Dental Services

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Terms and Conditions

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Related Medicare Advantage Policy Guideline
• Dental Examination Prior to Kidney Transplantation (NCD 260.6)

Related Medicare Advantage Coverage Summary
• Dental Services, Oral Surgery and Treatment of Temporomandibular Joint (TMJ)

Policy Summary

See Purpose

Overview

Dental services are excluded from coverage in connection with the care, treatment, removal, filling, or replacement of teeth, or structures directly supporting the teeth, except for inpatient hospital services in connection with such dental procedures when hospitalization is required because of the individual's underlying medical condition and clinical status or the severity of the dental procedures. Structures directly supporting the teeth means, the periodontium, which includes the gingivae, periodontal membrane, dentogingival junction, cementum, and alveolar process.

In an outpatient setting when an excluded service is the primary procedure involved, it is not covered regardless of its difficulty or complexity. A frenectomy and an alveoloplasty are excluded from coverage when either of these procedures is performed in connection with an excluded service: e.g. the non-covered extraction or the preparation of the mouth for dentures.

*Dental coverage is separately available in some plans.

Guidelines

Non-Covered Services

- Extraction of an impacted tooth
- Alveoloplasty, (the surgical improvement of the shape and condition of the alveolar process), when performed for the preparation of the mouth for dentures
- Frenectomy when performed for the preparation of the mouth for dentures
- Extractions that are due to decay or periodontal disease
- Extractions done for the purpose of obtaining dentures
- Services related to chronic dental disease (i.e., gingivectomy)
- Removal of a benign growth or radicular cyst, in the mouth, or from structures directly supporting the teeth means the periodontium, which includes the gingivae, dentogingival junction, periodontal membrane, cementum, and alveolar process)
- Insertion of metallic implants used for enhancement of the structure of the jaws in order to support dentures or prosthesis

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- Excision of torus mandibularis or excision of a maxillary torus palatinus is usually performed to accommodate a denture. The removal of the torus palatinus (a bony protuberance of the hard palate) and torus mandibularis could be a covered service. However, with rare exception, this surgery is performed in connection with an excluded service; i.e., the preparation of the mouth for dentures. Under such circumstances, reimbursement is not made for this purpose.

(The only exception is for inpatient services: "except for inpatient hospital services in connection with such dental procedures when hospitalization is required because of the individual's underlying medical condition and clinical status or the severity of the dental procedures.")

Covered Services

- Wiring of the teeth when performed in connection with the reduction of a jaw fracture
- Extraction of teeth to prepare the jaw for radiation treatments of neoplastic disease
- Reduction of any fracture of the jaw or any facial bone, including dental splints or other appliances, if used for this purpose.
- Reconstruction of a ridge if performed as a result of and at the same time as the surgical removal of a tumor (the total surgical procedure is covered).
- Removal of a torus palatinus (a bony protuberance of the hard palate) may be covered, if the procedure is not performed to prepare the mouth for dentures.
- Surgery related to the jaw or any structure connected to the jaw including structures of the facial area below the eyes, for example (mandible, teeth, gums, tongue, palate, salivary glands, sinuses, etc.)
- Insertion of metallic implants if the implants are used to assist in or enhance the retention of a dental prosthetic as a result of a covered service.

The extraction of teeth to prepare the jaw for radiation treatments of neoplastic disease is also covered. This is an exception to the requirement that to be covered, a non-covered procedure or service performed by a dentist must be an incident to and integral part of a covered procedure or service performed by the dentist. Whether such services as the administration of anesthesia, diagnostic x-rays, and other related procedures are covered depends upon whether the primary procedure being performed by the dentist is itself covered. Thus, an x-ray taken in connection with the reduction of a fracture of the jaw or facial bone is covered. However, a single x-ray or x-ray survey taken in connection with the care or treatment of teeth or the periodontium is not covered.

Associated Information

Documentation Requirements

1. Documentation supporting the medical necessity, such as ICD-10 codes, including the need for the surgery in an inpatient setting, must be submitted with each claim. Claims submitted without such evidence will be denied as not medically necessary.
2. Where the dental procedure is not the primary procedure performed, documentation of the primary procedure must be included in the patient’s medical records.

