

Dental Care

Policy

Harvard Pilgrim reimburses dental services to contracted providers when the service is a covered benefit. Dental benefits may vary greatly among employer groups. For benefit determination, call the Provider Service Center at 800-708-4414.

Prerequisite(s)

Applicable Harvard Pilgrim referral, notification and authorization policies and procedures apply. (Refer to *Referral, Notification and Authorization* for more information.)

HMO/POS/PPO

- A referral is required for specialist services for HMO and in-network POS members, except for emergency dental procedures, preventive care and outpatient removal of bony impacted teeth.
- Prior authorization is required for dental care and extractions performed inpatient or in day surgery (Refer to *Dental Benefit Clinical Review* for specific requirements.)

Open Access HMO and POS

For *Open Access HMO and Open Access POS* products, no referral is required to see a contracted specialist.

Harvard Pilgrim Reimburses¹

HMO/POS/PPO

- Two preventive in-office dental examinations per calendar year for children up to the age limit determined by the member's benefit coverage and for adults with an employer-purchased dental rider inclusive of cleaning, fluoride treatment, scaling and instruction on plaque control once per calendar year.
- Bilateral bitewing x-rays once per calendar year.
- Orthodontic treatment of cleft palate.
- Up to five periapical x-rays or one intra-oral occlusal x-ray per calendar year for children only (up to the age limit determined by the member's benefit coverage).
- Treatment of cleft palate and cleft lip in compliance with the MA state mandate
- Urgent or emergent care after accidental injury to sound, natural teeth including the following services, when provided within three days (72 hours) of the initial injury or within timeframe determined by state mandate.
 - Initial diagnostic exam and x-rays if necessary.
 - Suturing and suture removal (suture removal exempt from three-day limit).
 - Re-implantation and/or stabilization of dislodged natural teeth at the time of the injury.
 - Repositioning and/or stabilization of partially dislodged natural teeth at the time of the injury.
 - Extractions that are medically necessary to prevent infection of sound, natural teeth loosened or fractured in the injury.
 - Medication received from the provider.
 - Prescription medication ordered by the provider is covered only for members with prescription drug coverage.

Harvard Pilgrim Does Not Reimburse

HMO/POS/PPO

- Dental care for broken or missing fillings
- Dental prostheses designed to replace teeth lost through infection, disease, decay, or the treatment of these conditions (including dentures, crowns, bridges, onlays, inlays and implants)
- Endodontic care (root canals)
- Nitrous oxygen
- Oral brush biopsy

- Orthodontic services (braces, retainers, Hawley appliance)
- Periapical x-rays or intraoral occlusal X-rays for adults
- Periodontal services
- Restorative services (fillings, composites, amalgams, bonding, acid etch, crowns)
- TMJ/TMD consults or treatment performed by dentists

Member Cost-Sharing

Services subject to applicable member out-of-pocket cost (e.g., copayment, coinsurance, deductible).

Medical Record Documentation and Physician Queries

Harvard Pilgrim will not accept retrospectively amended medical records or physician queries beyond 30 days from the date of service. Harvard Pilgrim considers medical record documentation and/or physician queries upon review as the official record to support services provided for the basis of coverage or reimbursement determination. Clinical documentation or physician queries amended over 30 days from the date of service will not be accepted to defend reimbursement, increase reimbursement, or for consideration of a previously denied claim.

A late entry, an addendum or a correction to the medical record, must bear the current date of that entry and should be signed by the person making the addition or change.

Provider Billing Guidelines and Documentation

Coding²

Code	Description	Comments
D0220, D0230	Periapical film—first radiographic image; each additional radiographic image	Reimbursed for children only; up to five per calendar year
D7230	Removal of impacted tooth, partially bony	Bill total # of teeth removed on one line with a count
D7240	Removal of impacted tooth, completely bony	
D7288, D0486	Brush biopsy—transepithelial sample collection. Accession of brush biopsy sample, microscopic exam, prep and transmission of written report	Not reimbursed
D8060	Interceptive orthodontic treatment of the transitional dentition	Reimbursed only with one of the following diagnosis codes in the primary position:
D8070	Comprehensive orthodontic treatment of the transitional dentition	<u>ICD-10 Covered Indications</u>
D9222/D9223	Deep sedation/general anesthesia	Bill each on one line with a count for the total amount of time.
D9239/D9243	Intravenous moderate (conscious) sedation/analgesia	Bill each on one line with a count for the total amount of time.
	Sales tax	Not reimbursed

