


<b>MEDICAL POLICY</b>	<b>Dental Services: Administrative Guideline (Medicare Only)</b>
<b>Effective Date: 07/01/2021</b>	Medical Policy Number: 162
 <b>7/1/2021</b>	Medical Policy Committee Approved Date: 11/18; 11/19; 05/2020; 06/2021
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
<i>Dental services, general</i>	<ul style="list-style-type: none"> <li>• Medicare General Information, Eligibility, and Entitlement, Publication 100-01, Chapter 5, <a href="#">Section 70.2</a><sup>1</sup> (<i>Scroll to Section 70.2 in table of contents, click on 70.2 - Dentists</i>)</li> <li>• Medicare Benefit Policy Manual, Publication 100-02, Chapter 15, <a href="#">Section 150</a><sup>2</sup> (<i>Scroll to Section 150 in table of contents, click on 150 – Dental Services</i>)</li> <li>• Medicare Benefit Policy Manual, Publication 100-02, Chapter 16: - General Exclusions From Coverage, <a href="#">Section 140</a><sup>3</sup> (<i>Scroll to Section 140 in table of contents, click on 140 – Dental Services Exclusion</i>)</li> <li>• Local Coverage Article (LCA): Routine Dental Services (<a href="#">A52977</a>)<sup>4</sup></li> <li>• Noridian, Jurisdiction F – <a href="#">Medicare Part B, Dental Services</a><sup>5</sup></li> </ul>
<i>Treatment of Temporomandibular Joint (TMJ) Syndrome</i>	<ul style="list-style-type: none"> <li>• The references above may also be applicable</li> <li>• Medicare Benefit Policy Manual, Publication 100-02, Chapter 15, <a href="#">Section 150.1</a><sup>2</sup> (<i>Scroll to Section 150.1 in table of contents, click on 150.1 - Treatment of Temporomandibular Joint (TMJ) Syndrome</i>)</li> </ul>
<i>Inpatient Dental Services</i>	<ul style="list-style-type: none"> <li>• The references above may also be applicable</li> </ul>

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	<ul style="list-style-type: none"> <li>Medicare Benefit Policy Manual, Publication 100-02, Chapter 1: Inpatient Hospital Services Covered Under Part A, <a href="#">Section 70<sup>6</sup></a> (<i>Scroll to Section 70 in table of contents, click on 70 – Inpatient Services in Connection with Dental Services</i>)</li> </ul>
<i>Dental Examination Prior to Kidney Transplant</i>	<ul style="list-style-type: none"> <li>The references above may also be applicable</li> <li>Medicare National Coverage Determinations (NCD) Manual, Publication 100-03, Chapter 1, Part 4: Coverage Determinations, Section <a href="#">260.6<sup>7</sup></a> (<i>Scroll to section 260.6 in table of contents, click on 260.6 - Dental Examination Prior to Kidney Transplantation</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.

## REFERENCES

1. Medicare General Information, Eligibility, and Entitlement, Publication 100-01, Chapter 5: Definitions (Rev. 120, 11-02-18). Section 70.2 - Dentists (Rev. 1, 09-11-02). <https://www.cms.gov/regulations-and-guidance/guidance/manuals/downloads/ge101c05.pdf>. Published 2018. Accessed 04/19/2020.
2. Medicare Benefit Policy Manual, Publication 100-02, Chapter 15: Covered Medical and Other Health Services (Rev. 259, 07-12-19). Section 150 - Dental Services (Rev. 1, 10-01-03).

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- <https://www.cms.gov/Regulations-and-Guidance/Guidance/Manuals/Downloads/bp102c15.pdf>. Published 2018. Accessed 04/19/2020.
3. Medicare Benefit Policy Manual, Publication 100-02, Chapter 16 - General Exclusions From Coverage (Rev. 198, 11-06-14). Section 140 - Dental Services Exclusion (Rev. 1, 10-01-03). <https://www.cms.gov/Regulations-and-Guidance/Guidance/Manuals/Downloads/bp102c16.pdf>. Published 2017. Accessed 04/19/2020.
  4. Centers for Medicare & Medicaid Services Local Coverage Article (LCA): Routine Dental Services (A52977). Revision Effective Date: 10/01/2017. <https://www.cms.gov/medicare-coverage-database/details/article-details.aspx?articleId=52977>. Accessed 04/19/2020.
  5. Noridian, Jurisdiction F – Medicare Part B, Dental Services. <https://med.noridianmedicare.com/web/jfb/specialties/dental>. Accessed 04/19/2020.
  6. Medicare Benefit Policy Manual, Publication 100-02, Chapter 1, (Rev. 234, 03-10-17). Section 70 - Inpatient Services in Connection with Dental Services (Rev. 1, 10-01-03). <https://www.cms.gov/Regulations-and-Guidance/Guidance/Manuals/Downloads/bp102c01.pdf>. Published 2017. Accessed 04/19/2020.
  7. Medicare National Coverage Determinations (NCD) Manual, Publication 100-03, Chapter 1, Part 4 (Sections 200-310.1), Coverage Determinations (Rev. 198, 06-29-17). Section 260.6 - Dental Examination Prior to Kidney Transplant (Rev. 1, 10-03-03). [https://www.cms.gov/Regulations-and-Guidance/Guidance/Manuals/Downloads/ncd103c1\\_Part4.pdf](https://www.cms.gov/Regulations-and-Guidance/Guidance/Manuals/Downloads/ncd103c1_Part4.pdf). Published 2017. Accessed 04/19/2020.