Harvard Pilgrim Health Care | TUFTS Health Plan

Point32Health companies

Medical Necessity Guidelines:

# Dental Procedures Requiring Hospital/Facility-Based Care for Tufts Health Direct, Tufts Health Together, RITogether, and One Care

*Effective: October 1, 2026*

| | |
|---|---|
| **Prior Authorization Required**<br>If REQUIRED, submit supporting clinical documentation (electronically recommended or by fax) | Yes ☒ No ☐ |
| **Notification Required** | Yes ☐ No ☒ |

**Applies to:**

- Tufts Health Direct
- Tufts Health Together
- Tufts Health RITogether
- Tufts Health One Care

We recommend submitting prior authorization electronically. If you opt to submit prior authorization requests via fax, please refer to this reference chart for the appropriate fax number (varies by product).
For details on all our products, please visit the Our Plans page on our provider website. For additional Prior Authorization and Notification details on other lines of business not listed on our Medical Necessity Guidelines page, please also reference our Prior Authorization Resources page.

**Note:** While you may not be the provider responsible for obtaining prior authorization or notifying Point32Health, as a condition of payment you will need to ensure that any necessary prior authorization has been obtained and/or Point32Health has received proper notification. If notification is required, providers may additionally be required to provide updated clinical information to qualify for continued service.

## Overview

Treatment under sedation or general anesthesia in a hospital setting may be medically necessary for some infants, children, adolescents, and adults with compromising medical conditions and special health care needs. Consideration for treatment in this setting is based on the Member's medical condition, age, behavioral/cognitive status, and complexity of the dental procedures.

The Plan may cover certain costs associated with dental procedures that are performed in an acute care inpatient facility or ambulatory surgery center. This coverage may include all medically necessary hospital or surgical day care facility charges, as well as the administration of general anesthesia by a licensed anesthesiologist or anesthetist for dental procedures for members who meet the criteria described below.

**Please note:** This guideline determines coverage for the hospital level of care (facility and anesthesia) associated with dental services only. Claims for dental procedures should be submitted to the appropriate dental vendors listed below.

| Plan | Dental Vendor |
|---|---|
| **Tufts Health Direct** | Delta Dental |
| **Tufts Health Together** | MassHealth |
| **Tufts Health RITogether** | United Healthcare/RiteSmiles |
| **Tufts Health One Care** | DentaQuest |

Please refer to the Member Materials for confirmation of coverage for facility/anesthesia for dental services

## Clinical Guideline Coverage Criteria

The Plan considers hospital or facility-based care for the administration of general anesthesia as reasonable and medically necessary for Members requiring extensive dental procedures when **ALL** of the following indications are met:

