Dental Procedures in a Hospital, Outpatient Facility or Ambulatory Surgery Center

Origination Date: June 16, 1990
Review Date: September 21, 2009
Next Review: September 2011

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.

POLICY STATEMENT
Coverage will be provided for dental procedures in a facility when it is determined to be medically necessary, as outlined in the below guidelines and medical criteria.

BENEFIT APPLICATION
Please refer to the member’s individual Evidence of Coverage (E.O.C.) for benefit determination. Coverage will be approved according to the E.O.C. limitations if the criteria are met.

Coverage decisions will be made in accordance with:
- The Centers for Medicare & Medicaid Services (CMS) national coverage decisions;
- General coverage guidelines included in original Medicare manuals unless superseded by operational policy letters or regulations; and
- Written coverage decisions of local Medicare carriers and intermediaries with jurisdiction for claims in the geographic area in which services are covered.

Benefit payments are subject to contractual obligations of the Plan. If there is a conflict between the general policy guidelines contained in the Medical Coverage Policy Manual and the terms of the member’s particular Evidence of Coverage (E.O.C.), the E.O.C. always governs the determination of benefits.

CRITERIA REQUIRED FOR COVERAGE APPROVAL
1. Preauthorization by the Plan is required for an inpatient admission for dental/oral surgery.

2. 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:
   - Complex oral surgical procedures with a high probability of complications due to the nature of the surgery;
Medical Coverage Policy
Dental Procedures in a Hospital, Outpatient Facility or Ambulatory Surgery Center

- Concomitant systemic disease for which the patient is under current medical management and which increases the probability of complications, such as respiratory illness, cardiac conditions or bleeding disorders; or
- When anesthesia is required for the safe and effective administration of dental procedures for young children (age nine and under), persons with serious mental or physical conditions and persons with significant behavioral problems.

3. The use of hospital inpatient facility services may be medically necessary when providing dental care or oral surgery in the following situations:

- Complex oral surgical procedures with a greater than average incidence of life threatening complications, such as excessive bleeding or airway obstruction.
- Concomitant, non-dental systemic conditions for which the patient is under current medical management such as respiratory illness, cardiac conditions or bleeding disorders and which currently are not in optimal control and, therefore, may increase the risk of serious complications.
- Postoperative complications following outpatient dental/oral surgery.
- When anesthesia is required for the safe and effective administration of dental procedures for young children (age nine and under), persons with serious mental or physical conditions and persons with significant behavioral problems.

WHEN COVERAGE WILL NOT BE APPROVED
- In the absence of the medical criteria above
- For patient’s or dentist’s convenience

LIMITATIONS
Payment is limited to hospital or ambulatory surgical center and the facility-related anesthesia professional fees described above.

BILLING/ CODING/PHYSICIAN DOCUMENTATION INFORMATION
This policy may apply to the following codes. Inclusion of a code in the section does not guarantee reimbursement.

Applicable codes: No specific codes for this service

The Plan 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.

References:
1. Medicare Benefit Policy Manual; Chapter 1, Section 70; Chapter 15, Section150; and Chapter 16, Section140; Accessed via the Internet site www.cms.hhs.gov/manuals on 7/15/09.
2. Medicare Local Coverage Determination for Dental Services (ID#L6711); Effective date: 9/3/09; Accessed via Internet site www.cms.hhs.gov/mcd/viewlcd on 8/12/09.

Policy Implementation/Update Information:
Revision Dates: 6/23/97; 6/26/00; 8/20/03 (previously titled: Dental Hospitalization); 8/24/05
Revision Date: June 2007- Policy renamed (Previously titled Dental Hospital or Outpatient Facility of Ambulatory Surgery Center);
No criteria changes made.
September 2009: No changes proposed to the review criteria. Formatting and minor wording changes only.
Medical Coverage Policy
Dental Procedures in a Hospital, Outpatient Facility or Ambulatory Surgery Center

Approval Dates:
Medical Coverage Policy Committee: August 12, 2009
Physician Advisory Group (PAG) Committee: September 21, 2009
Quality Improvement Committee (QIC): October 21, 2009

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