

Effective: September 15, 2023

<p>Prior Authorization Required If <u>REQUIRED</u>, submit supporting clinical documentation pertinent to service request to the FAX numbers below</p>	Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>
<p>Notification Required IF <u>REQUIRED</u>, concurrent review may apply</p>	Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>

Applies to:

Commercial Products

- Harvard Pilgrim Health Care Commercial products; 800-232-0816
- Tufts Health Plan Commercial products; 617-972-9409
CareLinkSM – Refer to CareLink Procedures, Services and Items Requiring Prior Authorization

Public Plans Products

- Tufts Health Direct – A Massachusetts Qualified Health Plan (QHP) (a commercial product); 888-415-9055
- Tufts Health Together – MassHealth MCO Plan and Accountable Care Partnership Plans; 888-415-9055
- Tufts Health RITogether – A Rhode Island Medicaid Plan; 857-304-6404
- Tufts Health Unify* – OneCare Plan (a dual-eligible product); 857-304-6304
*The MNG applies to Tufts Health Unify members unless a less restrictive LCD or NCD exists.

Senior Products

- Harvard Pilgrim Health Care Stride Medicare Advantage; 866-874-0857
- Tufts Health Plan Senior Care Options (SCO), (a dual-eligible product); 617-673-0965
- Tufts Medicare Preferred HMO, (a Medicare Advantage product); 617-673-0965
- Tufts Medicare Preferred PPO, (a Medicare Advantage product); 617-673-0965

Note: While you may not be the provider responsible for obtaining prior authorization or notifying Point32Health, as a condition of payment you will need to ensure that any necessary prior authorization has been obtained and/or Point32Health has received proper notification. If notification is required, providers may additionally be required to provide updated clinical information to qualify for continued service.

Overview

The Plan may cover certain costs associated with dental procedures that are performed in an acute care inpatient facility or ambulatory surgery center. This coverage may include all medically necessary hospital or surgical day care facility charges, as well as the administration of general anesthesia by a licensed anesthesiologist or anesthesiologist for dental procedures for members who meet the criteria described below

Clinical Guideline Coverage Criteria

The Plan may provide coverage for services related to anesthesia and hospitalization for nondiscretionary dental procedures for Members meeting the criteria in **either one** of the categories below:

1. Members meeting the following clinical criteria:
 - a. Members require complex dental work. Examples of "complex" dental procedures include the following:
 - i. Greater than 3 non-cosmetic restorations
 - ii. Greater than 3 extractions of teeth other than primary incisors
 - iii. Greater than 3 endodontic procedures on posterior teeth (pulpotomies)
 - iv. Stainless steel crowns and or multiple restorations on primary molar teeth

AND

- b. At least one attempt at office-based dental intervention demonstrates members are extremely fearful, anxious or uncooperative, and safe, effective dental intervention is not possible without hospital-based anesthesia services.

OR

- 2. Member has a medical co-morbidity or developmental disability, as determined by a licensed physician, which places the member at serious risk for peri-operative complications. Co-morbidities or disabilities may include, but are not limited to:
 - a. Autism
 - b. Down Syndrome
 - c. Cerebral Palsy
 - d. Cardiopulmonary problems
 - e. Hemophilia
 - f. Medical condition(s) resulting in American Society of Anesthesiology (ASA) physical status classification Class III or higher

Note: The presence of co-morbidity in itself does not guarantee approval.

Limitations

The Plan will not cover hospitalization for members receiving discretionary dental procedures, such as tooth extraction prior to elective orthodontia.

Codes

The following code(s) require prior authorization:

Table 1: CPT/HCPCS Codes

Code	Description
D0120–D9999	Dental procedures
41899	Unlisted procedure, dentoalveolar structures

References:

