

## CHAMPVA POLICY MANUAL

CHAPTER: 2  
SECTION: 5.9  
TITLE: **DENTAL CARE WITH COEXISTING COVERED MEDICAL  
CONDITIONS REQUIRING A HOSPITAL SETTING**

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**AUTHORITY:** 38 CFR 17.270(a) and 17.272(a)

**RELATED AUTHORITY:** 32 CFR 199.4(e)(10)(v)

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### I. EFFECTIVE DATE

January 23, 1984

### II. POLICY

A. Hospital services and supplies provided to a patient who requires a hospital admission or ambulatory surgical center services for dental care due to a severe medical condition or potential medical complications are covered. The following is a list of severe medical conditions or complications. The list is not all-inclusive.

1. Developmental disability such as mental retardation.
2. Significant and complex medical conditions such as cerebral palsy, Alzheimer's Disease, or ventilator dependency.
3. Situations when general anesthesia or sedation is required to evaluate a possible covered condition, such as an oral abscess or external incision and drainage of cellulites.

B. **Prior approval** and written preauthorization are required. The preauthorization request must include:

1. a statement from the physician treating the medical condition documenting the seriousness of the medical condition and the reasons why a hospital setting is required, or
2. a statement from the dentist documenting that the procedure to be performed cannot be appropriately managed in the dental office, and
3. an itemization of the specific dental procedure to be performed.

C. For emergency inpatient care, a complete explanation, with supporting medical documentation, to include the necessary medical treatment of an injury or a severe medical conditions and/or complications, must be submitted.

D. Services related to the care of the covered medical condition are covered. Outlined below are examples of allowable charges:

1. diagnostic services,
2. medications,
3. pre and post operative care, and
4. professional fees associated with the covered medical condition.

E. Services provided in connection with the covered dental services by the hospital outpatient department are cost shared as outpatient care.

### III. EXCLUSIONS

Services related specifically to the surgical care of the noncovered dental condition will be denied. Outlined below are examples of noncovered services:

1. anesthesia, and
2. professional fees submitted by the surgeon, dentist, and anesthesiologist.

**\*END OF POLICY\***