

Department of Origin: Integrated Healthcare Services	Effective Date: 09/28/23
Approved by: Medical Policy Quality Management Subcommittee	Date Approved: 09/22/23
Clinical Policy Document: Dental Services, Hospitalization, Anesthesia, Dental Coverage - Medical Benefit	Replaces Effective Clinical Policy Dated: 05/25/23
Reference #: MC/B004	Page: 1 of 4

PURPOSE:

The intent of this clinical policy is to provide coverage guidelines for *dental procedures* under the medical benefit.

Please refer to the member’s benefit document for specific information. To the extent there is any inconsistency between this policy and the terms of the member’s benefit plan or certificate of coverage, the terms of the member’s benefit plan document will govern.

POLICY:

Benefits must be available for health care services. Health care services must be ordered by a provider. Health care services must be medically necessary, applicable conservative treatments must have been tried, and the most cost-effective alternative must be requested for coverage consideration.

The Plan covers the following, subject to the terms of the member’s benefit plan or certificate of coverage

- Accidental dental services to treat and restore damage to sound natural teeth as a result of an accidental injury from external trauma to the face and mouth
- Medically necessary outpatient dental services provided by a dentist or dental specialist for the treatment of an underlying medical condition
- Hospitalization for dental care provided by a physician, dentist or dental specialist for a member who is:
 - a child under age five; or
 - is severely disabled; or
 - has a medical condition that requires that requires hospitalization or anesthesia for dental treatment

GUIDELINES:

Medical Necessity - Must satisfy any of the following: I - III

- I. Accidental dental services covered under the medical benefit - must have both: A and B, and one of C or D
 - A. The request is to treat and restore damage done as a result of an accidental *injury* caused by external trauma to the face and mouth only, not for cracked or broken teeth that result in biting or chewing; and
 - B. The treatment must be started and completed within the timeframes outlined in the applicable SPD or COC.
 - C. The *injury* is to a sound natural tooth, without pathology, rendering it incapable of continued function for at least one year; or
 - D. The *injury* is to a primary (baby) tooth that has a life expectancy of at least one year before loss (due to *injury*).
- II. Outpatient dental services covered under the medical benefit are limited to treatment of an underlying medical condition, such as but not limited to, removal of teeth to complete radiation treatment for cancer of the jaw, cysts and lesions, placement of dental implant for congenitally missing teeth (eg, cleft lip/palate or TMJ treatment [oral appliance]) or surgical extraction of impacted wisdom teeth.

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- III. Hospitalization or *MAC/general anesthesia* for dental care is covered under the medical benefit for any of the following: A - E
- A. Member is under age 5 (five) with a dental condition that requires repairs of significant complexity; or
 - B. Member is severely disabled. Conditions include, but not limited to, autism, cerebral palsy, epilepsy or hyperactivity (verified by medical documentation); or
 - C. Member has a medical condition, unrelated to the dental procedure that requires hospitalization or anesthesia for dental treatment. Due to the medical condition, the member requires hospitalization for careful monitoring during and immediately following the dental procedure. Examples of medical conditions include, but not limited to, allergy, severe airway obstruction, anatomic variations, severe asthma, extensive oral-facial and/or dental trauma, hemophilia, severe systemic disease, cardiac condition (eg, congenital anomalies); or
 - D. Member requires significant restorative and/or surgical procedures (eg, 5 or more dental procedures performed at the same time); or
 - E. Other methods of basic and advanced behavior guidance in the dental office have been tried and were unsuccessful (eg, communication techniques, parental presence/absence, nitrous oxide/oxygen inhalation, protective stabilization, sedation).

EXCLUSIONS (not limited to):

Refer to member's Certificate of Coverage or Summary Plan Description

DEFINITIONS:

Deep sedation:

A drug-induced depression of consciousness during which patients cannot be easily aroused but respond purposefully following repeated or painful stimulation. The ability to maintain ventilatory function may be impaired. Patients may require assistance in maintaining a patent airway, and spontaneous ventilation may be inadequate. Cardiovascular function is usually maintained.

