



## MEDICAL COVERAGE POLICY

### SERVICE: Dental Services and Anesthesia for Dental Services

Policy Number:	026
Effective Date:	05/01/2022
Last Review:	03/30/2023
Next Review Date:	03/30/2024

#### 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 BSWHP 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:** Please review the plan's EOC (Evidence of Coverage) or Summary Plan Description (SPD) for coverage details.

**For Medicare plans,** please refer to appropriate Medicare NCD (National Coverage Determination) or LCD (Local Coverage Determination). If there is no applicable NCD or LCD, use the criteria set forth below.

**For Medicaid plans,** please confirm coverage as outlined in the Texas Medicaid TMPPM.

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:

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Requested Service	Required Documentation	Authorized When
Periodontal surgery for the treatment of drug-induced gingival hyperplasia	<ol style="list-style-type: none"> <li>1. Periodontal charting</li> <li>2. Photographs</li> <li>3. Relevant medication (e.g., Dilantin, Calcium Channel Blockers) history including dosages.</li> </ol>	<p>Clinical information supports the presence of drug-induced gingival hyperplasia with:</p> <ol style="list-style-type: none"> <li>1. Pocket depths &gt; 5mm; or</li> <li>2. Difficulty with hygiene due to orthodontic brackets impinging on the gingiva.</li> </ol>
<p>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.</p> <p>Medical/Surgical care for osteoradionecrosis of the jaw secondary to head and neck, or mantle field irradiation</p>	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.
<p>Tooth Extraction</p> <p>Note: Dental reconstruction for the replacement of extracted teeth is NOT covered by the medical plan.</p>	<ol style="list-style-type: none"> <li>1. Narrative description of the clinical history and findings.</li> <li>2. X-rays and/or CT scan and photographs demonstrating bone</li> </ol>	<p>Member ...</p> <ol style="list-style-type: none"> <li>1. Is pre-or post-head and neck/mantle field radiation therapy, pre-chemotherapy, or pre bone marrow or solid organ transplant; or</li> <li>2. Has severe immunodeficiency (e.g., post organ transplant, peri-chemotherapy); or</li> <li>3. Has osteonecrosis of the jaw related to chemotherapy, bone marrow or solid organ transplant, HIV immunodeficiency, or IV bisphosphonate therapy; or</li> <li>4. Has osteoradionecrosis due to head and neck, or mantle field radiation.</li> <li>5. Removal of broken teeth necessary to reduce a jaw fracture.</li> </ol>

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.

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- 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. Excision can be covered with diagnosis of head/neck cancer.

BSWHP 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:**

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Requested Service: Dental Anesthesia	Authorized When
<p><b>For Medicaid plans</b>, general anesthesia is available for members who are six years of age or younger.</p> <p>All level 4 sedation/general anesthesia services (CPT 00170) require PA.</p>	<p><b>For Medicaid plans</b></p> <p><b>ALL</b> of the following documentation/criteria must be provided/met:</p> <ul style="list-style-type: none"> <li>• A completed Criteria for Dental Therapy under general anesthesia with a score of 22 or higher</li> <li>• Proof of approval for dental services from the DMO (for age 6 and below)</li> <li>• The location where the procedure (s) will be performed</li> <li>• The narrative/clinical records unique to the member</li> </ul>
<p><b>Section below is for non-Medicaid plans</b></p>	
<p>Dental Rehabilitation services for children up to 48 months old</p>	<p>Following criteria must be met:</p> <ul style="list-style-type: none"> <li>• The member has rampant decay; and; <b>AND</b></li> <li>• There is documentation of at least one unsuccessful attempt to treat the member in the office setting.</li> </ul>
<p>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.</p>	<ol style="list-style-type: none"> <li>1. The member has rampant decay or dental needs of high complexity; <b>OR</b></li> <li>2. There is documentation of <b>EITHER</b>: <ol style="list-style-type: none"> <li>a. Two unsuccessful attempts to treat in the office setting, <b>OR</b></li> <li>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.</li> </ol> </li> </ol>
<p>Members with extreme apprehension and anxiety manifesting as significant oppositional and uncooperative behavior during treatment</p>	<ol style="list-style-type: none"> <li>1. The member has rampant decay or dental needs of high complexity; <b>AND</b></li> <li>2. There is documentation of two unsuccessful attempts to treat in the office setting; <b>AND</b></li> <li>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.</li> </ol>

