

Oral Incontinence Treatments, Surgical 220

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Effective Date 1/1/2026

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Coverage Policy Surgical 220

Version 8

All requests for authorization for the services described by this medical policy will be reviewed per Early and Periodic Screening, Diagnostic and Treatment (EPSDT) guidelines. These services may be authorized under individual consideration for Medicaid members under the age of 21-years if the services are judged to be medically necessary to correct or ameliorate the member's condition. Department of Medical Assistance Services (DMAS), Supplement B - EPSDT (Early and Periodic Screening, Diagnosis and Treatment) Manual.*

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
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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.

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 Medicaid products.
- Authorization requirements:
 - Pre-certification by the Plan is required.
- Special Notes:
 - Medicaid
 - This medical policy expresses Sentara Health Plan's determination of medically necessity of services, and they are based upon a review of currently available clinical information. These policies are used when no specific guidelines for coverage are provided by the Department of Medical Assistance Services of Virginia (DMAS). Medical Policies may be superseded by state Medicaid Plan guidelines. 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.
 - The Early and Periodic Screening, Diagnostic and Treatment (EPSDT) covers services, products, or procedures for children, if those items are determined to be medically necessary to "correct or ameliorate" (make better) a defect, physical or mental illness, or condition (health problem) identified through routine medical screening or examination, regardless of whether coverage for the same service or support is an optional or limited service under the state plan. Children enrolled in the FAMIS Program are not eligible for all EPSDT treatment services. All requests for authorization for the services described by this medical policy will be reviewed per EPSDT guidelines. These services may be authorized under individual consideration for Medicaid members under the age of 21-years if the services are judged to be medically necessary to correct or ameliorate the member's condition. Department of Medical Assistance Services (DMAS), Supplement B - EPSDT (Early and Periodic Screening, Diagnosis and Treatment) Manual.

References:

Including but not limited to: 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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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