

**Medical Policy**

Dental Services	
<b>MEDICAL POLICY NUMBER</b>	MED_Clin_Ops_002
<b>CURRENT VERSION EFFECTIVE DATE</b>	January 1, 2024
<b>APPLICABLE PRODUCT AND MARKET</b>	<i>Individual Family Plan: All Plans Small Group: All Plans Medicare Advantage: All Plans</i>

Brand New Day/Central Health Medicare Plan develops policies and makes coverage determinations using credible scientific evidence including but not limited to MCG™ Health Guidelines, the ASAM Criteria™, and other third party sources, such as peer-reviewed medical literature generally recognized by the relevant medical community, physician specialty society recommendations, and expert opinion as relevant to supplement those sources. Brand New Day/Central Health Medicare Plan Medical Policies, MCG™ Guidelines, and the ASAM Criteria™ are not intended to be used without the independent clinical judgment of a qualified health care provider considering the individual circumstances of each member's case. The treating health care providers are solely responsible for diagnosis, treatment, and medical advice. Members may contact Brand New Day/Central Health Medicare Plan Service at the phone number listed on their member identification card to discuss their benefits more specifically. Providers with questions about this Brand New Day/ Central Health Medicare Plan policy may contact the Health Plan. Brand New Day/Central Health Medicare Plan policies and practices are compliant with federal and state requirements, including mental health parity laws.

If there is a difference between this policy and the member specific plan document, the member benefit plan document will govern. For Medicare Advantage members, Medicare National Coverage Determinations (NCD) and Local Coverage Determinations (LCD), govern. Refer to the CMS website at <http://www.cms.gov> for additional information.

Brand New Day/Central Health Medicare Plan medical policies address technology assessment of new and emerging treatments, devices, drugs, etc. They are developed to assist in administering plan benefits and do not constitute an offer of coverage nor medical advice. Brand New Day/Central Health Medicare Plan policies contain only a partial, general description of plan or program benefits and do not constitute a contract. Brand New Day/Central Health Medicare Plan does not provide health care services and, therefore, cannot guarantee any results or outcomes. Treating providers are solely responsible for medical advice and treatment of members. Our medical policies are updated based on changes in the evidence and healthcare coding and therefore are subject to change without notice. CPT codes, descriptions and materials are copyrighted by the American Medical Association (AMA). MCG™ and Care Guidelines® are trademarks of MCG Health, LLC (MCG).

**PURPOSE**

The purpose of this policy is to establish the clinical review criteria that support the determination of medical necessity for dental services as performed under the medical benefit, oral surgical services and related anesthesia.

**This medical policy is to be applied in conjunction with the member's benefit, as defined within the COC or EOC. If the member's benefit includes supplemental dental benefits, requests for applicable coverage should be referred to the delegated utilization management area responsible for these supplemental benefits. This medical policy does not supersede the plan benefit.**

## Medical Policy

### POLICY

Dental services as performed under the medical benefit, oral surgical services and related anesthesia may be authorized when the criteria below is met.

### DENTAL SERVICES

#### Services Integral to a Medical Procedure:

A dental service that would otherwise be excluded from coverage under Brand New Day/Central Health Medicare Plan plans may be authorized when it is incident to and an integral part of a covered service. The dental service must be part of the medical procedure or done in conjunction with and made necessary solely because of the medical procedure. Examples of dental services integral to medical procedures may include the following:

- 1) Dental examination and extraction of teeth\* prior to:
  - Radiation therapy of the head and neck
  - Organ transplantation
  - Initiation of immunosuppressant therapy and cardiac valve replacement.

*\*Dental reconstruction for the replacement of extracted teeth will not be authorized.*
- 2) Reconstruction of a dental ridge distorted because of removal of a tumor (including bone grafting if necessary to stabilize a maxillofacial prosthesis such as an obturator)
- 3) Removal of broken teeth necessary to reduce a jaw fracture.

#### Services Not Integral to a Medical Service:

Dental services may be authorized for **ANY** of the following indications if condition results in a documented functional impairment:

- 1) Removal of exostoses, for reasons other than for preparation for dentures, that due to their extreme size are causing functional impairment.
- 2) Removal of cysts that are not related to teeth or an associated dental procedure, such as:
  - a) Thyroglossal duct,
  - b) Branchiogenic.
  - c) Dermoid.
  - d) Nasoalveolar.
  - e) Mucoceles.
  - f) Median and incisive canal.
  - g) Ranulas.

