

## Oral Incontinence Treatments

### Table of Content

- Purpose
- Description & Definitions
- Criteria
- Coding
- Document History
- References
- Special Notes
- Keywords

<u>Effective Date</u>	8/2008
<u>Next Review Date</u>	10/15/2024
<u>Coverage Policy</u>	Surgical 220
<u>Version</u>	4

**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.\*.**

### Purpose:

This policy addresses 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 is 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:

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).



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.*

### 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