Utilization Guidelines

If a non-covered service is performed as the primary procedure in conjunction with a covered procedure or service, regardless of the complexity, the total service is excluded from coverage.

Anesthesia services, provided by the surgeon performing the surgery, are considered bundled into the payment for the surgical procedure. Since the payment is bundled, the physician is precluded from billing the member for this service.

Where a patient is hospitalized solely for less than major noncovered dental treatment, both the professional services of the dentist and the inpatient hospital services are not covered. "Except for inpatient hospital services in connection with such dental procedures when hospitalization is required because of the individual's underlying medical condition and clinical status or the severity of the dental procedures."

Items and services in connection with an excluded dental service (the care, treatment, filling, removal or replacement of teeth, or structures directly supporting the teeth) are not covered. (i.e., anesthesia services, lab, x-ray services).

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A dentist qualifies as a physician if, he/she is a doctor of dental surgery or dental medicine, and is legally authorized to practice dentistry in the state in which he/she performs such function, and who is acting within the scope of his/her license when he/she performs such functions. Such services include any otherwise covered service that may legally and alternatively be performed by Doctors of Medicine, osteopathy and dentistry; e.g., dental examinations to detect infections prior to certain surgical procedures, treatment of oral infections and interpretations of diagnostic x-ray examinations in connection with covered services. Payment for the services of dentists in an outpatient setting is limited to those procedures which are not primarily provided for the care, treatment, removal, or replacement of teeth or structures directly supporting the teeth. The coverage of any given dental service is not affected by the professional designation of the physician rendering the service; i.e., an excluded dental service remains excluded and a covered dental service is still covered whether furnished by a dentist or a doctor of medicine or osteopathy.

Nationally Non-Covered Indications:

Compliance with the provisions in this policy is subject to monitoring by post payment data analysis and subsequent medical review. Title XVIII of the Social Security Act, Section 1862(a) (1) (A) states “no Medicare payment shall be made for items or services which are not reasonable and necessary for the diagnosis and treatment of illness or injury...". Furthermore, it has been longstanding CMS policy that "tests that are performed in the absence of signs, symptoms, complaints, or personal history of disease or injury are not covered unless explicitly authorized by statute".

Applicable Codes

The following list(s) of procedure and/or diagnosis codes is provided for reference purposes only and may not be all inclusive. Listing of a code in this guideline does not imply that the service described by the code is a covered or non-covered health service. Benefit coverage for health services is determined by the member specific benefit plan document and applicable laws that may require coverage for a specific service. The inclusion of a code does not imply any right to reimbursement or guarantee claim payment. Other Policies and Guidelines may apply.

CPT Code	Description
The following codes are not covered if performed primarily for dental related conditions. These codes are not covered if done with endodontic surgery or third molar removal.	
21030	Excision of benign tumor or cyst of maxilla or zygoma by enucleation and curettage
21032	Excision of maxillary torus palatinus
21040	Excision of benign tumor or cyst of mandible, by enucleation and/or curettage
21046	Excision of benign tumor or cyst of mandible; requiring intra-oral osteotomy (e.g., locally aggressive or destructive lesion[s])
21047	Excision of benign tumor or cyst of mandible; requiring extra-oral osteotomy and partial mandibulectomy (e.g., locally aggressive or destructive lesion[s])
21048	Excision of benign tumor or cyst of maxilla; requiring intra-oral osteotomy (e.g., locally aggressive or destructive lesion[s])
21060	Meniscectomy, partial or complete, temporomandibular joint (separate procedure)
21110	Application of interdental fixation device for conditions other than fracture or dislocation, includes removal
21240	Arthroplasty, temporomandibular joint, with or without autograft (includes obtaining graft)
21242	Arthroplasty, temporomandibular joint, with allograft
21243	Arthroplasty, temporomandibular joint, with allograft
21248	Reconstruction of mandible or maxilla, endosteal implant (e.g., blade, cylinder); partial
21249	Reconstruction of mandible or maxilla, endosteal implant (e.g., blade, cylinder); complete
21299	Unlisted craniofacial and maxillofacial procedure
21480	Closed treatment of temporomandibular dislocation; initial or subsequent
29800	Arthroscopy, temporomandibular joint, diagnostic, with or without synovial biopsy (separate procedure)