## Medical Policy

- h) Keratocystic or another odontogenic tumor.
- 3) Treatment of a fracture, dislocation or wound. Infections and abscesses of the mouth which are not of dental origin.
- 4) Perioral diseases or lesions involving the lips.
- 5) Biopsy or removal of lesions of the hard and/or soft tissue, unless tissue was obtained as part of a routine tooth extraction or a routine periodontal procedure, e.g., suspected neoplasm in the jaw, inflammation of the cheek. This does not include lesions of the teeth or lesions of the supporting bone associated with a dental condition.
- 6) Lingual frenectomy for total or complete ankyloglossia (tongue-tie) if causing speech impediment or difficulty with feeding/eating/swallowing.

### **RECONSTRUCTIVE DENTAL SERVICES:**

Reconstructive dental services may be authorized when the procedure is intended primarily to improve/restore bodily function or to correct significant deformity resulting from accidental injury, trauma, previous therapeutic process or to correct congenital defects when they result in a functional impairment.

- 1) **Accidental Injury or Trauma:** Dental treatment needed to remove, repair, replace, restore or reposition of sound healthy natural teeth damaged, lost, or removed due to an injury may be authorized if **ALL** the following are met:
  - a) Affected teeth must be free from decay, in good repair and firmly attached to the jawbone at the time of injury.
  - b) Restoration or replacement must begin in the calendar year of the accident or the next calendar year.
  - c) Damage was not sustained by biting or chewing.
  - d) Services not related to the initial course of treatment and/or initial restoration.
- 2) **Congenital Defects or Anomalies:** Dental treatment needed to treat the face, the dentoalveolar arches, or their relationships to each other and may be authorized when **ALL** the following are met:
  - a) There is documented functional impairment.
  - b) There is a diagnosed congenital anomaly such as:
    - i) Hemifacial macrosomia
    - ii) Craniofacial dysostosis (Crouzon's Syndrome)
    - iii) Alpert syndrome
    - iv) Treacher-Collins Syndrome
    - v) Pierre-Robin Syndrome
    - vi) Hemi-facial atrophy

## Medical Policy

- vii) Hemi-facial hypertrophy
  - viii) Severe craniofacial deformities that result in a physically handicapping malocclusion
  - ix) Cleft lip and/or cleft palate.
- c) Member is under the age of 19.

### *Congenital Defects and Anomalies -Additional Considerations:*

- Alveolar ridge closure may be authorized as part of cleft palate repair.
  - An appliance for palatal expansion in preparation for bone graft surgery of an alveolar cleft may be authorized in the pre-surgical and post-surgical period.
  - Orthognathic surgery may be authorized if a functional impairment to be corrected is from a congenital defect or its treatment.
  - Later orthodontic care, including full braces for the permanent dentition will not be authorized.
- 3) **Surgery to correct gross deformity:** When resulting from major disease or surgery, surgery to correct gross deformity may be authorized if:
- a) The gross deformity is readily visible, disfiguring and/or functionally disabling.
  - b) The gross deformity does not include absence of teeth.
  - c) Surgery takes place within twelve months of the onset of disease or within six months after surgery.
- 4) **Orthognathic (jaw) surgery:** Reconstructive procedures may be authorized when the indications for orthognathic surgery (defined below) are met.

### **Orthognathic Surgery:**

Orthognathic (jaw) surgery is a reconstructive procedure and may be authorized ALL of the following are met:

- 1) The severity of the deformities precludes adequate treatment through dental therapeutics and orthodontics alone
- 2) A skeletal deformity exists
- 3) A functional impairment is present.

Orthognathic (jaw) surgery includes **ANY** of the following:

- 1) **Maxillary and/or mandibular facial skeletal deformities associated with masticatory malocclusion** when **ALL** the following criteria are met:
  - a) Symptoms are related to difficulty chewing such as: choking due to incomplete mastication, or difficulty swallowing chewed solid food, or ability to chew only soft food or reliance on liquid food.
  - b) Symptoms are documented in the medical record,

