

Clinical Policy: Medical Services That Require Dental Services



Reference Number: QCP.CP.030

Effective Date: N/A

Date of Last Revision: 06/01/2023

CPT Codes: 21010-21116, 21141-21160, 21193-21296, 21421-21490, D0120-D0999

Document: BI290:00

Public Statement

1. 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 QualChoice's medical plans.
2. Dental services for other problems may be covered after pre-authorization.
3. Members should refer to their plan documents for information regarding applicable terms and limitations of coverage.

Effective Date:

Medical Statement

1. Treatment of Jaw and Contiguous Structures:

Some QualChoice medical plans provide coverage for some dental related services, and for certain "dental-in-nature" oral and maxillofacial surgery (OMS) services that are related to the jaw or facial bones. Reduction of any facial bone fracture is covered under all QualChoice medical plans, as well as the removal of tumors, treatment of dislocations, facial and oral wounds/lacerations, and removal of cysts or tumors of the jaws or facial bones, or other diseased tissues.

2. Medical Services Provided by a Dentist:

Medically necessary medical services that could be performed by a physician (M.D. or D.O.) but are performed by a dentist are covered if performance of those services is within the scope of the dentist's license, according to state law. These services may include, but are not limited to, the following:

- 1) Dental examinations to detect infection prior to certain surgical procedures;
- 2) Diagnostic x-rays in connection with services covered under the medical plan;
- 3) Treatment of oral infections in connection with services covered under the medical plan.

3. Removal of Impacted Teeth:

QualChoice plans usually exclude coverage of services related to the care, filling, removal, or replacement of impacted teeth. See BI207 Dental Impacted Teeth.

Note: In general, placement of bone grafts into extraction sites is considered not medically necessary.

4. Repair of Cleft Palate:

Clinical Policy: Medical Services That Require Dental Services



Medical management of children with cleft palate may involve what might otherwise be considered dental care. The following policies apply to the correction of this congenital defect.

- 1) Alveolar ridge closure is covered under QualChoice medical plans as part of the cleft palate repair.
- 2) An appliance for palatal expansion in preparation for bone graft surgery of the alveolar cleft may be covered in the pre-surgical and post-surgical period for primary and mixed dentitions. Later orthodontic care, including full braces for the permanent dentition, is not covered.
- 3) C. Orthognathic surgery is covered for these members if the functional impairment to be corrected results from the cleft palate and/or its treatment. For plans with precertification provisions, a proposed treatment plan must be submitted to QualChoice for review.

5. Dental Services that are Integral to Medical Procedures:

A dental service that would otherwise be excluded from coverage under QualChoice's medical plans 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 by QualChoice.

Examples of dental services that are integral to medical procedures include the following:

- 1) Extraction of teeth prior to radiation therapy of the head and neck. Note: Dental reconstruction for the replacement of extracted teeth is not covered by the medical plan.
- 2) Reconstruction of a dental ridge distorted as a result of removal of a tumor (including bone grafting and dental implants if necessary to stabilize a maxillofacial prosthesis such as an obturator).
- 3) C. Removal of broken teeth necessary to reduce a jaw fracture.

In these examples, the dental or OMS service is either a part of the medical procedure or is done in conjunction with and made necessary solely because of the medical procedure and the dental or OMS service does not treat dental.

6. Diagnostic Services:

Whether ancillary services and procedures, such as diagnostic x-rays, are covered under the medical plan depends upon whether the primary procedure is covered under the medical plan.

7. Dental Services Not Integral to Medical Services:

Dental services and dental-in-nature OMS services do not become eligible for medical coverage merely by virtue of their being performed prior to a covered medical service for the treatment of systemic disease, even if the medical service makes the dental service medically necessary. Removal of teeth at risk of infection, periodontal therapies, and subsequent oral rehabilitation reconstruction (i.e., the replacement of teeth) are not

Clinical Policy: Medical Services That Require Dental Services



covered under medical plans even where these services are medically necessary prior to major surgical procedures such as open heart surgery, organ transplantation, joint reconstructive surgery or other types of surgery.