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CPT Code	Description
The following codes are not covered if performed primarily for dental related conditions. These codes are not covered if done with endodontic surgery or third molar removal.	
29804	Arthroscopy, temporomandibular joint, surgical
40814	Excision of lesion of mucosa and submucosa, vestibule of mouth; with complex repair
40816	Excision of lesion of mucosa and submucosa, vestibule of mouth; complex, with excision of underlying muscle
40840	Vestibuloplasty; anterior
40842	Vestibuloplasty; posterior, unilateral
40843	Vestibuloplasty; posterior, bilateral
40844	Vestibuloplasty; entire arch
40845	Vestibuloplasty; complex (including ridge extension, muscle repositioning)
40899	Unlisted procedure, vestibule of mouth
41820	Gingivectomy, excision gingiva, each quadrant
41821	Operculectomy, excision pericoronal tissues
41822	Excision of fibrous tuberosities, dentoalveolar structures
41823	Excision of osseous tuberosities, dentoalveolar structures
41825	Excision of lesion or tumor (except listed above), dentoalveolar structures; without repair
41828	Excision of hyperplastic alveolar mucosa, each quadrant (specify)
41830	Alveolectomy, including curettage of osteitis or sequestrectomy
41850	Destruction of lesion (except excision), dentoalveolar structures
41870	Periodontal mucosal grafting
41872	Gingivoplasty, each quadrant (specify)
41874	Alveoloplasty, each quadrant (specify)
41899	Unlisted procedure, dentoalveolar structures
The following radiological codes are not covered if performed primarily for dental related conditions.	
70300	Radiologic examination, teeth; single view
70310	Radiologic examination, teeth; partial examination, less than full mouth
70320	Radiologic examination, teeth; complete, full mouth
70328	Radiologic examination, temporomandibular joint, open and closed mouth; unilateral
70330	Radiologic examination, temporomandibular joint, open and closed mouth; bilateral
70332	Temporomandibular joint arthrography, radiological supervision and interpretation
70336	Magnetic resonance (e.g., proton) imaging, temporomandibular joint(s)
70350	Cephalogram, orthodontic
70355	Orthopantogram (e.g., panoramic x-ray)
70486	Computed tomography, maxillofacial area; without contrast material
70487	Computed tomography, maxillofacial area; with contrast material(s)
70488	Computed tomography, maxillofacial area; without contrast material, followed by contrast material(s) and further sections
70540	Magnetic resonance (e.g., proton) imaging, orbit, face, and/or neck; without contrast material(s)
70542	Magnetic resonance (e.g., proton) imaging, orbit, face, and/or neck; with contrast material(s)
70543	Magnetic resonance (e.g., proton) imaging, orbit, face, and/or neck; without contrast material(s), followed by contrast material(s) and further sequences
70544	Magnetic resonance angiography, head; without contrast material(s)

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CPT Code	Description
The following radiological codes are not covered if performed primarily for dental related conditions.	
70546	Magnetic resonance angiography, head; without contrast material(s), followed by contrast material(s) and further sequences
76376	3D rendering with interpretation and reporting of computed tomography, magnetic resonance imaging, ultrasound, or other tomographic modality with image post-processing under concurrent supervision; not requiring image post-processing on an independent workstation
76377	3D rendering with interpretation and reporting of computed tomography, magnetic resonance imaging, ultrasound, or other tomographic modality with image post-processing under concurrent supervision; requiring image post-processing on an independent workstation

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CDT Code
Dental Services: CDT Code List

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Diagnosis Code
Dental Services: Diagnosis Code List

Definitions

D.D.S.: Doctor of Dental Surgery.

D.M.D.: Doctor of Medicine in Dentistry or Doctor of Dental Medicine (same degree as a D.D.S.).

Endodontist: Endodontists are dentists who specialize in maintaining teeth through endodontic therapy-procedures, involving the soft inner tissue of the teeth, called the pulp. The word "endodontic" comes from "endo" meaning inside and "odont" meaning tooth.

Orthodontist: Orthodontia is an area of dentistry that prevents, diagnoses and treats dental and facial irregularities.

Pedodontist: A pedodontist is a dentist who specializes in caring for children’s teeth.

