

## Reimbursement Policy

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# Dental Services

**Policy Number:** 4.15

**Version Number:** 5

**Version Effective Date:** 05/15/2021

### Product Applicability

All Plan<sup>+</sup> Products

#### Well Sense Health Plan

Well Sense Health Plan

#### Boston Medical Center HealthNet Plan

MassHealth MCO

MassHealth ACO

Qualified Health Plans/ConnectorCare/Employer Choice Direct

Senior Care Options

Note: Disclaimer and audit information is located at the end of this document.

## Policy Summary

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The Plan reimburses covered dental services based on the provider's contractual rates with the Plan and the terms of reimbursement identified within this policy.

## Prior-authorization

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Please refer to the Plan's Prior Authorization Requirements Matrix at [www.bmchp.org](http://www.bmchp.org).

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## Definitions

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Dental services - any service provided by a licensed dentist involving the diagnosis or treatment of any disease, pain, injury, deformity or other condition of the human teeth, alveolar process, gums, jaw or associated structures of the mouth.

Medically Necessary Facility/Hospital Services to Provide Dental Services (Due to a Serious Medical Condition) - dental services provided in a hospital, surgical day care unit, or ambulatory surgical center due to a serious (non-dental) medical condition. Due to the member's serious medical condition, the dental services cannot be safely provided in a less intensive location of care (e.g., dental office).

## Non-Emergency Dental Reimbursement

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### **MassHealth Plans:**

All dental services, except emergency and oral surgery as described in this policy, are covered by MassHealth. Please contact MassHealth or refer to the MassHealth Provider Manual for more information about the benefit and billing.

For billing guidelines related to Fluoride Varnish please see the Plan's applicable reimbursement policies *Physician and Non-Physician Practitioner Services, 4.608* and *Community Health Centers and Federally Qualified Health Centers, 4.107*.

### **Qualified Health Plans/ConnectorCare/Employer Choice Direct:**

The Plan does not pay for any dental services, except the emergency dental services and preventive dental services specifically covered in a member's plan.

Pediatric preventive and diagnostic dental care and orthodontia are reimbursed by the Plan's dental vendor, Delta Dental

## Emergency Dental Reimbursement

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The Plan reimburses the following emergency dental services **only** when there is a traumatic injury to sound, natural and permanent teeth caused by a source external to the mouth; and the emergency dental services are provided by a physician in a hospital emergency room or operating room within 48 hours following the injury:

- X-rays; and
- Emergency oral surgery related to the repair of damaged tissues and/or the repositioning of displaced or fractured teeth.

### **MassHealth Plans:**

The Plan reimburses emergency related dental services and oral surgery performed in an outpatient setting which is medically necessary to treat a medical condition.

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### **Qualified Health Plans/ConnectorCare/Employer Choice Direct:**

The Plan reimburses facility and other related charges (i.e., radiology, lab and anesthesia) for non-dental covered services when admission to a hospital, a surgical day care unit or to an ambulatory surgical facility is medically necessary in order to receive non-covered dental services due to a serious non-dental medical condition. The Plan does not reimburse for the dental procedure. For a non-inclusive list of serious non-dental medical conditions, reference the Plan's medical policy, *Medically Necessary Hospital Services for Non-Covered Dental Services, OCA 3.723*.

### **Service Limitations**

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The Plan does not reimburse providers for the following:

- Dental splints or oral appliances
- Preventative dental services for MassHealth members
- Non-emergency dental services for adults

### **Applicable Coding & Billing Guidelines**

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Applicable coding is listed below, subject to codes being active on the date of service. Because the American Medical Association (AMA), Centers for Medicare & Medicaid Services (CMS), and the U.S. Department of Health and Human Services may update codes more frequently or at different intervals than Plan policy updates, the list of applicable codes may not be all inclusive. These codes are not intended to be used for coverage determinations.

CPT/ CDT Code	Description	Comments
41899	Unlisted Procedure, dentoalveolar structures	
99188	Application of topical fluoride varnish by a physician or other qualified health care professional	
D0120-D9999	All CDT codes	<b>MassHealth Members:</b> Submit all claims to MassHealth (EOHHS) <b>QHP Members:</b> Submit all claims to the Plan's dental vendor, Delta Dental.

### **Policy History**

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Original Approval Date	Original Effective Date	Policy Owner	Approved by
10/26/2011	01/01/2012	Payment Policy	Payment Policy Committee

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## Policy Revisions History

Review Date	Summary of Revisions	Revision Effective Date	Approved by
12/04/2013	Updated template, product applicability section, and references for BMC HealthNet Plan Qualified Health Plans, including ConnectorCare; Added BMC HealthNet Plan Qualified Health Plans, including ConnectorCare dental, cleft palate and cleft lip coverage.	12/04/2013	Payment Policy Committee
05/28/2015	Annual review, new template, removed Commonwealth Choice, Commonwealth Care. Removed Cleft lip/palate section	07/01/2015	Payment Policy Committee
10/15/2019	Annual review, new template, new logo	01/01/2020	Payment Policy Committee
04/20/2021	Annual review, added in name of dental vendor	05/15/2021	Payment Policy Committee

## Other Applicable Policies

### **Reimbursement Policies:**

- Community Health Centers and Federally Qualified Health Centers, 4.107
- General Billing and Coding Guidelines, 4.31
- General Clinical Editing and Payment Accuracy Review Guidelines, 4.108
- Outpatient Hospital, 4.17
- Physician and Non Physician Practitioner Services, 4.608

### **Medical Policies:**

- Medically Necessary Hospital Services for Non-Covered Dental Services, OCA 3.723

## References

- Evidence of Coverage, Form No. BMCHP-CC-8
- Evidence of Coverage, Form No. BMCHP CChoice-1
- Form of Contract between The Office of Health and Human Services (EOHHS), and Boston Medical Center HealthNet Plan MassHealth
- MassHealth Provider Manual: DEN - 103
- MassHealth Regulation 101 CMR 317.00: Medicine

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## **Disclaimer Information**

This Policy provides information about the Plan's reimbursement/claims adjudication processing guidelines. The use of this Policy is neither a guarantee of payment nor a final prediction of how specific claim(s) will be adjudicated. Reimbursement is based on many factors, including member eligibility and benefits on the date of service; medical necessity; utilization management guidelines (when applicable); coordination of benefits; adherence with applicable Plan policies and procedures; clinical coding criteria; claim editing logic; and the applicable Plan – Provider agreement. Member cost-sharing (deductibles, coinsurance and copayments) may apply – depending on the member's benefit plan. Unless otherwise specified in writing, reimbursement will be made at the lesser of billed charges or the contractual rate of payment. Plan policies may be amended from time to time, at Plan's discretion. Plan policies are developed in accordance with applicable state and federal laws and regulations, and accrediting organization guidelines (including NCQA). The Plan reserves the right to conduct Provider audits to ensure compliance with this Policy. If an audit determines that the Provider did not comply with this Policy, the Plan will expect the Provider to refund all payments related to non-compliance. For more information about the Plan's audit policies, refer to the Provider Manual.

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