

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.

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: 2 of 4

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.

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: 3 of 4

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.

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: 4 of 4

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
4. American Society of Anesthesiologists (ASA). Continuum of Depth of Sedation: Definition of General Anesthesia and Levels of Sedation/Analgesia. Last Amended October 23, 2019. Retrieved from <https://www.asahq.org/standards-and-guidelines/statement-on-continuum-of-depth-of-sedation-definition-of-general-anesthesia-and-levels-of-sedation-analgesia>. Accessed 06-12-23.
5. American Society of Anesthesiologists (ASA). Guidelines for office based anesthesia. Last Amended October 23, 2019. Retrieved from <https://www.asahq.org/quality-and-practice-management/standards-guidelines-and-related-resources-search>. Accessed 06-12-23.
6. American Society of Anesthesiologists (ASA). Statement on qualifications of anesthesia providers in the office based setting. Reaffirmed October 23, 2019. Retrieved from <https://www.asahq.org/quality-and-practice-management/standards-guidelines-and-related-resources-search>. Accessed 06-12-23.
7. American Society of Anesthesiologists (ASA). Position on monitored anesthesia care. Last Amended October 17, 2018. Retrieved from <https://www.asahq.org/quality-and-practice-management/standards-guidelines-and-related-resources-search>. Accessed 06-12-23.
8. American Society of Anesthesiologists (ASA). Distinguishing monitored anesthesia care ("MAC") from Moderate Sedation/Analgesia (Conscious Sedation). Last Amended on October 17, 2018. Retrieved from <https://www.asahq.org/quality-and-practice-management/standards-guidelines-and-related-resources-search>. Accessed 06-12-23.
9. American Society of Anesthesiologists (ASA). Statement on Nonoperating Room Anesthetizing Locations. Reaffirmed October 17, 2018. Retrieved from <https://www.asahq.org/quality-and-practice-management/standards-guidelines-and-related-resources-search>. Accessed 06-12-23.
10. American Academy of Pediatric Dentistry (AAPD). Use of Nitrous Oxide for Pediatric Dental Patients. Latest Revision: 2018. The Reference Manual of Pediatric Dentistry. 2022-2023/P.353.358. Retrieved from <https://www.aapd.org/research/oral-health-policies--recommendations/use-of-nitrous-oxide-for-pediatric-dental-patients/>. Accessed 06-12-23.
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.
12. American Academy of Oral and Maxillofacial Surgeons (AAOMS). Parameters of Care: AAOMS Clinical Practice Guidelines for Oral and Maxillofacial Surgery (AAOMS ParCare) Sixth Edition 2017. Anesthesia in Outpatient Facilities. *J Oral Maxillofac Surg* 75:e34-e49, 2017, Suppl 1.
13. American Academy of Oral and Maxillofacial Surgeons (AAOMS). Anesthesia in Outpatient Facilities. *J Oral Maxillofac Surg* 2017;75(8S):e34 (PMID = 23128005).

DOCUMENT HISTORY:

Created Date: 07/31/20 (previously MP/D009)
Reviewed Date: 06/23/21, 06/06/22, 06/06/23
Revised Date: 04/21/23

PreferredOne Community Health Plan Nondiscrimination Notice

PreferredOne Community Health Plan ("PCHP") complies with applicable Federal civil rights laws and does not discriminate on the basis of race, color, national origin, age, disability, or sex. PCHP does not exclude people or treat them differently because of race, color, national origin, age, disability, or sex.

PCHP:

Provides 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)

Provides 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 a Grievance Specialist.

If you believe that PCHP has failed to provide these services or discriminated in another way on the basis of race, color, national origin, age, disability, or sex, you can file a grievance with:

Grievance Specialist
PreferredOne Community Health Plan
PO Box 59052
Minneapolis, MN 55459-0052
Phone: 1.800.940.5049 (TTY: 763.847.4013)
Fax: 763.847.4010
customerservice@preferredone.com

You can file a grievance in person or by mail, fax, or email. If you need help filing a grievance, a Grievance Specialist 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

ATTENTION: If you do not speak English, language assistance services, free of charge, are available to you. Call 1.800.940.5049 (TTY: 763.847.4013).

