

Subject: Dental Services (including Accidental Dental)	
<input type="checkbox"/> Original	Original Committee Approval: November 5, 1998
<input checked="" type="checkbox"/> Revised	Last Committee Approval: December 3, 2008
	Last Review: November 2008

Background

There is appreciable variation in the type of allowed benefits that each of CHP's product lines (e.g., Healthy Options, Medicare Advantage, or Basic Health) offer for dental services. This guideline serves to clarify the key dental-related covered benefits requiring prior authorization under each of these product lines

Medical necessity determinations will primarily be based on whether or not the particular service requested meets coverage criteria, as specified below. (**Please refer to each product line's certificate of coverage for more details.*)

Basic Health Plan

***Note: Routine dental services are not covered.**

Accidental Dental (non-emergent):

- **Prior authorization is required for:**
 - Repair needed due to accidental injury to sound natural teeth or jaw, including replacement of teeth, provided that repair starts 90 days after injury, as determined medically necessary by the Plan

Dental Anesthesia:

- **Prior authorization is required:**
 - When a dental procedure cannot be performed in a dental office due to underlying medical condition and/or clinical status
 - (Both anesthesia and subsequent facility charges are included)

Special Dental Services:

- **Prior authorization is required for:**

- Extractions that become necessary because of cancer-related medical procedures (i.e., oncology, radiation, chemotherapy)
- Reconstructive surgery for cleft palette
- Reduction of a fracture or dislocation of the jaw or facial bones.
- Excision of tumors or cysts of the jaw, cheeks, lips, tongue, gums, roof and floor of the mouth.
- Incision of salivary glands and ducts.

Healthy Options, S-CHIP, S-MED, and Basic Health Plus

Generally, no prior authorization is required for Dental Services. *However, please note:

- CHP will generally cover Accidental, Anesthesia, Routine, and Special (Medically Necessary) Services only if these are not performed by dentists and oral surgeons. (An example of this would be initial evaluation and treatment of a dental abscess by a primary care provider.)
- For services rendered by dentists and oral surgeons, DSHS provides coverage under Fee-for -Service arrangements. *(Please refer to the certificate of coverage for more details.)*

CHP will cover certain services, as specified below. **These require prior authorization:**

- Dental extractions that become necessary because of medical procedures (i.e., oncology, radiation, chemotherapy)
- Reconstructive surgery for cleft palette

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Routine and Accidental Dental Services are not covered by the Plan. Some of these services are offered through DSHS Fee-for-Service. *(Please refer to certificate of coverage for more details).*

Some medically necessary dental services are covered by the Plan, if not performed by dentists or oral surgeons. (An example of this would be initial evaluation and treatment of a dental abscess by a primary care provider.) **No prior authorization is needed for these.**

Dental Anesthesia:

- **Prior Authorization is required**, but services are limited only to certain medical conditions, as determined by CHP

Medicare Advantage and Medicare Advantage with Pharmacy

***Routine Dental Services are not covered.**

Accidental Dental (non-emergent):

- **Prior Authorization is required:**
 - Must be determined to be medically necessary by the Plan

Dental Anesthesia:

- **Prior Authorization is required:**
 - When a dental procedure cannot be performed in a dental office due to underlying medical condition and/or clinical status
 - (Both anesthesia and subsequent facility charges are included)

Medicare Advantage/Special Needs Plan

***Routine Dental Services are covered by CHP as an enhanced benefit. These do not require prior authorization. (Please refer to the certificate of coverage for more detail.)**

Accidental Dental (non-emergent):

- **Prior Authorization is required:**
 - Must be determined to be medically necessary by the Plan

Dental Anesthesia:

- **Prior Authorization is required:**
 - When a dental procedure cannot be performed in a dental office due to underlying medical condition and/or clinical status
 - (Both anesthesia and subsequent facility charges are included)

Required Approvals

Prior authorization by the CHP Medical Director or his/her designee.