

Oral Incontinence Treatments

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Effective Date	2/1992
Next Review Date	1/15/2024
Coverage Policy	Surgical 15
Version	1

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 for 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 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:

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Special Notes: *

This medical policy expresses Sentara Health Plan's determination of medical necessity of services, and they are based upon a review of currently available clinical information. Medical policies are not a substitute for clinical judgment or for any prior authorization requirements of the health plan. These policies are not an explanation of benefits.

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.

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