Scott&White HEALTH PLAN
PART OF BAYLOR SCOTT & WHITE HEALTH

FirstCare HEALTH PLANS
PART OF BAYLOR SCOTT & WHITE HEALTH

MEDICAL COVERAGE POLICY

SERVICE: Dental Services and Anesthesia for Dental Services

Policy Number:	**026**
Effective Date:	**06/01/2020**
Last Review:	**04/22/2020**
Next Review Date:	**04/22/2021**

Important note:
Unless otherwise indicated, this policy will apply to all lines of business.
Even though this policy may indicate that a particular service or supply may be considered medically necessary and thus covered, this conclusion is not based upon the terms of your particular benefit plan. Each benefit plan contains its own specific provisions for coverage and exclusions. Not all benefits that are determined to be medically necessary will be covered benefits under the terms of your benefit plan. You need to consult the Evidence of Coverage (EOC) or Summary Plan Description (SPD) to determine if there are any exclusions or other benefit limitations applicable to this service or supply. If there is a discrepancy between this policy and your plan of benefits, the provisions of your benefits plan will govern. However, applicable state mandates will take precedence with respect to fully insured plans and self-funded non-ERISA (e.g., government, school boards, church) plans. Unless otherwise specifically excluded, Federal mandates will apply to all plans. With respect to Medicare-linked plan members, this policy will apply unless there are Medicare policies that provide differing coverage rules, in which case Medicare coverage rules supersede guidelines in this policy. Medicare-linked plan policies will only apply to benefits paid for under Medicare rules, and not to any other health benefit plan benefits. CMS's Coverage Issues Manual can be found on the CMS website. Similarly, for Medicaid-linked plans, the Texas Medicaid Provider Procedures Manual (TMPPM) supersedes coverage guidelines in this policy where applicable.

SERVICE: Dental Services and Anesthesia for Dental Services

PRIOR AUTHORIZATION: Required.

OVERVIEW:

Dental services provided for the routine care, treatment, or replacement of teeth or structures (e.g., root canals, fillings, crowns, bridges, dental prophylaxis, fluoride treatment, and extensive dental restoration) or structures directly supporting the teeth are generally excluded from coverage under SWHP medical plans, except under the limited circumstances. However, certain dental or oromaxillary procedures may be covered under a member's medical benefits if specific criteria are met. This policy delineates the coverage criteria used to make authorization or denial decisions regarding dental and oral surgery services

Furthermore, certain dental procedures or oromaxillary facial surgery procedures which do not ordinarily require general anesthesia may require it because of the underlying medical condition or age of the member.

POLICY: A dental service that would otherwise be excluded from coverage may be a covered medical expense if the dental service is medically necessary and is incident to and an integral part of a service covered under the medical plan. Coverage requires prior authorization. Examples of dental services that are integral to medical procedures include the following:

Requested Service	Required Documentation	Authorized When
Periodontal surgery for the treatment of drug-induced gingival hyperplasia	1. Periodontal charting 2. Photographs 3. Relevant medication (e.g., Dilantin, Calcium Channel Blockers) history including dosages.	Clinical information supports the presence of drug-induced gingival hyperplasia with: 1. Pocket depths > 5mm; or 2. Difficulty with hygiene due to orthodontic brackets impinging on the gingiva.

Requested Service	Required Documentation	Authorized When
Medical/Surgical care for osteonecrosis of the jaw secondary to IV bisphosphonate therapy, chemotherapy, bone marrow or solid organ transplant, or immunodeficiency related to HIV. Medical/Surgical care for osteoradionecrosis of the jaw secondary to head and neck, or mantle field irradiation	Narrative description of the clinical findings, X-rays and/or CT scan and photographs demonstrating bone involvement.	Clinical information supports diagnosis of osteonecrosis, or osteoradionecrosis of the jaw is present and secondary to conditions listed under requested service.
Tooth Extraction Note: Dental reconstruction for the replacement of extracted teeth is NOT covered by the medical plan.	1. Narrative description of the clinical history and findings. 2. X-rays and/or CT scan and photographs demonstrating bone	Member … 1. Is pre-or post-head and neck/mantle field radiation therapy, pre-chemotherapy, or pre bone marrow or solid organ transplant; or 2. Has severe immunodeficiency (e.g., post organ transplant, peri-chemotherapy); or 3. Has osteonecrosis of the jaw related to chemotherapy, bone marrow or solid organ transplant, HIV immunodeficiency, or IV bisphosphonate therapy; or 4. Has osteoradionecrosis due to head and neck, or mantle field radiation. 5. Removal of broken teeth necessary to reduce a jaw fracture.