ATENCIÓN: si habla español, tiene a su disposición servicios gratuitos de asistencia lingüística. Llame al 1.800.940.5049 (TTY: 763.847.4013).

LUS CEEV: Yog tias koj hais lus Hmoob, cov kev pab txog lus, muaj kev pab dawb rau koj. Hu rau 1.800.940.5049 (TTY: 763.847.4013).

XIYYEEFFANNAA: Afaan dubbattu Oroomiffa, tajaajila gargaarsa afaanii, kanfaltiidhaan ala, ni argama. Bilbilaa 1.800.940.5049 (TTY: 763.847.4013).

CHÚ Ý: Nếu bạn nói Tiếng Việt, có các dịch vụ hỗ trợ ngôn ngữ miễn phí dành cho bạn. Gọi số 1.800.940.5049 (TTY: 763.847.4013).

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 1.800.940.5049 (TTY: 763.847.4013)。

ВНИМАНИЕ: Если вы говорите на русском языке, то вам доступны бесплатные услуги перевода. Звоните 1.800.940.5049 (телетайп: 763.847.4013).

ໂປດຊາບ: ຖ້າວ່າ ທ່ານເວົ້າພາສາລາວ, ການບໍລິການຊ່ວຍເຫຼືອດ້ານພາສາ, ໂດຍບໍ່ເສຍຄ່າ, ມີຢູ່ສະໄໝໃຫ້ທ່ານ. ໂທ 1.800.940.5049 (TTY: 763.847.4013).

ማስታወሻ: የሚናገሩት ቋንቋ አማርኛ ከሆነ የትርጉም እርዳታ ድርጅቶች፡ በነጻ ሊያገኙት ተዘጋጅተዋል፡ ወደ ሚከተለው ቁጥር ይደውሉ 1.800.940.5049 (መስማት ለተሳናቸው: 763.847.4013) .

ဟံသာဝတီ- နမူနာတို့ ကညီ ကျိအသိ, နမူနာ ကျိအတိအကျတလၢ တလၢကညီလၢကညီ, နီတံးဘၣ်သ့န့ၣ်လီၤ. ကိး 1.800.940.5049 (TTY: 763.847.4013).

ACHTUNG: Wenn Sie Deutsch sprechen, stehen Ihnen kostenlos sprachliche Hilfsdienstleistungen zur Verfügung. Rufnummer: 1.800.940.5049 (TTY: 763.847.4013).

ប្រយ័ត្ន: បើសិនជាអ្នកនិយាយភាសាខ្មែរ, សេវាជំនួយផ្នែកភាសា ដោយមិនគិតថ្លៃ គឺអាចមានសំរាប់អ្នក។ ចូរ ទូរស័ព្ទ 1.800.940.5049 (TTY: 763.847.4013)។

ملحوظة: إذا كنت تتحدث اذكر اللغة، فإن خدمات المساعدة اللغوية تتوافر لك بالمجان. اتصل برقم 1.800.940.5049 (رقم هاتف الصم والبكم: 763.847.4013).

ATTENTION : Si vous parlez français, des services d'aide linguistique vous sont proposés gratuitement. Appelez le 1.800.940.5049 (TTY: 763.847.4013).

주의: 한국어를 사용하시는 경우, 언어 지원 서비스를 무료로 이용하실 수 있습니다. 1.800.940.5049 (TTY: 763.847.4013). 번으로 전화해 주십시오.

PAUNAWA: Kung nagsasalita ka ng Tagalog, maaari kang gumamit ng mga serbisyo ng tulong sa wika nang walang bayad. Tumawag sa 1.800.940.5049 (TTY: 763.847.4013).

PreferredOne Insurance Company Nondiscrimination Notice

PreferredOne Insurance Company ("PIC") complies with applicable Federal civil rights laws and does not discriminate on the basis of race, color, national origin, age, disability, or sex. PIC does not exclude people or treat them differently because of race, color, national origin, age, disability, or sex.

PIC:

Provides 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)

Provides 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 a Grievance Specialist.

