

## Dental Care Provided Under the Medical Benefit

Policy Number: **M010712307**  
 Effective Date: **7/12/2001**  
 Sponsoring Department: **Health Care Services**  
 Impacted Department(s): **Health Care Services**

**Type of Policy:** ☒ Internal ☒ External

**Data Classification:** ☐ Confidential ☐ Restricted ☒ Public

### Applies to (Line of Business):

- ☐ Corporate (All)
- ☒ State Products, if yes which plan(s): ☒ MediSource; ☒ MediSource Connect; ☒ Child Health Plus; ☒ Essential Plan
- ☒ Medicare, if yes, which plan(s): ☒ MAPD; ☐ PDP; ☒ ISNP; ☒ CSNP
- ☒ Commercial, if yes, which type: ☒ Large Group; ☒ Small Group; ☒ Individual
- ☒ Self-Funded Services *(Refer to specific Summary Plan Descriptions (SPDs) to determine any pre-authorization or pre-certification requirements and coverage limitations. In the event of any conflict between this policy and the SPD of a Self-Funded Plan, the SPD shall supersede the policy.)*

### Excluded Products within the Selected Lines of Business (LOB)

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**Applicable to Vendors?** Yes ☒ No ☐

Dental services for Medicare Advantage, MediSource, MediSource Connect, Child Health Plus, and Essential Plan are managed by HealthPlex.

### Purpose and Applicability:

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To set forth the criteria required to determine the medical necessity of a request for dental services to be covered under the medical benefit.

### Policy:

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#### All plans:

An authorization is required for all requests for dental services provided under the medical benefit. Each request is reviewed by an Independent Health Medical Director and a determination is rendered on whether the request will be a covered benefit on a case-by-case basis.

If an otherwise uncovered procedure or service is performed by a dentist as incident to and as an integral part of a covered procedure or service performed by the dentist, the total service performed by the dentist on such an occasion is covered.

**Commercial and Self-Funded:**

**1. Accidental Dental:**

A dental accident is defined as an injury to sound dentition caused solely by unexpected, external, and accidental means. It does not include injury sustained while biting or chewing. The service is covered under the medical benefit and care must be completed within 12 months from the date of injury. Any services required are entered under the medical benefit/extra exceptional benefit.

Sound natural teeth are defined by the following criteria:

- No active caries or caries as of the previous dental exam, if within one year of the accident.
- No restorations, or if restored, two surfaces or less previously restored.
- No prior history of having or needing root canal treatment on the injured tooth or teeth.
- Good periodontal health – no evidence of significant alveolar bone loss or pocketing; no mobility (previous to accident).

**2. Congenital Disease or Anomaly:**

A request for dental services with a diagnosis relative to a congenital disease or anomaly when the member does not have a dental rider must document medical necessity for the dental services to be authorized. The provider must submit the request with supporting documentation that establishes medical necessity.

**3. Dental Implants:**

Dental Implants are covered when the remaining teeth are unable to support a functional prosthesis and there is a functional deficit (e.g., difficulty with speech, chewing or swallowing) from indications such as congenital malformations, major jaw resection or traumatic jaw avulsion.

**4. Orthodontia:**

Requests received for orthodontia related to a congenital disease or anomaly will be covered with documentation supporting the presence of a functional deficit. Orthodontia not related to a congenital disease or anomaly is not a covered benefit under the base contract.

**5. Orthognathic Surgery:**

A request for orthognathic surgery as a result of trauma, infection, disease or skeletal deformity is reviewed for the presence of a functional deficit.

The medical history should document one or more of the following functional deficits:

- Weight loss;
- Abnormal airway problems, including sleep apnea;
- Inability to chew food or eat;
- Speech defects;
- Temporomandibular joint dysfunction;
- Swallowing difficulties.

Documentation should also include:

- The etiology of the abnormality in question;
- Any conservative treatments provided;
- Detailed description of the functional impairment considered to be the direct result of the skeletal abnormality;
- Studies or tests to confirm the presence of the abnormality and the degree to which it is causing functional impairment;
- Photographs that fully demonstrate the skeletal abnormalities;
- Radiographs (cephalometric analysis and panoramic);
- Measurements of relevant anatomic discrepancies;
- Study models and pre-orthodontic imaging;
- Letter from the treating orthodontist stating the correction could not be done by orthodontics alone;
- Any other pertinent information to support the medical necessity of the procedure being requested.

