on the clinical circumstances, the placement of a space maintainer under the following conditions may be considered not medically necessary, inadvisable or deficient in clinical quality and may result in disapproval of benefits based on a professional determination that treatment is not medically necessary or not clinically appropriate:

- No evidence of a prematurely lost primary tooth
- Permanent tooth eruption is imminent following primary tooth loss
- The existing space does not require placement of a space maintainer
- Space loss already exists following primary tooth loss requiring consideration of immediate or future active treatment to regain space

¹ Government regulations or the provisions of a member's dental plan that define when a dental procedure may be considered medically necessary and clinically appropriate with respect to benefit coverage may take precedence over these clinical criteria.

- Loss of a primary incisor except those lost before primary canine eruption or when there is anterior crowding
- A tooth planned as an abutment for a space maintainer has a poor structural, endodontic or periodontal prognosis
- Soft tissue impingement by a space maintainer
- Obstruction of permanent tooth eruption by a space maintainer
- Failure of a space maintainer to adequately span an edentulous space
- The use of a space maintainer is inadvisable due to the patient's oral hygiene, oral habits or inability to cooperate with treatment
- A patient has completed orthodontic treatment where retention is considered part of comprehensive orthodontic services

Depending on an individual patient's condition and circumstances, the following additional criteria for space maintainer placement may be applied for coverage determinations:

- The American Academy of Pediatric Dentistry best practice guidelines on managing the developing dentition and occlusion enumerates the factors that practitioners should consider when primary teeth are prematurely lost, including:
 - The specific tooth or teeth lost
 - The time elapsed since tooth loss
 - An assessment of the patient's tooth spacing and occlusion
 - The patient's dental age
 - The presence and root development of permanent tooth successor(s) and amount of alveolar bone coverage
 - The patient's health history, medical status, oral hygiene, oral habits and ability to cooperate with treatment
- A distal shoe space maintainer is covered only for holding space for a second primary molar lost prior to eruption of the associated first permanent molar
- After placement, space maintainers must be monitored over time to evaluate the condition of space maintainer abutment teeth, the effectiveness of the appliance and the status of the development of associated permanent teeth and periodontium
- When dental benefit programs have established program-specific criteria that define when a space maintainer is considered medically necessary and eligible for benefit coverage, Delta Dental will apply that criteria when there is a need to evaluate space maintainer treatment for medical necessity.

Other Considerations

When the payment of benefits for a dental procedure by a member's dental plan depends on the application of clinical criteria to determine whether the procedure is medically necessary or clinically appropriate, the following additional information will be taken into consideration, if applicable:

- Individual patient characteristics including age, comorbidities, complications, progress of treatment, psychosocial situation and home environment
- Available services in the local dental delivery system and their ability to meet the member's specific dental care needs when clinical criteria are applied

Required Documentation

The decision to place a space maintainer for a patient should be based on a thorough clinical and radiographic examination that facilitates the formulation of an appropriate treatment plan. When the payment of benefits for a space maintainer by a member's dental plan depends on a review of the procedure's medical necessity and clinical appropriateness, the treating practitioner should submit with the claim the following information as applicable from the patient's dental record. If the practitioner is unable to provide this information, benefit payment may be disapproved.

- Diagnostic quality radiographs must be submitted showing any area of tooth loss where a space maintainer is planned and that allow for evaluation of the status of underlying permanent teeth and any supporting abutment teeth
- Documentation consistent with the patient record that explains the diagnostic rationale for placing a space maintainer, including any supporting information from the patient's dental and medical histories

When determining coverage based on medical necessity or clinical appropriateness, Delta Dental may request other clinical information relevant to a patient's care if needed to make coverage decisions.

Additional Information

The provision of dental advice and clinical treatment of patients is the sole responsibility of treating dentists, and these clinical criteria are not intended to restrict dentists from carrying out that responsibility or recommend treatment to their patients.

Delta Dental's clinical criteria are developed and annually updated by a panel of licensed dental general practitioners and specialists serving on Delta Dental's Utilization Management (UM) Committee, including the Dental Director and Utilization Management Director. The criteria are developed in alignment with evidence-based clinical recommendations, guidelines and parameters of care of leading nationally recognized dental public health organizations, health research agencies and professional organizations, credible scientific evidence published in peer-reviewed medical and dental literature, the curriculum of accredited dental schools, the regulatory status of relevant dental technologies, the rules and requirements of the Centers for Medicare and Medicaid Services, Delta Dental national processing policies and input from practicing dentists. New and revised clinical criteria must be approved by the Dental Director and adopted by the UM Committee prior to release.

