

# POLICY AND PROCEDURE

<b>POLICY NAME:</b> Secondary Services to Primary Non-Covered Services	<b>POLICY ID:</b> DP.MM.001
<b>BUSINESS UNIT:</b> Centene / Envolve Dental, Inc.	<b>FUNCTIONAL AREA:</b> Medical Management
<b>EFFECTIVE DATE:</b> 12/09/2024	<b>PRODUCT(S):</b> Medicaid, Medicare, Commercial
<b>REVIEWED/REVISED DATE:</b>	
<b>REGULATOR MOST RECENT APPROVAL DATE(S):</b>	

**POLICY STATEMENT:** It is the policy of **Centene** / Envolve Dental, Inc. (Envolve) to identify and properly adjudicate dental services that may be covered benefits under standalone conditions but not covered benefits when they are performed as part of or an adjunct to a non-covered primary dental service.

## **PURPOSE:**

To outline principles and procedures necessary related to prior authorization and/or claim adjudication of supportive or secondary dental services when performed as a precursor to a non-covered primary service(s), with the intended desire to avoid member abrasion and balance billing that may result from an adverse benefit decision.

## **SCOPE:**

## **DEFINITIONS:**

Definitions and use of all dental services are as stated in the most recent publication of the American Dental Association's (ADA) Current Dental Terminology (CDT<sup>®</sup>) and the ADA CDT<sup>®</sup> Coding Companion manuals.

## **POLICY:**

It is Centene / Envolve's policy to not cover dental services otherwise covered on a standalone basis when they are performed or completed to support, form the foundation of, or complete a primary dental service that is not a covered benefit under any member's benefit plan. This applies even when the supportive or secondary services may be covered under other circumstances in the member's benefit plan. Examples applicable to this policy may be found in documents referenced in the Attachments section.

## **PROCEDURES:**

Dental procedure codes are often subject to prior authorization, pre-payment, and retrospective review by the Envolve Dental Utilization Management and Medical Management departments. Treatment plans, radiographs, or other documentation supporting the intended use for using these services are required to determine their intended use. If treatment plans and/or submitted documentation to identify the use of these codes are not provided, the review process will be suspended and the clinical supporting documentation requested from the provider. If submitted documentation demonstrates planned services are secondary to a non-covered primary service, a denial notification will be issued to the member and provider in accordance with all UM and Claims notification policies and regulations.

## **CODING IMPLICATIONS:**

Retrospective review/analysis or fraud, waste and abuse initiatives that identify mis-coding (upcoding) resulting in higher reimbursement than allowed for the correctly coded service, or does not provide documentation supporting performing and/or completing claimed services may result in the recoupment of the identified monetary variance by any of the following means: a) from the payment for other claimed services; or b) directly from the provider.

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**REFERENCES:**

1. American Dental Association's Current Dental Terminology (CDT®)
2. American Dental Association's CDT® Coding Companion
3. Envolve Dental Provider Manual
4. Envolve Dental Medicare Clinical Reference Guide

**ATTACHMENTS:**

1. DP.MM.001 Attachment A – Dental Services Not Covered When Supportive of Secondary to Non-Covered Primary Services

**ROLES & RESPONSIBILITIES:**

Both Utilization Management hygienist reviewers and Medical Management dental consultants are responsible for authorization and clinical claim review and determination.

**REVISION LOG**

REVISION TYPE	REVISION SUMMARY	DATE APPROVED & PUBLISHED
Re-number Policy		12/23
Annual Review		12/24

**POLICY AND PROCEDURE APPROVAL**

The electronic approval retained in RSA Archer, the Company's P&P management software, is considered equivalent to a signature.

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## DP.MM.001 – Attachment A

### Dental Services Not Covered When Supportive or Secondary to Non-Covered Primary Services

1. Dental implants (D6010 or D6013) placed to support and/or retain a non-covered implant/implant abutment supported removable or fixed denture for edentulous or partially edentulous arch – (D6110-D6117), or non-covered implant/implant abutment supported retainer crowns for implant bridges (D6068-D6077, D6098-D6099, D6121-D6123, D6194-D6195), none of which are covered services, are also non-covered services under these conditions
2. Prefabricated abutments (D6056), custom fabricated abutments (D6057), semi-precision abutments (D6191), and semi-precision attachments (D6192) placed to support and/or retain a non-covered implant/implant abutment supported removable or fixed denture for edentulous or partially edentulous arch – (D6110-D6117), or non-covered implant/implant abutment supported retainer crowns for implant bridges (D6068-D6077, D6098-D6099, D6121-D6123, D6194-D6195), none of which are covered services, are also non-covered services under these conditions
3. Oral conscious sedation (D9248), inhalation of nitrous oxide (D9230), behavior management (D9920), therapeutic drug administration (D9610, D9612), and infiltration of sustained release therapeutic drug (D9613) are not covered when supportive or secondary to non-covered IV sedation services (D9222, D9223, D9239, D9243).

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