Dental procedures:

Services rendered by a dentist or dental specialist to treat the supporting soft tissue and bone structure.

General anesthesia:

A drug-induced loss of consciousness during which patients are not arousable, even by painful stimulation. The ability to independently maintain ventilator function is often impaired. Patients often require assistance in maintaining a patent airway, and positive pressure ventilation may be required because of depressed spontaneous ventilation or drug-induced depression of neuromuscular function. Cardiovascular function may be impaired.

Injury:

Bodily damage other than sickness including all related conditions and recurrent symptoms.

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Minimal sedation:

A drug-induced state during which patient respond normally to verbal commands. Although cognitive function and coordination may be impaired, ventilation and cardiovascular functions are unaffected.

Moderate (conscious) sedation:

A drug-induced depression of consciousness during which patients respond purposefully to verbal commands, either alone or accompanied by light tactile stimulation. No interventions are required to maintain a patent airway and that spontaneous ventilation is adequate. Cardiovascular function is usually maintained.

Monitored anesthesia care (MAC):

Does not describe the continuum of depth of sedation, rather it describes “a specific anesthesia service in which an anesthesiologist has been requested to participate in the care of a patient undergoing a diagnostic or therapeutic procedure”. Patients must undergo an anesthesia assessment and management of their actual or anticipated physiological derangements or medical problems that may occur during a diagnostic or therapeutic procedure. The provider of MAC must be prepared and qualified to convert to general anesthesia when necessary. Additionally, a provider’s ability to intervene to rescue a patient’s airway from any sedation induced compromise is a prerequisite to the qualifications to provide MAC.

Sound natural teeth:

A tooth without pathology (including supporting structures) rendering it incapable of continued function for at least one year.

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Prior Authorization: Yes - per network provider agreement, for hospitalization and/or *MAC/general anesthesia* for dental care

Precertification: Yes

REFERENCES:

1. Integrated Healthcare Services Process Manual: UR015 Use of Medical Policy and Criteria
2. Clinical Policy: Coverage Determination Guidelines MP/C009
3. Clinical Policy: Dental Services, Pediatric Orthodontic Coverage - Medical Benefit MC/B003
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11. American Academy of Oral and Maxillofacial Surgeons (AAOMS). What We Do - Anesthesia; Types of Anesthesia. Last updated July 2021. Retrieved from <https://myoms.org/what-we-do/anesthesia/types-of-anesthesia/> Accessed 06-12-23.
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Nondiscrimination & Language Access Policy

Aspirus Health Plan, Inc. complies with applicable Federal civil rights laws and does not discriminate on the basis of race, color, national origin, age, disability, sex, sexual orientation, or gender identity. *We* do not exclude people or treat them differently because of race, color, national origin, age, disability, sex, sexual orientation, or gender identity.

We will:

Provide free aids and services to people with disabilities to communicate effectively with us, such as:

- Qualified sign language interpreters
- Written information in other formats (large print, audio, accessible electronic formats, other formats)

Provide free language services to people whose primary language is not English, such as:

- Qualified interpreters
- Information written in other languages

If *you* need these services, contact *us* at the phone number shown on the inside cover of this *contract*, *your* id card, or aspirushealthplan.com.

If *you* believe that *we* have failed to provide these services or discriminated in another way on the basis of race, color, national origin, age, disability, sex, sexual orientation, or gender identity, *you* can file a grievance with:

Nondiscrimination Grievance Coordinator
Aspirus Health Plan, Inc.
PO Box 1062
Minneapolis, MN 55440
Phone: 1.866.631.5404 (TTY: 711)
Fax: 763.847.4010
Email: customerservice@aspirushealthplan.com

You can file a grievance in person or by mail, fax, or email. If *you* need help filing a grievance, the Nondiscrimination Grievance Coordinator is available to help you.