## Medical Policy

- c) Symptoms are significant and persist for at least 4 months.
- d) Other causes of swallowing or choking problems have been ruled out by history, physical exam and appropriate diagnostic studies.
- e) Completion of skeletal growth as documented by long bone x-ray or serial cephalometrics showing no change in facial bone relationships over the last 3 to 6 months. (Class II malocclusions and individuals age 18 and over do not require this documentation),
- f) Documentation of malocclusion with either intra-oral casts, bilateral lateral x-rays, cephalometric radiograph with measurements, panoramic radiograph/tomograms; and **ANY ONE** of the following documented:
  - i) Anteroposterior discrepancies defined as **ANY** of the following:
    - (1) Maxillary/Mandibular incisor relationship (established norm is 2 mm) defined as **ONE** of the following:
      - (a) Horizontal overjet of 5 mm or more,
      - (b) Horizontal overjet of zero to a negative value. (Overjet up to 5 mm may be treatable with routine orthodontic therapy)
    - (2) Maxillary/Mandibular anteroposterior molar relationship discrepancy of 4 mm or more (established norm is 0 to 1 mm).
  - ii) Vertical discrepancies defined as **ANY** of the following:
    - (1) Presence of a vertical facial skeletal deformity which is two or more standard deviations from published norms for accepted skeletal landmarks
    - (2) Open bite (defined as **ONE** of the following):
      - (a) No vertical overlap of anterior teeth;
      - (b) Unilateral or bilateral posterior open bite greater than 2 mm;
    - (3) Deep overbite with impingement or irritation of buccal or lingual soft tissues of the opposing arch;
    - (4) Supra-eruption of a dentoalveolar segment due to lack of occlusion.
  - iii) Transverse discrepancies defined as **ANY** of the following:
    - (1) Presence of a transverse skeletal discrepancy which is two or more standard deviations from published norms,
    - (2) Total bilateral maxillary palatal cusp to mandibular fossa discrepancy of 4 mm or greater, or a unilateral discrepancy of 3 mm or greater, given normal axial inclination of the posterior teeth.
  - iv) Asymmetries defined as the following:
    - (1) Anteroposterior, transverse or lateral asymmetries greater than 3 mm with concomitant occlusal asymmetry.

## Medical Policy

- 2) **Speech abnormalities:** ONE of following may be authorized:
  - a) Orthognathic surgery to treat speech abnormalities, determined by a speech pathologist or therapist to be due to a malocclusion and helped by orthodontia
  - b) At least 6 months of speech therapy.
- 3) **Skeletal discrepancies associated with documented sleep apnea, airway defects, and soft tissue discrepancies** may be authorized in cases where it is documented that mandibular and maxillary deformities are contributing to airway dysfunction, where such dysfunction is not amenable to non-surgical treatments, and where it is shown that orthognathic surgery will decrease airway resistance and improve breathing. (see Medical Policies related to Sleep Disorders/Sleep Studies)

### ***Reconstructive Dental Services -Additional Considerations:***

The following are also potentially reconstructive and may be authorized. (See sections above):

- Acute traumatic injury and post-surgical sequela.
- Cancerous or non-cancerous tumors and cysts.
- Cleft lip/palate/
- Congenital anomalies

### **GENERAL ANESTHESIA OR IV SEDATION ACCOMPANYING DENTAL SERVICES:**

General anesthesia or IV sedation in an inpatient setting or ambulatory surgery center, when services are not available in the provider office, may be authorized when **ANY** of the following are met:

- 1) Member is younger than nineteen (19) years of age with a dental condition that requires repairs of significant complexity (e.g., multiple amalgam and/or resin-based composite restorations, pulpal therapy, extractions, or any combination of these or other dental procedures),
- 2) Member exhibits physical, intellectual, or medically-compromised conditions, for which dental treatment under local anesthesia, with or without additional adjunctive techniques and modalities, cannot be expected to provide a successful result and which, under general anesthesia, may be expected to produce a superior result. (Examples include, but are not limited to, severe autism, cerebral palsy, hemorrhagic disorders, and severe congestive heart failure.) Professional charges for dental services may not be authorized when service or procedure is not authorized,
- 3) Member has sustained oral-facial and/or dental trauma, for which treatment under local anesthesia would be ineffective
- 4) The individual has a comorbid medical condition that would increase the risk of the procedure if performed in a dental office.

### **ORTHODONTICS UNDER PEDIATRIC ORAL HEALTH BENEFIT**

## Medical Policy

The Affordable Care Act of 2010 (ACA) requires fully insured non-grandfathered plans to provide coverage for pediatric dental services. The determination of which benefits constitute Essential Health Benefits is made on a state by state basis. As such, when using this policy, it is important to refer to the member benefit plan document to determine coverage. Dental coverage may provide additional coverage beyond what is outlined in this policy.

Orthodontic treatment is not authorized for dental conditions that are primarily cosmetic in nature or when self-esteem is the primary reason for treatment. Orthodontic services for children and adolescents may be authorized for children and adolescents who have a severe handicapping malocclusion related to cleft lip or palate.

