765 The City Drive South, Orange Ca 92868

P&P #: 028	Dental Services	**Page** 1 of 4
TITLE:	Astiva Health Utilization Management Policy for Dental Benefits	
APPROVED:	12/6/2023	
APPROVED:	Dr. Jason Chung, MD, Chief Medical Officer	
APPROVED:	Utilization Management Committee	
DEPARTMENT:	Utilization Management Department	
☒ **MEDICARE** ☒ **MEDI-CAL**		

***POLICY**:*

This policy outlines the Utilization Management process and guidelines regarding dental benefit(s) administration at Astiva Health.

SCOPE:

Astiva Health Plan members are eligible for supplemental dental services if they have enrolled in the additional services. The Medicare Advantage Prescription Drug (MAPD) plans make this option available to members.

"Treatment or procedure" refers to any service that is not part of routine, preventive dental care.

PURPOSE:

Astiva Health will provide oral screenings and dental referrals in accordance with recommendations for preventive Health Care. The dental screening/oral health assessment is a part of the Initial Health Assessment (IHA) for all members enrolled in the supplemental benefit plan. An annual dental and oral health screening will also be included in each periodic health assessment. Any treatment or procedure that is not part of routine, preventive dental care or requires general anesthesia will be reviewed by the Utilization Management Department. The Utilization Management department will review the requested service and provide an authorization for the dental office, hospital, or surgical center if approved. If an adverse determination is made the letter will be provided to the member and providers office with detailed information on how to file an appeal.

DEFINITIONS:

CMS The Centers for Medicare & Medicaid Services oversees the federally and state funded insurance programs for seniors, persons with disabilities (Medicare) and low income (Medicaid) who are deemed eligible for these benefits.

NCQA National Committee for Quality Assurance is an accreditation body that is highly respected in the industry and has been appointed by Congress to aid in developing standards for Special Needs Plans (SNPs) including but not limited to the SNP Model of Care requirements. Additionally, health plans and providers who voluntarily request NCQA Accreditation undergo an in-depth review and survey of their operations and quality improvement processes and results to prove their value to consumers and other purchasers of insurance. Accreditation may or may not be granted. When granted the accreditation is for specified functional areas and is for a specified timeframe.

FWA FWA is Fraud, Waste, and Abuse (a term used to reference the entire gamut of inappropriate behavior, activities, practices, etc. related to perpetrating crimes against members or related to government funding)

HHA The United States Department of Health and Human Services (HHS), is a cabinet-level executive branch department of the U.S. federal government created to protect the health of all Americans and providing essential human services. Its motto is "Improving the health, safety, and well-being of America. Various States also have a Health & Human Services Department for the citizens of their State.

PROCEDURES

- **Authorization Request Documentation**:
    - Dentists' office(s) seeking prior authorization must submit a complete authorization request package.
        - The package should include:
            - Patient Information: Full name of the member, date of birth, and identification number.
        - Treating Dentist Information:
            - Including the name of the provider, contact information, NPI, and professional credentials of the treating dentist.
        - Clinical Documentation:

        - Submit short description and CPT codes for requested service.
        - Include clinical records supporting the medical necessity of the requested dental treatment or procedure, including diagnostic findings, such as X-rays, photographs, or scans.
        - A detailed treatment plan outlining the procedures to be performed.
        - Relevant medical and dental history.
        - Any alternative treatment options considered.
    - Supporting Documentation:
        - Include any additional documents that may aid in the authorization process, such as specialist consultations, second opinions, or relevant peer-reviewed research articles.
    - Billing Information:
        - Include any applicable procedure codes (e.g., Current Dental Terminology - CDT codes) and estimated charges for the requested services.
- Timely Submission:
    - Dentists' offices are responsible for submitting the complete authorization request package through the Astiva Provider Portal. Failure to provide all required documentation may result in delays or denial of the authorization request. Requests with incomplete information will be automatically closed after 60 days.
- Review Process:
    - Astiva Health Plan will review the submitted documentation to assess the medical necessity and appropriateness of the requested dental services. The decision will be based on established clinical criteria and guidelines.
- Notification:
    - Upon review, the health plan will promptly communicate its decision to the dentist's office through the Astiva Provider Portal, generally within 10 business days. If the request is approved, details of the authorization will be provided, including any conditions or limitations. If the request is denied, the reasons for denial and information on the appeals process will be included.

- **Member Rights and Responsibilities**:
    - Members retain appeal rights for pre-authorization of services which are denied.
- **Confidentiality and Privacy**:
    - All documentation will be securely stored and solely used for provision of members' care and quality and utilization improvement activities. All relevant confidentiality and privacy laws are in effect.
- **Policy Review and Updates**: This policy will be reviewed as needed by the Utilization Management Committee.

REFERENCES / CITATIONS:

- Dental service coverage (medicare.gov)

- Medicare Dental Coverage | CMS

HISTORY:

Date	Summary of Significant Changes to P&P
10/18/2023	• New Policy
11/1/2023	• Updates to Header and Footer
12/6/2023	• Approved by UM Committee