Federal or state statutes or regulations, dental plan contract provisions, local or national claim processing policies or other mandated requirements may take precedence over these clinical criteria.

Delta Dental reserves the right to modify or replace this document at any time as appropriate to ensure the soundness, accuracy and objectivity of Delta Dental's clinical criteria.

References

American Academy of Pediatric Dentistry. Management of the developing dentition and occlusion in pediatric dentistry. The Reference Manual of Pediatric Dentistry. Chicago, Ill.: American Academy of Pediatric Dentistry; 2024-2025:P. TBD.

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New Guidelines for Applying NCQA-Compliant Policy Messages for Consultant Determinations

Section 1: Overview

In today's dental benefits administration marketplace, increasing numbers of clients are requiring their dental benefit plan administrator to have accreditation in utilization management from a national accreditation organization like NCQA. In this context, utilization management (UM) refers to the processes used by healthcare professionals when they perform clinical review of claims to determine if healthcare procedures were clinically necessary and appropriate.

When a health benefits administrator has UM accreditation from NCQA, that's a signal to current and prospective clients that the administrator is following NCQA UM standards for high quality professional clinical review of healthcare procedures that is timely, fair and accurate. Consequently, to ensure the ability to acquire and retain clients, Delta Dental is currently working towards UM accreditation from the NCQA organization. As the part of Delta Dental's work to achieve UM accreditation, the current procedures for clinical review of claims by dental consultants are in a process of change, so that they can comply with the NCQA UM standards.

Among the changes needed to comply with NCQA requirements, consultants will have to use **new and different NCQA-compliant policy messages** when they are required to perform review to determine if procedures are clinically necessary and appropriate for a patient. This clinical review process is generally referred to as "UM review." **The new policy messages to be used in UM review will replace the AP12013 policy message ("The benefit was determined by consultant review"), which will be retired and removed from usage.** The following sections provide a high level explanation of how the new NCQA-compliant policy message system will work when it is implemented in the future.

1.1 Approval of Procedures Following Clinical UM Review

When a dental consultant performs clinical UM review of a dental procedure, makes a determination that the procedure was clinically necessary and appropriate and approves benefit payment (referred to as a "UM approval"), **AP14508** must be applied to the claim line (**this replaces and ends the use of AP12013**):

AP14508: Utilization management determination by consultant.

1.2 Disapproval of Procedures Following Clinical UM Review: APUM00001 and APUM00002 Policy Messages

When a dental consultant performs clinical UM review of a dental procedure, makes a determination that the procedure was not clinically necessary and appropriate treatment and disapproves benefit payment (referred to as a "UM disapproval"), the NCQA UM standards require Delta Dental to inform providers that they may request a discussion about the UM disapproval with a clinical reviewer. Two new "**APUM**" policy messages have been developed to place that information on explanation of benefit statements (EOBs):

- Whenever a consultant performs a clinical UM review and disapproves a procedure, and a participating dentist is not allowed to charge the patient (i.e., the disapproved procedure is designated **NBTP**), the new **APUM00001** policy message must be applied (**this replaces and ends the use of AP12013**):

APUM00001: Based on a review of the information provided with this claim, a licensed dentist peer reviewer has determined that this procedure does not meet the qualifications for coverage under the patient's dental plan. The fee may not be charged to the patient if the provider is a participating dentist. Treating providers who wish further information about the disapproval may request a conversation with a clinical reviewer by visiting www.deltadentalmi.com/Dentist/Tools-Resources/Peer-To-Peer-Discussion and following the instructions to submit a written request.

Section 1: Overview, continued

- Whenever a consultant performs a clinical UM review and **disapproves** a procedure, and a participating dentist **is** allowed to charge the patient (i.e., the disapproved procedure is **denied** to the member), the new **APUM00002** policy message **must** be applied (**this replaces and ends the use of AP12013**):

APUM00002: Based on a review of the information provided with this claim, a licensed dentist peer reviewer has determined that this procedure does not meet the qualifications for coverage under the patient's dental plan. Treating providers who wish further information about the disapproval may request a conversation with a clinical reviewer by visiting www.deltadentalmi.com/Dentist/Tools-Resources/Peer-To-Peer-Discussion and following the instructions to submit a written request.