1. American Academy of Pediatric Dentistry. General Anesthesia Coverage. <https://www.aapd.org/advocacy/legislative-and-regulatory-issues/general-anesthesiacoverage/>. Accessed October 5, 2022.
2. American Academy of Pediatric Dentistry. Guideline on behavior guidance for the pediatric dental patient. Reference Manual V37/NO 6 15/16. Accessed August 1, 2018.
3. American Academy of Pediatric Dentistry. Guideline on use of local anesthesia for pediatric dental patients. *Pediatr Dent* 2015; 37(special issue):199-205.
4. American Academy of Pediatric Dentistry. Technical Report 2-2012: An essential health benefit: general anesthesia for treatment of early childhood caries. <http://www.aapd.org/assets/1/7/POHRPCTechBrief2.pdf>. Published May 2012. Accessed October 5, 2022.
5. American Academy of Periodontology. Dental implants. Accessed July 23, 2020 from perio.org/consumer/dental-implants.
6. Clinical Affairs Committee-Behavior Management Subcommittee, American Academy of Pediatric Dentistry. Guideline on Behavior Guidance for the Pediatric Dental Patient. *Pediatr Dent*. 2015;37(5):57-70.
7. Commonwealth of Massachusetts. Mass Health Provider Manual Series; Dental Manual 130 CMR 420.000). Published 10/15/2021. [130 CMR 420.000: Dental Services | Mass.gov](https://www.mass.gov/info-details/130-cmr-420-000-dental-services).
8. Corcuera-Flores JR, Delgado-Muñoz JM, Ruiz-Villandiego JC, Maura-Solivellas I, Machuca-Portillo G. Dental treatment for handicapped patients; sedation vs general anesthesia and update of dental treatment in patients with different diseases. *Med Oral Patol Oral Cir Bucal*. 2014;19(2):e170-e176. Published 2014 Mar 1. doi:10.4317/medoral.19555.
9. Policy on Model Dental Benefits for Infants, Children, Adolescents, and Individuals with Special Health Care Needs. *Pediatr Dent*. 2018;40(6):110-112.
10. Policy on Hospitalization and Operating Room Access for Oral Care of Infants, Children, Adolescents, and Individuals with Special Health Care Needs. *Pediatr Dent*. 2018;40(6):106-107.

Approval And Revision History

October 21, 2020: Reviewed by IMPAC. For clinical coverage criteria, revised office-based dental interventions from two attempts to at least one attempt

Subsequent endorsement date(s) and changes:

- October 26, 2020: Fax number for Unify updated
- December 21, 2021: Reviewed by Medical Policy Approval Committee (MPAC), renewed without changes
- May 26, 2022: Reviewed by MPAC for removal of prior authorization for Tufts Health plan Public Products with effective date of May 26, 2022
- December 1, 2022: Reviewed by MPAC for an effective date of March 1, 2023. Added criteria for “Medical condition(s) resulting in American Society of Anesthesiology (ASA) physical status classification Class III or higher”. Added code 41899
- June 21, 2023: Reviewed by MPAC; renewed without changes

Background, Product and Disclaimer Information

Medical Necessity Guidelines are developed to determine coverage for benefits and are published to provide a better understanding of the basis upon which coverage decisions are made. We make coverage decisions using these guidelines, along with the Member’s benefit document, and in coordination with the Member’s physician(s) on a case-by-case basis considering the individual Member’s health care needs.

Medical Necessity Guidelines are developed for selected therapeutic or diagnostic services found to be safe and proven effective in a limited, defined population of patients or clinical circumstances. They include concise clinical coverage criteria based on current literature review, consultation with practicing physicians in our service area who are medical experts in the particular field, FDA and other government agency policies, and standards adopted by national accreditation organizations. We revise and update Medical Necessity Guidelines annually, or more frequently if new evidence becomes available that suggests needed revisions.

For self-insured plans, coverage may vary depending on the terms of the benefit document. If a discrepancy exists between a Medical Necessity Guideline and a self-insured Member’s benefit document, the provisions of the benefit document will govern. For Tufts Health Together (Medicaid), coverage may be available beyond these guidelines for pediatric members under age 21 under the Early and Periodic Screening, Diagnostic and Treatment (EPSDT) benefits of the plan in accordance with 130 CMR 450.140 and 130 CMR 447.000, and with prior authorization.

Treating providers are solely responsible for the medical advice and treatment of Members. The use of this guideline is not a guarantee of payment or a final prediction of how specific claim(s) will be adjudicated. Claims payment is subject to eligibility and benefits on the date of service, coordination of benefits, referral/authorization, utilization management guidelines when applicable, and adherence to plan policies, plan procedures, and claims editing logic.