MEDICAL POLICY

Excellus

SUBJECT: DENTAL AND ORAL CARE UNDER MEDICAL PLANS	EFFECTIVE DATE: 08/25/99 REVISED DATE: 01/24/02, 02/27/03, 12/10/09, 10/28/10, 06/24/11, 06/28/12, 06/27/13, 06/26/14 (ARCHIVED DATE: 02/26/04
POLICY NUMBER: 7.01.21 CATEGORY: Contract Clarification	EDITED DATE: 09/28/05, 12/07/06, 12/13/07, 12/11/08) PAGE: 1 OF: 3

- ***If the member's subscriber contract excludes coverage for a specific service it is not covered under that contract. In such cases, medical policy criteria are not applied.***
- ***Medical policies apply to commercial and Medicaid products only when a contract benefit for the specific service exists.***
- ***Medical policies only apply to Medicare products when a contract benefit exists and where there are no National or Local Medicare coverage decisions for the specific service.***

POLICY STATEMENT:

I. Oral surgical procedures are **ineligible for coverage** under the medical portion of a member's contract, unless otherwise stated. Oral surgical procedures may include, but are not limited to: dental extractions, periodontal treatment, biopsies for dental related cysts or tissue of dental origin (e.g., amalgam tattoo, fibroma, or hyperkeratoses).

II. Developmental Cysts:
   A. Developmental cysts of epithelial remnants (e.g., globulomaxillary cysts, median alveolar cysts, median palatine cysts, nasopalatine cysts) are *not* tooth related. Removal of these cysts is considered **medically appropriate** under medical/surgical contracts, subject to the terms of the member's subscriber contract.

   B. Removal of tooth-related cysts (e.g., follicular-dentigerous, primordial, or multilocular-cysts, cysts of mallassez, radicular cysts, residual cysts and odontomas) is considered **medically appropriate** under dental contracts, subject to the terms of the member's subscriber contract. The removal of tooth-related cysts is **ineligible for coverage** as a medical/surgical benefit.

III. A biopsy of the buccal mucosa, tongue or palate is considered **medically appropriate** under medical/surgical contracts, subject to the terms of the member's subscriber contract.

IV. A biopsy of the gingiva or supporting structures of the teeth is a medical procedure and is considered **medically appropriate** under the medical/surgical contract, unless tissue was obtained as part of a routine tooth extraction or a routine periodontal procedure. If the biopsy reveals only a dental condition, subsequent care or treatment of that condition is **ineligible for coverage** under medical/ surgical contracts.

V. X-rays, including cone beam imaging for implant placement (CT scans), are **ineligible for coverage** under the medical portion of a member's contract.

VI. Accidental injury to sound and natural teeth: Services for the treatment of accidental injury to sound and natural teeth, when rendered within twelve (12) months from the date of injury, are **eligible for coverage** in accordance with the benefits set forth in the member's Health Plan contract, provided the following criteria are satisfied.
The tooth must be sound and natural with no restorative treatment and no disease prior to the injury. A sound tooth is one sufficiently supported by its natural structure (bone and gum tissue) and one that is formed by the human body and is not decayed or weakened by previous dental work at the injury site. For example, a tooth with no crowns, root canals, periodontal condition and no fractures and one that is not in need of treatment for any reason other than the accidental injury.

Coverage under the Health Plan contract will only be provided for services that:
   A. fall within a category of services for which there is a benefit provided under the member's contract,
   B. are medically necessary according to the criteria set forth in Corporate Medical Policy #11.01.15 which addresses Medically Necessary Services, and
   C. are rendered within twelve (12) months of an accidental injury.

Exceptions to the twelve (12) month time frame are not granted for the staging of procedures.

VII. Congenital anomaly or disease: Services for the treatment of a congenital anomaly or disease are **eligible for coverage** under the member's Health Plan contract in accordance with the benefits set forth in the contract when:

A. The services are for the treatment of an underlying congenital anomaly or disease that was present at birth and medical documentation of the anomaly is provided (e.g., genetic testing records, birth records).

Congenital anomaly or disease is defined as an abnormality of structure or function that was present at birth (e.g., cleft palate, ectodermal dysplasia). A clinical condition that develops after birth but is based on inherited factors (e.g., diabetes) is not considered congenital.

B. Coverage under the Health Plan contract will only be provided for services that fall within a category of services for which there is a benefit provided under the member's contract and are medically necessary according to the criteria set forth in Corporate Medical Policy #11.01.15 which addresses Medically Necessary Services.

VIII. All other dental services rendered by a dental provider (e.g., DMD, DDS) are **ineligible for coverage** under the member's Health Plan contract.

Refer to Corporate Medical Policy #7.03.01 regarding Coverage for Ambulatory Surgery Unit (ASU) and Anesthesia for Dental Surgery.

Refer to Corporate Medical Policy #11.01.15 regarding Medically Necessary Services.

Refer to Corporate Medical Policy #13.01.01 regarding Dental Implants.

Refer to Corporate Medical Policy #13.01.02 regarding Dental Crowns and Veneers.

Refer to Corporate Medical Policy #13.01.03 regarding Dental Inlays and Onlays.

Refer to Corporate Medical Policy #13.01.04 regarding Periodontal Scaling and Root Planing.

Refer to Corporate Medical Policy #13.01.05 regarding Periodontal Maintenance.

POLICY GUIDELINES:

Refer to the member's subscriber contract for specific benefit eligibility.

DESCRIPTION:

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

There are two categories of dentoalveolar bone cysts:

I. Cysts arising from epithelial remnants (developmental); and
II. Cysts arising from dental tissue.

Routine dental procedures include, but are not limited to:

I. Correction of impactions,
II. Endodontic therapy,
III. Extraction of teeth,
IV. Implant placement,
V. Oral biopsies with a dental diagnosis,
VI. Periodontal treatment,
VII. Placement of fillings,
VIII. Preventive care,
IX. Prosthetics,
X. Sedation, and
XI. X-rays.

CODES: Number Description

Eligibility for reimbursement is based upon the benefits set forth in the member's subscriber contract.

CODES MAY NOT BE COVERED UNDER ALL CIRCUMSTANCES. PLEASE READ THE POLICY AND GUIDELINES STATEMENTS CAREFULLY.

Codes may not be all inclusive as the AMA and CMS code updates may occur more frequently than policy updates.

CPT: Several

HCPCS: Several

ICD9: Several

ICD10: Several

CDT: Refer to the ADA Current Dental Terminology manual.

REFERENCES:

Previously titled Bone Cysts and Odontogenic Cysts.

KEY WORDS:

Dental cysts, Odontogenic cysts, Radicular cysts, Oral surgery.

CMS COVERAGE FOR MEDICARE PRODUCT MEMBERS

There is currently no National Coverage Determination (NCD) or Local Coverage Determination (LCD) for Oral Surgery. However, there is an overview of Medicare Dental coverage for Medicare members that can be viewed at: http://www.cms.hhs.gov/MedicareDentalCoverage/.