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Medicare Advantage Policy Manual **Policy ID:** M-AH35

Dental Services

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IMPORTANT REMINDER

The Medicare Advantage Medical Policy manual is not intended to override the member Evidence of Coverage (EOC), which defines the insured's benefits, nor is it intended to dictate how providers are to practice medicine. Physicians and other health care providers are expected to exercise their medical judgment in providing the most appropriate care for the individual member.

The Medicare Advantage Medical Policies are designed to provide guidance regarding the decision-making process for the coverage or non-coverage of services or procedures in accordance with the member EOC and the Centers of Medicare and Medicaid Services (CMS) policies, when available. In the event of a conflict, applicable CMS policy or EOC language will take precedence over the Medicare Advantage Medical Policy. In the absence of CMS guidance for a requested service or procedure, the health plan may apply their Medical Policy Manual or MCG™ criteria, both of which are developed with an objective, evidence-based process using scientific evidence, current generally accepted standards of medical practice, and authoritative clinical practice guidelines.

Medicare and EOCs exclude from coverage, among other things, services or procedures considered to be investigational, cosmetic, or not medically necessary, and in some cases, providers may bill members for these non-covered services or procedures. Providers are encouraged to inform members in advance when they may be financially responsible for the cost of non-covered or excluded services.

DESCRIPTION

MEDICARE ADVANTAGE DENTAL COVERAGE

In general, Medicare does not cover dental services, or services rendered in connection to non-covered dental procedures. However, as a Medicare Advantage Organization (MAO), the health plan may offer some additional dental benefits. Dental eligibility will need to be confirmed on a case-by-case basis.

MEDICARE ADVANTAGE POLICY CRITERIA

Service/Item (in alphabetical order)	CMS Coverage Manuals, National Coverage Determinations (NCDs), and Noridian Healthcare Solutions (Noridian) Local Coverage Determinations (LCDs) and Articles.
IMPORTANT NOTE: Medicare considers dental services, including but not limited to, exams, x-rays, implants, dental extractions, and work related to these dental services, to be non-covered, Even if the member's plan offers a dental benefit in excess of Medicare coverage, the requested item or service must be among the services covered under the supplemental benefit and also within the dental benefit limit (e.g., annual maximums) set by the plan. Dental services not included in the evidence of coverage (EOC) or in excess of the benefit limits will be considered non-covered. *(See the Medicare Benefit Policy Manual, Chapter 15 - Covered Medical and Other Health Services, §150 - Dental Services and the Medicare Benefit Policy Manual, Chapter 16 - General Exclusions From Coverage, §140 - Dental Services Exclusion)*	
DENTAL SERVICES WHICH MAY BE ELIGIBLE FOR COVERAGE (WHEN MEDICARE GUIDELINES ARE MET):	
Routine dental services allowed under Medicare Advantage benefit contract language*	Medicare Advantage member contracts may provide limited supplemental coverage for some dental services, and such Evidence of Coverage (EOC) language has precedence where applicable. In the event EOC language does not address a specific request, the following Medicare references should be used and applied.
Alveoplasty (the surgical improvement of the shape and condition of the alveolar process) when NOT related to an excluded dental procedure	Medicare Benefit Policy Manual, Chapter 15 - Covered Medical and Other Health Services *See Section 150 in the following link:* §150 - Dental Services
Anesthesia administration*	"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" *(Medicare Benefit Policy Manual, Chapter 16 - Covered Medical and Other Health Services, §140 - Dental Services)* *(If rendered in an inpatient setting, see also the Medicare Benefit Policy Manual, Chapter 1 - Inpatient Hospital Services Covered Under Part A, §70 - Inpatient Services in Connection With Dental Services)* Therefore…:

