

Medical Policy

Medically Necessary Facility/Hospital Services to Provide Dental Services (Due to a Serious Medical Condition)

Policy Number: OCA 3.723

Version Number: 15

Version Effective Date: 11/01/21

Product Applicability		<input checked="" type="checkbox"/> All Plan⁺ Products
WellSense Health Plan	Boston Medical Center HealthNet Plan	
<input checked="" type="checkbox"/> NH Medicaid	<input checked="" type="checkbox"/> MassHealth ACO	
<input checked="" type="checkbox"/> NH Medicare Advantage	<input checked="" type="checkbox"/> MassHealth MCO	
	<input checked="" type="checkbox"/> Qualified Health Plans/ConnectorCare/Employer Choice Direct	
	<input checked="" type="checkbox"/> Senior Care Options	

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

Policy Summary

The Plan covers the facility charges and other related facility charges (such as anesthesia and ancillary services) for an inpatient admission or outpatient admission to a network facility when this location of care is medically necessary to provide dental services due to a member’s serious medical (non-dental) condition. **Prior authorization is required except for outpatient facility/hospital services billed with CPT code 41899 for WellSense New Hampshire Medicaid members age 20 or younger** on the date of service (i.e., until the member’s 21st birthday), as stated in the Applicable Coding section. Plan guidelines included in the Clinical Criteria and Limitations and Exclusions sections of this policy must be met when prior authorization is required. Facility charges include charges from a network hospital, network surgical day care unit, or network ambulatory surgical facility.

Medically Necessary Facility/Hospital Services to Provide Dental Services
 (Due to a Serious Medical Condition)

⁺ Plan refers to Boston Medical Center Health Plan, Inc. and its affiliates and subsidiaries offering health coverage plans to enrolled members. The Plan operates in Massachusetts under the trade name Boston Medical Center HealthNet Plan and in other states under the trade name WellSense Health Plan.

When it is medically necessary to provide dental services in an inpatient setting at a network hospital due to a serious medical (non-dental) condition and the inpatient admission has been authorized, a **separate inpatient Plan authorization is NOT required** to provide the dental service to the member during the same inpatient admission. The member's medical record must include documentation demonstrating the medical necessity of the inpatient setting for dental services for the member's medical (non-dental) condition even if an additional authorization is not required.

See the Plan's medical policies and *Prior Authorization/Notification Requirements Matrix* for a list of services that require prior authorization or Plan notification. Review the Plan's *Prior Authorization CPT Code Look-up Tool* and *Prior Authorization HCPCS Code Look-up Tool* for the prior authorization requirement for each of the requested service's applicable, industry-standard billing codes. Plan prior authorization may or may not be required based on the service requested and the industry-standard billing code that will be submitted for payment.

Clinical Criteria

The Plan covers the facility services and associated charges (and other services/charges related to those facility charges such as anesthesia and ancillary services) for an inpatient admission or outpatient admission to a network facility when this location of care is medically necessary to provide dental services due to a member's serious medical (non-dental) condition. ALL of the following guidelines must be met, as specified below in items 1 through 5:

1. The facility services and associated charges (and other services/charges related to those facility charges such as anesthesia and ancillary services) are provided at a network facility (i.e., network hospital, network surgical day care unit, or network ambulatory surgical facility); AND
 2. The facility services (including related facility services such as anesthesia and ancillary services) are normally a covered medical service for the Plan member; AND
 3. Dental services are covered for the member by ONE (1) of the following organizations, as specified below in items a through c:
- a. The Plan: The Plan may or may not cover dental services for a Plan member (based on the member's applicable product, benefit coverage, and age on the date of service); OR
 - b. New Hampshire Department of Health and Human Services (DHHS): DHHS may or may not provide coverage for a WellSense New Hampshire Medicaid member (based on the member's applicable product, benefit coverage, and age on the date of service); OR
 - c. Massachusetts Executive Office of Health and Human Services (EOHHS): EOHHS may or may not cover dental services for a BMC HealthNet Plan member (based on the member's applicable product, benefit coverage, and age on the date of service); AND

Medically Necessary Facility/Hospital Services to Provide Dental Services
(Due to a Serious Medical Condition)

[†] Plan refers to Boston Medical Center Health Plan, Inc. and its affiliates and subsidiaries offering health coverage plans to enrolled members. The Plan operates in Massachusetts under the trade name Boston Medical Center HealthNet Plan and in other states under the trade name WellSense Health Plan.

