



## Medicare Part C Medical Coverage Policy

### Dental Services and Procedures in a Hospital, Outpatient Facility, or Ambulatory Surgery Center

**Origination Date:** January 9, 1990

**Review Date:** July 21, 2021

**Next Review:** July, 2023

#### **DESCRIPTION OF PROCEDURE OR SERVICE**

Dental care includes items and services in connection with the care, treatment, filling, removal, or replacement of teeth, or structures directly supporting the teeth. Structures directly supporting the teeth mean the periodontium, which includes the gingivae, dentogingival junction, periodontal membrane, cementum, and alveolar process.

#### **POLICY STATEMENT**

Coverage will be provided for dental services when it is determined to be medically necessary, as outlined in the below guidelines and medical criteria.

#### **BENEFIT APPLICATION**

Please refer to the member's individual Evidence of Coverage (E.O.C.) for benefit determination. Coverage will be approved according to the E.O.C. limitations if the criteria are met.

Coverage decisions will be made in accordance with:

- The Centers for Medicare & Medicaid Services (CMS) National Coverage Determinations (NCDs);
- General coverage guidelines included in Original Medicare manuals unless superseded by operational policy letters or regulations; and
- Written coverage decisions of local Medicare carriers and intermediaries with jurisdiction for claims in the geographic area in which services are covered.

Benefit payments are subject to contractual obligations of the Plan. If there is a conflict between the general policy guidelines contained in the Medical Coverage Policy Manual and the terms of the member's particular Evidence of Coverage (E.O.C.), the E.O.C. always governs the determination of benefits.

#### **A. INDICATIONS FOR COVERAGE**

1. Preauthorization by the Plan is required.
2. Covered Services
  - a. Surgery related to the jaw or any structure connected to the jaw including structures of the facial area below the eyes, for example; mandible, teeth, gums, tongue, palate, salivary glands, sinuses, etc.

- b. Wiring of the teeth when performed in connection with the reduction of a jaw fracture
- c. Reduction of any fracture of the jaw or any facial bone, including dental splints or other appliances, if used for this purpose
- d. Reconstruction of a ridge if performed as a result of and at the same time as the surgical removal of a tumor, intraoral benign lesions and neoplasm's involving the gums;
- e. Removal of a torus palatinus (a bony protruberance of the hard palate) **may be covered** if the procedure is not done in preparation for dentures;
- f. Extraction of the teeth to prepare the jaw for radiation treatments of neoplastic disease;
- g. Insertion of metallic implants if the implants are used to assist in or enhance the retention of a dental prosthetic as a result of a covered service.
- h. An inpatient dental exam done as part of a comprehensive work-up prior to organ transplant surgery to identify and correct existing problems to reduce the risk of infection and prevent additional post-surgical risks.
- i. Inpatient hospital services in connection with covered dental procedures (i.e. reduction of a jaw fracture requiring a dentist).
- j. When hospitalization is required because of the member's underlying medical condition, clinical status or the severity of a noncovered dental procedure, inpatient hospital services are covered.
- k. Medically indicated orthognathic procedures (See Medical Coverage Policy for Orthognathic Surgery);

#### **WHEN COVERAGE WILL NOT BE APPROVED**

- a. In the absence of the medical criteria above
- b. For a member's or dentist's convenience;
- c. Tooth extraction for dental, periodontal or occlusal disorders, or for the purpose of obtaining dentures;
- d. Pre-prosthetic surgery -- Surgical preparation of the mouth for insertion of dentures including jaw augmentation or implants;
- e. Appliances to increase vertical dimension or for malocclusion (orthodontia);
- f. Treatment of chronic dental disease, (i.e., gingivectomy);
- g. Removal of benign growth or cysts of dental root origin;
- h. Removal of the torus mandibularis or maxillary torus palatinus to accommodate a denture;
- i. Insertion of metallic implants used for enhancement of the structure of the jaws in order to support dentures or prosthesis;
- j. Orthognathic surgery (jaw surgery) to correct a malocclusion for primarily cosmetic reasons;
- k. Extraction of an impacted tooth;
- l. Extractions that are due to decay or periodontal disease;
- m. An alveoplasty or frenectomy when performed for the preparation of the mouth for dentures;

- n. All physician services in connection with noncovered dental services (related to teeth or supporting structures).
- o. In the outpatient setting when an excluded service is the primary procedure involved, dental, facility, and all other related services are not covered regardless of the complexity or difficulty.

