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The TRICARE Management Activity has authorized the following addition(s)/
revision(s) to the 6010.54-M, issued August 2002.

CHANGE TITLE: DENTAL ANESTHESIA AND INSTITUTIONAL BENEFIT

PAGE CHANGE(S): See page 2.

SUMMARY OF CHANGE(S): This change implements dental anesthesia and
institutional benefit.

EFFECTIVE DATE: October 17, 2006

IMPLEMENTATION DATE: Upon direction of the Contracting Officer.

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Chief, Office of Medical Benefits
and Reimbursement Systems

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REMOVE PAGE(S)

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CHAPTER 1

Section 7.1, pages 1 and 2

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CHAPTER 8

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SPECIAL AUTHORIZATION REQUIREMENTS

ISSUE DATE: August 4, 1988

AUTHORITY: 32 CFR 199.4(a)(12), 32 CFR 199.5(h)(3) and 32 CFR 199.15(b)(4)

I. POLICY

Unless otherwise specifically excepted, the adjudication of the following types of care is subject to the following authorization requirements:

- A. Adjunctive dental care must be preauthorized.
- B. Dental anesthesia and institutional benefit must be preauthorized. See Chapter 8, Section 13.2, paragraph II.E.
- C. Extended Care Health Option (ECHO) benefits must be authorized in accordance with Chapter 9, Section 4.1.
- D. Effective October 1, 1991, preadmission and continued stay authorization is required before nonemergency inpatient mental health services may be cost-shared (includes Residential Treatment Center care and alcoholism detoxification and rehabilitation). Effective September 29, 1993, preadmission and continued stay authorization is also required for all care in a partial hospitalization program.
- E. Effective November 18, 1991, psychoanalysis must be preauthorized.
- F. The Executive Director, TMA, or designee, may require preauthorization of admission to inpatient facilities.
- G. Organ and stem cell transplants are required to be preauthorized. For organ and stem cell transplants, the preauthorization shall remain in effect as long as the beneficiary continues to meet the specific transplant criteria set forth in this Policy Manual, or until the approved transplant occurs.
- H. Each TRICARE Regional Managed Care Support (MCS) contractor may require additional care authorizations not identified in this section. Such authorization requirements may differ between regions. Beneficiaries and providers are responsible for contacting their contractor for a listing of additional regional authorization requirements.

NOTE: When a beneficiary has "other insurance" that provides primary coverage, preauthorization requirements in paragraph I.H. will not apply. Any medically necessary

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SPECIAL AUTHORIZATION REQUIREMENTS

reviews the MCS contractor believes are necessary, to act as a secondary payor, shall be performed on a retrospective basis. The conditions for applying this exception are the same as applied to the NAS exception in Chapter 1, Section 6.1, paragraph III.A.

I. Provider payments are reduced for the failure to comply with the preauthorization requirements for certain types of care. See the TRICARE Reimbursement Manual, Chapter 1, Section 28.

II. EXCEPTION

Effective October 1, 2003, TRICARE's preadmission and continued stay authorization is not required for inpatient mental health care for Medicare-TRICARE dual eligibles for the period when Medicare is primary payer and has authorized the care. Once Medicare inpatient mental health benefits have been exhausted, TRICARE's preadmission and continued stay requirements apply.

- END -

OTHER SERVICES

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DENTAL ANESTHESIA AND INSTITUTIONAL BENEFIT

ISSUE DATE: May 23, 2007

AUTHORITY: 32 CFR 199.4(e)(10)

I. BACKGROUND

Section 702 of the John Warner National Defense Authorization Act for Fiscal Year 2007, (NDAA-07), Public Law 109-364, amended paragraph (1) of section 1079(a) of title 10, United States Code and provided that "in connection with dental treatment for patients with developmental, mental, or physical disabilities or for pediatric patients age five or under, only institutional and anesthesia services may be provided". The NDAA-07 was signed into law on October 17, 2006

II. POLICY

A. Medically necessary institutional and general anesthesia services may be covered in conjunction with non-covered or non-adjunctive dental treatment for patients with developmental, mental, or physical disabilities or for pediatric patients age five or under. Also, see Section 13.2, paragraph II.B., on additional hospital services benefit.

B. Patients with diagnosed developmental, mental, or physical disabilities are those patients with conditions that prohibit dental treatment in a safe and effective manner. Therefore, it is medically or psychologically necessary for these patients to require general anesthesia for dental treatment.

C. The general anesthesia cannot be performed by the attending dentist, but rather must be administered by a separate anesthesiology provider.

D. Coverage of institutional services will include institutional benefits associated with both hospital and in-out surgery settings.

E. Preauthorization is required for above outpatient care or inpatient stays to be covered in the same manner as required for adjunctive dental care as provided in Section 13.1. No preauthorization will be required for care obtained during the period from October 17, 2006 to the implementation date of this policy.

F. When the Managed Care Support Contractor (MCSC) receives a claim for reimbursement for general anesthesia services in conjunction with dental care that is covered under this section, the MCSC shall check with the appropriate TRICARE dental contractor to determine if the general anesthesia charges have already been covered for claims involving

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services during the period October 17, 2006 to the implementation date of this policy. If the general anesthesia services were provided in an institutional or in-out surgery setting, then the MCSC shall advise the sponsor of the right to file a claim for the difference in the amount authorized under TRICARE and the appropriate TRICARE dental plan, as well as the difference in the amount of the anesthesia cost-share under the TRICARE dental plan, and the cost-share the beneficiary has under the TRICARE plan in which they were participating at the time, TRICARE Prime, Standard, or Extra.

III. EXCLUSION

The professional services related to non-adjunctive dental care are not covered with the exception of coverage for general anesthesia services.

IV. EFFECTIVE Date

October 17, 2006.

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