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SHP Medical Dental Surgery

AUTH: SHP Surgical 128 v1 (AC)

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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.

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. Hospital and professional anesthesia charges are covered, however; the professional charges of the dentist are not covered. The patient and dentist should be advised of this limitation in coverage.

Description of Item or Service

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

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 Medical Dental Surgery for uses other than those listed in the clinical indications for procedure section.

Clinical Indications for Procedure

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- Medical dental surgery is 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
 - 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 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
 - 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)
 - Reconstruction of ridge if performed as result of and at same time as surgical removal of tumor (total surgical procedure is covered)
 - Removal of torus palatinus (bony protuberance of hard palate) may be covered if procedure is not performed to prepare mouth for dentures.
 - Extraction of teeth to prepare jaw for radiation treatments of neoplastic disease
 - Insertion of metallic implants if implants are used to assist in or enhance retention of dental prosthetic as result of a covered service
 - Oral or dental examination performed on inpatient basis as part of comprehensive workup prior to renal transplant surgery
- Medical Dental Surgeries are **NOT COVERED** for **ANY** of the following
 - 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
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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
- 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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