Periodontist: A dentist who specializes in the prevention, diagnosis, and treatment of periodontal disease, and in the placement of dental implants. Periodontists are also experts in the treatment of oral inflammation.

Prosthodontist: A dentist specialized in the field of Prosthodontics. Prosthodontics is “that branch and specialty of dentistry concerned with the diagnosis, restoration and maintenance of oral function, comfort, appearance and health of the patient by the restoration of the natural teeth and/or the replacement of missing teeth and contiguous oral and maxillofacial tissues with artificial substitutes”.

T.M.D.: Temporomandibular disorders (TMD). TMD refers to problems associated with the jaw joint, also known as the temporomandibular joint (TMJ), and the surrounding tissues-with symptoms ranging from slight discomfort to severe pain.

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Questions and Answers

1	Q:	Does my medical plan have dental coverage?
	A:	No, not for routine dental services i.e., dental caries. Under the general exclusion of coverage, items and services in connection with the care, treatment, filling, removal, or replacement of teeth or structures directly supporting the teeth are not covered by Medicare. Structures directly supporting the teeth can be defined as the periodontium, which includes the gingivae, dentogingival junction, periodontal membrane, cementum of the teeth, and alveolar process.

References

CMS National Coverage Determinations (NCDs)

Dental Examination Prior to Kidney Transplantation (NCD 260.6)
Manipulation (NCD 150.1)

CMS Local Coverage Determinations (LCDs) and Articles

LCD	Article	Contractor	Medicare Part A	Medicare Part B
L34574 Dental Services	A56663 Billing and Coding: Dental Services	Palmetto	AL, GA, NC, SC, TN, VA, WV	
L33428 Cosmetic and Reconstructive Surgery	A56658 Billing and Coding: Cosmetic and Reconstructive Surgery	Palmetto	AL, GA, NC, SC, TN, VA, WV	AL, GA, NC, SC, TN, VA, WV
	A53497 Billing and Coding: Oral Maxillofacial Prosthesis	Palmetto	AL, GA, NC, SC, TN, VA, WV	AL, GA, NC, SC, TN, VA, WV
N/A	A52977 Routine Dental Services	Noridian	AL, GA, NC, SC, TN, VA, WV	AL, GA, NC, SC, TN, VA, WV
N/A	A52978 Routine Dental Services	Noridian	AS, CA, GU, HI, MP, NV	AS, CA, GU, HI, MP, NV

CMS Benefit Policy Manual

Chapter 1; § 70 Inpatient Services in Connection with Dental Services
Chapter 15; § 150 Dental Services
Chapter 15; § 150.1 Treatment of Temporomandibular Joint (TMJ) Syndrome
Chapter 16; § 140 Dental Services Exclusion

CMS Claims Processing Manual

Chapter 23; § 20.7 Use of the American Medical Association's (AMA's) Physicians' Current Procedural Terminology (CPT) Fourth Edition Codes, and Use of the American Dental Association's (ADA's) Current Dental Terminology-Fourth Edition (CDT) Codes, on A/B MACs (A)'s, (B)'s, (HHH)'s, and DME MACs' Web Sites and Other Electronic Media

CMS Transmittal(s)

Transmittal 323, Change Request 3499, Dated 10/22/2004 (Update Regarding the Use of American Dental Association's (ADA) Current Dental Terminology (CDT) Codes on Medicare Contractors' Web Sites and Other Electronic Media)

MLN Matters

Article ICN 900943, ICD-10-CM, ICD-10-PCS, CPT, and HCPCS Code Sets
Article ICN 906765, Items and Services Not Covered Under Medicare

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UnitedHealthcare Commercial Policy

[Temporomandibular Joint Disorders]

Other(s)

[Medicare Dental Coverage, CMS Website]

Guideline History/Revision Information

Revisions to this summary document do not in any way modify the requirement that services be provided and documented in accordance with the Medicare guidelines in effect on the date of service in question.

