



**BlueCross BlueShield
of Illinois**

Blue Cross and Blue Shield of Illinois Provider Manual

HMO Scope of Benefits Section

Blue Cross and Blue Shield of Illinois, a Division of Health Care Service Corporation, a Mutual Legal Reserve Company,
an Independent Licensee of the Blue Cross and Blue Shield Association

Dental

Benefit

Coverage of routine dental care and services is excluded.

Dental treatment for accidental injury to sound natural teeth is covered. Only services directly related to teeth damaged by the accident are eligible for benefits.

Certain oral surgical procedures are covered, such as the removal of fully bony impacted teeth (See “Oral Surgery”).

Hospitalization for non-covered dental procedures is in benefit under certain conditions specified below.

Interpretation

Routine dental care: The following services are not covered: Routine dental exams, cleaning, fillings, orthodontics (braces), endodontics, prosthodontics, periodontal services, and restorative or prosthetic services that alter jaw or teeth relationships.

The member may have dental coverage for routine care and should ask his/her employer about such insurance.

Injury to sound natural teeth: Treatment following sudden physical trauma to sound natural teeth is covered. Misadventures while eating are not covered (i.e. tooth breaks while biting into a hard substance). Repair of the injury, including the need for root canals, and the use of caps, crowns, bonding materials and other procedures to repair the structure and function of the tooth is covered. Orthodontic benefits apply only to those teeth directly involved in the accident. Bridges or partial dentures are covered when used to replace sound natural teeth lost in the accident. Repair or replacement of damaged removable appliances is not covered. Non-removable dental appliances are considered to be sound natural teeth for purposes of this benefit. Therefore, repair or replacement of non-removable dental appliances damaged by trauma would be in benefit. Temporary restorative services should be included in the final restoration and are not a separate benefit.

Injury to the tooth may not be obvious. All the treatment mentioned above continues to be in benefit, even if the injury becomes apparent several months later. Only directly injured teeth are covered.

Hospitalization/Ambulatory Surgical Facility use for non-covered dental procedures: An admission (or use of an ambulatory surgical facility) for non-covered dental services is a covered benefit when one or more of the following conditions exist:

- A non-dental physical condition makes hospitalization or use of an ambulatory surgical facility medically necessary to safeguard the health of the member.
- The member requires medical management during a dental procedure because of serious systemic disease.
- The member needs anesthesia because of inability to cooperate with extensive dental procedures while conscious. Examples include, but are not limited to, members who are mentally or physically handicapped, or young children.
- The surgical procedures are complex and carry a high probability of life-threatening complications.

Anesthesia for non-covered dental procedures performed in a dental or oral surgeon's office:

Anesthesia is a covered benefit if the member meets the following:

- Less than 19 years old
- Has been diagnosed with an autism spectrum disorder or a developmental disability

When a hospital or ambulatory surgical facility is used for non-covered dental surgery, the HMO will pay the facility charges. The IPA is responsible for all physician services related to treatment of the member's medical condition. The member is responsible for the dentist or oral surgeon. The member is also responsible for the anesthesia charges, unless the member meets the following criteria for anesthesia coverage:

1. A child who is 6 years and under
2. The member has a chronic disability that includes, but is not limited to Cerebral Palsy, Epilepsy, Autism Spectrum Disorder and/or a Developmental Disability that is the result of a mental or physical impairment, is likely to continue and that substantially limits major life activities such as self-care and expressive language
3. The member has a medical condition requiring hospitalization or general anesthesia for dental care

Paid by	Injury to Sound Natural Teeth	
	Professional Charges	IPA
	Inpatient and/or Outpatient Surgical Facility Charges	HMO
	Outpatient Facility Charges	See Outpatient Surgery Benefit

Paid by	Routine dental care	
	Professional Charges	Member

Paid by	Hospitalization/Ambulatory Surgical Facility use for Non-Covered Dental Procedures	
	Professional Charges for dental procedures	Member
	Anesthesia Charges (If member does not meet above criteria)	Member
	Anesthesia Charges (If member does meet above criteria)	IPA
	Professional Charges for treatment of medical condition	IPA
	Inpatient and/or Outpatient Surgical Facility Charges	HMO

Anesthesia for non-covered dental procedures performed in a dental or oral surgeon's office		
	Professional Charges for dental procedures	Member
	Anesthesia Charges (If member does not meet above criteria)	Member
	Anesthesia Charges (If member does meet above criteria)	IPA

Note: See related benefits interpretations on:

- **Oral Surgery**
- **Orthognathic Surgery**
- **Temporomandibular Joint Disorder**