



Medica Central Coverage Policy

Policy Name: Services Related to Dental Care MP9271

Effective Date: 01/01/2026

Important Information – Please Read Before Using This Policy

These services may or may not be covered by all Medica Central plans. Coverage is subject to requirements in applicable federal or state laws. Please refer to the member's plan document for other specific coverage information. If there is a difference between this general information and the member's plan document, the member's plan document will be used to determine coverage. With respect to Medicare, Medicaid, and other government programs, this policy will apply unless these programs require different coverage.

Members may contact Medica Customer Service at the phone number listed on their member identification card to discuss their benefits more specifically. Providers with questions may call the Provider Service Center. Please use the Quick Reference Guide on the Provider Communications page for the appropriate phone number. <https://mo-central.medica.com/Providers/SSM-employee-health-plan-for-IL-MO-OK-providers>

Medica Central coverage policies are not medical advice. Members should consult with appropriate health care providers to obtain needed medical advice, care, and treatment.

Coverage Policy

Services related to dental procedures (i.e., anesthesia* and/or hospital/ambulatory surgical treatment center/office place of service care) are medically necessary and are **COVERED** when documentation in the medical record indicates the individual has **at least one of the following**:

*NOTE: Types of covered anesthesia vary by state. Please see the member plan document for anesthesia services eligible for coverage.

1. Is severely disabled.
2. Has a medical or behavioral condition that requires hospitalization or general anesthesia for dental care (e.g., an American Society of Anesthesiologists (ASA) Physical Status Classification of P3 or greater).
3. Conscious sedation is inadequate or contraindicated.
4. Extensive dental procedures required and a medical history that renders in-office treatment not medically appropriate (e.g., uncontrolled bleeding, severe cardiac conditions, severe respiratory conditions, etc.**).

**NOTE: This also includes members physical, intellectual, or medically compromising conditions such as, intellectual development disorder (IDD), cerebral palsy, epilepsy, autism spectrum disorder, and/or hyperactivity (verified by appropriate medical documentation).

5. A history of severe postoperative complications following oral or dental surgery.
6. Bony impacted teeth extractions are required.



Medica Central Coverage Policy

7. Is extremely uncooperative, fearful, unmanageable, anxious, or uncommunicative with dental needs of such magnitude that treatment should not be postponed or deferred and for whom lack of treatment can be expected to result in dental or oral pain, infection, loss of teeth, or other increased oral or dental morbidity.

Description

Dental anesthesia can be administered through various methods, including topical gels, injections, or inhaled gases (e.g., nitrous oxide). Local anesthesia (which is commonly used for procedures like fillings, extractions, and root canals) blocks pain signals from specific areas of the mouth. Sedation (i.e., mild relaxation to general anesthesia) may also be used for patients with dental anxiety or for longer or more complex treatments.

The place-of-service for dental procedures is defined as the actual location where the service was provided. These include, but may not be limited to:

- Dental office
- Hospital based
 - Inpatient
 - Outpatient
 - Ambulatory surgical center, hospital-based
 - Emergency room
- Ambulatory surgical center, free-standing
- Independent clinic (e.g., orthodontic office)
- Telehealth.

Prior Authorization

Prior authorization is not required. However, services with specific coverage criteria may be reviewed retrospectively to determine **if criteria are being met. Retrospective denial may result if criteria are not met.**

Coding Considerations

Use the current applicable CPT/HCPCS code(s). The following codes are included below for informational purposes only, and are subject to change without notice. Inclusion or exclusion of a code does not constitute or imply member coverage or provider reimbursement.

CPT Codes

Use the current applicable CPT/HCPCS code(s).



Medica Central Coverage Policy

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