

Oral Incontinence Treatments, Surgical 220

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

Description & Definitions:

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

Criteria:

Oral incontinence treatment for refractory hypersalivation is considered medically necessary for **ALL** of the following:

- Individual has documentation of considerable morbidities for one or more of the following:
 - Increased risk for salivary aspiration
 - Chronic skin maceration or 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 surgical procedures:
 - Autologous fat transfer
 - Bilateral diversion of parotid duct, with ligation of both submandibular 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
 - Ligation of bilateral submandibular ducts and bilateral parotid ducts
 - Relocation of submandibular duct with or without removal of sublingual glands
 - Submandibular gland excision, with or without parotid duct ligation
 - Tympanic neurectomy or chorda tympani neurectomy

There is insufficient scientific evidence to support the medical necessity of Oral Incontinence for uses other than those listed in the clinical indications for procedure section.

Document History:

Revised Dates:

- 2024: October – criteria updated references updated
- 2020: January
- 2014: April
- 2011: April
- 2010: July

Reviewed Dates:

- 2025: September – Implementation date of January 1, 2026. No criteria changes. Updated to new format only.
- 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

Origination Date: August 2008

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.

The preceding codes are included above for informational purposes only and may not be all inclusive. Additionally, inclusion or exclusion of a treatment, procedure, or device code(s) does not constitute or imply member coverage or provider reimbursement. Please refer to the member's contract benefits in effect at the time of service to determine coverage or non-coverage of these services as it applies to an individual member.

Special Notes: *

- Coverage: See the appropriate benefit document for specific coverage determination. Individual specific benefits take precedence over medical policy.
- Application to products: Policy is applicable to Sentara Health Plan Commercial products.
- Authorization requirements:
 - Pre-certification by the Plan is required.
- Special Notes:
 - Commercial
 - 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