- Note: The Plan covers the facility/hospital charges (including facility charges and other related medical charges such as anesthesia and ancillary services) provided for the medical (non-dental) condition at the time the dental services are rendered **when medically necessary for a medical (non-dental) condition and the dental service is ALSO covered by the Plan, DHHS, or EOHHS.**
4. The location of care at the network facility is medically necessary to provide dental services due to a member's serious medical (non-dental) condition and the dental service **cannot safely** be provided in a less intensive clinical setting (e.g., dental office), as determined by the treating provider; AND
 5. Member has a **serious (non-dental) medical condition** that includes but is not limited to at least ONE (1) of the following conditions, as specified below in items a through l:
 - a. History of bleeding disorder or blood dyscrasia such as hemophilia and clotting disorders; OR
 - b. History of adverse reaction to anesthesia or sedation, a history of a difficult airway (i.e., difficulty with airway management by an anesthesiologist or certified registered nurse anesthetist), or when local anesthesia is ineffective due to acute infection, allergy, or anatomical variation; OR
 - c. Evidence of acute cardiac disease, angina, class III or IV CHF, or an MI within 90 calendar days of the anticipated admission; OR
 - d. History of severe immunodeficiency disease with extreme susceptibility to bacteremia, septicemia, and/or sepsis, as determined and documented by the treating provider; OR
 - e. History of or familial risk for malignant hyperthermia; OR
 - f. Abnormal pulmonary function measurements (i.e., FEV1 < 60% of predicted); OR
 - g. Poorly controlled endocrine disorders (e.g., diabetes, Addison's disease), hypertension, bronchospastic lung disease, or seizures; OR
 - h. History of clinically severe obesity with obstructive sleep apnea and ONE (1) of the following criteria is met, as specified below in item (1) or item (2):
 - (1) Member with a body mass index (BMI) ≥ 40 kg/m²; OR

Medically Necessary Facility/Hospital Services to Provide Dental Services
(Due to a Serious Medical Condition)

[†] Plan refers to Boston Medical Center Health Plan, Inc. and its affiliates and subsidiaries offering health coverage plans to enrolled members. The Plan operates in Massachusetts under the trade name Boston Medical Center HealthNet Plan and in other states under the trade name WellSense Health Plan.

- (2) Member with a BMI 35-39.9 kg/m² with an additional comorbid condition; OR
- i. High-risk pregnancy prohibiting safe care in an office setting; OR
- j. High-risk pediatric patient including those with cardiopulmonary congenital defects, diabetes, asthma, sleep apnea, and/or bleeding disorders prohibiting safe care in an office setting; OR
- k. Significant physical, behavioral, or developmental functional impairment (i.e., extremely uncooperative, unmanageable, anxious or uncommunicative) inhibiting safe care in an office setting; OR
- l. Previous attempts to provide care in an office setting have been unsuccessful.

Limitations and Exclusions

The Plan does NOT cover facility charges (i.e., charges at a network hospital, surgical day care unit, or ambulatory surgical facility) and other charges related to those facility charges (such as anesthesia and ancillary services) for an inpatient admission or outpatient admission to a network facility when related to the administration of dental services in ANY of the following conditions, as specified below in items 1 through 3:

1. The Plan does NOT reimburse the charges for dental services provided to a Plan member when the dental services are NOT covered by the Plan (e.g., dental coverage through DHHS or EOHHS).
2. Services NOT provided at a network facility (unless otherwise authorized by the Plan).
3. Facility charges related to dental services when ALL of the applicable criteria in the Medical Policy Statement section of this policy are NOT met.

