

Accidental and Medical Dental Surgery, Surgical 128

Table of Content
<u>Description & Definitions</u>
<u>Criteria</u>
<u>Document History</u>
<u>Coding</u>
<u>Special Notes</u>
<u>References</u>
<u>Keywords</u>

<u>Effective Date</u>	6/1/2026
<u>Next Review Date</u>	2/2027
<u>Coverage Policy</u>	Surgical 128
<u>Version</u>	4

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:

Accidental dental surgery refers to 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.).

Medical dental surgery is any number of medical procedures that involve artificially modifying the dentition or jawbone.

Criteria:

Surgical dental services are considered medically necessary when **1 or more** of the following are met:

- Accidental dental services and/or dental surgery are considered medically necessary for an individual 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
 - 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
- Medical dental surgery is considered medically necessary for an individual for **1 or more** of the following:

- Stabilization and repair under the medical plan (services necessary to prevent functional problems) is considered medically necessary with **1 or more** of the following:
 - Facility and Anesthesia charges for dental services with **1 or more** of the following:
 - Individual is under the age 5
 - Individual is severely disabled
 - Individual's medical condition requires admission to a hospital or outpatient surgery facility and general anesthesia for dental care treatment (e.g., 4 or more intensive restorations/caries)
 - Individual with less than four (4) intensive restorations/caries with other documented medical conditions (Medical Director Review). Apprehension or anxiety alone, regardless of the patient's age, does not itself justify medical benefit for facility and anesthesia charges.
 - Individual has a medical diagnosis of **1 or more** of the following:
 - cleft lip
 - cleft palate
 - ectodermal dysplasia
 - The individual has a disease that involves the jaw (like oral or head and neck cancer) and the member needs dental services that are necessary for radiation treatment including extractions of teeth prior to radiation therapy of the head and neck or services related to placement or maintenance of radiation stents.
 - The individual has a tumor or cyst removal of the jaw or facial bones with ridge reconstruction (including possible reconstruction of part of the jaw) and the request is part of that procedure
 - Request is for reduction of any traumatic facial bone fractures (i.e. removal of broken teeth)
 - Request is for hospitalization after a dental procedure-related complication (i.e. for treatment of postoperative infection after having a tooth pulled or another dental procedure)
 - Request is related to facial and oral wounds/lacerations
 - Biopsy of lesions, tumors, neoplasms, and non-periapical cysts

Accidental or Medical Dental Surgeries 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
- Charges for copies of your records, charts or x-rays, or any costs associated with forwarding/ mailing 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)

Document History:

Revised Dates:

- 2026: February – Implementation date of June 1, 2026. Combined this policy with Surgical 19, Accidental Dental Services. Added CPT code D7270. No changes to actual criteria other than combining both surgical dental policies into one.
- 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:

- 2025: March – Implementation date of June 1st 2025. No changes references updated
- 2024: March
- 2023: April
- 2020: April
- 2018: December
- 2015: November
- 2012: August
- 2011: August
- 2009: August
- 2008: August
- 2007: December
- 1998: October
- 1994: February

Origination Date: April 1992

Coding:

Medically necessary with criteria:

Coding	Description
41899	Unlisted procedure, dentoalveolar structures
D7270	Tooth reimplantation and/or stabilization of accidentally evulsed or displaced tooth

Considered Not Medically Necessary:

Coding	Description
40840	Vestibuloplasty; anterior
40842	Vestibuloplasty; posterior, unilateral
40843	Vestibuloplasty; posterior, bilateral
40844	Vestibuloplasty; entire arch
40845	Vestibuloplasty; complex (including ridge extension, muscle repositioning)
41820	Gingivectomy, excision gingiva, each quadrant
41870	Periodontal mucosal grafting
41872	Gingivoplasty, each quadrant (specify)
41874	Alveoloplasty, each quadrant (specify)

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.

