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## Dental Services: Administrative Guideline

MEDICAL POLICY NUMBER:186

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**INSTRUCTIONS FOR USE:** Company Medical Policies serve as guidance for the administration of plan benefits. Medical policies do not constitute medical advice nor a guarantee of coverage. Company Medical Policies are reviewed annually and are based upon published, peer-reviewed scientific evidence and evidence-based clinical practice guidelines that are available as of the last policy update. The Company reserves the right to determine the application of medical policies and make revisions to medical policies at any time. The scope and availability of all plan benefits are determined in accordance with the applicable coverage agreement. Any conflict or variance between the terms of the coverage agreement and Company Medical Policy will be resolved in favor of the coverage agreement. Coverage decisions are made on the basis of individualized determinations of medical necessity and the experimental or investigational character of the treatment in the individual case. In cases where medical necessity is not established by policy for specific treatment modalities, evidence not previously considered regarding the efficacy of the modality that is presented shall be given consideration to determine if the policy represents current standards of care.

**SCOPE:** Providence Health Plan, Providence Health Assurance, Providence Plan Partners, and Ayin Health Solutions as applicable (referred to individually as “Company” and collectively as “Companies”).

## PLAN PRODUCT AND BENEFIT APPLICATION

Commercial

Medicaid/OHP\*

Medicare\*\*

### \*Medicaid/OHP Members

*Oregon:* Services requested for Oregon Health Plan (OHP) members follow the OHP Prioritized List and Oregon Administrative Rules (OARs) as the primary resource for coverage determinations. Medical policy criteria below may be applied when there are no criteria available in the OARs and the OHP Prioritized List.

### \*\*Medicare Members

Note that investigational services are considered “**not medically necessary**” for Medicare members.

## COVERAGE CRITERIA

### Notes:

- This policy does not address orthognathic surgery. Please see the Medical Policy Cross References below for applicable medical policies.
- The criteria I.-III. are intended to serve as a guideline for the interpretation of dental versus medical services and to provide clinical scenarios which may fall into each benefit category.

### **Medical Services**

- I. Diagnostic and/or treatment services may encompass medical benefits when the condition being diagnosed and/or treated is not localized to the teeth and/or gums (systemic) and **at least one** of the following (A.-I.) criteria are met:
  - A. The emergent treatment of dental trauma when the problem is diagnosed and a treatment plan delineated within **72 hours** of the trauma.
  - B. Corrective dental treatment following dental trauma when **all** of the following (1.-2.) criteria are met:
    1. Treatment is required for a craniofacial deformity or to restore loss of function (e.g., speech, swallowing, or effective mastication); **and**
    2. The need for corrective treatment is identified and the treatment initiated within **12 months** of the dental trauma; **or**
  - C. Treatment of craniofacial anomalies (e.g., cleft lip/palate) when the services are medically necessary to restore function (e.g., speech, swallowing, or effective mastication). In accordance with Oregon House Bill 4128<sup>1</sup>, this does not require coverage for the treatment of:
    1. Developmental maxillofacial conditions that result in overbite, crossbite, malocclusion, or similar developmental irregularities of the teeth; **or**

2. Temporomandibular joint disorder; **or**

Note: See [Policy Guidelines](#) for Oregon House Bill 4128, including the definition of craniofacial anomalies.

- D. Emergent or urgent hospital admission for a dental abscess which requires surgical intervention.
  - E. Replacement of multiple missing teeth (e.g., implants or bridges) for conditions due to medical illness or congenital anomalies when dental services are necessary to restore loss of function (e.g., speech, swallowing, or effective mastication); **or**
  - F. Removal of teeth prior to radiation; **or**
  - G. Treatment(s) of osteoradionecrosis; **or**
  - H. Treatment(s) of mandibular or maxillary diseases involving the bone, such as tumors, cysts, or infections (Note: This does not include atrophy repair in preparation for dentures or orthognathic surgery to improve bite or appearance.); **or**
  - I. Construction of a fabricated oral appliance for the treatment of documented obstructive sleep apnea (see medical policy “Sleep Disorder Treatment: Oral Appliances” for medical necessity criteria).
- II. Diagnostic and/or treatment services not addressed in criterion I. may encompass medical benefits when the condition being diagnosed and/or treated is not localized to the teeth and/or gums (systemic).

