



# BlueCross BlueShield of Vermont

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## Corporate Medical Policy

### Dental Services

**File name:** Dental Services

**Origination:** 07/1997

**Last Review:** 07/2010

**Next Review:** 07/2011

**Effective Date:** 07/1997, 06/05/2006, 09/2009,10/01/2010

#### Description

Under the medical benefit of a member's contract, covered dental services include those procedures which are performed on sound natural teeth and supporting structures, lips, tongue, roof and floor of the mouth, accessory sinuses, salivary glands or ducts, jaws (i.e., mandible and maxilla, including orthognathic services), to correct a congenital anomaly or accidental injury, reduce a dislocation, repair a fracture, excise tumors, cysts or exostosis, or drain abscesses with cellulitis.

A sound, natural tooth is a tooth that is whole or properly restored (restorations with amalgam only); is without impairment, periodontal or other conditions; and is not in need of the treatment provided for any reason other than accidental injury. A tooth previously restored with a crown, inlay, onlay, or porcelain restoration, or treated by endodontics, is not a sound natural tooth.

#### Policy

Benefits are subject to all terms, limitations and conditions of the subscriber's contract.

For New England Health Plan (NEHP) members an approved referral authorization from the PCP is required for all hospital outpatient surgeries.

Prior approval may be required for all dental services and oral surgery seeking medical benefits except removal of bone-impacted wisdom teeth, unless this is an exclusion under the certificate.

#### Policy Guidelines

We cover only the following dental services under the medical benefit:

- Treatment for accidental injury to the jaws, sound natural teeth, mouth or face within six months of an accident if the accident occurs on or after your membership effective date (in the event of an emergency, you must contact us as soon as possible afterward for approval of continued treatment);
- Surgery to correct gross deformity resulting from major disease. Corrective surgery must take place within six months of the onset of disease or within six months after surgery. Gross deformity is defined as readily visible and disfiguring and/or functionally disabling. Gross deformity does not include absence of teeth.

- Surgical removal of bone-impacted teeth; and
- Gingivectomy only for general or systemic conditions or conditions resulting from the effects of drugs.
- Facility and anesthesia charges for significant dental treatment for members who are unable to be treated safely and effectively in an office setting due to age or severe disability.

## Benefit Application

This policy applies to BCBSVT indemnity lines of business (Plan J, Comp and VFP), and managed care lines of business (Vermont Health Partnership [VHP] and The Vermont Health Plan [TVHP]).

This policy excludes the following groups:

UVM – please refer to the member’s contract and/or outline of coverage.

St. Michaels – please refer to the member’s contract and/or outline of coverage.

G.E. – please refer to the member’s benefits and/or G.E. contract documents.

## When the service or procedure is covered

Accidental Injury - Benefits are available for accidental injury to the jaw, sound natural teeth, mouth or face. A sound natural tooth is a tooth that is whole or properly restored (restoration with amalgams only); is without impairment, periodontal, or other conditions; and is not in need of the treatment provided for any reason other than accidental injury. A tooth previously restored with a crown, inlay, onlay or porcelain restoration, or treated by endodontics, is not considered a sound natural tooth by the Plan.

Prior approval is required prior to services being rendered.

The Plan will provide separate benefits for root canal procedures, which may be required before crowns can be installed. Benefits for dental implants or prostheses, which are necessary due to accidental injury, may be provided with prior approval from the Plan.

Extraction of Bone Impacted Teeth - Extraction of bone-impacted wisdom teeth and other related services are covered. Related services include office visits, X-rays, and anesthesia. Anesthesia may be administered by a dentist, oral surgeon, or by an anesthesiologist and includes the use of IV sedation as well as general anesthesia. Prior approval is not required.

Under individual consideration, Facility and Anesthesia Charges – Unless there is a specific rider precluding facility and anesthesia charges, these charges may be covered for members who are 7 years of age or younger, and members with severe disabilities that preclude office

based dental care due to safety considerations. (Examples include, but are not limited to, severe autism, cerebral palsy, hemorrhagic disorders, and severe congestive heart failure.)