Variations

The Plan uses guidance from the Centers for Medicare & Medicaid Services (CMS) for medical necessity and coverage determinations for Senior Care Options (SCO) members and WellSense Medicare Advantage HMO members, including but not limited to national coverage determinations (NCDs), local coverage determinations (LCDs), local coverage articles (LCAs), and documentation included in Medicare manuals. When there is no guidance from CMS for the requested service for the specified indication on the date of the prior authorization request, Plan-adopted clinical review criteria will be used to determine the medical necessity of the service.

Medically Necessary Facility/Hospital Services to Provide Dental Services
(Due to a Serious Medical Condition)

[†] Plan refers to Boston Medical Center Health Plan, Inc. and its affiliates and subsidiaries offering health coverage plans to enrolled members. The Plan operates in Massachusetts under the trade name Boston Medical Center HealthNet Plan and in other states under the trade name WellSense Health Plan.

Applicable Coding

The Plan uses and adopts up-to-date Current Procedural Terminology (CPT) codes from the American Medical Association (AMA), International Statistical Classification of Diseases and Related Health Problems, 10th revision (ICD-10) diagnosis codes developed by the World Health Organization and adapted in the United States by the National Center for Health Statistics (NCHS) of the Centers for Disease Control under the U.S. Department of Health and Human Services, and the Health Care Common Procedure Coding System (HCPCS) established and maintained by the Centers for Medicare & Medicaid Services (CMS). Since the AMA, NCHS, and CMS may update codes more frequently or at different intervals than Plan policy updates, the list of applicable codes included in this Plan policy is for informational purposes only, may not be all inclusive, and is subject to change without prior notification. Whether a code is listed in the Applicable Coding section of this Plan policy does not constitute or imply member coverage or provider reimbursement. Providers are responsible for reporting all services using the most up-to-date industry-standard procedure and diagnosis codes as published by the AMA, NCHS, and CMS at the time of the service.

Providers are responsible for obtaining prior authorization for the services specified in the Clinical Criteria and Limitations and Exclusions section of this Plan policy, even if an applicable code appropriately describing the service that is the subject of this Plan policy is not included in this Applicable Coding section. Review the Plan's reimbursement policies for Plan billing guidelines. Coverage for services is subject to benefit eligibility under the member's benefit plan in effect at the time of the service. To determine the member's medical coverage and to determine if the member has dental coverage from the Plan, check the member's benefit documents available at the following websites: www.bmchp.org for BMC HealthNet Plan members, www.SeniorsGetMore.org for Senior Care Options members, www.wellsense.org for WellSense New Hampshire Medicaid members, and www.WellSense.org/Medicare for WellSense Medicare Advantage HMO members. The Plan would not reimburse the charges related to the dental services unless dental services are covered by the Plan for the member (rather than DHHS or EOHHS). Verify the member's dental coverage with DHHS or EOHHS, as necessary.

Medically Necessary Facility/Hospital Services to Provide Dental Services
(Due to a Serious Medical Condition)

[†] Plan refers to Boston Medical Center Health Plan, Inc. and its affiliates and subsidiaries offering health coverage plans to enrolled members. The Plan operates in Massachusetts under the trade name Boston Medical Center HealthNet Plan and in other states under the trade name WellSense Health Plan.