Date	Summary of Changes
04/01/2021	**Template Update** • Reformatted policy; transferred content to new template
12/09/2020	**Applicable Codes** *CPT Codes* • Removed CPT codes 70250, 70390, 76140, 76536, 80500, 80502, 81599, 82397, 83036, 83037, 87070, 87071, 87181, 87184, 87207, 87209, 87250, 87252, 87253, 87254, 87255, 87999, 88104, 88112, 88160, 88161, 88162, 88239, 88264, 88271, 88272, 88273, 88274, 88275, 88291, 88300, 88302, 88304, 88305, 88307, 88309, 88311, 88312, 88313, 88314, 88321, 88323, 88346, 88348, 88364, 88365, 88366, 88367, 88368, 88369, 88373, 88374, and 88377 *CDT Codes* • Added CDT codes D0604, D0605, D0701, D0702, D0703, D0704, D0705, D0706, D0707, D0708, D0709, D1321, D1355, D2928, D3471, D3472, D3473, D3501, D3502, D3503, D5995, D5996, D6191, D6192, D7961, D7962, D7993, and D7994 • Added notation to indicate CDT codes D3427, D5994, D6052, and D7960 were “deleted. Dec. 31, 2020” • Removed CDT codes D1320, D1515, D1525, D1550, D1555, D5281, D5510, D5610, D5620, D8691, D8692, D8693, D8694, and D9940 • Revised description for CDT codes D1110, D1120, D2960, D2961, D2962, D5225, D5226, D5282, D5283, D5284, D5286, D5730, D5731, D5740, D5741, D5750, D5751, D5760, D5761, D5820, D5821, D6011, D6091, and D9971 **Supporting Information** • Updated *References* section to reflect the most current information • Archived previous version MPG376.04

Purpose

The Medicare Advantage Policy Guideline documents are generally used to support UnitedHealthcare Medicare Advantage claims processing activities and facilitate providers’ submission of accurate claims for the specified services. The document can be used as a guide to help determine applicable:

- Medicare coding or billing requirements, and/or
- Medical necessity coverage guidelines; including documentation requirements.

UnitedHealthcare follows Medicare guidelines such as NCDs, LCDs, LCAs, and other Medicare manuals for the purposes of determining coverage. It is expected providers retain or have access to appropriate documentation when requested to support coverage. Please utilize the links in the References section below to view the Medicare source materials used to develop this resource document. This document is not a replacement for the Medicare source materials that outline Medicare coverage requirements. Where there is a conflict between this document and Medicare source materials, the Medicare source materials will apply.

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The Medicare Advantage Policy Guidelines are applicable to UnitedHealthcare Medicare Advantage Plans offered by UnitedHealthcare and its affiliates.

These Policy Guidelines are provided for informational purposes, and do not constitute medical advice. Treating physicians and healthcare providers are solely responsible for determining what care to provide to their patients. Members should always consult their physician before making any decisions about medical care.

Benefit coverage for health services is determined by the member specific benefit plan document* and applicable laws that may require coverage for a specific service. The member specific benefit plan document identifies which services are covered, which are excluded, and which are subject to limitations. In the event of a conflict, the member specific benefit plan document supersedes the Medicare Advantage Policy Guidelines.

Medicare Advantage Policy Guidelines are developed as needed, are regularly reviewed and updated, and are subject to change. They represent a portion of the resources used to support UnitedHealthcare coverage decision making. UnitedHealthcare may modify these Policy Guidelines at any time by publishing a new version of the policy on this website. Medicare source materials used to develop these guidelines include, but are not limited to, CMS National Coverage Determinations (NCDs), Local Coverage Determinations (LCDs), Medicare Benefit Policy Manual, Medicare Claims Processing Manual, Medicare Program Integrity Manual, Medicare Managed Care Manual, etc. The information presented in the Medicare Advantage Policy Guidelines is believed to be accurate and current as of the date of publication and is provided on an "AS IS" basis. Where there is a conflict between this document and Medicare source materials, the Medicare source materials will apply.

You are responsible for submission of accurate claims. Medicare Advantage Policy Guidelines are intended to ensure that coverage decisions are made accurately based on the code or codes that correctly describe the health care services provided. UnitedHealthcare Medicare Advantage Policy Guidelines use Current Procedural Terminology (CPT®), Centers for Medicare and Medicaid Services (CMS), or other coding guidelines. References to CPT® or other sources are for definitional purposes only and do not imply any right to reimbursement or guarantee claims payment.

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*For more information on a specific member's benefit coverage, please call the customer service number on the back of the member ID card or refer to the Administrative Guide.

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