8. Dental Services Accompanying Reconstructive Surgery:

Dental services performed in conjunction with medically necessary reconstructive surgery (e.g., reconstructive surgery following ablative surgical procedures) are covered according to the guidelines below:

The following dental services are covered in conjunction with medically necessary reconstructive surgery:

- 1) Nasal, aural, orbital, and ocular prostheses;
- 2) Radiation stents;
- 3) Some medical plans include optional coverage for preventive or other dental services. The Preventive Dental Care Benefit (for members under 12 years of age) is a standard benefit in many QualChoice plans. In addition, some medical plans include a dental services rider. Refer to the individual plan documents for a description of covered services;
- 4) Surgical, intermediate, and permanent obturators;
- 5) Surgical splints.

9. Other coverage options:

QualChoice medical plans generally provide medical coverage for the following dental and oral and maxillofacial surgery services;

A. Surgery needed:

- 1) To alter the jaw, jaw joints or bite relationships by a cutting procedure when non-surgical management (including appliance, medical, physical, and behavioral therapies) cannot result in functional improvement, not related to TMJ treatment, See BI231 TMJ.
- 2) To remove cysts, tumors or other diseased tissues;
- 3) To surgically remove teeth that will not erupt through the gum, teeth partly or completely impacted in the bone of the jaw, and teeth that cannot be removed without cutting into bone; charges for routine tooth removal not needing cutting of bone is specifically excluded under standard traditional plans;

B. To treat a fracture, dislocation or wound.

- 1) Charges for repairing or replacing the first free standing crown or abutment for fixed bridge prostheses, but only when accidental injury requires re-preparation of the natural tooth. Note: Charges to remove, repair, replace, restore, or reposition teeth lost or damaged in the course of biting or chewing are not covered medical expenses. Sound natural teeth are defined as teeth that were stable, functional, and free from decay and advanced periodontal disease, and in good repair at the time of the accident.

Clinical Policy: Medical Services That Require Dental Services



- 2) Dental treatment needed to remove, repair, replace, restore, or reposition natural teeth damaged, lost, or removed due to an injury occurring while the person is covered under the medical plan. Standard traditional plans also cover dental work to restore, repair, remove, reposition, or replace other body tissues of the mouth fractured or cut. Any such teeth must be free from decay, in good repair and firmly attached to the jawbone at the time of injury. In general, most plans require restoration or replacement in the calendar year of the accident or the next calendar year. Coverage requires prior authorization. The cost of installing the first denture, crown, in-mouth appliance and/or fixed bridgework to replace teeth lost due to accidental injury is covered.

Charges for repairing or replacing the first free standing crown or abutment for fixed bridge prostheses, but only when accidental injury requires re-preparation of the natural tooth.

Note: Charges to remove, repair, replace, restore, or reposition teeth lost or damaged in the course of biting or chewing are not covered medical expenses.

Sound natural teeth are defined as teeth that were stable, functional, and free from decay and advanced periodontal disease, and in good repair at the time of the accident.

- 3) Orthodontic therapy used in the first course of treatment to correct a malocclusion caused by accidental injury (this does not include benefits for full mouth orthodontic therapy).

C. The cost of installing the first denture, crown, in-mouth appliance and/or fixed bridgework to replace teeth lost due to accidental injury.

10. General Anesthesia Accompanying OMS and Dental Services:

QualChoice medical plans cover the use of general anesthesia for OMS and dental services if the member meets the selection criteria (See BI104 Dental Anesthesia).

11. Bone Grafting of Extraction Sites:

In general, placement of bone grafts into extraction sites is considered not medically necessary. Exception can be made for bone grafting of impacted third molar extraction sites when bony defects are clinically significant and the patient is 26 years of age or older (American Association of Oral and Maxillofacial Surgeons, 2006).

