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SHP Accidental Dental Services

AUTH: SHP Surgical 19 v4 (AC)

MCG Health
Ambulatory Care
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Coverage

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See the appropriate benefit document for specific coverage determination. Member specific benefits take precedence over medical policy.

Optima Virginia Medicaid Plans use DentaQuest. See DMAS manual or DentaQuest website for coverage.

ACCIDENTAL Injury Benefit - LIMITED coverage, NOTE: Consult Specific PLAN document for information on coverage and allowable time frames: Restorative services necessary to repair but not replace sound natural teeth are considered medically necessary if the need for these services results from an accidental injury, where a sound natural tooth is defined as a virgin or unrestored tooth, or a tooth that has none of the following: no decay, no filling on more than two surfaces, no gum disease associated with bone loss, no root canal therapy, is not a dental implant and functions normally in chewing and speech. Previous dental records may be required to make accurate determinations. An accident is defined as physical damage caused by purely accidental means from external forces, independent of all other causes. The accident can be a mishap (i.e. an automobile accident, trauma, etc.).

Application to Products

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Policy is applicable to all products.

Authorization Requirements

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Pre-certification by the Plan is required for follow up stabilization procedures. Hospital and professional anesthesia charges are covered, however; the professional charges of the dentist are not covered. The individual and dentist should be advised of this limitation in coverage.

For accidental dental the initial visit to the dentist or oral surgeon's office does not require an authorization for any product that has the accidental dental benefit. If subsequent services are required, the provider needs pre-authorization for further treatment.

Description of Item or Service

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An accident requiring medical and dental services is defined as physical damage caused by purely accidental means from external forces, independent of all other causes. The accident can be a mishap (i.e. an automobile accident, trauma, etc.).

Exceptions and Limitations

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- There is insufficient scientific evidence to support the medical necessity of the following services, as they are not shown to improve health outcomes upon technology review:
 - Alveoplasty (surgical preparation for dentures)
 - Amalgam restorations (silver fillings)
 - Any charges for failure to keep a scheduled appointment
 - Any services that are considered strictly cosmetic in nature including, but not limited to, charges for personalization or characterization of prosthetic appliances
 - Bone replacement graft, sinus lift surgery, soft tissue graft, and barrier membrane placement as adjunctive procedures to the surgical placement of the dental implant body
 - Charges by the provider for completing dental forms
 - Charges for copies of your records, charts or x-rays, or any costs associated with forwarding/mailling copies of your records, charts or x-rays
 - Charges to remove, repair, replace, restore or reposition teeth lost or damaged in the course of biting or chewing not as a result of an external trauma or accident
 - Core buildups, and posts
 - Crown lengthening
 - Dental care, appliances, xrays, orthodontics or extraction of teeth except as specified in the inclusions and riders
 - Dental implants and grafts are not covered under the accidental dental benefit
 - Excision of lesion or tumor for periodontal abscess, or endodontic cyst
 - Excision of lesion or tumor if being done for removal of tori, exostoses fibrous tuberosity (such as preparation for dentures)
 - Excision of torus mandibularis or excision of maxillary torus palatinus when performed in connection with excluded service
 - Extractions done for purpose of obtaining dentures

- Extractions that are due to decay or periodontal disease
 - Fabrication of athletic mouth guard
 - Fillings
 - Fluoride supplements: refer to Pharmacy Benefits for preventive care
 - Frenectomy when performed for preparation of mouth for dentures
 - Full mouth debridement
 - Gingivectomy
 - Gingivoplasty
 - Gold foil restorations
 - Grafting procedures
 - Inpatient services
 - Insertion of metallic implants used for enhancement of structure of jaws in order to support dentures or prosthesis
 - Internal bleaching
 - Nutritional counseling for dental disease
 - Oral hygiene instructions
 - Osseous surgery
 - Periodontal maintenance
 - Procedures related to uncomplicated dental or periodontal abscess
 - Professional dentist charges associated with authorized services
 - Provisional splinting
 - Pulp capping
 - Pulpal therapy, and apicoectomy
 - Pulpotomy
 - Removal of benign growth or radicular cyst in mouth, or from structures directly supporting teeth (means the periodontium, which includes gingivae, dentogingival junction, periodontal membrane, cementum, and alveolar process)
 - Removal of teeth at risk of infection, periodontal therapies, and subsequent oral rehabilitation reconstruction (i.e., the replacement of teeth) even where these services are medically necessary prior to major surgical procedures such as open heart surgery, organ transplantation, joint reconstructive surgery or other types of surgery
 - Removal or replacement of impacted teeth
 - Repair of damaged orthodontic appliances
 - Repair or replacement of an existing partial, bridge, or denture
 - Replacement of lost or missing appliance
 - Resin restorations (white fillings)
 - Root canals, crowns and caps except as provided under the provisions of the accidental dental benefit
 - Routine checkups, cleanings
 - Scaling and root planing
 - Services and treatment resulting from your failure to comply with professionally prescribed treatment
 - Services and treatment which are experimental or investigational
 - Services or treatment provided as a result of injuries suffered while committing or attempting to commit a felony, engaging in an illegal occupation, or participating in a riot, rebellion or insurrection
 - Services related to chronic dental disease (ie, gingivectomy)
 - Services to alter vertical dimension and/or restore or maintain the occlusion. Such procedures include, but are not limited to, equilibration, periodontal splinting, full mouth rehabilitation, and restoration for misalignment of teeth
 - Telephone consultations
 - Tobacco counseling for oral disease
 - Vestibuloplasty (surgery to increase alveolar ridge height)
- There is insufficient scientific evidence to support the medical necessity of Accidental Dental Services for uses other than those listed in the clinical indications for procedure section.

