

Anesthesia and Hospital Charges for Non-Covered Dental Procedures

Description	<p>Due to a patient’s medical condition or age, it sometimes becomes necessary for a dentist to perform their dental procedure in the hospital instead of in their dental office (Example: Member has a heart condition that needs to be monitored during the procedure). In these instances, there is usually coverage for the anesthesia and facility charges incurred during that hospitalization.</p>				
A-Z sheet is for hospital anesthesia only	<p>This A-Z sheet deals with the coverage of anesthesia and facility charges incurred during the hospitalization or outpatient procedure. It does not deal with the following:</p> <ul style="list-style-type: none">• The coverage of the dental procedure itself (the dental procedure itself may be eligible under the medical plan, but you would refer to applicable A-Z sheet for that coverage).• Anesthesia administered in the dental office during a non-eligible procedure.• Anesthesia administered in the dental office during an eligible dental procedure (if the dental procedure is done in the dental office, even if there is anesthesia administered, you would not use this A-Z sheet to quote coverage). Refer to the appropriate A-Z sheet for the member’s procedure.				
PSC note	<p>There is a provider resource at medica.com under For Providers > Resources > Administrative Resources > Claim Tools > Specialty Guidelines > Dental Guide to Medical Coverage for Dental-Related Services.</p>				
Table of Contents	<p>The following topics are included in this document:</p> <ul style="list-style-type: none">• Commercial• Government Programs• Individual and Family Business (IFB)				
Document history	<p>The document history for the past 12 months is outlined below.</p> <table><tr><th>Date</th><th>Description</th></tr><tr><td>9.5.24</td><td>Refreshed due to age.</td></tr></table>	Date	Description	9.5.24	Refreshed due to age.
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Commercial

Introduction	<p>This section applies to all Commercial brands: Dean Health Plan (DHP), Mayo Medical Plan (MMP), Medica (including MHPS), and Prevea360.</p>				
Benefits (all except MMP)	<p>In order to be eligible, this benefit must be listed in the <i>Medical-Related Dental Services</i> section of the Plan Document. The criteria listed must be met in order for there to be coverage.</p> <ul style="list-style-type: none">• If eligible, quote hospital and anesthesia benefits.• Self-Insured note: Some Self-Insured groups may not have this benefit.				
Mayo Medical Plan (MMP)	<p>In order to be eligible, this benefit must be listed in the <i>Medical-Related Dental Services</i> section of the Plan Document. The criteria listed must be met in order for there to be coverage.</p> <ul style="list-style-type: none">• If eligible, quote hospital and anesthesia benefits.• Clinic POS: Also quote office visit benefits when done in the clinic.• Self-Insured note: Some Self-Insured groups may not have this benefit.				
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Government Programs

Introduction	This section applies to all Medicaid and Medicare products.				
AccessAbility (SNBC), Minnesota Senior Care Plus (MSC+)	<p>Medicaid only groups:</p> <ul style="list-style-type: none">• See Medicaid below. <p>Medicare eligible groups:</p> <ul style="list-style-type: none">• Must be necessary to be performed at a hospital or outpatient surgery center due to a medical condition.• If eligible, quote hospital and anesthesia benefits.• Follows Medicare guidelines.• Medicare is the primary payer.• If no Medicare eligibility, Medicaid applies. See Medicaid below.				
AccessAbility Enhanced (I-SNBC), DUAL (MSHO)	<p>Must be necessary to be performed at a hospital or outpatient surgery center due to a medical condition.</p> <ul style="list-style-type: none">• If eligible, quote hospital and anesthesia benefits.• Medica is the only payer.				
Cost (Prime)	<p>Must be necessary to be performed at a hospital or outpatient surgery center due to a medical condition.</p> <ul style="list-style-type: none">• If eligible, quote hospital and anesthesia benefits.• Follows Medicare guidelines.				
Med Advantage	<p>Must be necessary to be performed at a hospital or outpatient surgery center due to a medical condition.</p> <ul style="list-style-type: none">• If eligible, quote hospital and anesthesia benefits.• Follows Medicare guidelines.• Medica is the only payer.				
Med Supp (Select, Signature)	<p>Must be necessary to be performed at a hospital or outpatient surgery center due to a medical condition.</p> <ul style="list-style-type: none">• If eligible, quote hospital and anesthesia benefits.• Follows Medicare guidelines.• Medicare supplement.• Medicare is the primary payer.				
Medicaid	<p>Must be necessary to be performed at a hospital or outpatient surgery center due to a medical condition.</p> <ul style="list-style-type: none">• If eligible, quote hospital and anesthesia benefits.				
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Individual and Family Business (IFB)

Introduction	<p>This section applies to all Individual and Family Business (IFB) brands: Dean Health Plan (DHP), Medica, Medica (formerly WellFirst), and Prevea360.</p>				
Benefits	<p>In order to be eligible, this benefit must be listed in the <i>Medical-Related Dental Services</i> section of the Plan Document. The criteria listed must be met in order for there to be coverage.</p> <ul style="list-style-type: none">• If eligible, quote hospital and anesthesia benefits.				
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