In these examples, the dental service is either a part of the medical procedure or is done in conjunction with and made necessary solely because of the medical procedure.

Certain oral excisions are allowed under the medical plan the same as any other illness. This includes biopsies of oral tissue (soft and/or hard tissue), surgical excisions of lesions, tumors, neoplasms, and non-periapical cysts:

21030 – Excision of benign tumor or cyst of maxilla or zygoma by enucleation and curettage.
21040 – Excision of benign tumor or cyst of mandible by enucleation and/or curettage.
21046 – Excision of benign tumor or cyst of mandible; requiring intra-oral osteotomy (eg, locally aggressive or destructive lesion(s))
21047– Excision of benign tumor or cyst of mandible; requiring extra-oral osteotomy and partial mandibulectomy (eg, locally aggressive or destructive lesion(s))
21048 – Excision of benign tumor or cyst of maxilla; requiring intra-oral osteotomy (eg, locally aggressive or destructive lesion(s))

21049 – Excision of benign tumor or cyst of maxilla; requiring extra-oral osteotomy and partial maxillectomy (eg, locally aggressive or destructive lesion(s))

These are covered if **NOT** dental related. These codes are **NOT** covered if done in conjunction with third molar removal or with endodontic surgery.

The following codes are generally covered. However, these are **NOT** covered if being done to remove tissue overgrowth in preparation for dentures.

40810 – Excision of lesion of mucosa and submucosa, vestibule of mouth; without repair.
40812 – Excision of lesion of mucosa and submucosa, vestibule of mouth; with simple repair.
40814 – Excision of lesion of mucosa and submucosa, vestibule of mouth; with complex repair
40816 – Excision of lesion of mucosa and submucosa, vestibule of mouth; complex, with excision of underlying muscle
41825 – Excision of lesion or tumor (except listed above), dentoalveolar structure; without repair. This is generally covered when performed for a medical indication (example ulceration of exostoses.) **However**, it is **NOT** covered if being done for removal of tori, exostoses, fibrous tuberosity (such as preparation for dentures). Also **NOT** covered for periodontal abscess, or endodontic cyst (generally dental)

Torus mandibularis or maxillary torus are bony sublingual protuberances, typically near the canine and premolar teeth. These are almost always benign lesions and excision is not medically necessary. The most common reason for requesting removal of a torus is in preparation for dentures, and thus not a benefit under a medical plan.

SWHP covers the use of hospital facility or Ambulatory Surgical Center (ASC) when those settings are medically necessary for the safe delivery of dental and/or oral surgery services, or there are serious medical issues. **Prior authorization is required for these services.** Routine dental services are **NOT** covered, neither is dental office-based anesthesia.

Authorization Criteria:

Prior authorization is required for elective (non-emergent) dental and oral surgery services provided to members who have this coverage in inpatient hospital or ASC settings. Prior authorization does NOT include coverage for restorative dental/oral surgery services that are not covered under the member's benefit plan (EOC or SPD).

Using relevant clinical information, the criteria below are used to review requests for services to be provided at inpatient or ASC settings.

Use of inpatient or ASC settings, including anesthesia by contracted providers, is authorized when medically necessary for the safe delivery of the following services:

Requested Service	Authorized When
Dental Rehabilitation services for children up to 48 months old	1. The member has rampant decay; and; **AND** 2. There is documentation of at least one unsuccessful attempt to treat the member in the office setting.
For Medicaid lines, general anesthesia is available for members who are six years of age or younger. For Medicaid lines, level 4 sedation also requires prior authorization	For Medicaid lines, the dental provider is responsible for determining whether a client meets the minimum criteria necessary for receiving general anesthesia.