Establishment of authorization of pediatric orthodontics requires documentation to support the severe handicapping malocclusion and the presence of a qualifying medical condition, and a score of 42 points or greater on the Modified Salzmann Index. Documentation must include a completed Salzmann assessment form.

### **Diagnostic Services:**

Ancillary services and procedures, such as diagnostic x-rays, may be authorized if the primary procedure is covered.

## **EXCLUSIONS**

### **Bone Grafting of Extraction Sites:**

Placement of bone grafts into extraction sites is considered not authorized.

### **Reconstructive Services**

The following dental services are considered not authorizable regardless of whether they accompany an authorized reconstructive surgery:

- Dental implants. In addition, any procedures (e.g., bone replacement graft, sinus lift surgery, soft tissue graft, and barrier membrane placement) considered as adjunctive procedures to the surgical placement of the dental implant body. The replacement of the missing crown is considered a dental expense
- Cleaning, maintenance, and subsequent repair or replacement of completed dental reconstruction
- Subsequent orthodontic care, including full braces for the permanent dentition
- Isolated procedures to address genial hypoplasia or hypertrophy
- Condylar positioning devices in orthognathic surgery as this is investigational
- Three-dimensional virtual treatment planning of orthognathic surgery investigational
- Orthodontic phase of care (both pre- and post-surgical) are considered dental.
- Orthognathic surgeries for correction of articulation disorders as this is investigational

### **Dental Services**

MED\_Clin\_Ops\_002

## Medical Policy

- Orthognathic Surgery or dental services that primarily address unaesthetic facial features and psychological impairments **AND**
- Genioplasty, mentoplasty, genial osteotomies/ostectomies or anteriormandibular osteotomy are cosmetic.

### Dental Services that may be contractually excluded:

- 1) Tooth extractions for dental, periodontal or occlusal disorders.
- 2) Removal of Impacted Teeth:
  - Services related to the care, filling, removal or replacement of impacted teeth
  - The removal of partly or completely bone impacted teeth.
- 3) Treatment of the teeth or structures supporting the teeth.
- 4) Treatment of periodontal disease.
- 5) Treatment of dental cysts, e.g., cysts which contain teeth or by initial exam are dentigerous in nature (e.g., odontoid or tooth like) or benign cysts which interfere with eruption of teeth.
- 6) Treatment necessary for placement of dentures, e.g., jaw reconstruction due to jaw atrophy, dental restorations, dental reconstruction, dental rehabilitation, dental prosthesis, endosseous or osseointegrated implants.
- 7) Frenectomy, Frenotomy or Frenoplasty of the lingual frenum when done prophylactically to promote speech development in children or adults.

## BACKGROUND

There are significant basic differences between medical and dental diseases and the amount of tissue damage that will occur in the natural course of these diseases if they are left untreated. here are situations where dental services may be covered under a medical plan due to the nature of the disease, condition, procedure or as dictated by benefit plan intent or governmental mandate.

The Affordable Care Act of 2010 (ACA) requires insurers to provide coverage for an Essential Health Benefits (EHB) package in 10 benefit categories, including pediatric oral care.

Brand New Day/Central Health Medicare Plan's Medicare Advantage plans are an alternative way to get Original Medicare (Part A and Part B) benefits. By law, all Medicare Advantage plans must cover everything Original Medicare covers (except hospice benefits, which Part A covers). Brand New Day/Central Health Medicare plans may also include optional additional benefits, such as coverage for prescription drugs, and even routine dental and hearing care. Original Medicare (Part A and Part B), however, only covers certain dental services if medically necessary.

## DEFINITIONS

**Ankyloglossia** is also known as tongue tie, identifies conditions ranging in severity from a malposition of the frenulum on the underside of the tongue to partial or total fusion of the tongue to the floor of the mouth. Normally the frenulum does not impede the movement of the tip of the tongue



## Medical Policy

but when the frenulum is too short or attaches close to the tip of the tongue, it restricts the movement of the tongue and may cause difficulty with feeding in infants and speech development in children.

**Authorization:** A decision by Brand New Day/Central Health Medicare Plan that a health care service, treatment plan, prescription drug or durable medical equipment is medically necessary or meets other member contract term. Sometimes called prior authorization, prior approval or precertification. Brand New Day/Central Health Medicare Plan requires preauthorization for certain services before a member receives them, except in an emergency. Authorization isn't a promise Brand New Day/Central Health Medicare Plan will cover the cost.

