

Policy

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| DEPARTMENT: Utilization Management | TITLE: Dental Coverage Guidelines |
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Purpose

This policy is to define Medicare based dental coverage guidelines and LHP supplemental coverage review for determination of authorization purposes.

Policy

Medicare Based Covered Services (All Members)

1. Renal Transplant – Medicare will make payment for oral examinations, but not treatment, preceding kidney transplantation. An oral or dental examination performed on an inpatient basis as part of a comprehensive examination and workup prior to renal transplant surgery is a covered service. This is because the purpose of the examination is not for the care of the teeth or structures directly supporting the teeth but rather the examination is for the identification, prior to complex surgical procedure, of existing medical problems where the increased possibility of infection would not only reduce the chances for successful surgery but would also expose the patient to additional risks in undergoing surgery. Such a dental or oral examination would be covered under Part A of the program if performed by a dentist on the hospital staff or under Part B if performed by a physician.
2. Heart Valve Replacement – A dental exam prior to a heart valve replacement is covered when provided in a rural clinical or a federally qualified health care center.
3. Accidental Injury – Medicare will make payment for reconstruction of the jaw following accidental injury.
4. Removal of Facial Tumors – Medicare will make payment for reconstruction of the jaw related to facial tumors.
5. Radiation Treatment – Medicare will make payment for extractions done in preparation for radiation treatment for neoplastic diseases involving the jaw.

Services Excluded Under Part B

The following two categories are excluded from coverage:

1. A primary service regardless of cause or complexity provided for the care, treatment, removal, or replacement of teeth or structures directly supporting the teeth. (Ex. Preparation of the mouth for dentures and removal of diseased teeth in an infected jaw.)
2. A secondary service that is related to the teeth or structures directly supporting the teeth unless it is incident to and an integral part of a covered primary service that is necessary to treat a non-dental condition (Ex. Tumor Removal) and it is performed at the same time as the covered primary service and by the same physician/dentist.

In these cases where these requirements are met and the secondary services are covered, Medicare does not make payment for the cost of dental appliances such as dentures, even though the covered service resulted in the need for the teeth to be replaced, the cost of preparing the mouth for dentures, or the cost of directly repairing teeth or the structures directly supporting the teeth. The exception to services excluded is the extraction of teeth to prepare the jaw for radiation treatment of neoplastic disease and an oral or dental examination performed on an inpatient basis as part of a comprehensive examination and workup prior to renal transplant or prior to heart valve replacement.

Plan Comprehensive Coverage

Review Plan coverage guidelines.

Supplemental Benefits: Refer to the Authorization Grid for benefit and for prior authorization requirements.

All plans have the Medicare Base Coverage which must be reviewed for clinical criteria if authorization is required for Comprehensive Dental.

All other dental coverage is variable depending upon the state. Please refer to the explanation of benefits for each state for additional details.



Change Log

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Appendices