1.3 Changing Tooth Numbers or Procedure Codes During Clinical UM Review

When performing **clinical UM review** that requires determining if a dental procedure is clinically necessary and appropriate, dental consultants may first need to change a tooth number or procedure code on a claim line, and then proceed with the clinical UM review. Possible policy messages used for replacing a tooth number or procedure code include:

- AP12000: The procedure code was changed based on the tooth number/surfaces submitted or in Delta Dental's records.
- AP12001: The procedure code was changed based on the information submitted or in Delta Dental's records.
- AP12002: The procedure code was changed based on a review of the radiograph(s) or information provided.
- AP12003: The tooth number/area of oral cavity (if applicable), procedure code, or submitted fee have been changed for administrative purposes.
- AP12010: The procedure code submitted does not exist in the American Dental Association's Code on Dental Procedures and Nomenclature (CDT) and has been changed accordingly.
- AP12011: The tooth number has been changed based on a review of the radiographs.

When correcting a tooth number or procedure code prior to performing clinical UM review, the appropriate policy message for the correction should be used with the AP14508, APUM00001 or APUM00002 policy messages as follows:

- If a tooth number or procedure code is changed during clinical UM review, and a determination is made that the involved procedure **is** clinically necessary and appropriate and **is approved for benefit payment**, then the consultant should apply to the claim line: (1) the appropriate policy message for the tooth number or procedure code change and (2) the AP14508 policy message for the UM approval.
- If a tooth number or procedure code is changed during clinical UM review, and a determination is made that the involved procedure is not eligible for approval because it is **not** clinically necessary or **not** clinically appropriate and must be designated **NBTP** to the provider, then the consultant should apply to the claim line: (1) the appropriate policy message for the tooth number or procedure code change and (2) the APUM00001 policy message for the UM NBTP disapproval.
- If a tooth number or procedure code is changed during clinical UM review, and a determination is made that the procedure is not eligible for approval due to a client contract exclusion or limitation and must be **denied** to the member, then the consultant should apply to the claim line: (1) the appropriate policy message for the tooth number or procedure code change and (2) the APUM00002 policy message for the UM denial disapproval.

BE AWARE: This denial process does not apply to Michigan Medicaid line of business claims where procedures that do not qualify for approval must be designated **NBTP** to the provider.

Section 1: Overview, continued

1.4 Designating a Procedure as Part of Another Procedure for Benefit Purposes During Clinical UM Review

When performing clinical UM review, dental consultants may need to designate a procedure under review as an integral part of another procedure. In that situation, the consultant should apply the PP00006 policy message (This fee is part of the fee for the total procedure) to the included procedure and designate that procedure NBTP. Since this is an administrative action for benefit purposes, and not a UM determination of clinical necessity or appropriateness, an APUM policy message should not be applied to the line of the included procedure.

1.5 Claims Where the Alternative Bridge Abutment Provision Applies (e.g., GM, Chrysler, State of Michigan)

Prior to performing clinical UM review of fixed partial denture retainers, consultants may need to change a D6700 procedure code to a D2700 procedure code for clients who pay retainers at the restorative benefit level if the abutment tooth is broken down enough to merit a crown independent of its use to support a retainer. In those cases, consultants should:

1. Make the appropriate D6700 to D2700 procedure code change to set the restorative benefit level and apply the AP27001² policy message.
2. Perform the clinical UM review, determine if the retainer is clinically necessary and appropriate and, as applicable to the UM determination, **approve** the retainer and other FPD units with the AP14508 policy message, **deny** the retainer and other FPD units with the APUM00002 policy message or designate the retainer and the other FPD units **NBTP** with the APUM00001 policy message.

1.6 Disapproval of Procedures Following Clinical Review: New Procedure-Specific APUM Policy Messages

As noted above, whenever consultants perform a clinical review and apply clinical judgement to **disapprove** a procedure, the NCQA UM standards require either the APUM00001 or APUM00002 policy message to be applied to the claim line.

In addition to APUM00001 or APUM00002, the NCQA UM standards also require a different type of policy message to be applied on EOBs to provide members and providers with more detailed information about consultant UM disapprovals, including:

1. The **clinical rationale** for a consultant's UM disapproval of a particular procedure, described in terms specific to a patient's condition and treatment in language that a layperson can understand,
2. The specific written Delta Dental **clinical criteria** supporting the consultant's clinical rationale to disapprove benefits for a procedure based on it not being clinically necessary and appropriate, and
3. How members and providers can **obtain a copy** of the written Delta Dental clinical criteria.

To comply with the NCQA UM standards, when a dental consultant performs a clinical review and **disapproves** benefit payment for a procedure (a UM disapproval), the consultant will need to apply to the claim line:

1. Either **APUM00001** or **APUM00002**, depending on whether a participating dentist is allowed to charge the patient **and**
2. An APUM policy message specific to the procedure and patient condition that explains the clinical rationale for the UM disapproval.