Codes Used In This BI:

21010	Incision of jaw joint
21011	Exc face les sc < 2 cm
21012	Exc face les sbq 2 cm/>
21013	Exc face tum deep < 2 cm

Clinical Policy: Medical Services That Require Dental Services



21014	Exc face tum deep 2 cm/>
21015	Resect face tum < 2 cm
21016	Resect face tum 2 cm/>
21025	Excision of bone lower jaw
21026	Excision of facial bone(s)
21029	Contour of face bone lesion
21030	Excise max/zygoma b9 tumor
21031	Remove exostosis mandible
21032	Remove exostosis maxilla
21034	Excise max/zygoma mal tumor
21040	Excise mandible lesion
21044	Removal of jaw bone lesion
21045	Extensive jaw surgery
21046	Remove mandible cyst complex
21047	Excise lwr jaw cyst w/repair
21048	Remove maxilla cyst complex
21049	Excis upper jaw cyst w/repair
21050	Removal of jaw joint
21060	Remove jaw joint cartilage
21070	Remove coronoid process
21073	Mnpj of tmj w/anesth
21076	Prepare face/oral prosthesis
21077	Prepare face/oral prosthesis
21079	Prepare face/oral prosthesis
21080	Prepare face/oral prosthesis
21081	Prepare face/oral prosthesis
21082	Prepare face/oral prosthesis
21083	Prepare face/oral prosthesis
21084	Prepare face/oral prosthesis
21085	Prepare face/oral prosthesis
21086	Prepare face/oral prosthesis
21087	Prepare face/oral prosthesis
21088	Prepare face/oral prosthesis
21089	Prepare face/oral prosthesis
21100	Maxillofacial fixation

Clinical Policy: Medical Services That Require Dental Services



21110	Interdental fixation
21116	Injection jaw joint x-ray
21141	Reconstruct midface lefort
21142	Reconstruct midface lefort
21143	Reconstruct midface lefort
21145	Reconstruct midface lefort
21146	Reconstruct midface lefort
21147	Reconstruct midface lefort
21150	Reconstruct midface lefort
21151	Reconstruct midface lefort
21154	Reconstruct midface lefort
21155	Reconstruct midface lefort
21159	Reconstruct midface lefort
21160	Reconstruct midface lefort
21193	Reconst lwr jaw w/o graft
21194	Reconst lwr jaw w/graft
21195	Reconst lwr jaw w/o fixation
21196	Reconst lwr jaw w/fixation
21198	Reconstr lwr jaw segment
21199	Reconstr lwr jaw w/advance
21206	Reconstruct upper jaw bone
21208	Augmentation of facial bones
21209	Reduction of facial bones
21210	Face bone graft
21215	Lower jaw bone graft
21230	Rib cartilage graft
21235	Ear cartilage graft
21240	Reconstruction of jaw joint
21242	Reconstruction of jaw joint
21243	Reconstruction of jaw joint
21244	Reconstruction of lower jaw
21245	Reconstruction of jaw
21246	Reconstruction of jaw
21247	Reconstruct lower jaw bone
21248	Reconstruction of jaw

Clinical Policy: Medical Services That Require Dental Services



21249	Reconstruction of jaw
21255	Reconstruct lower jaw bone
21256	Reconstruction of orbit
21260	Revise eye sockets
21261	Revise eye sockets
21263	Revise eye sockets
21267	Revise eye sockets
21268	Revise eye sockets
21270	Augmentation cheek bone
21275	Revision orbitofacial bones
21280	Revision of eyelid
21282	Revision of eyelid
21295	Revision of jaw muscle/bone
21296	Revision of jaw muscle/bone
21421	Treat mouth roof fracture
21422	Treat mouth roof fracture
21423	Treat mouth roof fracture
21431	Treat craniofacial fracture
21432	Treat craniofacial fracture
21433	Treat craniofacial fracture
21435	Treat craniofacial fracture
21436	Treat craniofacial fracture
21440	Treat dental ridge fracture
21445	Treat dental ridge fracture
21450	Treat lower jaw fracture
21451	Treat lower jaw fracture
21452	Treat lower jaw fracture
21453	Treat lower jaw fracture
21454	Treat lower jaw fracture
21461	Treat lower jaw fracture
21462	Treat lower jaw fracture
21465	Treat lower jaw fracture
21470	Treat lower jaw fracture
21480	Reset dislocated jaw
21485	Reset dislocated jaw

