

Medical Necessity Guidelines: Dental Procedures Requiring Hospitalization, Surgical Day Care or Requiring Anesthesia in the Office Setting: New Hampshire Products

Effective: October 21, 2020

Prior Authorization Required If <u>REQUIRED</u> , submit supporting clinical documentation pertinent to service request.	Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>
<p>Applies to:</p> <p>COMMERCIAL Products</p> <p><input type="checkbox"/> Tufts Health Plan Commercial products; Fax: 617.972.9409</p> <p><input checked="" type="checkbox"/> Tufts Health Plan Freedom Plan products; Fax: 617.972.9409</p> <ul style="list-style-type: none"> CareLinkSM – Refer to CareLink Procedures, Services and Items Requiring Prior Authorization <p>TUFTS HEALTH PUBLIC PLANS Products</p> <p><input type="checkbox"/> Tufts Health Direct – A Massachusetts Qualified Health Plan (QHP) (a commercial product); Fax: 888.415.9055</p> <p><input type="checkbox"/> Tufts Health Together – MassHealth MCO Plan and Accountable Care Partnership Plans; Fax: 888.415.9055</p> <p><input type="checkbox"/> Tufts Health RITogether – A Rhode Island Medicaid Plan; Fax: 857.304.6404</p> <p><input type="checkbox"/> Tufts Health Unify* – OneCare Plan (a dual-eligible product); Fax: 857.304.6304</p> <p>*The MNG applies to Tufts Health Unify members unless a less restrictive LCD or NCD exists.</p> <p>SENIOR Products</p> <ul style="list-style-type: none"> Tufts Health Plan Senior Care Options (SCO), (a dual-eligible product) – Refer to the Tufts Health Plan SCO Prior Authorization List Tufts Medicare Preferred HMO, (a Medicare Advantage product) – Refer to the Tufts Medicare Preferred HMO Prior Authorization and Inpatient Notification List 	

Note: While you may not be the provider responsible for obtaining prior authorization, as a condition of payment you will need to make sure that prior authorization has been obtained.

OVERVIEW

Tufts Health 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 (SDC) 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.

Tufts Health Plan may cover the administration of general anesthesia, by a licensed dentist, for dental procedures in the office setting when dental conditions are of significant complexity or when exceptional medical circumstances or developmental disability exists.

CLINICAL COVERAGE CRITERIA

Consistent with RSA 415:18-g, Tufts Health Plan may provide coverage for hospital or SDC based dental services **or** office-based general anesthesia for non-discretionary dental procedures when **ONE** of the following criteria, is met:

- Member is under the age of thirteen with a dental condition of significant complexity, as determined by a licensed dentist in conjunction with a licensed physician, which requires certain dental procedures to require general anesthesia or to be performed in an SDC or hospital setting.
 - Examples of "complex" dental conditions include the following:
 - Greater than 3 non-cosmetic restorations
 - Greater than 3 extractions of teeth other than primary incisors
 - Greater than 3 endodontic procedures on posterior teeth (pulpotomies)
 - Stainless steel crowns and or multiple restorations on primary molar teeth

OR

2. Member has exceptional medical circumstances or developmental disability, as determined by a licensed physician, which places the Member at serious risk for peri-operative complications. Medical circumstances may include, but are not limited to:
 - Autism
 - Down Syndrome
 - Cerebral Palsy
 - Cardiopulmonary problems
 - Hemophilia

Note: The presence of a comorbidity in itself does not guarantee approval.

LIMITATIONS

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

CODES

The following HCPCS codes require prior authorization:

Code	Description
D0120 – D9999	Dental Procedures

REFERENCES

1. Policy on Model Dental Benefits for Infants, Children, Adolescents, and Individuals with Special Health Care Needs. *Pediatr Dent.* 2018;40(6):110-112.
2. 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.
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. AN ACT relative to the administration of anesthesia by dentists, NH HB1577, Chapter 188 (188:5, 188:6, 188:7, 188:8) accessed July 31, 2020 at <http://gencourt.state.nh.us>.
5. Coverage for Dental Procedures; Medical or Hospital; Group, NH RSA 415:18-g accessed July 31, 2020 at <http://www.gencourt.state.nh.us/rsa/html/XXXVII/415/415-18-g.htm>.
6. Coverage for Dental Procedures; Dental Offices, NH RSA 415:18-h accessed July 31, 2020 at <http://www.gencourt.state.nh.us/rsa/html/XXXVII/415/415-18-h.htm>.

APPROVAL HISTORY

December 9, 2015: Reviewed by Integrated Medical Policy Advisory Committee (IMPAC), approved for effective date January 1, 2016.

Subsequent endorsement date(s) and changes made:

- July 20, 2016: Reviewed by IMPAC. Removed non-anterior teeth indication from example of complex dental condition: multiple non-cosmetic restorations.
- August 10, 2016: Reviewed by IMPAC. Added surgical day care setting to MNG title and clarification to language regarding services to which this MNG is applicable.
- April 2017: Added RITogether Plan product to template. For MNGs applicable to RITogether, effective date is August 1, 2017
- May 10, 2017: Reviewed by IMPAC. Age criteria changed to 6, consistent with plan age benefit limit and New Hampshire law
- July 20, 2017: Reviewed by IMPAC, renewed without changes
- August 22, 2018: Reviewed at IMPAC. For effective date January 1, 2019, "multiple" non-cosmetic restorations, extractions of teeth other than primary incisors and endodontic procedures on posterior teeth (pulpotomies) changed to "greater than 3".
- September 12, 2018: Reviewed by IMPAC. For effective date August 7, 2018, Age criteria changed from 6 to 13, consistent with amendment to New Hampshire law.
- October, 2018: Template and disclaimer updated
- October 16, 2019: Reviewed by IMPAC, renewed without changes
- November 14, 2019: Admin update
- July 31, 2020: References updated
- October 21, 2020: Reviewed by IMPAC, renewed without changes
- November 24, 2020: Fax number for Unify updated

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.

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.

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