

Regence

Medical Policy Manual

Allied Health, Policy No. 35

Administrative Guidelines to Determine Dental vs Medical Services

Effective: March 1, 2024

Next Review: November 2024

Last Review: January 2024

IMPORTANT REMINDER

Medical Policies are developed to provide guidance for members and providers regarding coverage in accordance with contract terms. Benefit determinations are based in all cases on the applicable contract language. To the extent there may be any conflict between the Medical Policy and contract language, the contract language takes precedence.

PLEASE NOTE: Contracts exclude from coverage, among other things, services or procedures that are considered investigational or cosmetic. Providers may bill members for services or procedures that are considered investigational or cosmetic. Providers are encouraged to inform members before rendering such services that the members are likely to be financially responsible for the cost of these services.

DESCRIPTION

Coverage under medical or dental benefits is determined by the condition that is being diagnosed and treated, regardless of whether the service is provided by a dentist or a medical doctor.

MEDICAL POLICY CRITERIA

Notes: Member contracts for covered services vary. Member contract language takes precedence over medical policy. Medical necessity criteria must also be met when applicable.

- I. Services are considered under medical benefits if the condition being diagnosed and treated is one which is non-contiguous to the teeth and/or gums or is systemic. (See Policy Guidelines for examples of medical services)
- II. Services are considered under dental benefits when the condition being diagnosed and treated is contiguous or localized to the teeth and/or gums or when services are intended to restore lost function of the teeth. (See Policy Guidelines for examples of dental services)

- III. General anesthesia services and related facility charges provided in conjunction with **any** (i.e., covered or excluded) dental procedure that is *performed in a hospital or in an ambulatory surgery center* are eligible for coverage under the medical benefit when one or more criteria below (A - C) are met:
- A. The patient is under the age of seven, with a dental condition that cannot be safely and effectively treated in a dental office; or
 - B. The patient is physically or developmentally disabled, with a dental condition that cannot be safely and effectively treated in a dental office; or
 - C. The patient has a medical condition that the physician determines would place him/her at undue risk if the dental procedure is performed in a dental office. The procedure must be approved by the patient's physician.

Reimbursement Note:

If anesthesia is processed under the medical benefit, it is subject to anesthesia guidelines and must be performed by an independent anesthetist/anesthesiologist. Anesthesia will not be reimbursed to the physician or dentist performing the procedure. The dental procedure may be performed by a dentist or other appropriate provider.

- IV. General anesthesia services by a medical provider *provided in a dental office* in conjunction with any covered dental procedure are eligible for coverage under the medical benefit when either criteria 1 or 2 below is met:

- A. The patient is under the age of seven; or
- B. The patient is physically or developmentally disabled.

Reimbursement Note:

When anesthesia services are provided by a dentist or under the direct supervision of a dentist, the anesthesia services as well as the dental procedure are eligible for dental coverage if applicable. The dentist must have appropriate state certification to perform general anesthesia. When anesthesia services are provided by an anesthesia provider (such as an anesthesiologist or CRNA), the anesthesia services are eligible for medical coverage if applicable.

- V. Hospitalization with or without general anesthesia for non-preventive necessary dental treatment is eligible for coverage under the medical benefit when a patient has an existing medical condition for which dental treatment in an office setting is contraindicated and medical necessity exists for hospitalization and/or general anesthesia. Examples of such medical conditions include but are not limited to hemophilia or malignant hyperthermia.
- VI. Non-dental services provided in conjunction with any dental procedure are considered **not medically necessary** when Criterion III. IV .or V. is not met.