Cleft Palate Treatment

- Harvard Pilgrim reimburses cleft palate procedures in compliance with the MA state mandates up to the age of 18 when one of the following diagnoses are submitted in the primary position:

ICD-10 Covered Indications

Other Information

- Bill medically necessary emergency care (accidental injury only) using appropriate CDT4 codes.

PAYMENT POLICIES

- Bill the same procedure performed multiple times at the same session on one line with a count.
- Bill medically necessary dental exams for members undergoing head and neck radiation or transplant services using the appropriate code (CDT codes D0120-D0180).
- Dental paper claims may be submitted on either the American Dental Association (ADA-J400) or CMS-1500 form.
- Electronic claims must be submitted in the 837 Professional format.
- Members of the Harvard Pilgrim Essential Health Benefits (EHB) Pediatric Dental Plan must receive care through UnitedHealthcare's Dental Benefit Providers, Inc., a nationwide network of dentists, to get coverage for services

Related Policies

Payment Policies

- Non-covered Services
- Oral Surgery

Clinical/Authorization Policies

- Clinical Review of Dental Benefit Medical Review Criteria
- Dental Benefit Clinical Review Medical Policy

Billing & Reimbursement

- Claims Submission Guidelines

Referral, Notification and Authorization

- Prior Authorization Policy

PUBLICATION HISTORY

10/15/01	original documentation
07/01/02	added First Seniority limitation
10/01/02	added First Seniority limitations, preventive care and IV sedation
04/01/03	2003 coding update
10/31/04	TMJ consults by dentists
01/31/06	annual review and coding update; added oral brush biopsy not reimbursed
01/31/07	annual review, added billing form information
01/31/08	annual review; added orthodontic treatment of cleft palate under Harvard Pilgrim reimburses
01/31/09	annual review; added existing non coverage of dental prostheses and endodontic care to the does not reimburse section
11/15/09	annual review; no changes
11/15/10	annual review; update to "reimburse section, does not reimburse section, and coding grid
08/15/11	added language regarding state mandates
12/15/11	annual review; no changes
01/01/12	removed First Seniority Freedom information from header
11/15/12	annual review; added cleft palate MA mandate information
01/15/13	annual coding review
11/15/13	annual review; administrative edits
01/15/14	annual coding update; added D9985-non-covered
06/15/14	added <i>Connecticut Open Access HMO</i> referral information to prerequisites
11/15/14	annual review; no changes
01/15/15	annual coding review
07/15/15	ICD-10 coding update
11/15/15	annual review; added information for Pediatric Dental Plan
01/15/16	annual coding review
11/15/16	annual review; administrative edits
11/15/17	annual review; no changes
01/01/18	updated Open Access Product referral information under Prerequisites
02/01/18	annual coding update
11/01/18	annual review; administrative edits; removed references to ICD-9
11/01/19	annual review; no changes
11/02/20	annual review; updated Provider Billing Guidelines and Documentation; removed version 5010

PAYMENT POLICIES

11/01/21 annual review; updated related policies

¹This policy applies to the products of Harvard Pilgrim Health Care and its affiliates—Harvard Pilgrim Health Care of Connecticut, Harvard Pilgrim Health Care of New England, and HPHC Insurance Company—for services performed by contracted providers. Payment is based on member benefits and eligibility, medical necessity review, where applicable, and provider contractual agreement. Payment for covered services rendered by contracted providers will be reimbursed at the lesser of charges or the contracted rate. (Does not apply to inpatient per diem, DRG, or case rates.) HPHC reserves the right to amend a payment policy at its discretion. CPT and HCPCS codes are updated annually. Always use the most recent CPT and HCPCS coding guidelines.

²The table may not include all provider claim codes related to dental care.