Clinical Indications for Procedure

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- Accidental dental services are considered medically necessary for an individual for **1 or more** of the following :
 - Individual with Optima Commercial Plan for **1 or more** of the following
 - Individual with accidental dental coverage and care is for **1 or more** of the following
 - Initial care within 60 days of the accident and services include **ALL** of the following
 - An emergency room visit immediately after the traumatic injury and in conjunction with the initial stabilization of the injury
 - Care documented as accidental by a health care professional (nurse, physician, dentist, etc.)
 - Initial care was sought within 60 days from the time of the accident. The plan must cover a member for accidental dental 60 days prior to enrollment
 - Any services after the initial stabilization have to be pre-authorized. The Federal member plan will be retrospectively authorized
 - Follow-up care is available for 12 months following the initial accident /trauma – as long as the service relates to the initial accident or trauma for **1 or more** of the following
 - Services would include repairing or restoring the natural tooth or teeth including crowning or capping of the natural tooth or teeth or baby teeth; or the application of the initial temporary or permanent partial or bridge, or denture for stabilization
 - Repair or replacement of an existing cap, crown or veneer is covered as long as the basis for the cap, crown, or veneer is a natural tooth and the indication if from external trauma from an accident
 - Individual with Optima Medicare Plan for **1 or more** of the following
 - Surgery related to jaw or any structure connected to jaw including structures of facial area below eyes (eg, mandible, teeth, gums, tongue, palate, salivary glands, sinuses, etc)
 - Wiring of teeth when performed in connection with reduction of jaw fracture
 - Reduction of any fracture of jaw or any facial bone, including dental splints or other appliances if used for this purpose
 - Insertion of metallic implants if implants are used to assist in or enhance retention of dental prosthetic as result of a covered service
- Accidental Dental Services are **NOT COVERED** for **ANY** of the following :
 - Alveoloplasty (surgical preparation for dentures)
 - Amalgam restorations (silver fillings)
 - Any charges for failure to keep a scheduled appointment

- Any services that are considered strictly cosmetic in nature including, but not limited to, charges for personalization or characterization of prosthetic appliances
- Bone replacement graft, sinus lift surgery, soft tissue graft, and barrier membrane placement as adjunctive procedures to the surgical placement of the dental implant body
- Charges by the provider for completing dental forms
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- Core buildups, and posts
- Crown lengthening
- Dental care, appliances, xrays, orthodontics or extraction of teeth except as specified in the inclusions and riders
- Dental implants and grafts are not covered under the accidental dental benefit
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- Excision of lesion or tumor if being done for removal of tori, exostoses fibrous tuberosity (such as preparation for dentures)
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- Removal of teeth at risk of infection, periodontal therapies, and subsequent oral rehabilitation reconstruction (i.e., the replacement of teeth) even where these services are medically necessary prior to major surgical procedures such as open heart surgery, organ transplantation, joint reconstructive surgery or other types of surgery
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- Services and treatment which are experimental or investigational
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- Vestibuloplasty (surgery to increase alveolar ridge height)

Document History

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- Revised Dates:
 - 2022: March
 - 2020: February
 - 2015: February, May
 - 2014: February, July
 - 2013: January, August
 - 2012: November
 - 2011: September
 - 2010: August
 - 2000: June, November
 - 1999: October
 - 1996: August
- Reviewed Dates:

- 2023: March
- 2020: April
- 2018: December
- 2015: November
- 2012: August
- 2011: August
- 2009: August
- 2008: August
- 2007: December
- 1998: October
- 1994: February

- Effective Date: April 1992

Coding Information

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- CPT/HCPCS codes covered if policy criteria is met:
 - CPT 41899 - Unlisted procedure, dentoalveolar structures
 - HCPCS D7270 - Tooth reimplantation and/or stabilization of accidentally evulsed or displaced tooth
 - HCPCS - Dental codes for accidental dental services
- CPT/HCPCS codes considered not medically necessary per this Policy:
 - CPT 40840 - Vestibuloplasty; anterior
 - CPT 40842 - Vestibuloplasty; posterior, unilateral
 - CPT 40843 - Vestibuloplasty; posterior, bilateral
 - CPT 40844 - Vestibuloplasty; entire arch
 - CPT 40845 - Vestibuloplasty; complex (including ridge extension, muscle repositioning)
 - CPT 41820 - Gingivectomy, excision gingiva, each quadrant
 - CPT 41870 - Periodontal mucosal grafting
 - CPT 41872 - Gingivoplasty, each quadrant (specify)
 - CPT 41874 - Alveoloplasty, each quadrant (specify)

References

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References used include but are not limited to the following:

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

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(2023). Retrieved Jan 6, 2023, from American Academy of Pediatric Dentistry (AAPD): <https://www.aapd.org/research/oral-health-policies--recommendations/>

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Codes

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CPT® : 40840, 40842, 40843, 40844, 40845, 41820, 41870, 41872, 41874, 41899
HCPCS: D7270

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