

PROVIDER REIMBURSEMENT GUIDANCE			
Dental Providers Filing Eval & MGMT for Medical Reasons			
Original Date Approved	Effective Date Senior Care Options/One Care	Effective Date Medicare Advantage*	Revision Date
05/10/2022	08/01/2022	08/01/2022	
Scope: Commonwealth Care Alliance (CCA) Product Lines			
☐ Senior Care Options (MA)			
☐ One Care (MA)			

PAYMENT POLICY SUMMARY:

CCA reimburse evaluation and management services when rendered in accordance with Center for Medicare Services (CMS) guidelines.

DEFINITIONS:

Medical Conditions: Medical conditions include but are not limited to malignant or benign neoplasms of the lip, tongue, or floor of the mouth; diseases of salivary glands; or cyst removal from the area of the mouth.

Dental Conditions: Typically, services in connection with the care, treatment, filling, removal, or replacement of teeth or structures directly supporting teeth (defined as the periodontium, including the gingivae, periodontal membrane, cementum of the teeth, and the alveolar bone [i.e., alveolar process and tooth sockets]) on which the procedure is performed are not covered as a medical benefit. However, certain medical conditions warrant the removal of teeth especially in preparation for radiation treatment for neoplastic diseases involving the jaw.

CMS allows oral examinations for medical conditions such as prior to renal transplant and/or heart valve replacement surgery and not for the care of the teeth or structures directly supporting the teeth (for definition see above). The examination is for the identification, prior to a complex surgical procedure, of existing medical problems where the increased possibility of infection would not only reduce the chances for successful surgery but would also expose the patient to additional risks in undergoing such surgery.

AUTHORIZATION REQUIREMENTS:

Applicable CCA referral, notification and authorization policies and procedures apply. For more information on prior authorizations, please refer to the Prior Authorization Requirements in the plan specific Provider Manual.

REIMBURSEMENT GUIDELINES:

An oral or dental examination (not treatment) on an inpatient basis performed as part of a comprehensive workup prior to kidney transplantation or heart valve replacement surgery is covered for all dental providers including an OMS, General Dentist, Periodontist, Endodontist, Orthodontist, Prosthodontist, and Pedodontics.



REIMBURSEMENT GUIDELINES (cont.):

Dental providers are covered for extractions done in preparation for radiation treatment for neoplastic diseases involving the jaw under the member's medical benefit.

BILLING and CODING GUIDELINES:

Special claims filing instructions for dental extractions CCA for Medicare Advantage members:

- Dental providers: To ensure correct claims processing, the unlisted CPT code below should be filed on a CMS 1500 form.
- 41899 Unlisted Procedure Codes, dentoalveolar structure. CCA will reimburse
 medically necessary and authorized unlisted procedures and services when they
 are submitted with the appropriate supporting documentation. All claims submitted
 with unlisted procedure codes are subject to Clinical Review. Claims submitted
 without supporting documentation may be denied

The following Evaluation and Management service codes are covered when filed by an OMS for a medical condition for: 99202- 99215

An Oral Maxillofacial Surgeon (OMS) can file an E&M service for a non-covered, non-medical condition by appending the E&M code with a GA modifier (Waiver liability statement on file). When this is filed, the claim will deny as non-covered, and the member will be liable.

RELATED SERVICE POLICIES:

Unlisted Procedures

AUDIT and DISCLAIMER:

As every claim is unique, the use of this policy is neither a guarantee of payment nor a final prediction of how specific claim(s) will be adjudicated. Claims payment is subject to member eligibility and benefits on the date of service, coordination of benefits, referral/authorization, and utilization management guidelines when applicable and adherence to plan policies, procedures, and claims editing logic. CCA has the right to conduct audits on any provider and/or facility to ensure compliance with the guidelines stated in this payment policy. If such an audit determines that your office/facility did not comply with this payment policy, CCA has the right to expect your office/facility to refund all payments related to non-compliance.

REFERENCES:

- CMS Medical Dental Coverage
- NCD for Dental Examination Prior to Kidney Transplantation

POLICY TIMELINE DETAILS:

1. Effective 08/01/2022