Service/Item (in alphabetical order)	CMS Coverage Manuals, National Coverage Determinations (NCDs), and Noridian Healthcare Solutions (Noridian) Local Coverage Determinations (LCDs) and Articles.
	• If the primary procedure is a COVERED dental service under the health plan's supplemental Dental Benefit, then the administration of anesthesia would be covered as well (this includes general anesthesia). • If the primary procedure is a NON-COVERED dental service under the health plan, then the administration of anesthesia, even if necessary to perform the non-covered procedure, would NOT be eligible for coverage either.
Dental examinations prior to kidney transplants	Dental Examination Prior to Kidney Transplantation (260.6)
Dental services inextricably linked to clinical success of other Medicare-covered procedures or services	CMS Medicare Dental Coverage Webpage for examples of dental services inextricably linked to certain Medicare covered services.
Dental splints to treat a covered medical condition (i.e., dislocated upper/lower jaw joints)	Medicare Benefit Policy Manual, Chapter 15 - Covered Medical and Other Health Services *See Section 150 in the following link:* §150 - Dental Services
Dentist Services	"…payment for the services of dentists is also ***limited to those procedures which are not primarily provided for the care, treatment, removal, or replacement of teeth or structures directly supporting the teeth***." *(Medicare General Information, Eligibility and Entitlement Manual, Chapter 5 – Definitions, §70.2 – Dentists)*
Dentures (Note: While generally excluded, coverage may be limited to certain scenarios. Review Medicare criteria carefully)	Medicare Benefit Policy Manual, Chapter 15 - Covered Medical and Other Health Services *See Section 120, Subsection C. in the following link:* §120 - Prosthetic Devices, C. Dentures (See also the CMS Medicare Dental Coverage page for descriptions and examples of non-covered dental services.)

Service/Item (in alphabetical order)	CMS Coverage Manuals, National Coverage Determinations (NCDs), and Noridian Healthcare Solutions (Noridian) Local Coverage Determinations (LCDs) and Articles.
Diagnostic x-rays	Medicare Benefit Policy Manual, Chapter 1 - Inpatient Hospital Services Covered Under Part A *See Section 70 in the following link:* §70 - Inpatient Services in Connection With Dental Services Medicare Benefit Policy Manual, Chapter 15 - Covered Medical and Other Health Services *See Section 150 in the following link:* §150 - Dental Services
Extraction of teeth to prepare the jaw for radiation treatment of neoplastic disease.	Medicare Benefit Policy Manual, Chapter 15 - Covered Medical and Other Health Services *See Section 150 in the following link:* §150 - Dental Services Note: *This is specific to the* extraction *only. This reference does not provide coverage for the* replacement *of teeth following radiation.*
Frenectomy when performed in connection with a covered medical procedure	Medicare Benefit Policy Manual, Chapter 15 - Covered Medical and Other Health Services *See Section 150 in the following link:* §150 - Dental Services
Hospital services, inpatient	Medicare Benefit Policy Manual, Chapter 1 - Inpatient Hospital Services Covered Under Part A *See Section 70 in the following link:* §70 - Inpatient Services in Connection With Dental Services Note: "When the hospital services are covered, all ancillary services such as x-rays, administration of anesthesia, use of the operating room, etc., are covered." This means when Medicare criteria for coverage of inpatient hospital admission is met, all ancillary services ***reported on the facility claim*** would also be eligible for coverage under medical benefits; however, services reported separately (i.e., dentist services, anesthesiologist, radiologist, pathologist, etc.) would not fall under this provision.

Service/Item (in alphabetical order)	CMS Coverage Manuals, National Coverage Determinations (NCDs), and Noridian Healthcare Solutions (Noridian) Local Coverage Determinations (LCDs) and Articles.
	Note, coverage for inpatient hospital services would fall under Part A ***medical*** benefits.
Pathologist or Radiologist services	"Ancillary services and supplies furnished incident to covered dental services are also not excluded, and Medicare payment may be made under Part A or Part B, as applicable, regardless of whether the service is performed in the inpatient or outpatient setting, including, but not limited to the administration of anesthesia, diagnostic x-rays, use of operating room, and other related, otherwise covered procedures." *(Medicare Benefit Policy Manual, Chapter 15 - Covered Medical and Other Health Services, §150 - Dental Services)* *(If rendered in an inpatient setting, see also the Medicare Benefit Policy Manual, Chapter 1 - Inpatient Hospital Services Covered Under Part A, §70 - Inpatient Services in Connection With Dental Services)* Therefore…: • If the primary procedure is a COVERED dental service under the health plan's supplemental Dental Benefit, then the pathologist services would be covered as well. • If the primary procedure is a NON-COVERED dental service under the health plan, then the pathologist services, even if necessary to perform the non-covered procedure, would NOT be eligible for coverage either.
Removal of a torus palatinus (bony protuberance of the hard palate)	Medicare Benefit Policy Manual, Chapter 15 - Covered Medical and Other Health Services *See Section 150 in the following link:* §150 - Dental Services
NON-COVERED DENTAL SERVICES:	
Alveoplasty when performed in connection with an excluded procedure (i.e., preparation of the mouth for dentures)	Medicare Benefit Policy Manual, Chapter 16 - General Exclusions From Coverage *See Section 140 in the following link:* §140 - Dental Services Exclusion

