

Payment Policy | Dental Providers Filing Evaluation and Management for Medical Reasons



EFFECTIVE DATE: 06|02|2009

POLICY LAST UPDATED: 07|05|2023

OVERVIEW

The policy documents the claim filing process for dental providers rendering an office visit or service for or medical conditions.

PRIOR AUTHORIZATION

Not applicable

POLICY STATEMENT

Medicare Advantage Plans:

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 Pedodontist.

Dental providers are covered for extractions done in preparation for radiation treatment for neoplastic diseases involving the jaw under the member's medical benefit. ^{1,2} (See special claims filing instructions below in the Coding and Reimbursement section of the policy).

Commercial:

E & M services for oral examinations are covered for Oral Maxillofacial Surgeon (OMS) when rendered for a medical condition under the member's medical coverage.

E & M services for dental examinations are not covered when reported by other dental providers (excluding OMS) such as, General Dentists, Periodontists, Endodontists, Orthodontists, Prosthodontist, and Pedodontics.

MEDICAL CRITERIA

Not Applicable

BACKGROUND

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.

Medicare 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.

Medicare Advantage Plans

Despite the "dental services exclusion" in §1862(a)(12) of the Act (see the Medicare Benefit Policy Manual, Chapter 16, "General Exclusions from Coverage," §140), an oral or dental examination performed on an inpatient basis as part of a comprehensive workup prior to renal transplant surgery is a covered service. This is because the purpose of the examination is not for the care of the teeth or structures directly supporting the teeth. Rather, 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. Such a dental or oral examination would be covered under Part A of the program if performed by a dentist on the hospital's staff, or under Part B if performed by a physician. (When performing a dental or oral examination, a dentist is not recognized as a physician under §1861(r) of the Act.) (See the Medicare General Information, Eligibility, and Entitlement Manual, Chapter 5, "Definitions," §70.2, and the Medicare Benefit and Entitlement Manual, Chapter 15, "Covered Medical and Other Health Services," §150.)

COVERAGE

Medicare Advantage Plans and Commercial Products

Benefits may vary. Please refer to the appropriate Evidence of Coverage, Subscriber Agreement, or Benefit Booklet for applicable benefits/coverage.

CODING

Medicare Advantage Plans

Special claims filing instructions for dental extractions for BlueCHiP for Medicare members:

Dental providers: To insure correct claims processing, the unlisted CPT code below should be filed on a CMS 1500 form.

41899 Unlisted procedure, dentoalveolar structure

Medicare Advantage Plans and Commercial Products

The following Evaluation and Management service codes are covered when filed by an OMS for a medical condition for: 99201- 99215

An 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 POLICIES

Unlisted Procedures

PUBLISHED

Provider Update, September 2023

Provider Update, April 2020

Provider Update November 2018

REFERENCES

1. National Coverage Determination (NCD) for Dental Examination Prior to Kidney Transplantation (260.6)
<https://www.cms.gov/medicare-coverage-database/details/ncd-details.aspx?NCDId=194&ncdver=1&bc=AAAAgAAAAAAAA&>
2. CMS.GOV, Medicare Dental Coverage .
<https://www.cms.gov/Medicare/Coverage/MedicareDentalCoverage/index>

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