1. The general dentist, pediatric dentist, or oral surgeon has documented the Member's condition cannot be safely performed in a traditional dental office setting and treatment requires immediate access to hospital services; **and**
2. Medical record documentation supports **ONE** of the following indications:
    a. Member has a serious significant cognitive or behavioral health impairment, and/or psychological symptoms (e.g., psychiatric disorder, intellectual impairment, immature cognitive functioning, extreme apprehension and anxiety, autism, down syndrome) which significantly impairs the Members ability to safely cooperate with dental care in a traditional dental office setting*, **BOTH**:
        i. The member requires medically necessary treatment for extensive or complex dental surgical procedures**; **and**
        ii. At least one attempt at office-based dental intervention demonstrates Member is extremely fearful, anxious or uncooperative or has demonstrated the inability to respond to other behavior guidance techniques and safe, effective dental intervention is not possible without hospital-based anesthesia services; **or**
    b. Member has one or more moderate to severe comorbid conditions that the physician determines would place the Member at undue risk if the procedure is performed at a dental office (e.g., risk for life threatening complications such as airway obstruction or bleeding requiring appropriate cardiorespiratory monitoring during treatment) and includes any **ONE** of the following factors:
        i. American Society of Anesthesiology (ASA) physical status classification Class III or greater; defined as a patient with severe systemic disease[8]; **or**
        ii. Hematological disease such as hemophilia, von Willebrand's Disease, and other inherited coagulation defects; **or**
        iii. Member on direct oral anticoagulants (DOACs) or antiplatelet medication and with a high risk of bleeding and undergoing procedures with a high risk of increased bleeding; **or**
        iv. Cardiac conditions, such as uncontrolled hypertension, current angina, cardiac arrhythmia such as SVT, or refractory atrial fibrillation, CHF class III or IV, moderate to severe aortic stenosis, symptomatic mitral stenosis, or an MI within 6 months); **or**
        v. Chronic pulmonary disease, such as emphysema, asthma, or COPD and poorly controlled; **or**
        vi. History of malignant hyperthermia; **or**
        vii. Presence of allergies that contraindicate local anesthesia; **or**
        viii. History of adverse reaction to anesthesia or sedation; **or**
        ix. Potential for or history of difficult airway management (e.g., significant neuromuscular disease or cervical spinal disease, history of difficult intubation, craniofacial abnormality/anatomic abnormality with deformities of the mouth or jaw impeding airway, moderate to severe tonsillar hyper-trophy); **or**
        x. Infection that compromises nutrition or hydration (e.g., severe herpetic stomatitis in young children) or infection that involves secondary soft tissue planes that drain or traverse areas of the throat or skull (e.g. retropharyngeal or infratemporal abscesses); **or**
        xi. Obesity and BMI ≥ 40; **or**
        xii. Other medical conditions that prevent safe delivery of care in a dental office setting with documentation provided from the PCP and appropriate specialist; **or**
    c. Prolonged and extensive oral surgery and/or maxillofacial surgery requiring a longer period of sedation and anesthesia complexity that cannot be provided safely in an office setting; **or**
    d. Member is 6 years of age or less and has a need for complex dental surgery and/or a large number of dental procedures (e.g., severe early childhood caries requiring extensive or complex restorative oral rehabilitation treatment)*** and at least one attempt at office-based treatment has been unsuccessful; **or**
    e. Member requires immediate, comprehensive dental surgery due to dental abscess or infection threatening patency of the airway or other anatomical structures; **or**
    f. Member has sustained extensive oral-facial and/or dental trauma and treatment under local anesthesia would be ineffective or compromised; **or**
    g. Postoperative complications following outpatient dental surgery.

*Members who cannot cooperate due to a lack of psychological or emotional maturity and/or mental, physical or medical

disability or those who are verbally uncommunicative because of psychosocial or medical conditions, or those who have demonstrated the inability to respond to other available behavior guidance techniques may also require general anesthesia in a hospital or facility-based setting.

**Examples of extensive or complex dental procedures include serial extractions, periodontal surgeries (greater than 3 non-cosmetic restorations, greater than 3 extractions of teeth other than primary incisors (tooth extractions for entangled roots, impacted teeth), greater than 3 endodontic procedures on posterior teeth (pulpotomies), stainless steel crowns and or multiple restorations on primary molar teeth).

***The American Dental Association defines Early Childhood Caries (ECC) as severe early childhood caries (S-ECC) is any sign of smooth-surface caries in a child younger than three years of age, and from ages three through five, one or more cavitated, missing (due to caries), or filled smooth surfaces in primary maxillary anterior teeth or a decayed, missing, or filled score of greater than or equal to four (age 3), greater than or equal to five (age 4), or greater than or equal to six (age 5)[1,2].

**Note:** The presence of co-morbidity in itself does not guarantee approval.

## Limitations

The Plan will not cover hospitalization for Members:

1. Receiving discretionary dental procedures, such as tooth extraction prior to elective orthodontia.
2. Members who are healthy, cooperative, and who have minimal dental needs

## Codes

The following code(s) require prior authorization:

* **Please note:** The code below encompasses coverage for hospital level of care (facility and anesthesia) associated with dental services only. Claims for dental procedures should be submitted to the appropriate dental vendor

**Table 1: CPT/HCPCS Codes**

| Code | Description |
|---|---|
| 41899 | Unlisted procedure, dentoalveolar structures |