POLICY GUIDELINES

Examples of **medical services** include but are not limited to:

- Treatment of a blocked salivary gland billed by a dentist

- Cleft palate obturator devices made by a dentist to allow for proper swallowing
- Closure of a cleft palate defect and, for defects extending into the maxilla, associated dental work and orthodontia
- Construction and management of a Tongue Retaining Device (TRD)/sleep apnea appliance, when provided by a dentist as a treatment of documented obstructive sleep apnea
- Soft tissue biopsies (tongue, cheeks, lips and floor of the mouth) except for gum tissues
- Hospital emergency room treatment for a serious condition that is related to the teeth, gums or contiguous structures, such as an acute abscess that results in an extraction
Note: Facility and professional physician ER charges are covered by medical benefits; however, follow-up services related to dental treatment are covered under dental benefits, if available.
- Conditions where there is documentation of a direct link between destroyed bone or gums and chemotherapy or radiation and when there is documentation that the teeth were in reasonable condition prior to the initiation of the treatment(s)
- Treatment of leukoplakia or pigmented tissue, when confirmed on pathology as malignant

Examples of **dental services** include but are not limited to:

- Initial dental implants and implant removal due to infection caused by the implant
- Initial and replacement crowns
- Pathology studies for tooth-related conditions, such as apical cysts and odontogenic cysts
- Biopsies with extractions for cellulitis localized to the gums
- Dental evaluation and treatment related to other conditions, such as prior to transplantation or chemotherapy, including:
- Prophylactic work-up (i.e., exam, x-rays)
- Dentition history
- Prophylactic extractions of teeth which are necessary due to dental caries or periodontal infection

LIST OF INFORMATION NEEDED FOR REVIEW

It is critical that the list of information below is submitted for review to determine if the policy criteria are met. If any of these items are not submitted, it could impact our review and decision outcome.

- History and physical indicating if the condition is localized to the teeth and/or gums or contiguous structures. Or, indicate if non-contiguous to the teeth/gums or is systematic. Specify in detail. Indicate place of service (e.g., office, ER) and contributing factors such as cancer treatment or radiation etc.
- If general anesthesia is being used, indicate in the chart notes if the member is physically or developmentally disabled and has a documented dental condition that is

not safe to treat in the dental office or the member has a documented condition that will place him/her at undue risk if in the dental office.

CROSS REFERENCES

1. [Dental and Orthodontic Treatment for Craniofacial Anomalies](#), Allied Health, Policy No. 33
2. [Prefabricated Oral Appliances for Obstructive Sleep Apnea](#), Allied Health, Policy No. 36
3. [Orthognathic Surgery](#), Surgery, Policy No. 137

CODES

NOTE: This code list is not intended to be an all-inclusive list, and the absence of a code from this medical policy does not imply coverage.

Codes	Number	Description
CPT	21245	Reconstruction of mandible or maxilla, subperiosteal implant; partial
	21246	Reconstruction of mandible or maxilla, subperiosteal implant; complete
	21248	Reconstruction of mandible or maxilla, endosteal implant (eg, blade, cylinder); partial
	21249	Reconstruction of mandible or maxilla, endosteal implant (eg, blade, cylinder); complete
	40899	Unlisted procedure, vestibule of mouth
	41800	Drainage of abscess, cyst, hematoma from dentoalveolar structures
	41805	Removal of embedded foreign body from dentoalveolar structures; soft tissues
	41806	Removal of embedded foreign body from dentoalveolar structures; bone
	41820	Gingivectomy, excision gingiva, each quadrant
	41821	Operculectomy, excision pericoronal tissues
	41822	Excision of fibrous tuberosities, dentoalveolar structures
	41823	Excision of osseous tuberosities, dentoalveolar structures
	41825	Excision of lesion or tumor (except listed above), dentoalveolar structures; without repair
	41826	Excision of lesion or tumor (except listed above), dentoalveolar structures; with simple repair
	41827	Excision of lesion or tumor (except listed above), dentoalveolar structures; with complex repair
	41828	Excision of hyperplastic alveolar mucosa, each quadrant (specify)
	41830	Alveolectomy, including curettage of osteitis or sequestrectomy
	41850	Destruction of lesion (except excision), dentoalveolar structures
	41870	Periodontal mucosal grafting
	41872	Gingivoplasty, each quadrant (specify)
41874	Alveoloplasty, each quadrant (specify)	
41899	Unlisted procedure, dentoalveolar structures	
HCPCS	None	

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