

## Medical Policy

### Dental Treatment Setting

**Policy Number:** 017

	Commercial and Qualified Health Plans	MassHealth	Medicare Advantage
Authorization required	X	X	X
No Prior Authorization			

#### Overview

The purpose of this document is to describe the guidelines Mass General Brigham Health Plan utilizes to determine the medical appropriateness for the setting in which oral maxillofacial surgery and/or dental procedures are to be provided. The treating specialist must request prior authorization.

#### Coverage Guidelines

Mass General Brigham Health Plan covers a medically necessary acute hospital or surgical day care (SDC) setting, including the administration of general anesthesia or monitored anesthesia care (MAC) by a licensed anesthesiologist or anesthesiologist when the setting is medically necessary for the safe delivery of oral maxillofacial surgery and/or dental procedures. For dental procedures in an SDC, Mass General Brigham Health Plan's coverage, if prior authorized, is limited to facility and anesthesia charges unless otherwise noted in the member's materials.

**Note:** Services performed in dental offices located within an acute hospital may not meet the definition of an acute care hospital or a surgical day care setting.

Prior authorization for the acute hospital setting or SDC setting does not automatically include coverage for dental procedures. Mass General Brigham Health Plan does cover medically necessary oral/maxillofacial surgery procedures when the procedures are covered under the member's Mass General Brigham Health Plan benefit plan and the relevant criteria outlined in the [Oral and Maxillofacial Surgery and Procedures Medical Policy](#) is met; prior authorization is required.

Mass General Brigham Health Plan covers emergency dental procedures and setting only when there is a traumatic injury to sound, natural, and permanent teeth caused by a source external to the mouth, and the emergency dental procedures and setting are provided in a hospital emergency room or operating room within 72 hours following the injury.

#### Acute Hospital setting or SDC setting for oral maxillofacial surgery and/or dental procedures

Mass General Brigham Health Plan covers medically necessary acute hospital or SDC setting when the member has any of the indications listed below:

1. *Commercial Member up to age 48 months old*, when there is medical record documentation of the following:
  - a. The member has rampant decay with a need for oral rehabilitation; and
  - b. There has been at least one unsuccessful attempt to treat the member in the office setting.
2. Member with severe oppositional and uncooperative behavior due to medical/behavioral conditions, when there is medical record documenting the following:

- a. The member requires medically necessary treatment of dental needs of high complexity, or requires medically necessary oral maxillofacial surgery including the removal of impacted wisdom teeth;

And when;

- a. There has been one unsuccessful attempt to treat in the office setting by an oral maxillofacial surgeon (OMFS) or dentist who is certified in office-based procedural sedation and analgesia; or
- b. The PCP or attending practitioner's reasoning of why the member's functional or behavioral impairment inhibits the safe delivery of care in an office setting accounting for the level of dental needs.

- 3. Member with extreme apprehension and anxiety manifesting as significant oppositional and uncooperative behavior during treatment when there is medical record documentation of the following:

- a. The member requires medically necessary treatment of dental needs of high complexity, or requires medically necessary oral maxillofacial surgery including the removal of impacted wisdom teeth;

And when;

- b. There has been one unsuccessful attempt to treat in the office setting and a description of how the member's functional or behavioral impairment inhibited the safe delivery of care in an office setting. One attempt must include an evaluation by an OMFS or dentist who is certified in office-based procedural sedation and analgesia.

- 4. Member with a co-existing medical condition that might inhibit the safe delivery of care in an office setting when there is medical record documentation of the following:

- a. The member requires medically necessary treatment of a dental condition, or requires medically necessary oral maxillofacial surgery including the removal of impacted wisdom teeth;
- b. The dental procedure oral maxillofacial surgery cannot be safely delayed to stabilize the medical condition in order to perform the procedure in an office setting; and
- c. There is documentation of one or more of the following medical conditions, with a rationale from PCP or appropriate consultant as to why the procedure cannot be safely and effectively performed in an office setting:
  - i. A severe medical condition(s) that results in the inability to walk up one flight of stairs or two level city blocks, but stops en route because of distress;
  - ii. Pulmonary disease with pulmonary function measurement of FEV1 < 60% of predicted;
  - iii. Moderate to severe asthma that is poorly controlled;
  - iv. Evidence of acute cardiac disease, current angina, patterns of CHF (class III or IV), moderate to severe aortic stenosis, symptomatic mitral stenosis, or an MI within 6 months;
  - v. Poorly controlled hypertension;
  - vi. Obesity with BMI>40;
  - vii. Bleeding disorder that cannot be improved sufficiently to safely perform the procedure in an office setting;
  - viii. Potential difficult airway management (i.e., history of difficult intubation, neuromuscular disease, significant cervical spinal disease, deformities of the mouth or jaw impeding airway);
  - ix. History of adverse reaction to anesthesia or sedation;
  - x. Other medical conditions felt to inhibit the safe delivery of care in an office setting with the clinical notes and rationale provided from the PCP and appropriate specialist as applicable

- 5. Member requires medically necessary oral maxillofacial surgery whose complexity precludes the safe delivery in an office setting, when there is medical record documentation of the medical necessity for the procedure and one of the following:

- a. Anticipated prolonged and/or complex oral and maxillofacial procedure; or



- b. Impacted tooth that requires prolonged or complex surgery because of one the following characteristics: is adjacent to a neuro-vascular bundle or is adjacent to a maxillary sinus at risk for fracture, or is associated with oral pathology (e.g., cyst, tumor), or is in an ectopic position.

