


<b>MEDICAL POLICY</b>	<b>Dental Services: Administrative Guideline (Medicare Only)</b>
<b>Effective Date: 7/1/2022</b>   <div style="text-align: right;">7/1/2022</div>	Medical Policy Number: 162
	Medical Policy Committee Approved Date: 11/18; 11/19; 05/2020; 06/2021; 6/2022
Medical Officer	Date

**SCOPE:**

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

**APPLIES TO:**

Medicare only

**MEDICARE POLICY CRITERIA**

The following Centers for Medicare & 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.

Service	Medicare Guidelines
<p><b>IMPORTANT NOTE:</b> "Items 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> Thus, dental services, or services rendered in connection to non-covered dental procedure, are statutorily excluded under Original Medicare. In addition, "[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>As a Medicare Advantage Organization (MAO), the Company may offer a Supplemental Dental Benefit Option. However, even with a supplemental Dental Benefit, plan covered dental procedures are limited. The requested item or service must be included in the evidence of coverage (EOC) as a service covered under the supplemental dental benefit <b>and</b> must also fall within any established dental benefit limits (e.g., annual maximums). Dental procedures and associated services which are <b>not</b> included as covered dental benefits within the EOC or services rendered that exceed set benefit limits will be considered non-covered.</p> <p>Due to added premium cost for this supplemental benefit, not all Medicare Advantage members may opt to purchase this additional benefit. Dental eligibility will need to be confirmed individually.</p>	

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<i>Dental services, general</i>	<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> <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

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considered regarding the efficacy of the modality that is presented shall be given consideration to determine if the policy represents current standards of care.

## 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>. Last updated 2021. Accessed 04/27/2022.
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>. Last updated 2014. Accessed 04/27/2022.
3. Medicare Dental Coverage Web page. <https://www.cms.gov/medicare/coverage/medicare-dental-coverage?redirect=/medicare-dental-coverage/>. Last modified 2021. Accessed 04/27/2022.