



Corporate Medical Policy

Dental, Criteria for use of Hospital Inpatient or Outpatient Facility Services or Ambulatory Surgery Center Facility Services

File Name: dental_inpatient_and_outpatient_services
Policy Number: SUR6210
Origination: 5/1987
Last Review: 5/2007
Next Review: 5/2009

Description of Procedure or Service

Dental treatment and/or oral surgery can usually be provided in an office setting. However, hospital inpatient, hospital outpatient or ambulatory surgery facilities may be indicated in some situations. When it is medically necessary that the services be provided in a setting other than an office, the facilities may be hospital based or free-standing.

Policy

BCBSNC will provide coverage for Hospital Inpatient or Outpatient Facility Services or Ambulatory Surgery Center Facility services used to provide dental services when it is determined to be medically necessary because the medical criteria and guidelines shown below are met.

Benefits Application

Note: This policy addresses the Hospital Inpatient or Outpatient Facility services and Ambulatory Surgery Center Facility services, not the provision of dental care or oral surgery. Professional dental services are covered only to the extent that the member has dental benefits.

Please refer to Certificate for availability of benefits. This policy relates only to the services or supplies described herein. Benefits may vary according to benefit design, therefore certificate language should be reviewed before applying the terms of the policy. See Dental Services, Outpatient, Inpatient, Ambulatory Services.

When Hospital Inpatient or Outpatient Facility Services, or Ambulatory Surgery Center Facility Services are covered during the provision of dental care or oral surgery

1. The use of an Ambulatory Surgery Center or Hospital Outpatient facility services may be medically necessary when providing dental care or oral surgery in the following situations:
 - a. Complex oral surgical procedures with a high probability of complications due to the nature of the surgery;
 - b. [Concomitant](#) systemic disease for which the patient is under current medical management and

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which increases the probability of complications; or

- c. When anesthesia is required for the safe and effective administration of dental procedures for young children (age 9 and under), persons with serious mental or physical conditions or persons with significant behavioral problems.
- 2. The use of Hospital Inpatient facility services may be medically necessary when providing dental care or oral surgery in the following situations:**
- a. Complex oral surgical procedures with a greater than average incidence of life threatening complications, such as excessive bleeding or airway obstruction;
 - b. **Concomitant**, non-dental systemic conditions for which the patient is under current medical management and which currently are not in optimal control and, therefore, may increase the risk of serious complications.
 - c. Postoperative complications following outpatient dental/oral surgery.
 - d. When anesthesia is required for the safe and effective administration of dental procedures for young children (age 9 and under), persons with serious mental or physical conditions or persons with significant behavioral problems.

When Hospital Inpatient or Outpatient Facility Services or Ambulatory Surgery Center Facility Services are not covered during the provision of dental care or oral surgery

In the absence of the medical criteria shown above.

For the dentist's or patient's convenience.

Policy Guidelines

Claims should be reviewed by individual consideration for documentation of medical necessity.

Inpatient admission for dental/oral surgery should be administered through a prior approval method when the Plan has such a protocol.

Billing/Coding/Physician Documentation Information

This policy may apply to the following codes. Inclusion of a code in this section does not guarantee that it will be reimbursed. For further information on reimbursement guidelines, please see Administrative Policies on the Blue Cross Blue Shield of North Carolina web site at www.bcbsnc.com. They are listed in the Category Search on the Medical Policy search page.

Applicable codes:

There is no specific code for these services.

BCBSNC may request medical records for determination of medical necessity. When medical records are requested, letters of support and/or explanation are often useful, but are not sufficient documentation unless all specific information needed to make a medical necessity determination is included.

Policy Key Words

Key Words: Dental, Ambulatory Surgery Facilities, Oral Surgery, Criteria Inpatient Admissions Dental, Inpatient, Outpatient, SUR6210

Medical Term Definitions

Concomitant

accompanying or joined with another medical condition.

Scientific Background and Reference Sources

BCBSA Medical Policy Reference Manual

Medical Policy Advisory Group Review - 3/99

General Assembly of North Carolina, House Bill 1119, General Statutes '58-3-122.

MEDLINE and MD Consult literature search from 1995 to present.

Specialty Matched Consultant Advisory Panel - 5/2001

Specialty Matched Consultant Advisory Panel - 5/2003

Specialty Matched Consultant Advisory Panel - 5/2005

Specialty Matched Consultant Advisory Panel - 5/2007

Policy Implementation/Update Information

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| 5/87 | Original Policy |
| 1/97 | Reaffirmed |
| 3/99 | Reviewed by MPAG. Reaffirmed |
| 9/99 | Reformatted, Medical Term Definitions added, Combined Inpatient and Outpatient policies |
| 10/00 | System coding changes. |
| 2/01 | Reaffirm. No change in criteria. |
| 5/01 | Specialty Matched Consultant Advisory Panel review (5/2001). No change to policy. Coding format change. |
| 5/02 | Policy clarified to indicate that the services addressed are the inpatient, outpatient, or ambulatory services, not the dental care or oral surgery services. |
| 6/03 | Specialty Matched Consultant Advisory Panel review (5/30/2003). No changes to criteria. Revised Benefits Application section. Typos corrected. |
| 3/04 | Billing/Coding section updated for consistency. |
| 5/05 | Specialty Matched Consultant Advisory Panel review. No changes to criteria. |
| 8/28/06 | Medical Policy changed to Evidence Based Guideline. |
| 10/2/06 | Evidence Based Guideline changed to Medical Policy. |

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6/18/07 Under "When Covered" section 1.c. and 2.d. changed "**and**" to "**or**" persons with significant behavioral problems." Reference source added.

Medical policy is not an authorization, certification, explanation of benefits or a contract. Benefits and eligibility are determined before medical guidelines and payment guidelines are applied. Benefits are determined by the group contract and subscriber certificate that is in effect at the time services are rendered. This document is solely provided for informational purposes only and is based on research of current medical literature and review of common medical practices in the treatment and diagnosis of disease. Medical practices and knowledge are constantly changing and BCBSNC reserves the right to review and revise its medical policies periodically.