### Exclusions

1. Acute hospital setting or SDC setting for oral maxillofacial surgery and/or dental procedures when the criteria noted above are not met.
2. For a member with anxiety only.
3. For members receiving non-medically necessary, discretionary, or cosmetic procedures.
4. Dental services except when explicitly stated in the member handbook and when prior authorization has been obtained.

### Medicare Variation

Mass General Brigham Health Plan uses guidance from the Centers for Medicare and Medicaid Services (CMS) for coverage determinations for its Medicare Advantage plan members. National Coverage Determinations (NCDs), Local Coverage Determinations (LCDs), Local Coverage Articles (LCAs) and documentation included in the Medicare manuals are the basis for coverage determinations. When there is no guidance from CMS for the requested service, Mass General Brigham Health Plan's medical policies are used for coverage determinations.

**At the time of Mass General Brigham Health Plan's most recent policy review, there was no NCD or LCD for dental treatment setting.**

### MassHealth Variation

Mass General Brigham Health Plan uses guidance from MassHealth for medical necessity determinations for its MassHealth ACO members. **At Mass General Brigham Health Plan's most recent policy review, MassHealth did not have medical necessity guidelines for dental treatment setting.**

### Related Policies

- [Oral and Maxillofacial Surgery and Procedures](#)

### Summary of Evidence

Dental care for medically and behaviorally complex patients poses challenges. When medical conditions and/or behavioral health conditions preclude the safe provision of dental care in the office setting, a surgical day center or hospital operating room (OR) may be necessary. However, the evidence base is weak for identifying patients who are unable to safely undergo dental procedures in the office setting. High-quality studies have not focused on the safety of office-based dental procedures for patients with medical complexity and/or patients with developmental, psychiatric, and/or behavioral disorders. Randomized controlled trials comparing sedation and general anesthesia for pediatric dental care are lacking (Ashley, Williams, Moles, Parry 2015).

Reviews, consensus guidelines, and policy statements highlight the essential role of hospital-based dentistry for certain patients with special healthcare needs (SHCN). In their review, Velan and Sheller (2013) state that in-office sedation or general anesthesia may be unsafe for patients with SHCN and/or severe behavioral limitations, and that most patients who require care in a hospital OR are considered class II or III in the American Society of Anesthesiologists classification system. They also state that a comprehensive dental examination should be performed, to the degree possible based on behavioral constraints, before care under general anesthesia (GA) is considered, to identify patients for whom the benefits of treatment outweigh the risks of GA. Both Velan and Sheller and the AAPD Pediatric Oral Health Research and Policy Center state that in-office general anesthesia may be an appropriate option for ASA class I patients and for some ASA class II patients (American Academy of Pediatric Dentistry 2021). An AAPD policy statement affirms that the optimal site of care for some patients with medical complexity or with urgent treatment needs is a hospital or outpatient surgical center (AAPD 2024). The ASA states that "[p]rolonged and extensive procedures with longer periods of sedation



and anesthesia care are of concern in the office-based setting and qualified anesthesia providers, in consultation with patients and parents, should consider more suitable facilities for the procedure” (ASA 2022).

On the basis of these consensus statements and guidelines, and the limited evidence that is available, Mass General Brigham Health Plan considers acute hospital or surgical day care to be medically necessary when members cannot safely be treated in the office setting, including patients with ASA class  $\geq$ II comorbidities or substantive behavioral concerns, or when the complexity of the oral surgery procedure requires hospital facilities.

### Effective

July 2025: Annual review. Added MassHealth variation. Added hyperlinks to [Oral and Maxillofacial Surgery and Procedures everywhere medical policy](#) is mentioned.

April 2025: Off-cycle review. Clarified Medicare variation. Summary of evidence added. References updated.

July 2024: Annual review.

July 2023: Annual review. Medicare Advantage added to table. Under Acute Hospital setting or SDC setting, revised interventions from two attempts to at least one attempt. Medicare Variation language added.

References updated.

May 2023: Off-cycle review. Non-material changes made for clarity purposes. Added statement under table on page 1. Added statement regarding MassHealth members to exclusion #2 referencing MassHealth authorization.

July 2022: Annual review. References updated.

July 2021: Annual review. Policy clarified to update Coverage Guidelines section. Added the words “general” and “or monitored anesthesia care (MAC)”. Removed words “requiring dental procedures”. References updated.

July 2020: Annual review. Asterisk added to Table 1 MassHealth column and Exclusion 2. References updated.

July 2019: Annual review. Under General Guidelines, clarifying sentence added regarding services performed in dental offices. References updated.

October 2018: Annual review.

July 2017: Removed age limitation for MassHealth members requiring acute hospital setting or SDC setting for dental procedures. Changed policy name from Oral Maxillofacial/Dental Treatment Setting to Dental Treatment Setting.

September 2016: Annual review.

September 2015: Annual review.

October 2014: Effective date.

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