**Cephalometrics** is the interpretation of lateral skull x-rays taken under standardized conditions. Two of the more popular methods of analysis used in Orthodontology are the Steiner analysis and the McNamara analysis.

- McNamara analysis combines the anterior reference plane with a description of the length of the individual's jaw and the relationship between them.
- Steiner analysis utilizes the SNA angle to assess the anteroposterior position of the maxilla regarding the cranial base. Steiner's Analysis follows the belief that the most important measurements in his analysis were the ANB angle, which is formed by the difference between SNA and SNB angles.

**Class I occlusion** exists with the teeth in a normal relationship when the mesial-buccal cusp of the maxillary first permanent molar coincides with the buccal groove of the mandibular first molar.

**Class II malocclusion** occurs when the mandibular teeth are distal or behind the normal relationship with the maxillary teeth. This can be due to a deficiency of the lower jaw or an excess of the upper jaw, and therefore, presents two types:

- Division I exists when the mandibular arch is behind the upper jaw with a consequential protrusion of the upper front teeth.
- Division II exists when the mandibular teeth are behind the upper teeth, with a retrusion of the maxillary front teeth. Both malocclusions have a tendency toward a deep bite because of the uncontrolled migration of the lower front teeth upwards. Commonly referred to as an overbite.

**Class III malocclusion** occurs when the lower dental arch is in front of the upper dental arch. People with this type of occlusion usually have a strong or protrusive chin, which can be due to either horizontal mandibular excess or horizontal maxillary deficiency. Commonly referred to as an under bite.

**Congenital Anomalies** is defined by the World Health Organization as birth defects, congenital disorders or congenital malformations. Congenital anomalies can be defined as structural or functional anomalies (for example, metabolic disorders) that occur during intrauterine life and can be identified prenatally, at birth, or sometimes may only be detected later in infancy, such as hearing defects. In simple terms, congenital refers to the existence at or before birth.

**Oral surgery** involves the correction of conditions of or damage to the mouth, teeth, and jaw. Oral surgery is commonly performed to remove wisdom teeth, prepare the mouth for dentures, repair jaw

### Dental Services

## Medical Policy

conditions, and perform more advanced procedures as required after trauma or severe disease damage to the structure of the mouth.

**Sound and healthy, natural tooth** is a tooth that is functioning in the mouth that is organic and formed by natural development of the body (not artificial or manufactured), and is not predisposed to injury due to extensive restoration, disease, or decay.

### CODING

Applicable CPT codes:

00100, 00102, 00170 – 00192, 21025, 21026, 21030, 21031, 21032, 21034, 21040, 21044, 21045, 21046, 21047, 21048, 21049, 21070, 21076, 21077, 21079, 21080, 21081, 21082, 21083, 21084, 21085, 21086, 21087, 21088, 21089, 21100, 21110, 21116, 21141, 21142, 21143, 21145, 21146, 21147, 21150, 21151, 21154, 21155, 21160, 21193, 21194, 21195, 21196, 21198, 21199, 21206, 21208, 21209, 21210, 21215, 21244, 21245, 21246, 21247, 21248, 21249, 21255, 21295, 21296, 21299, 21421, 21422, 21423, 21431, 21432, 21433, 21435, 21436, 21440, 21445, 21450, 21451, 21452, 21453, 21454, 21461, 21462, 21465, 21470, 21480, 21485, 21490, 41825, 41826, 41827, 41830, 41850, 41874, 42200 – 42225, 42280, 42281, 70300 – 70320, 77401 – 77412, 97039, C03.0 - C03.9, C41.0 - C41.1, C76.0, D10.30 - D10.39, D16.4 - D16.5, D4210 - D4261, D4268, D4274, D4263, D4264, D4265, D4266, D4267, D4270, D4273, D4275, D4276, D5986, D6010 - D6199, D7210 - D7251, D7292 - D7294, D7410 - D7415, D7440 - D7465, D7471 - D7490, J0702, J2650, J3303.

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**Medical Policy**

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**POLICY HISTORY**

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Revised Date	February 11, 2020 – TMJ moved into separate policy April 29, 2019 – Annual review, no changes noted December 18, 2018 – noted that policies apply to new 2019 Markets December 20, 2020 – Small Group added as applicable product February 18, 2021 – Annual review; no changes noted; title updated February 2022 – Annual review March 1, 2023 – Adopted by MA UM Committee