

Oral Incontinence Treatments

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Effective Date	8/2008
Next Review Date	10/15/2024
Coverage Policy	Surgical 220
Version	4

Member-specific benefits take precedence over medical policy and benefits may vary across plans. Refer to the individual's benefit plan for details [*](#).

Purpose:

This policy addresses the medical necessity of Oral incontinence Treatments.

Description & Definitions:

Oral incontinence is the inability to keep food or saliva in the mouth.

Criteria:

Oral incontinence treatment for dribbling of oral content is considered medically for **ALL** of the following:

- Individual has documentation of considerable damage to the facial skin from **1 or more** of the following:
 - chronic irritation
 - chronic maceration
 - chronic ulcers
 - status post cancer treatment
- Individual has poor response to appropriate drugs
- Individual has poor response to physical therapy
- Individual is undergoing **1 or more** of the following procedures:
 - Submandibular gland excision, with or without parotid duct ligation
 - Ligation of bilateral submandibular ducts and bilateral parotid ducts
 - Bilateral diversion of parotid ducts such as the Wilke procedure (bilateral submandibular gland excision and rerouting of Stensen's duct)
 - Bilateral diversion of parotid ducts with excision of one or both submandibular gland
 - Bilateral diversion of parotid duct, with ligation of both submandibular ducts
 - Relocation of submandibular duct with or without removal of sublingual glands
 - Tympanic neurectomy or chorda tympani neurectomy
 - Autologous fat transfer

Oral incontinence treatments are considered not medically necessary for any use other than those indicated in clinical criteria.

Coding:

Medically necessary with criteria:

Coding	Description
15769	Grafting of autologous soft tissue, other, harvested by direct excision (eg, fat,dermis, fascia)
42440	Excision of submandibular (submaxillary) gland
42507	Parotid duct diversion, bilateral (Wilke type procedure)
42509	Parotid duct diversion, bilateral (Wilke type procedure); with excision of both submandibular glands
42510	Parotid duct diversion, bilateral (Wilke type procedure); with ligation of both submandibular (Wharton's) ducts
42665	Ligation salivary duct, intraoral
69676	Tympanic neurectomy

Considered Not Medically Necessary:

Coding	Description
	None

U.S. Food and Drug Administration (FDA) - approved only products only.

Document History:

Revised Dates:

- 2020: January
- 2014: April
- 2011: April
- 2010: July

Reviewed Dates:

- 2023: October
- 2022: October
- 2021: December
- 2020: December
- 2019: January, April
- 2017: December
- 2016: January
- 2015: March, August, September
- 2014: October
- 2013: January, March, April, May, July
- 2012: April, November
- 2010: March, April, August
- 2009: January, April

Effective Date:

- August 2008

References:

Specialty Association Guidelines; Government Regulations; Winifred S. Hayes, Inc; UpToDate; Literature Review; Specialty Advisors; National Coverage Determination (NCD); Local Coverage Determination (LCD).

(2023). Retrieved Sep 14, 2023, from Hayes, Inc:

<https://evidence.hayesinc.com/search?q=%257B%2522text%2522:%2522Sialorrhea%2522,%2522title%2522:null,%2522termsource%2522:%2522searchbar%2522,%2522page%2522:%25220,%2522size%2522:50%2527D,%2522type%2522:%2522all%2522,%2522sources%2522:%2525B%2522>

(2023). Retrieved Sep 14, 2023, from Centers for Medicare and Medicaid Services:

<https://www.cms.gov/medicare-coverage-database/search-results.aspx?keyword=Sialorrhea&keywordType=starts&areald=all&docType=NCA,CAL,NCD,MEDCAC,TA,MCD,6,3,5,1,F,P&contractOption=all>

(2023). Retrieved Sep 14, 2023, from Department of Medical Assistance Services:

<https://vamedicaid.dmas.virginia.gov/manuals/provider-manuals-library#gsc.tab=0&gsc.q=Sialorrhea&gsc.sort=>

(2023, Jun 27). Retrieved Sep 14, 2023, from MCG: <https://careweb.careguidelines.com/ed27/index.html>

(2023). Retrieved Sep 14, 2023, from National Comprehensive Cancer Network: <https://www.nccn.org/search-result?indexCatalogue=nccn-search-index&searchQuery=Sialorrhea>

(2023). Retrieved Sep 14, 2023, from Carelon Medical Benefits Management:

<https://guidelines.carelonmedicalbenefitsmanagement.com/no-search-results-found/>

Goldsmith, T., & Cohen, A. (2022, Mar 22). Swallowing disorders and aspiration in palliative care: Assessment and strategies for management. Retrieved Sep 14, 2023, from UpToDate:

https://www.uptodate.com/contents/swallowing-disorders-and-aspiration-in-palliative-care-assessment-and-strategies-for-management?search=Hypersalivation§ionRank=1&usage_type=default&anchor=H1742369662&source=mac hineLearning&selectedTitle=2~150&display

Products and Medical Procedures. (2021, Sep 14). Retrieved Sep 15, 2023, from U.S. Food and Drug Administration: <https://www.fda.gov/medical-devices/products-and-medical-procedures>

Sialorrhea in Cerebral Palsy. (2023). Retrieved Sep 15, 2023, from American Academy for Cerebral Palsy and Developmental Medicine: <https://www.aacpdm.org/publications/care-pathways/sialorrhea-in-cerebral-palsy>

Special Notes: *

Medical policies can be highly technical and complex and are provided here for informational purposes. These medical policies are intended for use by health care professionals. The medical policies do not constitute medical advice or medical care. Treating health care professionals are solely responsible for diagnosis, treatment, and medical advice. Sentara Health Plan members should discuss the information in the medical policies with their treating health care professionals. Medical technology is constantly evolving, and these medical policies are subject to change without notice, although Sentara Health Plan will notify providers as required in advance of changes that could have a negative impact on benefits.

Services mean both medical and behavioral health (mental health) services and supplies unless We specifically tell You otherwise. We do not cover any services that are not listed in the Covered Services section unless required to be covered under state or federal laws and regulations. We do not cover any services that are not Medically Necessary. We sometimes give examples of specific services that are not covered but that does not mean that other similar services are covered. Some services are covered only if We authorize them. When We say You or Your We mean You and any of Your family members covered under the Plan. Call Member Services if You have questions.

Keywords:

Oral Incontinence, Autologous fat transfer, post cancer, salivary dribbling, drooling, facial irritation, facial maceration, facial ulcers, Submandibular gland excision, Wilke procedure, Stensen's duct, parotid ducts, Tympanic neurectomy,

chorda tympani neurectomy, sublingual glands, Hypersalivation, Sialorrhea, diversion of parotid ducts, Treatments to Control Drooling