

Coverage of any medical intervention discussed in a Medica medical policy is subject to the limitations and exclusions outlined in the member's benefit certificate or summary plan description (SPD) and to applicable state and/or federal laws.

Services Related to Dental Care

MP9271

Covered Service: Yes

Prior Authorization

Required: No

Additional Types of covered anesthesia varies by state. Please see the member certificate for anesthesia services eligible for coverage.

Medica Medical Policy:

- 1.0 Hospital, ambulatory surgical treatment center and office charges related to dental procedures and/or general anesthesia for dental care do not require prior authorization when indicated in the member's benefit certificate or summary plan description.
- 2.0 Unless specifically indicated in the member certificate and/or summary plan description, anesthesia for dental procedures and/or hospital, ambulatory surgical treatment center and office charges related to dental procedures do not require prior authorization and are considered medically necessary if the member meets ANY of the following criteria:
 - 2.1 The member is severely disabled; **OR**
 - 2.2 Has a <u>medical or behavioral condition</u> that requires hospitalization or general anesthesia for dental care, such as those individuals with an American Society of Anesthesiologists (ASA) Physical Status Classification of P3 or greater; **OR**
 - 2.3 For individuals whom conscious sedation would be inadequate or contraindicated;
 OR
 - 2.4 The member requires extensive dental procedures with a medical history of uncontrolled bleeding, severe cardiac or respiratory conditions, or <u>other medical</u> condition that renders in-office treatment not medically appropriate;
 - 2.4.1 This includes members physical, intellectual, or medically compromising conditions such as, intellectual development disorder (IDD), cerebral palsy, epilepsy, autism spectrum disorder, hyperactivity (verified by appropriate medical documentation); OR
 - 2.5 Has a history of severe postoperative complications following oral or dental surgery; **OR**
 - 2.6 Requires bony impacted teeth extractions; **OR**
 - 2.7 Is extremely uncooperative, fearful, unmanageable, anxious, or uncommunicative with dental needs of such magnitude that treatment should not be postponed or deferred and for whom lack of treatment can be expected to result in dental or oral pain, infection, loss of teeth, or other increased oral or dental morbidity.



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