If you believe that PIC has failed to provide these services or discriminated in another way on the basis of race, color, national origin, age, disability, or sex, you can file a grievance with:

Grievance Specialist
PreferredOne Insurance Company
PO Box 59212
Minneapolis, MN 55459-0212
Phone: 1.800.940.5049 (TTY: 763.847.4013)
Fax: 763.847.4010
customerservice@preferredone.com

You can file a grievance in person or by mail, fax, or email. If you need help filing a grievance, a Grievance Specialist 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

ATTENTION: If you do not speak English, language assistance services, free of charge, are available to you. Call 1.800.940.5049 (TTY: 763.847.4013).

ATENCIÓN: si habla español, tiene a su disposición servicios gratuitos de asistencia lingüística. Llame al 1.800.940.5049 (TTY: 763.847.4013).

LUS CEEV: Yog tias koj hais lus Hmoob, cov kev pab txog lus, muaj kev pab dawb rau koj. Hu rau 1.800.940.5049 (TTY: 763.847.4013).

XIYYEEFFANNAA: Afaan dubbattu Oroomiffa, tajaajila gargaarsa afaanii, kanfaltiidhaan ala, ni argama. Bilbilaa 1.800.940.5049 (TTY: 763.847.4013).

CHÚ Ý: Nếu bạn nói Tiếng Việt, có các dịch vụ hỗ trợ ngôn ngữ miễn phí dành cho bạn. Gọi số 1.800.940.5049 (TTY: 763.847.4013).

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 1.800.940.5049 (TTY: 763.847.4013)。

ВНИМАНИЕ: Если вы говорите на русском языке, то вам доступны бесплатные услуги перевода. Звоните 1.800.940.5049 (телетайп: 763.847.4013).

ໂປດຊາບ: ຖ້າວ່າ ທ່ານເວົ້າພາສາລາວ, ການບໍລິການຊ່ວຍເຫຼືອຕໍ່ພາສາ, ໂດຍບໍ່ເສຍຄ່າ, ແມ່ນມີໄວ້ໃຫ້ທ່ານ. ໂທ 1.800.940.5049 (TTY: 763.847.4013).

ማስታወሻ: የሚናገሩት ቋንቋ አማርኛ ከሆነ የትርጉም እርዳታ ድርጅቶች፣ በነጻ ሊያግዝዎት ተዘጋጅተዋል፡ ወደ ሚከተለው ቁጥር ይደውሉ 1.800.940.5049 (መስማት ለተሳናቸው፡ 763.847.4013) .

ဟ်သျှပ်ဟ်သး- နမ့်ကတိ၊ ကညိ ကျိာ်အယိ၊ နမးန့ၣ် ကျိာ်အတၢ်မးစးလၢ တလၢာ်ဘျုးလၢာ်စ့၊ နီတမံၤဘျုးသ့န့ၣ်လီၤ. ကိး 1.800.940.5049 (TTY: 763.847.4013).

ACHTUNG: Wenn Sie Deutsch sprechen, stehen Ihnen kostenlos sprachliche Hilfsdienstleistungen zur Verfügung. Rufnummer: 1.800.940.5049 (TTY: 763.847.4013).

ប្រយ័ត្ន៖ បើសិនជាអ្នកនិយាយ ភាសាខ្មែរ, សេវាជំនួយផ្នែកភាសា ដោយមិនគិតល្បួល គឺអាចមានសំរាប់បំរើអ្នក។ ចូរ ទូរស័ព្ទ 1.800.940.5049 (TTY: 763.847.4013)។

ملحوظة: إذا كنت تتحدث اذكر اللغة، فإن خدمات المساعدة اللغوية تتوافر لك بالمجان. اتصل برقم 1.800.940.5049 (رقم هاتف الصم والبكم: 763.847.4013).

ATTENTION : Si vous parlez français, des services d'aide linguistique vous sont proposés gratuitement. Appelez le 1.800.940.5049 (TTY: 763.847.4013).

주의: 한국어를 사용하시는 경우, 언어 지원 서비스를 무료로 이용하실 수 있습니다. 1,800,940,5049 (TTY: 763,847,4013), 번으로 전화해 주십시오.

PAUNAWA: Kung nagsasalita ka ng Tagalog, maaari kang gumamit ng mga serbisyo ng tulong sa wika nang walang bayad. Tumawag sa 1.800.940.5049 (TTY: 763.847.4013).