<p>Coding</p>	<p>Description: Codes Covered When Medically Necessary</p> <p>Review the Plan’s <i>Prior Authorization/Notification Requirements Matrix</i> for a list of services that require prior authorization or Plan notification. In addition, review the Plan’s <i>Prior Authorization CPT Code Look-up Tool</i> and <i>Prior Authorization HCPCS Code Look-up Tool</i> for the prior authorization requirement for each of the requested service’s applicable, industry-standard billing codes. These documents are available online at www.bmchp.org for a member enrolled in a BMC HealthNet Plan product or a Senior Care Options product and posted at www.wellsense.org for a member enrolled in a WellSense New Hampshire Medicaid or WellSense Medicare Advantage product.</p>
<p>Industry-Standard Billing Codes for Applicable Services</p>	<p>The Plan covers the facility services and associated charges (and other services/charges related to those facility charges such as anesthesia and ancillary services) for an inpatient admission or outpatient admission to a network facility when this location of care is medically necessary to provide dental services due to a member’s serious medical (non-dental) condition. The Plan’s applicable medical necessity guidelines must be met and prior authorization must be obtained, when necessary. Plan prior authorization may or may not be required based on the service requested and the industry-standard billing code(s) that will be submitted for payment.</p>
<p>CPT Code 41899</p> <p>(An Example of a Billing Code That Requires Prior Authorization)</p>	<p>Unlisted procedure, dentoalveolar structures</p> <p>Plan notes:</p> <ol style="list-style-type: none"> 1. Prior authorization is NOT required when outpatient facility/hospital services are billed with CPT code 41899 for WellSense New Hampshire Medicaid members age 20 or younger on the date of service (i.e., until the member’s 21st birthday). Medical record documentation must include the medically necessary indication for outpatient facility/hospital services while providing dental services. 2. This is an example of a CPT code that requires prior authorization to determine the medical necessity of performing the procedure during an inpatient admission or outpatient admission at a network facility due to a member’s serious medical (non-dental condition). The member’s benefits and eligibility must be verified for the dental procedure (and other associated costs), and the Plan’s applicable medical necessity guidelines must be met.

Medically Necessary Facility/Hospital Services to Provide Dental Services
(Due to a Serious Medical Condition)

[†] Plan refers to Boston Medical Center Health Plan, Inc. and its affiliates and subsidiaries offering health coverage plans to enrolled members. The Plan operates in Massachusetts under the trade name Boston Medical Center HealthNet Plan and in other states under the trade name WellSense Health Plan.

References

American Academy of Oral and Maxillofacial Surgery (AAOMS). Anesthesia in Outpatient Facilities. Parameters of Care: Clinical Practice Guidelines for Oral and Maxillofacial Surgery. AAOMS ParCare Sixth Edition. 2017.

American Society of Anesthesiologists (ASA). Green Larach M. A Primer for Diagnosing and Managing Malignant Hyperthermia Susceptibility. *Anesthesiology*. 2018 Jan;128:8-10. doi: 10.1097/ALN.0000000000001879.

American Society of Anesthesiologists (ASA). Litman RS, Griggs SM, Dowling JJ, Riaz S. Malignant Hyperthermia Susceptibility and Related Diseases. *Anesthesiology*. 2018 Jan;128:159-67. doi: 10.1097/ALN.0000000000001877.

American Society of Anesthesiologists (ASA). Updated by the Committee on Standards and Practice Parameters, Apfelbaum JL, Hagberg CA, Caplan RA, Blitt CD, Connis RT, Nickinovich DG, Hagberg CA. The previous update was developed by the ASA Task Force on Difficult Airway Management, Caplan RA, Benumof JL, Berry FA, Blitt CD, Bode RH, Cheney FW, Connis RT, Guidry OF, Nickinovich DG, Ovassapian A; Practice Guidelines for Management of the Difficult Airway: An Updated Report by the American Society of Anesthesiologists Task Force on Management of the Difficult Airway. *Anesthesiology*. 2013;118:251–70. doi: <https://doi.org/10.1097/ALN.0b013e31827773b2>.

Bacci C, Maglione M, Favero L, Perini A, Di Lenarda R, Berengo M, Zanon E. Management of dental extraction in patients undergoing anticoagulant treatment. Results from a large, multicentre, prospective, case-control study. *Thromb Haemost*. 2010 Nov 3;104(5):972-5. doi: 10.1160/TH10-02-0139. Epub 2010 Aug 30. PMID: 20806110.