Service/Item (in alphabetical order)	CMS Coverage Manuals, National Coverage Determinations (NCDs), and Noridian Healthcare Solutions (Noridian) Local Coverage Determinations (LCDs) and Articles.
Dental Implants	Items and services in connection with the care, treatment, filling, removal, or replacement of teeth or structures directly supporting the teeth are not covered. "Structures directly supporting the teeth" means the periodontium, which includes the gingivae, dentogingival junction, periodontal membrane, cementum of the teeth, and alveolar process. *(CMS Medicare Dental Coverage page)*
Dental splints for the treatment of a dental condition	Medicare Benefit Policy Manual, Chapter 15 - Covered Medical and Other Health Services *See Section 150 in the following link:* §150 - Dental Services "Dental splints used to treat a dental condition are excluded from coverage under 1862(a)(12) of the Act. On the other hand, if the treatment is determined to be a covered medical condition (i.e., dislocated upper/lower jaw joints), then the splint maybe covered." (Noridian Website; Dental)
Dental services in connection with an accident or injury.	"***Items and services in connection with the care, treatment, filling, removal, or replacement of teeth or structures directly supporting the teeth are not covered.***" *(Medicare Benefit Policy Manual, Chapter 15 - Covered Medical and Other Health Services, §150 - Dental Services* and *Medicare Benefit Policy Manual, Chapter 16 - General Exclusions From Coverage, §140 - Dental Services Exclusion)*
Dentist Services	"Because the general exclusion of payment for dental services has not been withdrawn, payment for the services of dentists is also ***limited to those procedures which are not primarily provided for the care, treatment, removal, or replacement of teeth or structures directly supporting the teeth***." *(Medicare General Information, Eligibility and Entitlement Manual, Chapter 5 – Definitions, §70.2 – Dentists)*
Extraction of teeth for any reason not otherwise specified (e.g., impacted tooth, etc.)	Medicare Benefit Policy Manual, Chapter 15 - Covered Medical and Other Health Services *See Section 150 in the following link:* §150 - Dental Services

Service/Item (in alphabetical order)	CMS Coverage Manuals, National Coverage Determinations (NCDs), and Noridian Healthcare Solutions (Noridian) Local Coverage Determinations (LCDs) and Articles.
Frenectomy when performed in connection with an excluded procedure (i.e., preparation of the mouth for dentures)	Medicare Benefit Policy Manual, Chapter 16 - General Exclusions From Coverage *See Section 140 in the following link:* §140 - Dental Services Exclusion
Hospital services, outpatient	Under Section 1862(a)(12) of the Social Security Act and 42 CFR 411.15(i), Medicare doesn't pay for (also called "payment exclusion") items and services in connection with the care, treatment, filling, removal, or replacement of teeth or structures directly supporting the teeth ("dental services"), except for inpatient hospital services connected to dental services when the patient requires hospitalization because of 1 of these: • The patient's underlying medical condition and clinical status • The severity of the dental procedure *(CMS Medicare Dental Coverage page)*
Mouth Guard, Splint Mouth Guard. or Night Guard ***Note:*** *Mandibular advancement oral appliances used to treat obstructive sleep apnea (OSA; HCPCS codes E0485, E0486) are a different category of "device" and are* ***not*** *addressed by this Medicare Advantage medical policy. Specific Medicare criteria are available for these devices.*	"***Items and services in connection with the care, treatment, filling, removal, or replacement of teeth or structures directly supporting the teeth are not covered.***" *(Medicare Benefit Policy Manual, Chapter 15 - Covered Medical and Other Health Services, §150 - Dental Services* and *Medicare Benefit Policy Manual, Chapter 16 - General Exclusions From Coverage, §140 - Dental Services Exclusion)* In addition, the use of a mouth guard of any kind with the intent of preventing future problems of the jaw would be considered preventive in nature, and would not be considered reasonable or necessary under *§1862(a)(1)(A)* as it is not being used to "treat or diagnosis" an illness or injury, or improve function of a malformed body member. *§1862(a)(1)(A)* of the Act prohibits Medicare coverage for items and services which are not "reasonable and necessary" for the diagnosis and treatment of an injury or illness or to improve the functioning of a malformed body member.
Non-covered procedure or service performed by a dentist	Medicare Benefit Policy Manual, Chapter 15 - Covered Medical and Other Health Services *See Section 150 in the following link:* §150 - Dental Services