² AP27001: An abutment tooth for a fixed bridge or partial denture with breakdown which is extensive enough to merit a crown independent of its use as an abutment will be processed at the restorative benefit level.

Section 1: Overview, continued

New procedure-specific APUM policy messages are under development for the various situations where Delta Dental consultants will need to use them with UM disapprovals. The following examples show the basic format and content of these new policy messages:

APUM policy message to be used when a provider submits a claim for scaling and root planing and the treatment is found to be unnecessary

APUM43401: Periodontal scaling and root planing (a deep teeth cleaning treatment) is considered for benefit payment only when periodontal disease (gum disease) has caused the loss of supporting alveolar bone (jaw bone) around the teeth. The x-rays sent with this claim do not show bone loss around any of the teeth for which scaling and root planing was reported, so payment cannot be made for the treatment. This decision is based on the Delta Dental of Michigan Clinical Criteria for Periodontal Scaling and Root Planing. You may obtain a copy of this document by visiting www.deltadentalmi.com/Dentist/Tools-Resources/Clinical-Criteria or by sending a written request to the address listed on this notice.

APUM policy message to be used when a restoration (e.g., crown) was inappropriately placed on a tooth with a hopeless periodontal prognosis

APUM14009: Dental procedures are considered for benefit payment only when the teeth being treated are periodontally healthy (have good support from the surrounding jaw bone) and can be expected to last in the mouth over time after treatment. The x-rays sent with this claim show that this tooth is not periodontally healthy and cannot be expected to last in the mouth over time after treatment, so payment cannot be made for this procedure. This decision is based on the Delta Dental of Michigan Clinical Criteria for Appropriateness of Care. You may obtain a copy of this document by visiting www.deltadentalmi.com/Dentist/Tools-Resources/Clinical-Criteria or sending a written request to the address listed on this notice.

Section 2: New Procedure-Specific APUM Policy Messages for Disapproval of Space Maintainers**Instructions**

The **table** below shows which procedure-specific APUM policy messages to apply when disapproving a space maintainer procedure due to a clinical condition specific to space maintainer treatment.

There are also general APUM policy messages to use when disapproving a dental procedure due to a claim or clinical condition that can be applied across multiple procedures or procedure categories, such as bad structural, endodontic or periodontal tooth condition, inconsistency between claim information and the patient record or a procedure not documented as being completed. These general APUM policy messages are listed in the DDMI Clinical Criteria for Contraindications to Dental Treatment.

As discussed above, when consultants apply clinical judgement and disapprove benefits for a procedure, APUM00001 or APUM00002 replaces AP12013. As a reminder of that change, AP12013 is printed below in ~~red-strikeout font~~.

For more information on the APUM policy messages, including their text and the text of older policy messages that the APUM messages are replacing, left-click in the “For More Information” column

If you have any questions on which policy message to apply, contact the Utilization Management Director or Dental Director.

Procedure(s)	Claim Condition	Policy Application	For More Information
D1510-D1575	Space maintainer submitted after completion of orthodontic treatment <i>Patient is presumed to be in retention phase</i>	APUM15001, APUM00001, AP12013	L CLICK Here
	No evidence of prematurely lost primary teeth	APUM15002, APUM00001, AP12013	L CLICK Here
	Premature primary tooth loss does not require space maintenance	APUM15003, APUM00001, AP12013	L CLICK Here

Section 2-1: New Procedure-Specific APUM Policy Messages for Disapproval of Space Maintainers

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Procedure(s) **Claim Condition**

D1510-D1575 Space maintainer submitted after completion of orthodontic treatment

Patient is presumed to be in retention phase

Apply These New APUM Policy Messages

APUM15001: Space maintainers are devices made of metal or plastic that hold open the space where a primary (baby) tooth has been lost too soon so that the underlying permanent (adult) tooth can properly erupt (grow) into the mouth later on. Space maintainers are not considered for benefit payment after a patient has completed orthodontic treatment (braces) to improve the position of teeth and jaws. The information in the patient's claim history shows that the patient completed orthodontic treatment, so payment cannot be made for this space maintainer. This decision is based on the Delta Dental of Michigan Clinical Criteria for Space Maintenance. You may obtain a copy of this document by visiting www.deltadentalmi.com/Dentist/Tools-Resources/Clinical-Criteria or by sending a written request to the address listed on this notice.

