

DHW Dental Bulletin

BILLING CLARIFICATION

► Oral and Maxillofacial Surgery (OMFS)

ELIGIBILITY / CLAIMS SUBMISSION:

Submitting a claim for MSI services acknowledges that you, as the provider of service, has established eligibility that a Nova Scotia resident has met the regulations outlined in the *Insured Dental Service Tariff Regulations*, including verification of a valid Health Card Number.

Electronic submission of a predetermination type will not provide approval nor denial of a dental service. OMFS service eligibility is determined by the treating oral surgeon. To request a review for approval or denial, manually submit the predetermination including medical condition and any required radiographs to demonstrate current dental state for insurability.

Note: Supporting documents must be indicated in complete medical/dental chart entry for each claim submission. Insured services are subject to post audit.

IN-HOSPITAL SERVICE DELIVERY:

All services listed in the tariff require a medical condition where in-hospital service delivery is required to ensure patient medical safety. For further clarification:

- Tumors, cysts and fractures are considered eligible medical conditions.
- In addition to meeting medical requirements, extractions of teeth must demonstrate radiographic evidence of infection or destruction of adjacent bone and tooth. If both the medical condition and radiographic support are not evident, the procedure does not meet criteria and is not insured. Surgical extractions must meet both criteria.
- In-hospital routine extractions are insured for medically compromised patients undergoing active in-hospital treatment, or who have undergone medical treatment that has left them medically compromised, and where the attendant medical procedure requires the removal of teeth that would be otherwise considered routine extractions. Eligibility of services are determined by and should be coordinated between the Oral Surgeon and attending Medical Physician.
- Supporting documentation must be included in the patient's medical/dental charts.

Example: A patient undergoing radiation therapy to the head and neck region, or a patient that has previously had radiation therapy to the head and neck region, is eligible for insured dental surgical services. A patient undergoing radiation therapy to another region of the body is not insured unless they are

receiving certain prescription medication which is causing severe dry mouth and/or salivary gland damage risking tooth decay and/or dental infection.

EXCLUSIONS:

As outlined earlier, eligibility is determined based on whether the treating oral surgeon deems the dental service to be medically necessary for in-hospital delivery. The following is a list of exclusion criteria:

- Services requested by the patient or services for convenience or cosmetic purposes are not insured.
- General anesthetic on its own is not considered an eligible medical condition.
- Anxiety and/or fear on its own is not considered an eligible medical condition.
- Extraction procedures for localized or general pain and/or discomfort unsupported by radiographic evidence are not insured.
- Uncomplicated extractions that are not medically necessary are not insured.
- Routine extractions of wisdom teeth are not insured.
- Extraction of teeth when indicated to safely complete another insured procedure, such as a fracture treatment, is insured. This, however, does not include teeth not associated with other insured treatment or removal of primary teeth to access permanent teeth being removed.

DHW Dentists Guide & Tariff for Billing Vendors:

DHW's Dentists Guide has been updated to incorporate these changes, for your copy visit www.novascotia.ca/dhw/children-dental under Important Resources at the right of the page.

Questions?

For any clarifications, please call customer service at Nova Scotia's dedicated line:

1-833-739-4035 (8:30 AM – 4:30 PM)