

Benefit Coverage:

Covered Benefit for lines of business including:
Covered Benefit for lines of business including: For Medicare-Medicaid Plan (MMP) Integrity Only
Excluded from Coverage:
Extended Family Planning (EFP), Health Benefits Exchange (HBE), Rite Care (MED), Children with Special Needs (CSN), Substitute Care (SUB), Rhody Health Partners (RHP), Rhody Health Expansion (RHE)

Description:

This inpatient and physician service is covered despite the “Dental Services Exclusion” in Chapter 16 of the Medicare Benefit Policy Manual. Coverage is appropriate for an oral or dental examination performed on an inpatient basis as a part of a comprehensive workup prior to renal transplant. This is because the purpose of the examination is for the identification, prior to a complex surgical procedure, of existing medical problems where the increased possibility of infection would not only reduce the chances for a successful surgery but would also expose the patient to additional risks in undergoing such surgery.

Coverage Determination:

Coverage is appropriate for an oral or dental examination performed on an inpatient basis as a part of a comprehensive workup prior to renal transplant. Such a dental or oral examination would be covered if:

- performed by a dentist on the hospital staff
- performed by a physician.
- performed as an inpatient.

Exclusions:

Dental Exams are considered not covered for any indications not mentioned in the above criteria

Authorization Forms

Please access Prior Authorization forms by visiting Neighborhood’s website at www.nhpri.org

1. Go to the section for Providers
2. Click on “Resources & FAQ’s”
3. Click on “Medical Management Request Forms”- forms are listed alphabetically by program.

[Prior Authorization Forms](#)

For assistance with prior authorizations please contact Clinical Administrative Support at 401-459-6060.

Fax authorization forms to 401-459-6023.

Covered Codes: For information on Coding please reference the [Authorization Quick Reference Guide](#)

CMP Cross References:

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CMC Review Date:	3/1/2016, 3/14/17, 3/20/18, 3/6/19, 6/3/20, 6/9/21, 6/15/22, 6/7/23
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Neighborhood reviews clinical medical policies on an annual base.

Disclaimer:

This medical policy is made available to you for informational purposes only. It is not a guarantee of payment or a substitute for your medical judgment in the treatment of your patients. Benefits and eligibility are determined by the member's coverage plan; a member's coverage plan will supersede the provisions of this medical policy. For information on member-specific benefits, call member services. This policy is current at the time of publication; however, medical practices, technology, and knowledge are constantly changing. Neighborhood reserves the right to review and revise this policy for any reason and at any time, with or without notice.

References:

Centers for Medicare and Medicaid Services. (01/01/1979). *National Coverage Determination (NCD) for DENTAL EXAMINATION Prior to Kidney Transplantation (260.6)*. [National Coverage Determination for Dental Examination Prior to Kidney Transplantation \(260.6\)](#)