If a functional deficit is not present the request is denied based on lack of medical necessity.

#### **Medicare Advantage:**

There is currently a National Coverage Determination (NCD) for Dental Examination Prior to Kidney Transplantation. There is additional information regarding dental services in the Medicare Benefit Policy Manual Chapter 15 – Covered Medical and Other Health Services. Please refer to the links listed in the Reference section for Medicare Advantage members.

**MediSource and MediSource Connect:** Dental care includes preventive, prophylactic and other routine dental care, services, supplies, and dental prosthetics required to alleviate a serious health condition, including one which affects employability.

Dental care provided to MediSource and MediSource Connect members are “Essential” services, not comprehensive services.

MediSource and MediSource Connect cover dental care services required due to trauma to a sound natural tooth caused by something other than a natural function (e.g., chewing, biting, grinding of teeth [bruxism]). Sound natural tooth is defined as a tooth with no tooth restoration (e.g., fillings) and normal root structure, and healthy periodontal supporting tissues.

MediSource and MediSource Connect cover dental care services for 12 months after such injury for medically necessary treatment associated with the injury. The 12-month limitation may be extended in cases where future growth of the Member prohibits necessary treatment from being performed within 12 months of the accidental injury. For MediSource and MediSource Connect, Emergency Care is defined as care performed within 24 hours of the accidental injury, which serves to stabilize and/or prevent

additional injury. Care may be rendered in an emergency room, urgent care center, a private dental office, or an oral surgeon's office.

**Note:** Dental services due to trauma or injury are managed by the Plan.

**Services Not Within the Scope of the Medicaid Program:**

- Fixed bridgework, except for cleft palate stabilization, or when a removable prosthesis would be contraindicated;
- Immediate full or partial dentures;
- Molar root canal therapy for beneficiaries 21 years of age and over, except when extraction would be medically contraindicated, or the tooth is a critical abutment for an existing serviceable prosthesis provided by the NYS Medicaid program;
- Crown lengthening;
- Replacement of partial or full dentures prior to required time periods unless appropriately documented and justified as stated in the policy;
- Dental work for cosmetic reasons or because of the personal preference of the recipient or provider;
- Periodontal surgery, except when associated with implants or implant-related services;
- Gingivectomy or gingivoplasty, except for the sole correction of severe hyperplasia or hypertrophy associated with drug therapy, hormonal disturbances, or congenital defects;
- Adult orthodontics, except in conjunction with, or as a result of, approved orthognathic surgery necessary in conjunction with an approved course of orthodontic treatment or the on-going treatment of clefts;
- Placement of sealants for beneficiaries under 5 or over 15 years of age;
- Improper usage of panoramic images along with intraoral complete series of images.

**Child Health Plus:**

Child Health Plus covers emergency dental care, which includes emergency treatment required to alleviate pain and suffering caused by dental disease or trauma.

Child Health Plus covers endodontic services, including all necessary procedures for treatment of diseased pulp chamber and pulp canals, where hospitalization is not required.

**Essential Plan:**

Essential Plan covers the following dental and oral surgical procedures:

- Oral surgical procedures for jaw bones or surrounding tissue and dental services for the repair or replacement of sound natural teeth that are required due to accidental injury. Replacement is covered only when repair is not possible. Dental services must be obtained within 12 months of the injury.
- Oral surgical procedures for jaw bones or surrounding tissue and dental services necessary due to congenital disease or anomaly.
- Oral surgical procedures required for the correction of a non-dental physiological condition which has resulted in a severe functional impairment.

- Removal of tumors and cysts requiring pathological examination of the jaws, cheeks, lips, tongue, roof, and floor of the mouth. Cysts related to teeth are not covered.
- Surgical/nonsurgical medical procedures for temporomandibular joint disorders and orthognathic surgery.

### Background:

A dental service that would otherwise be excluded from coverage under Independent Health's medical plans may be a covered medical expense if the dental service is medically necessary and is incident to and an integral part of a service covered under the medical plan.

An evaluation of the peer-reviewed scientific literature, including but not limited to subscription materials, has provided Independent Health the basis for its medical necessity coverage outlined above.

**Pre-Authorization Required?** Yes ☒ No ☐

Pre-authorization is required for this service.