### **BILLING/ CODING/PHYSICIAN DOCUMENTATION INFORMATION**

This policy may apply to the following codes. Inclusion of a code in the section does not guarantee reimbursement.

*Applicable codes: 41820, 41821, 41822, 41823, 41828, 41830, 41850, 41870, 41872, 41874, 41899, and applicable D codes submitted for covered dental services.*

The Plan may request medical records for determination of medical necessity. When medical records are requested, letters of support and/or explanation are often useful, but are not sufficient documentation unless all specific information needed to make a medical necessity determination is included.

### **SPECIAL NOTES**

Dental services, in connection with the care, treatment, filling, removal, or replacement of teeth or structures directly supporting teeth, whether routine or urgent, are not covered benefits.

### **References:**

1. Medicare Local Coverage Determination for Dental Services – Palmetto GBA Part A/B (L34574); Effective date: 10/01/2015; Accessed via <http://www.cms.gov/medicare-coverage-database/overview-and-quick-search.aspx> 7/1/21.
2. Medicare Benefit Policy Manual; Chapter 1, Section 70; Chapter 15, Section 150; and Chapter 16, Section 140; Accessed via the Internet site [www.cms.gov](http://www.cms.gov); viewed on 7/1/21
3. National Coverage Determination for Dental Examination prior to Kidney Transplantation; (260.6) Effective on 01/01/79; viewed online at [www.cms.gov](http://www.cms.gov); Viewed on 7/1/21.

### **Policy Implementation/Update Information:**

**Revision Dates:** 8/20/03; 08/24/05; 5/16/07- Clarified description of procedure; Added first sentence under #1 for criteria required for approval; Added #8 to criteria for approval; Removed abscess/infection and fluoride application from coverage approval; Added for purpose of obtaining dentures to #1 under when coverage will not be approved.

November 2008: Information in Dental Injury policy is now addressed in this policy. No further criteria changes made.

**Revision Date:** 10/26/11; Combined Dental Services and Dental Procedures in a Hospital, Outpatient Facility or Ambulatory Surgery Center, Removed language pertaining to coverage for young children, added language under When Coverage Will Not Be Approved for consistency with CMS guidelines.

**Revision Date:** 05/15/2013; Annual Review; No changes.

**Revision Date:** 06/2/2015; Annual Review, added clarifying excluded criteria under Special Notes per CMS guidance. October 29, 2015 updated LCD due to ICD-10 update only.

**Revision Date:** 7/12/17: Annual Review; When Coverage Will Not Be Covered: Added "o. a. In the outpatient setting when an excluded service is the primary procedure involved, dental, facility, and all other related services are not covered regardless of the complexity or difficulty."

**Revision Date:** 7/17/19: No CMS Updates. Re-ordered covered services list to mirror the Dental LCD. Rephrased Indications for Coverage 2. (c). to mirror LCD "Wiring of the teeth when performed in connection with the reduction of a jaw fracture".

**Revision Date:** 3/16/20 Staff Clarification; Update to Indications for Coverage 2. H. Renal Transplant changed to Organ Transplant per committee recommendation.

**Revision Date:** 7/21/21; Annual Review: No CMS Updates. Minor Revisions Only.

Medical Coverage Policy  
Dental Services

Approval Dates:

Medical Coverage Policy Committee:

July 21, 2021

Policy Owner: Carolyn Wisecarver, RN, BSN  
Medical Policy Coordinator