APUM00001: Based on a review of the information provided with this claim, a licensed dentist peer reviewer has determined that this procedure does not meet the qualifications for coverage under the patient's dental plan. The fee may not be charged to the patient if the provider is a participating dentist. Treating providers who wish further information about the disapproval may request a conversation with a clinical reviewer by visiting www.deltadentalmi.com/Dentist/Tools-Resources/Peer-To-Peer-Discussion and following the instructions to submit a written request.

DO NOT APPLY AP12013

Old Policy Messages Replaced

AP10003 This procedure does not meet medical necessity requirements.

AP12004 The documentation submitted does not support the need for this procedure.

AP15027 Delta Dental's records indicate completion of orthodontic treatment for this patient. To request reconsideration for this procedure, please submit a copy of this Explanation of Benefits (EOB) statement along with a detailed clinical narrative describing the specific function of the current appliance and the previously provided orthodontic services, including the arch and/or teeth involved. It is very important that new information be submitted with this EOB statement and not as a new claim. New information not submitted with this EOB statement may cause delay in processing.

Section 2-2: New Procedure-Specific APUM Policy Messages for Disapproval of Space Maintainers

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Procedure(s) Claim Condition

D1510-D1575 No evidence of prematurely lost primary teeth

Apply These New APUM Policy Messages

APUM15002: Space maintainers are devices made of metal or plastic that hold open the space where a primary (baby) tooth has been lost too soon so that the underlying permanent (adult) tooth can properly erupt (grow) into the mouth later on. A space maintainer is considered for benefit payment only when the dentist's record shows that a baby tooth was lost. The information sent with this claim does not show that a baby tooth was lost, so payment cannot be made for the treatment. This decision is based on the Delta Dental of Michigan Clinical Criteria for Space Maintenance. You may obtain a copy of this document by visiting www.deltadentalmi.com/Dentist/Tools-Resources/Clinical-Criteria or by sending a written request to the address listed on this notice

APUM00001: Based on a review of the information provided with this claim, a licensed dentist peer reviewer has determined that this procedure does not meet the qualifications for coverage under the patient's dental plan. The fee may not be charged to the patient if the provider is a participating dentist. Treating providers who wish further information about the disapproval may request a conversation with a clinical reviewer by visiting www.deltadentalmi.com/Dentist/Tools-Resources/Peer-To-Peer-Discussion and following the instructions to submit a written request.

DO NOT APPLY AP12013

Old Policy Messages Replaced

AP10003 This procedure does not meet medical necessity requirements.

AP12004 The documentation submitted does not support the need for this procedure.

AP12035 The treatment documented in the patient's clinical record does not correspond with one or more pieces of information submitted on the claim; e.g., service date, procedure code, tooth number, and/or area of oral cavity.

AP12102 Per the patient treatment record, this procedure has not been completed.

Section 2-3: New Procedure-Specific APUM Policy Messages for Disapproval of Space Maintainers

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Procedure(s) Claim Condition

D1510-D1575 Premature primary tooth loss does not require space maintenance

Apply These New APUM Policy Messages

APUM15003: Space maintainers are devices made of metal or plastic that hold open the space where a primary (baby) tooth has been lost too soon so that the underlying permanent (adult) tooth can properly erupt (grow) into the mouth later on. A space maintainer is considered for benefit payment only when nearby teeth are likely to shift into a lost tooth space and block an adult tooth from erupting into the right place. The information sent with this claim does not show that an adult tooth will be blocked from erupting into the right place, therefore payment cannot be made for this service. This decision is based on the Delta Dental of Michigan Clinical Criteria for Space Maintenance. You may obtain a copy of this document by visiting www.deltadentalmi.com/Dentist/Tools-Resources/Clinical-Criteria or sending a written request to the address listed on this notice.

APUM00001: Based on a review of the information provided with this claim, a licensed dentist peer reviewer has determined that this procedure does not meet the qualifications for coverage under the patient's dental plan. The fee may not be charged to the patient if the provider is a participating dentist. Treating providers who wish further information about the disapproval may request a conversation with a clinical reviewer by visiting www.deltadentalmi.com/Dentist/Tools-Resources/Peer-To-Peer-Discussion and following the instructions to submit a written request.

DO NOT APPLY AP12013

Old Policy Messages Replaced

AP10003 This procedure does not meet medical necessity requirements.

AP12004 The documentation submitted does not support the need for this procedure.

AP12035 The treatment documented in the patient's clinical record does not correspond with one or more pieces of information submitted on the claim; e.g., service date, procedure code, tooth number, and/or area of oral cavity.