Centers for Medicare & Medicaid Services (CMS). Manuals. Publication # 100-02. Medicare Benefit Policy Manual. Accessed at: <https://www.cms.gov/Regulations-and-Guidance/Guidance/Manuals/Internet-Only-Manuals-IOMs-Items/CMS012673>

Centers for Medicare & Medicaid Services (CMS). Manuals. Publication # 100-03. Medicare National Coverage Determinations (NCD) Manual. Accessed at: <https://www.cms.gov/Regulations-and-Guidance/Guidance/Manuals/Internet-Only-Manuals-IOMs-Items/CMS014961>

Centers for Medicare & Medicaid Services (CMS). Medicare Coverage Database (MCD). Accessed at: <https://www.cms.gov/medicare-coverage-database/search.aspx>

Centers for Medicare & Medicaid Services (CMS). Transmittals. Accessed at: <https://www.cms.gov/Regulations-and-Guidance/Guidance/Transmittals>

Medically Necessary Facility/Hospital Services to Provide Dental Services
(Due to a Serious Medical Condition)

[†] *Plan* refers to Boston Medical Center Health Plan, Inc. and its affiliates and subsidiaries offering health coverage plans to enrolled members. The Plan operates in Massachusetts under the trade name Boston Medical Center HealthNet Plan and in other states under the trade name WellSense Health Plan.

Commonwealth of Massachusetts. Division of Insurance (DOI) Bulletins. Accessed at:
<https://www.mass.gov/lists/doi-bulletins>

Commonwealth of Massachusetts. MassHealth Provider Bulletins. Accessed at:
<https://www.mass.gov/masshealth-provider-bulletins>

Commonwealth of Massachusetts. MassHealth Provider Manuals. Accessed at:
<https://www.mass.gov/lists/masshealth-provider-manuals>

Commonwealth of Massachusetts. MassHealth Transmittal Letters. Accessed at:
<https://www.mass.gov/masshealth-transmittal-letters>

Foundation for Healthy Communities. N.H. Prevention Guidelines. Effective January 1, 2015 – December 31, 2016. Accessed at:
http://www.healthynh.com/images/PDFfiles/publications/Prevention_11x17Guidelines_2015-2016.pdf

Foundation for Healthy Communities. Publications. Accessed at:
<https://www.healthynh.com/publications.html>

Joshi GP, Ahmad S, Riad W, Eckert S, Chung F. Selection of obese patients undergoing ambulatory surgery: a systematic review of the literature. *Anesth Analg*. 2013 Nov;117(5):1082-91. doi: 10.1213/ANE.0b013e3182a823f4. PMID: 24108263.

Litman RS. Susceptibility to malignant hyperthermia: Evaluation and management. *UpToDate*. 2020 Oct 21.

Mauprivez C, Khonsari RH, Razouk O, Goudot P, Lesclous P, Descroix V. Management of dental extraction in patients undergoing anticoagulant oral direct treatment: a pilot study. *Oral Surg Oral Med Oral Pathol Oral Radiol*. 2016 Nov;122(5):e146-e155. doi: 10.1016/j.oooo.2016.06.003. Epub 2016 Jun 22. PMID: 27554378.

New Hampshire Department of Health and Human Services. Billing Manuals. Accessed at:
<https://nhmmis.nh.gov/portals/wps/portal/BillingManuals>

New Hampshire Department of Health and Human Services. Provider Notices. Accessed at:
<https://www.dhhs.nh.gov/ombp/pharmacy/notices.htm>

Pereira CM, Gasparetto PF, Carneiro DS, Corrêa ME, Souza CA. Tooth extraction in patients on oral anticoagulants: prospective study conducted in 108 Brazilian patients. *ISRN Dent*. 2011;2011:203619. doi: 10.5402/2011/203619. Epub 2011 May 29. PMID: 21991458.

Medically Necessary Facility/Hospital Services to Provide Dental Services
(Due to a Serious Medical Condition)

[†] *Plan* refers to Boston Medical Center Health Plan, Inc. and its affiliates and subsidiaries offering health coverage plans to enrolled members. The Plan operates in Massachusetts under the trade name Boston Medical Center HealthNet Plan and in other states under the trade name WellSense Health Plan.

Rosenberg H, Sambuughin N, Riazi S, Dirksen R. Malignant Hyperthermia Susceptibility. GeneReviews [Internet]. 2013 Jan 31. Bookshelf ID NBK1146. PMID: 20301325.