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<p>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</p>	<p>There is documentation of one or more of the following:</p> <ol style="list-style-type: none"> <li>1. Abnormal pulmonary function measurements (i.e., FEV1 &lt; 60% of predicted);</li> <li>2. History of serious blood dyscrasia or bleeding disorder which required medical preoperative care not available in the office setting;</li> <li>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</li> <li>4. History of immunodeficiency diagnosis;</li> <li>5. Difficulty regulating endocrine diseases (e.g., diabetes, Addison's disease), hypertension, bronchospastic lung disease, or seizures;</li> <li>6. History of adverse reaction to anesthesia or sedation;</li> <li>7. Previous unsuccessful attempts to provide care in the office setting, and/or significant functional or behavioral impairment.</li> </ol>
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## 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:	<p>21030 – Excision of benign tumor or cyst of maxilla or zygoma by enucleation and curettage.</p> <p>21040 – Excision of benign tumor or cyst of mandible by enucleation and/or curettage.</p> <p>21046 – Excision of benign tumor or cyst of mandible; requiring intra-oral osteotomy (eg, locally aggressive or destructive lesion(s))</p> <p>21047– Excision of benign tumor or cyst of mandible; requiring extra-oral osteotomy and partial mandibulectomy (eg, locally aggressive or destructive lesion(s))</p> <p>21048 – Excision of benign tumor or cyst of maxilla; requiring intra-oral osteotomy (eg, locally aggressive or destructive lesion(s))</p> <p>21049 – Excision of benign tumor or cyst of maxilla; requiring extra-oral osteotomy and partial maxillectomy (eg, locally aggressive or destructive lesion(s))</p> <p>40810 – Excision of lesion of mucosa and submucosa, vestibule of mouth; without repair.</p> <p>40812 – Excision of lesion of mucosa and submucosa, vestibule of mouth; with simple repair.</p> <p>40814 – Excision of lesion of mucosa and submucosa, vestibule of mouth; with complex repair</p> <p>40816 – Excision of lesion of mucosa and submucosa, vestibule of mouth; complex, with excision of underlying muscle</p> <p>41825 – Excision of lesion or tumor (except listed above), dentoalveolar structure; without repair.</p>
CPT Codes Not Covered:	<p>21031 Excision of torus mandibularis: COVERED only with diagnosis of head/neck cancer</p>



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	21032 Excision of maxillary torus palatinus: COVERED only with diagnosis of head/neck cancer
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
Reviewed	05/27/2021	Torus mandibularis or maxillary torus set to pay with head/neck cancer.
Reviewed	06/23/2022	Updated Medicaid anesthesia for dental procedures section
Reviewed	03/30/2023	No changes

### REFERENCES:

The following scientific references were utilized in the formulation of this medical policy. BSWHP 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 BSWHP so the information can be reviewed by the Medical Coverage Policy

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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.
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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.
15. Medicaid Uniform Managed Care Manual Section 16.1.25.2 Dental Coverage
16. TMPPM Vol 2 Children's Handbook, Section 3.2.29.2.1 Dental Therapy Under General Anesthesia
17. TMPPM Vol 2 Children's Services Handbook Section 3 (Texas Health Steps Dental)



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**Note:** Health Maintenance Organization (HMO) products are offered through Scott and White Health Plan dba Baylor Scott & White Health Plan, and Scott & White Care Plans dba Baylor Scott & White Care Plan. Insured PPO and EPO products are offered through Baylor Scott & White Insurance Company. Scott and White Health Plan dba Baylor Scott & White Health Plan serves as a third-party administrator for self-funded employer-sponsored plans. Baylor Scott & White Care Plan and Baylor Scott & White Insurance Company are wholly owned subsidiaries of Scott and White Health Plan. These companies are referred to collectively in this document as Baylor Scott & White Health Plans.

RightCare STAR Medicaid plans are offered through Scott and White Health Plan in the Central Managed Care Service Area (MRSA) and STAR and CHIP plans are offered through SHA LLC dba FirstCare Health Plans (FirstCare) in the Lubbock and West MRSAs. Individual HMO plans are offered through FirstCare in West Texas.