**References:**


1. American Academy of Pediatric Dentistry. Behavior guidance for the pediatric dental patient. The Reference Manual of Pediatric Dentistry. Chicago, IL: American Academy of Pediatric Dentistry; 2025:379-99.
2. American Academy of Pediatric Dentistry. General Anesthesia Coverage. AAPD | General Anesthesia Coverage. Accessed July 7, 2026.
3. American Academy of Pediatric Dentistry. Policy on early childhood caries (ECC): Consequences and preventive strategies. The Reference Manual of Pediatric Dentistry. Chicago, Ill.: American Academy of Pediatric Dentistry; 2024:89-92.
4. American Academy of Pediatric Dentistry. Policy on medically-necessary care. The Reference Manual of Pediatric Dentistry. Chicago, IL: American Academy of Pediatric Dentistry; 2025:71-5.
5. American Academy of Pediatric Dentistry. Policy on hospitalization and operating room access for oral care of infants, children, adolescents, and Individuals with special health care needs. The Reference Manual of Pediatric Dentistry. Chicago, Ill.: American Academy of Pediatric Dentistry; 2024:173-5.
6. American Academy of Pediatric Dentistry. Technical Report 2-2012: An essential health benefit: General anesthesia for treatment of early childhood caries. POHRPCTechBrief2.pdf. Published May 2012. Accessed June 16, 2026.
7. American Academy of Pediatric Dentistry. Use of local anesthesia for pediatric dental patients. The Reference Manual of Pediatric Dentistry. Chicago, Ill.: American Academy of Pediatric Dentistry; 2024:386-93.
8. American Society of Anesthesiologists Statement on ASA Physical Status Classification System. Anesthesiology Open 1(1):p e0002, April 2026. | DOI: 10.1097/ao9.0000000000000002. Accessed June 17. 2026.
9. American Society of Anesthesiologists. Continuum of depth of sedation: Definition of general anesthesia and levels of sedation/analgesia. Revised October 23, 2024. Available at:https://www.asahq.org/standards-and-practice-parameters/statement-on-continuum-of-depth-of-sedation-definition-of-general-anesthesia-and-levels-of-sedation-analgesia. Accessed June 17, 2026.
10. Araujo JO, Bergamaschi CC, Lopes LC, et al. Effectiveness and safety of oral sedation in adult patients undergoing dental procedures: a systematic review. BMJ Open. 2021; 11(1):e043363.

11. Ashley P, Anand P, Andersson K. Best clinical practice guidance for conscious sedation of children undergoing dental treatment: an EAPD policy document. Eur Arch Paediatr Dent. 2021;22(6):989-1002. doi:10.1007/s40368-021-00660-z.
12. Berat PJ, Jacq R, Villain C, Vital S, Germa A. Development and Validation of the SCAN-Score to Indicate General Anesthesia for Dental Care in Children. *J Clin Med*. 2024;13(6):1640. Published 2024 Mar 13. doi:10.3390/jcm1306164.
13. Choi J, Doh RM. Dental treatment under general anesthesia for patients with severe disabilities. J Dent Anesth Pain Med. 2021 Apr;21(2):87-98. doi: 10.17245/jdapm.2021.21.2.87. Epub 2021 Mar 31. PMID: 33880402; PMCID: PMC8039166.
14. Commonwealth of Massachusetts. Mass Health Provider Manual Series; Dental Manual 130 CMR 420.000). Published 10/15/2021. 130 CMR 420.000: Dental Services | Mass.gov. Accessed July 8, 2026.
15. Corcuera-Flores JR, Delgado-Muñoz JM, Ruiz-Villandiego JC, Maura-Solivellas I, Machuca-Portillo G. Dental treatment for handicapped patients; sedation vs general anesthesia and update of dental treatment in patients with different diseases. Med Oral Patol Oral Cir Bucal. 2014;19(2):e170-e176. Published 2014 Mar 1. doi:10.4317/medoral.19555.
16. Coté CJ, Wilson S; AMERICAN ACADEMY OF PEDIATRICS; AMERICAN ACADEMY OF PEDIATRIC DENTISTRY. Guidelines for Monitoring and Management of Pediatric Patients Before, During, and After Sedation for Diagnostic and Therapeutic Procedures. *Pediatrics*. 2019;143(6):e20191000. doi:10.1542/peds.2019-1000.
17. Fernández-Feijoo J, Carro B, Branco A, García-Caballero L, Diniz M, Limeres J. The effect of dentist experience on the treatment of individuals with disability under general anesthesia. Spec Care Dentist. 2019;39(3):281-286. doi:10.1111/scd.12380.
18. Hendrix JM, Garmon EH. American Society of Anesthesiologists Physical Status Classification System. In: *StatPearls*. Treasure Island (FL): StatPearls Publishing; February 11, 2025.
19. Oubenyahya H, Bouhabba N. General anesthesia in the management of early childhood caries: an overview. *J Dent Anesth Pain Med*. 2019;19(6):313-322. doi:10.17245/jdapm.2019.19.6.313.
20. Spera AL, Saxen MA, Yepes JF, Jones JE, Sanders BJ. Office-Based Anesthesia: Safety and Outcomes in Pediatric Dental Patients. Anesth Prog. 2017;64(3):144-152. doi:10.2344/anpr-64-04-05.
21. Turjanski S, Musić L, Špiljak B, Bučević Sojčić P, Karlović Z, Zajc I. Analysis of Hospital-Based Dental Procedures Under General Anesthesia in Uncooperative Patients: a Retrospective Study. Acta Stomatol Croat. 2023;57(1):22-31. doi:10.15644/asc57/1/3.