Shi Q, Xu J, Zhang T, Zhang B, Liu H. Post-operative Bleeding Risk in Dental Surgery for Patients on Oral Anticoagulant Therapy: A Meta-analysis of Observational Studies. Front Pharmacol. 2017 Feb 8;8:58. doi: 10.3389/fphar.2017.00058. eCollection 2017. PMID: 28228727.

Policy History

Original Approval Date	Original Effective Date* and Version Number	Policy Owner	Original Policy Approved by
Regulatory Approval: N/A Internal Approval: 06/29/11: Medical Policy, Criteria, and Technology Assessment Committee (MPCTAC) 07/27/11: Quality Improvement Committee (QIC)	01/01/12 Version 1	Medical Policy Manager as Chair of MPCTAC	MPCTAC and QIC

*Effective Date for the BMC HealthNet Plan MassHealth Product: 08/01/15

*Effective Date for the WellSense New Hampshire Medicaid Product: 08/01/15

*Effective Date for the Senior Care Options Product: 01/01/16

*Effective Date for the WellSense Medicare Advantage HMO Product: 01/01/22

Note: Policy title was *Medically Necessary Hospital Services for Non-Covered Dental Services* until 11/3/17. Policy title changed to *Medically Necessary Facility/Hospital Services to Provide Dental Services (Due to a Serious Medical Condition)* as of 12/01/17.

Policy Revisions History			
Review Date	Summary of Revisions	Revision Effective Date and Version Number	Approved by
06/01/12	No changes.	Version 2	06/20/12: MPCTAC 07/25/12: QIC
05/01/13	Review for effective date 09/01/13. Updated Summary and Description of Item or Service sections. Revised Medical Policy Statement section. Revised language in Applicable Coding	09/01/13 Version 3	05/15/13: MPCTAC 06/20/13: QIC

Medically Necessary Facility/Hospital Services to Provide Dental Services
(Due to a Serious Medical Condition)

[†] Plan refers to Boston Medical Center Health Plan, Inc. and its affiliates and subsidiaries offering health coverage plans to enrolled members. The Plan operates in Massachusetts under the trade name Boston Medical Center HealthNet Plan and in other states under the trade name WellSense Health Plan.

Policy Revisions History

	sections. Referenced applicable Plan policies.		
04/01/14	Review for effective date 08/01/14. Revised Medical Policy Statement section and Definitions section to include a definition of BMI and morbid obesity.	08/01/14 Version 4	04/16/14: MPCTAC 05/14/14: QIC
04/01/15	Review for effective date 08/01/15. Updated References section. Updated policy template. Changed the term “morbid obesity” to “clinically severe obesity” without revising criteria in the Medical Policy Statement section. Updated Summary section. Added MassHealth and the Well Sense Health Plan products as applicable for this policy and will require prior authorization for this service. Administrative changes made to the Limitations and Applicable Coding sections.	08/01/15 Version 5	04/15/15: MPCTAC 05/13/15: QIC
11/01/15	Review for effective date 01/01/16. Updated template with list of applicable products and notes. Updated Summary section.	01/01/16 Version 6	11/18/15: MPCTAC 12/09/15: QIC
04/01/16	Review for effective date 08/01/16. Updated Definitions, Applicable Coding, Clinical Background Information, and References, and Reference to Applicable Laws and Regulations. Revised criteria in the Medical Policy Statement section.	08/01/16 Version 7	04/20/16: MPCTAC 05/23/16: QIC
04/01/17	Review for effective date 05/08/17. Updated References section.	05/08/17 Version 8	04/19/17: MPCTAC
09/01/17	Review for effective date 12/01/17. Revised policy title. Administrative changes made to the Policy Summary and Description of Items or Services sections. Criteria updated in the Medical Policy Statement and Limitations sections.	12/01/17 Version 9	09/20/17: MPCTAC
04/01/18	Review for effective date 05/01/18. Updated References, Other Applicable	05/01/18 Version 10	04/18/18: MPCTAC

Medically Necessary Facility/Hospital Services to Provide Dental Services
(Due to a Serious Medical Condition)

[†] Plan refers to Boston Medical Center Health Plan, Inc. and its affiliates and subsidiaries offering health coverage plans to enrolled members. The Plan operates in Massachusetts under the trade name Boston Medical Center HealthNet Plan and in other states under the trade name WellSense Health Plan.