#### Gingivectomy-

Gingivectomy is covered only if needed because of a general or systemic non-oral condition or the effect of drugs. Prior approval is required.

Gross Deformity Corrective Surgery - this is usually extensive surgery, such as orthognathic procedures. It includes surgery to correct cleft palate or skeletal deformities. Prior approval is required.

Dental implants are only covered when medically necessary after an accident or due to atrophy of the jaw. Prior approval is required.

- Titanium dental implants are only available when there is a loss of natural teeth resulting from an accident. The treatment plan utilizing titanium dental implants must be considered medically necessary as compared to a denture alone. These benefits include the implant procedure, but associated anesthesia and restoration, as well as prosthetics.
- Endosseous Implant - Fixtures that are surgically attached to the upper and/or lower jawbone of patients who are unable to wear dentures after an accident or due to atrophy of the jaw. The prosthetic teeth are fixed through abutment cylinders to the titanium fixtures, thereby anchoring permanent fixed bridges. Benefits for titanium dental implants are only available when there is a loss of natural teeth resulting from an accident. The treatment plan utilizing titanium dental implants must be considered medically necessary as compared to a denture alone. These benefits include the implant procedure, and the associated anesthesia and restoration, as well as prosthetics. Prior approval is required.

**TMJ Treatment** - *See separate TMJ Policy*

#### When service or procedure is not covered

The Plan provides no benefits for:

- Care for periodontitis;
- Tooth implants (except for treatment of accidental injury within six months of the accident);
- Repair or replacement of damaged dental prosthesis, unless your subscriber certificate specifically allows for this benefit;
- Injury to teeth or gums as a result of chewing or biting;
- Injury occurring before policy effective date;
- Orthodontics including orthodontics performed as adjunct to orthognathic surgery
- Pre- and post-operative care (we consider most pre-and post-operative visits part of the surgical benefit, so we do not provide additional benefits for these services);

- Procedures designed primarily to prepare the mouth for dentures (including alveolar augmentation, bone grafting, frame implants, ramus mandibular stapling).
- Extraction of soft tissue impacted teeth is not covered.
- Dental care not prior approved by the Plan.
- Out of network services without prior approval for managed care contracts
- Dental care not specified above under when procedure is covered

### Information required (if plan approval required)

Consideration for prior approval of benefits can be given by submitting the following information in writing to the Plan'(s) or delegates medical affairs/care management department area:

1. History of the problem, including details of accident if accident related. Please indicate date of accident if applicable;
2. X-rays, if available (X-rays will be returned to the sender);
3. Plan of treatment; and
4. Approximate cost of treatment.
5. If applicable, rationale for requiring hospital based services and anesthesia.
6. CPT and HCPCS codes that will be submitted

### Eligible Providers

Dentists and Oral Surgeons (DDS, DMD)

For Vermont Health Partnership (VHP) and The Vermont Health Plan (TVHP), coverage is available for dental services by a network oral surgeon.

### Policy Implementation/Update information

3/05 updated with several CPT codes based on provider input. 6/03-Removed references to UVM, 8/03- Updated applicable billing codes.

5/06 language update to match certificate language, definition of sound natural tooth added and referral requirements removed for managed care contracts.

Policy Supersedes: Operations Policy on Dental Services effective 7/25/97; Operations Policy on Dental - Accidental Injury effective 8/01/94; Operations Policy on Dental - Bone Impacted Teeth effective 8/18/94; Operations Policy on Dental - Oral Surgery (VHP) effective 6/15/95; Operations Policy on Dental - Titanium Implants effective 3/13/96.

07/2009: Formatting changes to standard format for BCBSVT Medical Policies to enhance ease of use. Addition of language addressing facility and anesthesia charges which have traditionally been provided in the settings described, but not specified in certificates or medical policy. Notation that some certificates may further limited through an exclusion rider.

07/2010; updated due to state mandate 128 sec.34 8 V>S>A> chapter 107 subchapter 12

Approved by BCBSVT Medical Policy Committee:                      Date Approved

Allen J. Hinkle, M.D.  
Chief Medical Director

Date Approved: \_\_\_\_\_