## Approval And Revision History

April 16, 2025: Reviewed by the Medical Policy Approval Committee (MPAC), as a new medical necessity guideline to outline the coverage for dental procedures requiring hospital or facility-based care, effective July 1, 2025

Subsequent endorsement date(s) and changes made:

- June 13, 2025: Reviewed by the Utilization Management committee, adding Tufts Health One Care as an applicable line of business effective September 1, 2025
- June 18, 2025: Harvard Pilgrim Health Care Stride Medicare Advantage removed as an applicable product from the template
- August 20, 2025: Reviewed by MPAC for annual review, renewed without changes effective October 1, 2025
- September 17, 2025: Reviewed by the UM Committee, renewed without changes effective October 1, 2025
  September 18, 2025: Fax number for Senior Care Options, Tufts Medicare Preferred HMO and Tufts Medicare Preferred PPO updated; language for Carelink removed
- August 19, 2026: Reviewed by MPAC, administrative update to guideline template and renewed without changes effective October 1, 2026

## Background, Product and Disclaimer Information

Medical Necessity Guidelines are developed to determine coverage for benefits and are published to provide a better understanding of the basis upon which coverage decisions are made. We make coverage decisions using these guidelines, along with the Member's benefit document, and in coordination with the Member's physician(s) on a case-by-case basis considering the individual Member's health care needs.

Medical Necessity Guidelines are developed for selected therapeutic or diagnostic services found to be safe and proven effective in a limited, defined population of patients or clinical circumstances. They include concise clinical coverage criteria based on current literature review, consultation with practicing physicians in our service area who are medical experts in the particular field, FDA and other government agency policies, and standards adopted by national accreditation organizations. We revise and update Medical Necessity Guidelines annually, or more frequently if new evidence becomes available that suggests needed revisions.

For self-insured plans, coverage may vary depending on the terms of the benefit document. If a discrepancy exists between a Medical Necessity Guideline and a self-insured Member's benefit document, the provisions of the benefit document will govern. For Tufts Health Together (Medicaid), coverage may be available beyond these guidelines for pediatric members

under age 21 under the Early and Periodic Screening, Diagnostic and Treatment (EPSDT) benefits of the plan in accordance with 130 CMR 450.140 and 130 CMR 447.000, and with prior authorization.

Treating providers are solely responsible for the medical advice and treatment of Members. The use of this guideline is not a guarantee of payment, or a final prediction of how specific claim(s) will be adjudicated. Claims payment is subject to eligibility and benefits on the date of service, coordination of benefits, referral/authorization, utilization management guidelines when applicable, and adherence to plan policies, plan procedures, and claims editing logic.