**Dental Services**

- III. Diagnostic and/or treatment services may encompass dental benefits when **all** of the following (A.-B.) criteria are met:
- A. The condition being diagnosed and/or treated is localized to the teeth and/or gums; **and**
  - B. Services rendered are not intended to improve loss of function (e.g., speech, swallowing, effective mastication).

Examples of diagnostic and/or treatment services that may encompass dental benefits include, but are not limited to, the following:

1. Treatments of pre-existing dental problems, even when done in the process of correcting traumatic deformities
2. Cosmetic services
3. Pre-transplant evaluation and treatment (e.g., evaluation and treatment of dental cavities and/or periodontal infection prior to transplant)
4. Correction of dental trauma which has no substantial effect on speech, swallowing function or chewing (i.e., chipped or cracked teeth, discoloration)
5. Emergency room treatment of a dental abscess
6. Treatment of dental trauma more than 72 hours after the injury
7. Replacement or salvage of missing or damaged teeth due to dental trauma more than 12 months after the injury
8. Services to treat tooth decay, periodontal conditions, and deficiencies in dental hygiene

(such as fillings, crowns, and bridge work) even if there may be a chronic medical condition that may or may not contribute to decay

9. Bone reconstruction for dentures, or the making and/or repair of dentures
10. Removal of impacted teeth

Link to [Evidence Summary](#)

## **POLICY CROSS REFERENCES**

- [Orthognathic Surgery, MP160](#)
- [Dental Anesthesia Services, MP65](#)
- [Sleep Disorder Treatment: Oral and Sleep Position Appliances, MP46](#)

The full Company portfolio of current Medical Policies is available online and can be [accessed here](#).

## **POLICY GUIDELINES**

### **DOCUMENTATION REQUIREMENTS**

The following documentation is required so the application of dental versus medical benefits may be accurately interpreted:

- Medical history and physical findings indicating if the condition is localized to the teeth and/or gums (dental services); or indicating that the condition is not localized to the teeth and/or gums or is systemic (medical services).
- Place of services (e.g., emergency room, office, etc.)

### **Oregon House Bill 4128<sup>1</sup>**

- (1) As used in this section, 'craniofacial anomaly' means a physical disorder identifiable at birth that affects the bony structures of the face or head, including but not limited to cleft palate, cleft lip, craniosynostosis, craniofacial microsomia and Treacher Collins syndrome.
- (2) All health benefit plans, as defined in ORS 743.730, providing coverage of hospital, surgical or dental services, shall provide coverage for dental and orthodontic services for the treatment of craniofacial anomalies if the services are medically necessary to restore function.
- (3) This section does not require coverage for the treatment of:
  - (a) Developmental maxillofacial conditions that result in overbite, crossbite, malocclusion or similar developmental irregularities of the teeth; or
  - (b) Temporomandibular joint disorder.
- (4) Coverage required by this section may be subject to copayments, deductibles and coinsurance imposed on similar services by the terms of the plan.

## REGULATORY STATUS

### U.S. FOOD AND DRUG ADMINISTRATION (FDA)

Approval or clearance by the Food and Drug Administration (FDA) does not in itself establish medical necessity or serve as a basis for coverage. Therefore, this section is provided for informational purposes only.

## REFERENCES

1. Oregon House Bill 4128. Chapter 743A — Health Insurance: Reimbursement of Claims. 2021 Edition [https://www.oregonlegislature.gov/bills\\_laws/ors/ors743A.html](https://www.oregonlegislature.gov/bills_laws/ors/ors743A.html). Accessed 5/27/2022.

## POLICY REVISION HISTORY

DATE	REVISION SUMMARY
2/2023	Converted to new policy template.