Clinical Policy: Medical Services That Require Dental Services



21490	Repair dislocated jaw
D0120	Periodic oral evaluation
D0140	Limit oral eval problem focus
D0145	Oral evaluation, pt < 3yrs
D0150	Comprehensive oral evaluation
D0160	Extensive oral eval prob focus
D0170	Re-eval, est pt, problem focus
D0180	Comp periodontal evaluation
D0210	Intraoral complete film series
D0220	Intraoral periapical first f
D0230	Intraoral periapical ea add
D0240	Intraoral occlusal film
D0250	Extraoral first film
D0260	Extraoral ea additional film
D0270	Dental bitewing single film
D0272	Dental bitewings two films
D0273	Bitewings - three films
D0274	Dental bitewings four films
D0277	Vert bitewings-sev to eight
D0290	Dental film skull/facial bon
D0310	Dental saliography
D0320	Dental tmj arthrogram incl i
D0321	Dental other tmj films
D0322	Dental tomographic survey
D0330	Dental panoramic film
D0340	Dental cephalometric film
D0350	Oral/facial photo images
D0360	Cone beam ct
D0362	Cone beam, two dimensional
D0363	Cone beam, three dimensional
D0415	Collection of microorganisms
D0416	Viral culture
D0417	Collect & prep saliva sample
D0418	Analysis of saliva sample
D0421	Gen tst suscept oral disease

Clinical Policy: Medical Services That Require Dental Services



D0425	Caries susceptibility test
D0431	Diag tst detect mucus abnormal
D0460	Pulp vitality test
D0470	Diagnostic casts
D0472	Gross exam, prep & report
D0473	Micro exam, prep & report
D0474	Micro w exam of surg margins
D0475	Decalcification procedure
D0476	Spec stains for microorganism
D0477	Spec stains not for microorg
D0478	Immunohistochemical stains
D0479	Tissue in-situ hybridization
D0480	Cytopath smear prep & report
D0481	Electron microscopy diagnostic
D0482	Direct immunofluorescence
D0483	Indirect immunofluorescence
D0484	Consult slides prep elsewhere
D0485	Consult inc prep of slides
D0486	Access of transep cytol samp
D0502	Other oral pathology procedure
D0999	Unspecified diagnostic proce

Limits

The following dental services are considered not covered under the medical plan regardless of whether they accompany medically necessary reconstructive surgery:

1. Dental implants (except as specified in the certificate of coverage). Most medical plans do not cover the routine replacement of teeth via surgical placement of a dental implant body. 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 are also not covered. For those medical plans that do cover routine replacement of teeth by dental implants, the only procedure covered by the medical plan related to the dental implant is the surgical placement of the dental implant body (replacement of the missing root). The restorative procedure (replacement of the missing crown) is considered a dental expense;
2. Fluoride carrier.

Clinical Policy: Medical Services That Require Dental Services



Background

Reference

Addendum:

Application to Products

This policy applies to all health plans administered by QualChoice, both those insured by QualChoice and those that are self-funded by the sponsoring employer, unless there is indication in this policy otherwise or a stated exclusion in your medical plan booklet. Consult the individual plan sponsor Summary Plan Description (SPD) for self-insured plans or the specific Evidence of Coverage (EOC) for those plans insured by QualChoice. In the event of a discrepancy between this policy and a self-insured customer's SPD or the specific QualChoice EOC, the SPD or EOC, as applicable, will prevail. State and federal mandates will be followed as they apply.

Changes: QualChoice reserves the right to alter, amend, change or supplement benefit interpretations as needed.