

# Medical Coverage Policy



**Blue Cross  
Blue Shield**  
of Rhode Island

## Oral Surgeons Filing Evaluation and Management Services for Medical Reasons

Device/Equipment    Drug    Medical    Surgery    Test    Other

<b>Effective Date:</b>	<b>06/02/2009</b>	<b>Policy Last Updated:</b>	<b>6/1/2010</b>
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**Prospective review is recommended/required. Please check the member agreement for preauthorization guidelines.**

**Prospective review is not required.**

### **Description:**

The policy addresses office visit reimbursement filed by any dental provider for medical conditions.

### *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 alveolarbone [i.e., alveolar process and tooth sockets]) on which the procedure is performed are not covered as a medical benefit.

### *For Medicare members:*

Medicare allows oral examinations 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). 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.

### **Medical Criteria:**

Not applicable as this is a reimbursement policy.

### **Policy:**

#### ***Covered for All BCBSRI Products:***

E & M services provided by an Oral Maxillofacial Surgeon (OMS) are **covered for all product lines** under the member's medical coverage when rendered for a **medical condition(s)**.

**Covered for BlueCHIP for Medicare:**

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 by all dental providers including an OMS, and a General Dentist, Periodontist, Endodontist, Orthodontist, Prosthodontist, and Pedodontist. **In addition**, dental extractions done in preparation for radiation treatment for neoplastic diseases involving the jaw are covered under the member's medical benefit. <sup>1,2</sup>

**Non-covered for All BCBSRI Products:**

E&M services provided by all other dental providers (excluding OMS) such as, General Dentists, Periodontists, Endodontists, Orthodontists, Prosthodontist, and Pedodontists are **not covered**.

**Coverage:**

Benefits may vary between groups/contracts. Please refer to the appropriate evidence of coverage or Subscriber Agreement for the applicable office visits benefits/coverage.

**Coding & Reimbursement:**

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

**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 Topics:**

Dental Services for Accidental Injury

Oral Surgeons Filing Anesthesia Services

Oral Surgeons Filing Evaluation and Management Services

Dental Service Performed in Outpatient Hospital/Ambulatory Surgical Facility

**Publications:**

*Provider Update*, August 2009

*Provider Update*, August 2010

**References:**

<sup>1</sup>Centers for Medicare and Medicaid Services: Medicare Dental Coverage: Overview. Accessed 04/23/2010

<http://www.cms.hhs.gov/MedicareDentalCoverage/>

<sup>2</sup> From CMS: NCD for Dental Examination prior to Kidney Transplantation, No. 260.6

[http://www.cms.hhs.gov/mcd/viewncd.asp?ncd\\_id=260.6&ncd\\_version=1&basket=ncd%3A260%2E6%3A1%3ADental+Examination+Prior+to+Kidney+Transplantation](http://www.cms.hhs.gov/mcd/viewncd.asp?ncd_id=260.6&ncd_version=1&basket=ncd%3A260%2E6%3A1%3ADental+Examination+Prior+to+Kidney+Transplantation)

This medical policy is made available to you for informational purposes only. It is not a guarantee of payment or a substitute for your medical judgment in the treatment of your patients. Benefits and eligibility are determined by the member's subscriber agreement or member certificate and/or the employer agreement, and those documents will supersede the provisions of this medical policy. For information on member-specific benefits, call the provider call center. If you provide services to a member which are determined to not be medically necessary (or in some cases

medically necessary services which are non-covered benefits), you may not charge the member for the services unless you have informed the member and they have agreed in writing in advance to continue with the treatment at their own expense. Please refer to your participation agreement(s) for the applicable provisions. This policy is current at the time of publication; however, medical practices, technology, and knowledge are constantly changing. BCBSRI reserves the right to review and revise this policy for any reason and at any time, with or without notice.