### Definitions

**Dental care** means the preventive, prophylactic and other routine dental care services, supplies and dental prosthetics required to alleviate a serious health condition.

**Dental care (New York Department of Health, Medicaid Managed Care)** includes preventive, prophylactic and other routine dental care, services, supplies, and dental prosthetics required to alleviate a serious health condition, including one which affects employability.

**Essential Services** is the application of standards related to individual services as reviewed in the Medicaid Dental Policy and Procedure Manual.

**Medical necessity** has the meaning set forth in the member's or participant's coverage document.

**Orthodontics** is the specialty area of dentistry concerned with the diagnosis, supervision, guidance, and correction of malocclusions.

**Orthognathic surgery** is the surgical correction of abnormalities of the mandible, maxilla, or both.

### References

#### Related Policies, Processes and Other Documents

Dental Services – Anesthesia Services - Policy No. M20150610053

#### Non-Regulatory references

American Association of Oral and Maxillofacial Surgeons (AAOMS) [web site]. Criteria for Orthognathic Surgery 2023. Available at [https://www.aaoms.org/docs/practice\\_resources/clinical\\_resources/ortho\\_criteria.pdf](https://www.aaoms.org/docs/practice_resources/clinical_resources/ortho_criteria.pdf) Accessed February 16, 2024.

American Association of Orthodontists [web site] Glossary of Terms; Available at: <https://aaoinfo.org/resources/glossary-of-orthodontic-terms/> Accessed February 16, 2024.

American Academy of Pediatric Dentistry (AAPD) Clinical Affairs Committee - Behavior Management Subcommittee, Council on Clinical Affairs. Guideline on behavior guidance for the pediatric dental patient. Chicago (IL); 2020. Available at: [http://www.aapd.org/media/policies\\_guidelines/g\\_behavguide.pdf](http://www.aapd.org/media/policies_guidelines/g_behavguide.pdf) Accessed February 16, 2024.

American Academy of Pediatric Dentistry Council on Clinical Affairs [web site]. Guideline on management of dental patients with special health care needs. Revised 2021. Available at: [http://www.aapd.org/media/Policies\\_Guidelines/G\\_SHCN.pdf](http://www.aapd.org/media/Policies_Guidelines/G_SHCN.pdf) Accessed February 16, 2024.

Gupta P, Segelnick SL, Palat M. Congenital diseases and a New York State regulation. Help is here. NY State Dent J. 2007 Jun-Jul;73(4):20-7.

### Regulatory References

Centers for Medicare and Medicaid Services (CMS) [web site]. National Coverage Determination (NCD) for Dental Examination Prior to Kidney Transplantation (260.6) Available at: <https://www.cms.gov/medicare-coverage-database/details/ncd-details.aspx?NCDId=194&ncdver=1&CoverageSelection=National&Keyword=dental&KeywordLookUp=Title&KeywordSearchType=And&bc=gAAAAABAAAAAAA%3d%3d&> Accessed March 16, 2023.

Centers for Medicare and Medicaid Services (CMS) [web site]; Medicare Benefit Policy Manual Chapter 15, Section 150 (Rev. 12448; Issued: 01-11-24) ). Available at: <https://www.cms.gov/Regulations-and-Guidance/Guidance/Manuals/downloads/bp102c15.pdf> Accessed February 16, 2024.

Centers for Medicare and Medicaid Services (CMS) [web site]; Medicare Dental Coverage. Updated 12/01/2021. Available at: <https://www.cms.gov/Medicare/Coverage/MedicareDentalCoverage/index.html> Accessed February 16, 2024.

New York State Department of Health, Division of Managed Care Response to Coverage Question (CovQuest). MA – 00041. 4/11/02 Rev. 3/22/05.

New York State Medicaid Program Dental Policy and Procedure Manual Version 2024. [web site] [https://www.emedny.org/ProviderManuals/Dental/PDFS/Dental\\_Policy\\_and\\_Procedure\\_Manual.pdf](https://www.emedny.org/ProviderManuals/Dental/PDFS/Dental_Policy_and_Procedure_Manual.pdf) Accessed January 22, 2025.

***This policy contains medical necessity criteria that apply for this service. Please note that payment for covered services is subject to eligibility criteria, contract exclusions and the limitations noted in the member's contract at the time the services are rendered.***

## Version Control

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Signature / Approval on File? Yes ☒ No ☐

Revision Date	Owner	Notes
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