Dental Rehabilitation for members with functional or behavioral impairment due to medical/behavioral conditions (e.g., autism, developmental delay, mental retardation) manifesting as severe oppositional and uncooperative behavior.	1. The member has rampant decay or dental needs of high complexity; **OR** 2. There is documentation of **EITHER**: a. Two unsuccessful attempts to treat in the office setting, **OR** b. The PCP or attending practitioner documents why the member's functional or behavioral impairment inhibits the safe delivery of care in an office setting considering the level of dental needs.
Requested Service	**Authorized When**
Members with extreme apprehension and anxiety manifesting as significant oppositional and uncooperative behavior during treatment	1. The member has rampant decay or dental needs of high complexity; **AND** 2. There is documentation of two unsuccessful attempts to treat in the office setting; **AND** 3. The PCP or attending practitioner delineates why the member's functional or behavioral impairment inhibits the safe delivery of care in an office setting.
Dental/Oral Surgery procedures for members with dental pathology and a co-existing medical condition, co-morbidity, or mental or physical handicap that might inhibit the safe delivery of care in an office setting	There is documentation of one or more of the following: 1. Abnormal pulmonary function measurements (i.e., FEV1 < 60% of predicted); 2. History of serious blood dyscrasia or bleeding disorder which required medical preoperative care not available in the office setting; 3. Evidence of acute cardiac disease, current angina, patterns of CHF (class III or IV), or an MI within 90 days of the anticipated admission 4. History of immunodeficiency diagnosis; 5. Difficulty regulating endocrine diseases (e.g., diabetes, Addison's disease), hypertension, bronchospastic lung disease, or seizures; 6. History of adverse reaction to anesthesia or sedation; 7. Previous unsuccessful attempts to provide care in the office setting, and/or significant functional or behavioral impairment.

MANDATES: None

CODES:

Important note:

CODES: Due to the wide range of applicable diagnosis codes and potential changes to codes, an inclusive list may not be presented, but the following codes may apply. Inclusion of a code in this section does not guarantee that it will be reimbursed, and patient must meet the criteria set forth in the policy language.

CPT Codes:	21030 – Excision of benign tumor or cyst of maxilla or zygoma by enucleation and curettage. 21040 – Excision of benign tumor or cyst of mandible by enucleation and/or curettage. 21046 – Excision of benign tumor or cyst of mandible; requiring intra-oral osteotomy (eg, locally aggressive or destructive lesion(s)) 21047– Excision of benign tumor or cyst of mandible; requiring extra-oral osteotomy and partial mandibulectomy (eg, locally aggressive or destructive lesion(s)) 21048 – Excision of benign tumor or cyst of maxilla; requiring intra-oral osteotomy (eg, locally aggressive or destructive lesion(s)) 21049 – Excision of benign tumor or cyst of maxilla; requiring extra-oral osteotomy and partial maxillectomy (eg, locally aggressive or destructive lesion(s)) 40810 – Excision of lesion of mucosa and submucosa, vestibule of mouth; without repair. 40812 – Excision of lesion of mucosa and submucosa, vestibule of mouth; with simple repair. 40814 – Excision of lesion of mucosa and submucosa, vestibule of mouth; with complex repair 40816 – Excision of lesion of mucosa and submucosa, vestibule of mouth; complex, with excision of underlying muscle 41825 – Excision of lesion or tumor (except listed above), dentoalveolar structure; without repair.
CPT Codes Not Covered:	21031 Excision of torus mandibularis 21032 Excision of maxillary torus palatinus
ICD10 Codes:	C03.X - Malignant neoplasm of gum C41.X - Malignant neoplasm of skull,face,jaw C04.X - Malignant neoplasm of floor of mouth C05.X - Malignant neoplasm of palate C76.X - Malignant neoplasm of head,face,neck D00.XX - Carcinoma in situ of oral cavity,gingiva,palate, mouth,tongue,etc Q37.X - Cleft palate S02.4XXX - Fracture- zygomatic,maxilla,LeForte S02.6XXX - Fracture of mandible S02.8XXX - Fractures of skull and facial bones S02.9XXX - Fractures of facial bones K03.89 - K03.9 - Diseases of hard tissues of teeth S01.502S - Sequelae - open wound of oral cavity

CMS: See Dental Services Exclusion – 140 – under Medicare Benefit Policy Manual at https://www.cms.gov/Regulations-and-Guidance/Guidance/Manuals/downloads/bp102c16.pdf
See NCD for Dental Examination Prior to Kidney Transplantation (260.6).