You can also file a civil rights complaint with the U.S. Department of Health and Human Services, Office for Civil Rights, electronically through the Office for Civil Rights Complaint Portal, available at <https://ocrportal.hhs.gov/ocr/portal/lobby.jsf>, or by mail or phone at:

U.S. Department of Health and Human Services
200 Independence Avenue, SW
Room 509F, HHH Building
Washington, D.C. 20201
1-800-368-1019, 800-537-7697 (TDD)

Complaint forms are available at <http://www.hhs.gov/ocr/office/file/index.html>.

Language Assistance Services

Albanian: KUJDES: Nëse flitni shqip, për ju ka në dispozicion shërbime të asistencës gjuhësore, pa pagesë. Telefononi në 1.866.631.5404 (TTY: 711).

Arabic: تنبيه: إذا كنت تتحدث اللغة العربية، فإن خدمات المساعدة اللغوية متاحة لك مجاناً. اتصل بن اعلى رقم الهاتف 1.866.631.5404 (رقم هاتف الصم والبك : 711)

French: ATTENTION : Si vous parlez français, des services d'aide linguistique vous sont proposés gratuitement. Appelezle 1.866.631.5404 (ATS : 711).

German: ACHTUNG: Wenn Sie Deutsch sprechen, stehen Ihnen kostenlos sprachliche Hilfsdienstleistungen zur Verfügung. Rufnummer: 1.866.631.5404 (TTY: 711).

Hindi: _यान द_ : य_द आप िहंदी बोलते ह_ तो आपके िलए मु_त म_ भाषा सहायता सेवाएं उपल_ध ह_। 1.866.631.5404 (TTY: 711) पर कॉल कर_।

Hmong: LUS CEEV: Yog tias koj hais lus Hmoob, cov kev pab txog lus, muaj kev pab dawb rau koj. Hu rau 1.866.631.5404 (TTY: 711).

Korean: 주의: 한국어를 사용하시는 경우, 언어 지원 서비스를 무료로 이용하실 수 있습니다. 1.866.631.5404 (TTY: 711)번으로 전화해 주십시오.

Polish: UWAGA: Jeżeli mówisz po polsku, możesz skorzystać z bezpłatnej pomocy językowej. Zadzwoń pod numer 1.866.631.5404 (TTY: 711).

Russian: ВНИМАНИЕ: Если вы говорите на русском языке, то вам доступны бесплатные услуги перевода. Звоните 1.866.631.5404 (телетайп: 711).

Spanish: ATENCIÓN: si habla español, tiene a su disposición servicios gratuitos de asistencia lingüística. Llame al 1.866.631.5404 (TTY: 711).

Tagalog: PAUNAWA: Kung nagsasalita ka ng Tagalog, maaari kang gumamit ng mga serbisyo ng tulong sa wika nangwalang bayad. Tumawag sa 1.866.631.5404 (TTY: 711)

Traditional Chinese: 注意: 如果您使用繁體中文, 您可以免費獲得語言援助服務。請致電 1.866.631.5404 (TTY:711)。

Vietnamese: CHÚ Ý: Nếu bạn nói Tiếng Việt, có các dịch vụ hỗ trợ ngôn ngữ miễn phí dành cho bạn. Gọi số 1.866.631.5404 (TTY: 711).

Pennsylvania Dutch: Wann du Deitsch (Pennsylvania German / Dutch) schwetzsch, kannscht du mitaus Koschte ebbergricke, ass dihr helft mit die englisch Schprooch. Ruf selli Nummer uff: Call 1.866.631.5404 (TTY: 711).

Lao: ໄປ່ດຊາຍ: ຖ້າວ່າ ທ່ານເວົ້າພາສາ ລາວ, ການບໍລິການຊ່ວຍເຫຼືອດ້ານພາສາ, ໄດຍບໍ່ເສັຽຄ່າ, ແມ່ນມີພ້ອມໃຫ້ທ່ານ. ໂທ 1.866.631.5404 (TTY:711).