Medical Policy
Dental Treatment Setting

Document Number: 022

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**Overview**
The purpose of this document is to describe the guidelines AllWays Health Partners utilizes to determine the medical appropriateness for the setting in which oral maxillofacial surgery and/or dental procedures are to be provided. The treating specialist must request prior authorization.

**Coverage Guidelines**
AllWays Health Partners covers a medically necessary acute hospital or surgical day care (SDC) setting, including the administration of anesthesia by a licensed anesthesiologist or anesthetist when the setting is medically necessary for the safe delivery of oral maxillofacial surgery and/or dental procedures, requiring dental procedures. For dental procedures in an SDC, AllWays Health Partners’ coverage, if prior authorized, is limited to facility and anesthesia charges unless otherwise noted in the member’s materials.

**Note:** Services performed in dental offices located within an acute hospital may not meet the definition of an acute care hospital or a surgical day care setting.

Prior authorization for the acute hospital setting or SDC setting does not automatically include coverage for dental procedures. AllWays Health Partners does cover medically necessary oral/maxillofacial surgery procedures when the procedures are covered under the member’s AllWays Health Partners benefit plan and the relevant criteria outlined in the *Oral and Maxillofacial Surgery and Procedures Medical Policy* is met; prior authorization is required.

AllWays Health Partners covers emergency dental procedures and setting only when there is a traumatic injury to sound, natural, and permanent teeth caused by a source external to the mouth, and the emergency dental procedures and setting are provided in a hospital emergency room or operating room within 72 hours following the injury.

**Acute Hospital setting or SDC setting for oral maxillofacial surgery and/or dental procedures**
AllWays Health Partners covers medically necessary acute hospital or SDC setting when the member has any of the indications listed below:

1. *Commercial Member up to age 48 months old*[^1^], when there is medical record documentation of the following:

[^1^]: For MassHealth members requiring acute hospital setting or SDC setting for dental procedures, please refer to MassHealth for Authorization.

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a. The member has rampant decay with a need for oral rehabilitation; and
b. There has been at least one unsuccessful attempt to treat the member in the office setting.

2. Member with severe oppositional and uncooperative behavior due to medical/behavioral conditions, when there is medical record documenting the following:
   a. The member requires medically necessary treatment of dental needs of high complexity, or requires medically necessary oral maxillofacial surgery including the removal of impacted wisdom teeth;
   And when;
   a. There have been two unsuccessful attempts to treat in the office setting, one of which includes an evaluation by an oral maxillofacial surgeon (OMFS) or dentist who is certified in office-based procedural sedation and analgesia; or
   b. The PCP or attending practitioner’s reasoning of why the member’s functional or behavioral impairment inhibits the safe delivery of care in an office setting accounting for the level of dental needs.

3. Member with extreme apprehension and anxiety manifesting as significant oppositional and uncooperative behavior during treatment when there is medical record documentation of the following:
   a. The member requires medically necessary treatment of dental needs of high complexity, or requires medically necessary oral maxillofacial surgery including the removal of impacted wisdom teeth;
   And when;
   b. There have been two unsuccessful attempts to treat in the office setting and a description of how the member’s functional or behavioral impairment inhibited the safe delivery of care in an office setting. One attempt must include an evaluation by an OMFS or dentist who is certified in office-based procedural sedation and analgesia.

4. Member with a co-existing medical condition that might inhibit the safe delivery of care in an office setting when there is medical record documentation of the following:
   a. The member requires medically necessary treatment of a dental condition, or requires medically necessary oral maxillofacial surgery including the removal of impacted wisdom teeth;
   b. The dental procedure oral maxillofacial surgery cannot be safely delayed to stabilize the medical condition in order to perform the procedure in an office setting; and
   c. There is documentation of one or more of the following medical conditions, with a rationale from PCP or appropriate consultant as to why the procedure cannot be safely and effectively performed in an office setting:
      i. A severe medical condition(s) that results in the inability to walk up one 1 flight of stairs or two level city blocks, but stops en route because of distress;

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2 For MassHealth members requiring acute hospital setting or SDC setting for dental procedures, please refer to MassHealth for Authorization.
ii. Pulmonary disease with pulmonary function measurement of FEV1 < 60% of predicted;
iii. Moderate to severe asthma that is poorly controlled;
iv. Evidence of acute cardiac disease, current angina, patterns of CHF (class III or IV), moderate to severe aortic stenosis, symptomatic mitral stenosis, or an MI within 6 months;
v. Poorly controlled hypertension;
vi. Obesity with BMI>40;
vii. Bleeding disorder that cannot be improved sufficiently to safely perform the procedure in an office setting;
viii. Potential difficult airway management (i.e. history of difficult intubation, neuromuscular disease, significant cervical spinal disease, deformities of the mouth or jaw impeding airway);
ix. History of adverse reaction to anesthesia or sedation;
x. Other medical conditions felt to inhibit the safe delivery of care in an office setting with the clinical notes and rationale provided from the PCP and appropriate specialist as applicable

5. Member requires medically necessary oral maxillofacial surgery whose complexity precludes the safe delivery in an office setting, when there is medical record documentation of the medical necessity for the procedure and one of the following:
   a. Anticipated prolonged and/or complex oral and maxillofacial procedure; or
   b. Impacted tooth that requires prolonged or complex surgery because of one the following characteristics: is adjacent to a neuro-vascular bundle, or is adjacent to a maxillary sinus at risk for fracture, or is associated with oral pathology (e.g., cyst, tumor), or is in an ectopic position.

Exclusions
1. Acute hospital setting or SDC setting for oral maxillofacial surgery and/or dental procedures when the criteria noted above are not met.
2. For a MassHealth member who needs a dental procedure including dental rehabilitation to be performed in an acute hospital setting or SDC setting.
3. For a member with anxiety only.
4. For members receiving non-medically necessary, discretionary, or cosmetic procedures.
5. Dental services except when explicitly stated in the member handbook and when prior authorization has been obtained.

Related Policies
- Oral and Maxillofacial Surgery and Procedures

Effective
October 2018: Annual review
July 2017: Removed age limitation for MassHealth members requiring acute hospital setting or SDC setting for dental procedures. Changed policy name from Oral Maxillofacial/Dental Treatment Setting to Dental Treatment Setting.
September 2016: Annual review
September 2015: Annual review.
October 2014: Effective date.

References