Policy Approach and Special Notes: *

- Coverage:

- See the appropriate benefit document for specific coverage determination. Member specific benefits take precedence over medical policy.
- **Refer to benefits:** 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:
 - Policy is applicable to Sentara Health Plan Commercial products.
- Authorization Requirements:
 - Pre-certification by the Plan is required.
 - **Please refer to Prior Authorization List for most up to date requirement** [Search PAL List: Sentara Health Plans](#)
 - 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.
- 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.

References:

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

HealthCare.gov. Official Website of the United States Government. Essential health benefits. 2026. Retrieved 1.26.2026. <https://www.healthcare.gov/glossary/essential-health-benefits>

HealthCare.gov. Official Website of the United States Government. Health benefits & coverage. Dental coverage in the Marketplace. 2026. Retrieved 1.26.2026. <https://www.healthcare.gov/coverage/dental-coverage/>

US Food and Drug Administration. Dental Devices. 10.29.2021. Retrieved 1.26.2026. <https://www.fda.gov/medical-devices/products-and-medical-procedures/dental-devices>

Symplr Evidence Analysis. Formally Hayes Rating. Retrieved 1.26.2026. <https://evidence.hayesinc.com/search?q=%257B%2522text%2522:%2522medical%2520dental%2522,%2522title%2522:null,%2522termsource%2522:%2522searchbar%2522,%2522page%2522:%257B%2522page%2522:0,%2522>

[2522size%2522:50%257D,%2522type%2522:%2522all%2522,%2522sources%2522:%255B%2522*%2522%255D,%2522sorts%2522:%255B%257B%2522field%2522:%2522_score%2522,%2522direction%2522:%2522desc%2522%257D%255D,%2522filters%2522:%255B%255D%257D](#)

LCD Virginia: LCA Billing and Coding: Dental Services A59449. Palmetto. 6.8.2023. Retrieved 1.26.2026. <https://www.cms.gov/medicare-coverage-database/view/article.aspx?articleid=59449&ver=2&keyword=a59449&keywordType=starts&areald=all&docType=NCA,CAL,NCD,MEDCAC,TA,MCD,6,3,5,1,F,P&contractOption=all&sortBy=updated&bc=1>

DentaQuest. Virginia Medicaid Cardinal Care Smiles. Improving Dental Care in Virginia for Adults and Children. 2026. Retrieved 1.26.2026. <https://www.dentaquest.com/en/members/virginia-medicaid-dental-coverage/cardinal-care-smiles>

National Comprehensive Cancer Network. NCCN.org. NCCN Guidelines Version 1.2026. Head and Neck Cancers. Retrieved 1.26.2026. https://www.nccn.org/professionals/physician_gls/pdf/head-and-neck.pdf

American Dental Association. ADA calls for oral health integration in federal chronic disease care coordination efforts. 11.19.2025. Retrieved 1.26.2026. <https://adanews.ada.org/ada-news/2025/november/ada-calls-for-oral-health-integration-in-federal-chronic-disease-care-coordination-efforts/#:~:text=and%20medical%20settings.,Drs.,Rosato%20and%20Shapiro%20concluded.>

PubMed. Jason A. Buschman. Alveoloplasty: A Paradigm Shift to a More Efficient Surgical Technique, Journal of Oral and Maxillofacial Surgery, Volume 83, Issue 8, 2025, Pages 996-999, ISSN 0278-2391, 8.2025. Retrieved 1.26.2026. <https://www.sciencedirect.com/science/article/pii/S02782391250024969>

MCG Informed Care Strategies. 2025. Retrieved 1.26.2026. <https://careweb.careguidelines.com/ed29/index.html>

Keywords:

SHP Medical Dental Services and Dental Surgery, SHP Surgical 19, teeth, natural tooth, crowning, capping, baby teeth, cleft lip, cleft palate, ectodermal dysplasia, fluoride, intensive restorations, caries, bridge, denture, cap, crown, veneer, jaw, radiation, oral cancer, head cancer, neck cancer, facial bones, ridge reconstruction, teeth