POLICY HISTORY:

Status	Date	Action
New	8/1/2010	New policy
Reviewed	10/18/2011	Reviewed.
Reviewed	8/30/2012	Reviewed and revised
Reviewed	4/25/2013	No changes
Reviewed	3/27/2014	No changes
Reviewed	4/9/2015	No changes

Reviewed	4/14/2016	Reviewed – no changes
Reviewed	3/28/2017	Several minor changes to improve coverage details.
Reviewed	2/20/2018	No changes
Updated	9/04/2018	Updated Medicaid general anesthesia and sedation requirements
Reviewed	11/26/2019	Added exclusion of coverage for removal of tori
Reviewed	04/22/2020	Rationalized code list

REFERENCES:

The following scientific references were utilized in the formulation of this medical policy. SWHP will continue to review clinical evidence related to this policy and may modify it at a later date based upon the evolution of the published clinical evidence. Should additional scientific studies become available and they are not included in the list, please forward the reference(s) to SWHP so the information can be reviewed by the Medical Coverage Policy Committee (MCPC) and the Quality Improvement Committee (QIC) to determine if a modification of the policy is in order.

1. Toljanic JA, Bedard JF, Larson RA, Fox JP. A prospective pilot study to evaluate a new dental assessment and treatment paradigm for patients scheduled to undergo intensive chemotherapy for cancer. Cancer. 1999;85(8):1843-1848.
2. Muzaffar AR, Adams WP Jr, Hartog JM, et al. Maxillary reconstruction: Functional and aesthetic considerations. Plast Reconstr Surg. 1999;104(7):2172-2183.
3. Carl W, Ikner C. Dental extractions after radiation therapy in the head and neck area and hard tissue replacement (HTR) therapy: A preliminary study. J Prosthet Dent. 1998;79(3):317-322.
4. Oikarinen KS. Clinical management of injuries to the maxilla, mandible, and alveolus. Dent Clin North Am. 1995;39(1):113-131.
5. Kuitert RB. Orthodontic treatment for adults. Ned Tijdschr Tandheelkd. 2000;107(4):160-168.
6. Norwegian Knowledge Centre for the Health Services (NOKC). Prophylactic removal of wisdom teeth [summary]. SMM-Report 10/2003. Oslo, Norway: Norwegian Knowledge Centre for the Health Services (NOKC); 2003.
7. American Dental Association, Council on Scientific Affairs. Dental endosseous implants. An update. J Am Dental Assoc. 2004;135:92-97.
8. Mettes DTG, Nienhuijs MMEL, van der Sanden WJM, et al. Interventions for treating asymptomatic impacted wisdom teeth in adolescents and adults. Cochrane Database Syst Rev. 2005;(2):CD003879.
9. American Association of Oral and Maxillofacial Surgeons (AAOMS). Bone grafting after removal of impacted third molars. Statement of the American Association of Oral and Maxillofacial Surgeons concerning the management of selected clinical conditions and associated clinical procedures. AAOMS Condition Statements. Rosemont, IL: AAOMS; March 2006. Available at: http://www.aaoms.org/docs/practice_mgmt/condition_statements/ bone_grafting.pdf. Accessed January 25, 2007.
10. American Association of Oral and Maxillofacial Surgeons (AAOMS). White Paper on Third Molar Data. Rosemont, IL: AAOMS; March 2007. http://www.aaoms.org/docs/third_molar_white_paper.pdf. Accessed July 19, 2007.
11. Pediatric Dentistry (AAPD). General anesthesia. Patient Brochure. Chicago, IL: AAPD; 2005. Available at: http://www.aapd.org/publications/brochures/anesthesia.asp. Accessed July 8, 2005.
12. American Academy of Pediatric Dentistry (AAPD). Guidelines for the elective use of conscious sedation, deep sedation and general anesthesia in pediatric dental patients. Adopted 1985; revised May 1998.

Guidelines. In: AAPD Reference Manual 2004-2005. Chicago, IL: AAPD; 2004:74-80.

13. American Academy of Pediatric Dentistry (AAPD). Policy statement on the use of deep sedation and general anesthesia in the pediatric dental office. Adopted May 1999; revised 2004. Oral Health Policies. In: AAPD Reference Manual 2004-2005. Chicago, IL: AAPD; 2004:50-51.
14. American Academy of Pediatric Dentistry (AAPD), Council on Clinical Affairs. Policy on third-party reimbursement of medical fees related to sedation/general anesthesia. Original policy May 1989, Revised 2003. Oral Health Policies. In: AAPD Reference Manual 2004-2005. Chicago, IL: AAPD; 2004:55-56.