



CLINICAL CRITERIA FOR UM DECISIONS

Anesthesia and Facility Charges for Dental Services

CHP provides coverage for anesthesia and facility charges needed for medically necessary dental services, as required by Section 1862 (a)(12) of the Social Security Act, when payment is made under part A in the case of inpatient hospital services in connection with the provision of such dental services if the individual, because of his underlying medical condition and clinical status or because of the severity of the dental procedure, requires hospitalization in connection with the provision of such services.

Medical Necessity Approvals to be made by:

- ☒ Medical Director
- ☒ Physician Reviewer
- ☒ Utilization Management Nurse
- ☒ Nurse Reviewer
- ☒ Authorized CCD staff when UM criteria are met

These Criteria apply to the following product when determined to be included in the member's benefit package:

- ☒ Medicare

References:

CMS website: <https://www.cms.gov/Medicare/Coverage/MedicareDentalCoverage>

QIMT Review 3/2/06

Approved by QIMT 1/20/05, 3/30/06, 12/21/06, 12/4/07, 12/18/08, 12/10/09, 12/9/10, 12/8/11, 12/20/12, 12/19/13, 11/6/14

Approved by UMWG 8/21/15, 8/30/18, 11/7/19, 12/10/20, 12/9/21, 12/8/22

Approved by G&A 11/3/16, 11/30/17

Capital Health Plan reserves the right to make changes to these criteria at any time to accommodate changes in medical necessity and industry standards.