


<b>MEDICAL POLICY</b>	<b>Dental Services: Administrative Guideline (Medicare Only)</b>
<b>Effective Date: 12/1/2022</b>	Medical Policy Number: 162
 12/1/2022	Medical Policy Committee Approved Date: 11/18; 11/19; 05/2020; 06/2021; 6/2022; 11/2022
Medical Officer	Date

**SCOPE:**

Providence Health Plan, Providence Health Assurance, Providence Plan Partners, and Aycin Health Solutions as applicable (referred to individually as “Company” and collectively as “Companies”).

**APPLIES TO:**

Medicare only

<b>MEDICARE POLICY CRITERIA</b>	
<p>The following Centers for Medicare &amp; Medicaid Service (CMS) guidelines should be utilized for medical necessity coverage determinations. Click the link provided in the table below to access applicable medical necessity criteria. All listed guidelines apply.</p>	
Service	Medicare Guidelines
<p><b>IMPORTANT NOTE:</b> The CMS references below are intended to provide instruction on how Medicare might determine a procedure to be either medical or dental in nature, as well as CMS coverage (or non-coverage) position statements regarding dental services in general. According to Medicare, “[i]tems and services in connection with the care, treatment, filling, removal, or replacement of teeth or structures directly supporting the teeth are not covered.”<sup>1,2</sup> Note that Medicare states, “[c]overage is not determined by the value or the necessity of the dental care but by the type of service provided and the anatomical structure on which the procedure is performed.”<sup>3</sup></p> <p>Therefore, dental services or services rendered in connection to non-covered dental procedure are statutorily excluded under Original Medicare. However, for Medicare Advantage members, for services determined to be dental in nature, benefit eligibility should be considered to determine if benefits may exist for the service under the dental benefit plan.</p>	
<p><i>Dental services, general</i></p>	<ul style="list-style-type: none"> <li>Medicare General Information, Eligibility, and Entitlement Manual, Chapter 5 – Definitions, <a href="#">§70.2 - Dentists</a></li> <li>Medicare Benefit Policy Manual, Chapter 15 – Covered Medical and Other Health Services, <a href="#">§150 - Dental Services</a></li> </ul>

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	<ul style="list-style-type: none"> <li>• Medicare Benefit Policy Manual, Chapter 16 - General Exclusions From Coverage, <a href="#">§140 - Dental Services Exclusion</a></li> <li>• Local Coverage Article (LCA) for Routine Dental Services (<a href="#">A52977</a>)</li> <li>• Noridian, Jurisdiction F – <a href="#">Medicare Part B, Dental Services</a></li> </ul>
<i>Treatment of Temporomandibular Joint (TMJ) Syndrome</i>	<ul style="list-style-type: none"> <li>• Medicare Benefit Policy Manual, Chapter 15 – Covered Medical and Other Health Services, <a href="#">§150.1 - Treatment of Temporomandibular Joint (TMJ) Syndrome</a></li> <li>• <i>The references above may also be applicable</i></li> </ul>
<i>Inpatient Dental Services</i>	<ul style="list-style-type: none"> <li>• Medicare Benefit Policy Manual, Chapter 1: Inpatient Hospital Services Covered Under Part A, <a href="#">§70 - Inpatient Services in Connection With Dental Services</a></li> <li>• <i>The references above may also be applicable</i></li> </ul>
<i>Dental Examination Prior to Kidney Transplant</i>	<ul style="list-style-type: none"> <li>• National Coverage Determination (NCD) for Dental Examination Prior to Kidney Transplantation (<a href="#">260.6</a>)</li> <li>• <i>The references above may also be applicable</i></li> </ul>

**INSTRUCTIONS FOR USE**

Company Medical Policies serve as guidance for the administration of plan benefits. Medical policies do not constitute medical advice nor a guarantee of coverage. Company Medical Policies are reviewed annually and are based upon published, peer-reviewed scientific evidence and evidence-based clinical practice guidelines that are available as of the last policy update. The Companies reserve the right to determine the application of Medical Policies and make revisions to Medical Policies at any time. Providers will be given at least 60-days notice of policy changes that are restrictive in nature.

The scope and availability of all plan benefits are determined in accordance with the applicable coverage agreement. Any conflict or variance between the terms of the coverage agreement and Company Medical Policy will be resolved in favor of the coverage agreement.

**REGULATORY STATUS**

Mental Health Parity Statement

Coverage decisions are made on the basis of individualized determinations of medical necessity and the experimental or investigational character of the treatment in the individual case. In cases where medical necessity is not established by policy for specific treatment modalities, evidence not previously considered regarding the efficacy of the modality that is presented shall be given consideration to determine if the policy represents current standards of care.

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## **MEDICAL POLICY CROSS REFERENCES**

- [Dental Anesthesia Services](#), MP328
- [Orthognathic Surgery](#), MP160
- [Sleep Disorder Treatment: Oral and Sleep Position Appliances \(Medicare Only\)](#), MP45

## **REFERENCES**

1. Medicare Benefit Policy Manual, Chapter 15 - Covered Medical and Other Health Services, §150 - Dental Services. <https://www.cms.gov/Regulations-and-Guidance/Guidance/Manuals/downloads/bp102c15.pdf>. Accessed 10/25/2022.
2. Medicare Benefit Policy Manual, Chapter 16 - General Exclusions From Coverage, §140 - Dental Services Exclusion. <https://www.cms.gov/Regulations-and-Guidance/Guidance/Manuals/downloads/bp102c16.pdf>. Accessed 10/25/2022.
3. Medicare Dental Coverage Web page. <https://www.cms.gov/medicare/coverage/medicare dental coverage?redirect=/medicare dental coverage/>. Accessed 10/25/2022.