

Dental Services

THIS IS A LIMITED MEDICAL BENEFIT UNDER HFP

Benefit Coverage (Cal. Code Regs., tit. 10, § 2699.6700 (a)(1)(C))

This benefit covers general anesthesia and associated facility charges, and outpatient services in connection with dental procedures when the use of a hospital or surgery center is necessary because of the Member's medical condition or clinical status or because of the severity of the dental procedure. This benefit is only available to Members under seven years of age; the developmentally disabled, regardless of age; and Members whose health is compromised and for whom general anesthesia is medically necessary, regardless of age.

Benefit Exclusion

Professional services i.e., Dentist, Oral Surgeon, are excluded from this benefit, as are all benefits covered in a Member's dental plan. Also excluded are all dental benefits covered in the CCS Program.

Examples of Covered Benefits

1. Inpatient or outpatient hospital anesthesia for a Member unable to tolerate local anesthesia in a dental office.
2. Major surgery for fractures and dislocations.
3. Malignancies.

Example of Non-Covered Benefits

1. Diagnostic and preventive dental services.
2. Restorative dentistry.
3. Endodontics.
4. Periodontics.
5. Crown and fixed bridges.
6. Removable prosthetics.
7. Cosmetic dental care.

Revised: June 1998
Approval: W.W.L.

Diagnostic and Therapeutic Radiological Services

Benefit Coverage (Cal. Code Regs., tit. 10, § 2699.6700, subs. (a)(1)(B) & (2))

Examinations, tests and therapeutic services ordered by a licensed practitioner, within his/her scope of practice, for the prevention, diagnosis and treatment of illness or injury are covered. Authorization may be required for certain services per the IPA.

Benefit Exclusion

Routine, annual chest x-rays are not a covered benefit. Experimental or investigational therapies.

Examples of Covered Benefits

All medically necessary diagnostic and therapeutic services.

Examples of Non-Covered Benefits

1. Routine, annual chest x-rays.
2. Experimental therapies.
3. Investigational therapies.

Revised: June 1998
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Durable Medical Equipment (DME) and Supplies

Benefit Coverage (Cal. Code Regs., tit. 10, § 2699.6700, subd. (a)(6))

Medical equipment appropriate for use in the home which is:

1. Intended for repeated use,
2. Generally not useful to a person in the absence of illness or injury, and
3. Primarily serves a medical purpose.

Equipment may be rented or purchased. See 'Appendix A' for a list of all covered DME and Supplies.

Benefit Exclusion

Equipment or supplies primarily for comfort or convenience, exercise and hygiene equipment, experimental or research, modifications to home or automobile, equipment that is redundant, or supplies not primarily medical.

See: **Appendix A**
Durable Medical Equipment and Supplies and Payment Source