Service/Item (in alphabetical order)	CMS Coverage Manuals, National Coverage Determinations (NCDs), and Noridian Healthcare Solutions (Noridian) Local Coverage Determinations (LCDs) and Articles.
not inextricably linked to a covered procedure or service	
Oral Surgery*	When performed "in connection with the care, treatment, filling, removal, or replacement of teeth or structures directly supporting teeth," services are excluded from coverage per §1862(a)(12) of the Social Security Act. *(*See the *Medicare Benefit Policy Manual, Chapter 15 - Covered Medical and Other Health Services, §150 - Dental Services, Medicare Benefit Policy Manual, Chapter 16 - General Exclusions From Coverage, §140 - Dental Services Exclusion,* and also the *CMS Medicare Dental Coverage page)*
Routine dental services not otherwise covered under EOC*	*Medicare Benefit Policy Manual, Chapter 16 - General Exclusions From Coverage, §140 - Dental Services Exclusion,* and also the *CMS Medicare Dental Coverage page)* **Reminder:** Medicare Advantage member contracts may provide limited supplemental coverage for some dental services, and such Evidence of Coverage (EOC) language has precedence where applicable. Unless specifically listed as eligible for coverage under the individual member's EOC, routine dental services are direct Medicare exclusions.
**Scroll to the "Public Version(s)" section at the bottom of the Article or LCD for links to prior versions if necessary.	

POLICY GUIDELINES

REQUIRED DOCUMENTATION

The information below **must** be submitted for review to determine whether policy criteria are met. If any of these items are not submitted, it could impact our review and decision outcome:

- All chart notes, including all medical and dental records, pertinent to the request;
- Indication being treated by the dental procedure;
- Detailed explanation of treatment plan.

CROSS REFERENCES

Cosmetic and Reconstructive Procedures, Surgery, Policy No. M-12

Orthognathic Surgery, Surgery, Policy No. M-137

REFERENCES

1. Medicare Statutory Dental Exclusion, Social Security Act §1862 [a][12]
2. Noridian Website; Dental
3. American Dental Association (ADA) Glossary

CODING

NOTE: When possible, dental codes should be used to report for dental services, as it is dental codes which determine coverage under the supplemental dental benefit. However, for some procedures, the use of unlisted code 41899 may be appropriate. Using unlisted CPT code 41899 to report for "hospital and anesthesia" services is considered incorrect coding because *procedure* codes should only be used to report for *procedural* services performed by a provider. The hospital facility (and anesthesiologist, if a separate provider of services) would submit separate claims for the services they render to an individual.

Codes	Number	Description
CPT	21245	Reconstruction of mandible or maxilla, subperiosteal implant; partial
	21246	; complete
	21248	Reconstruction of mandible or maxilla, endosteal implant; partial
	21249	; complete
	41830	Alveolectomy, including curettage of osteitis or sequestrectomy
	41874	Alveoloplasty, each quadrant
	41899	Unlisted procedure, dentoalveolar structures
HCPCS	D0120-D9999	Dental HCPCS code range

***IMPORTANT NOTE:** Medicare Advantage medical policies use the most current Medicare references available at the time the policy was developed. Links to Medicare references will take viewers to external websites outside of the health plan's web control as these sites are not maintained by the health plan.*