Policy Revisions History

	Policies, and Reference to Applicable Laws and Regulations sections.		
04/01/19	Review for effective date 05/01/19. Administrative changes made to the Definitions, References, Other Applicable Policies, and Reference to Applicable Laws and Regulations sections.	05/01/19 Version 11	04/18/19: MPCTAC (electronic vote)
06/01/19	Review for effective date 07/01/19. Revised the Applicable Coding section to clarify existing prior authorization guidelines (and listing an example of a billing code that requires prior authorization). Administrative changes made to the References and Reference to Applicable Laws and Regulations sections.	07/01/19 Version 12	06/19/19: MPCTAC
04/01/20	Review for effective date 05/01/20. Administrative changes made to the Medical Policy Statement, References, and Reference to Applicable Laws and Regulations sections.	05/01/20 Version 13	04/15/20: MPCTAC
04/01/21	Review for effective date 07/01/21. Revised criteria in the Medical Policy Statement section. Administrative changes made to the References section.	07/01/21 Version 14	04/21/21: MPCTAC
10/01/21	Review for effective date 11/01/21. Adopted new medical policy template; removed administrative sections, Medical Policy Statement section renamed Clinical Criteria section, and Limitations section renamed Limitations and Exclusions section. Added WellSense Medicare Advantage HMO as an applicable product effective 01/01/22. Administrative changes made to the Policy Summary, Clinical Criteria, Applicable Coding, and References sections. Removed the prior authorization requirement for WellSense Medicaid members age 20 or younger on the date of service (i.e.,	11/01/21 Version 15	10/20/21: MPCTAC

Medically Necessary Facility/Hospital Services to Provide Dental Services
(Due to a Serious Medical Condition)

[†] Plan refers to Boston Medical Center Health Plan, Inc. and its affiliates and subsidiaries offering health coverage plans to enrolled members. The Plan operates in Massachusetts under the trade name Boston Medical Center HealthNet Plan and in other states under the trade name WellSense Health Plan.

Policy Revisions History

	up to the member's 21 st birthday) when outpatient services are billed with CPT code 41899 (unlisted procedure, dentoalveolar structures).		
--	---	--	--

Next Review Date

04/01/22

Authorizing Entity

MPCTAC

Disclaimer Information: ⁺

Medical Policies are the Plan's guidelines for determining the medical necessity of certain services or supplies for purposes of determining coverage. These Policies may also describe when a service or supply is considered experimental or investigational, or cosmetic. In making coverage decisions, the Plan uses these guidelines and other Plan Policies, as well as the Member's benefit document, and when appropriate, coordinates with the Member's health care Providers to consider the individual Member's health care needs.

Plan Policies are developed in accordance with applicable state and federal laws and regulations, and accrediting organization standards (including NCQA). Medical Policies are also developed, as appropriate, with consideration of the medical necessity definitions in various Plan products, review of current literature, consultation with practicing Providers in the Plan's service area who are medical experts in the particular field, and adherence to FDA and other government agency policies. Applicable state or federal mandates, as well as the Member's benefit document, take precedence over these guidelines. Policies are reviewed and updated on an annual basis, or more frequently as needed. Treating providers are solely responsible for the medical advice and treatment of Members.

The use of this Policy is neither a guarantee of payment nor a final prediction of how a 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.

Medically Necessary Facility/Hospital Services to Provide Dental Services
(Due to a Serious Medical Condition)

⁺ Plan refers to Boston Medical Center Health Plan, Inc. and its affiliates and subsidiaries offering health coverage plans to enrolled members. The Plan operates in Massachusetts under the trade name Boston Medical Center HealthNet Plan and in other states under the trade name WellSense Health Plan.