

**Policy is terminated because coverage is provided under the combined
Medicaid and NCHC 4A, Dental Services**

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1.0 Description of the Procedure, Product, or Service

Dental and oral surgery procedures are those which are within the scope of practice of both a doctor of medicine and a doctor of dentistry, such as the excision of tumors and other lesions of the mouth, treatment of jaw fractures, and surgery for diseases of the mouth and adjacent tissues and to correct injuries of the mouth structure other than the teeth and their supporting structures.

2.0 Eligible Recipients

2.1 General Provisions

To be eligible, NCHC recipients must be enrolled on the date of service.

3.0 When the Procedure, Product, or Service Is Covered

3.1 General Criteria

NCHC covers procedures, products, and services related to this policy when they are medically necessary and

- a. the procedure, product, or service is individualized, specific, and consistent with symptoms or confirmed diagnosis of the illness or injury under treatment, and not in excess of the recipient's needs;
- b. the procedure, product, or service can be safely furnished, and no equally effective and more conservative or less costly treatment is available; **AND**
- c. the procedure, product, or service is furnished in a manner not primarily intended for the convenience of the recipient, the recipient's caretaker, or the provider.

3.2 Specific Criteria

- a. Accidental injury
 1. Coverage is provided for dental care (including surgery and appliances for mouth, jaw, and tooth restoration) necessitated by an accidental injury of external and violent means, such as the impact of a moving body, vehicle collision, or fall, occurring while the individual is covered under the program.
 2. Benefits include extractions, fillings, crowns, bridges, or other necessary therapeutic techniques and appliances, and are limited to those services necessary to restore condition and function to that which existed immediately prior to the accident.
 3. Accidental benefits for dental services are limited to those services necessary to restore condition and function to that which existed immediately prior to the accident. Furthermore for services to be eligible for coverage, the accident must have occurred while the recipient was covered under NC Health Choice,

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Applicable FARS/DFARS apply

and the accident-related care must be completed within a reasonable period of time following the accident (typically within 18 months) and before the recipient's coverage ends

- b. Oral Surgery benefits include:
 - 1. excision of cysts, tumors, and other lesions of the mouth;
 - 2. surgery involving cheeks, lips, tongue, hard and floor of mouth;
 - 3. procedures involving the jaw, including treatment of fractures, oral surgery, including extraction of teeth, necessitated because of medical treatment (i.e. radiation treatment to head/face) may be covered.
- c. Hospital coverage for dental surgery:
 - 1. Benefits are provided for hospital and ambulatory surgical center services for care related to dental surgery when it is necessary for the care to be received in a hospital setting:
 - (a) Complex oral procedures with a greater than average incidence of serious complications, such as excessive bleeding or airway obstruction;
 - (b) Concomitant, systemic conditions for which the recipient is under current medical management and which are not in optimum control, thereby increasing risks;
 - (c) Mental illness, mental retardation, or behavioral problems, of a severity that precludes management in an office setting;
 - (d) Dental extractions or restorations for recipients less than nine years of age.
- d. Temporomandibular Joint (TMJ) Dysfunction
 - 1. Benefits include office visits and diagnostic tests to establish the diagnosis of TMJ dysfunction in addition to surgical correction of TMJ dysfunction, and appliance therapy for TMJ dysfunction resulting solely from accidental means.
 - 2. Benefits for TMJ appliance therapy are limited to cases where the TMJ dysfunction has been diagnosed as solely resulting from accidental means, as certified by the attending practitioner. The accident must have occurred while the recipient was covered under NC Health Choice and all accident-related care must be completed within 18 months of the accident and before the recipient's coverage ends. Refer to **Subsection 5.1**.

4.0 When the Procedure, Product, or Service Is Not Covered

4.1 General Criteria

Procedures, products, and services related to this policy are not covered when

- a. the recipient does not meet the eligibility requirements listed in **Section 2.0**;
- b. the recipient does not meet the medical necessity criteria listed in **Section 3.0**;

- c. the procedure, product, or service unnecessarily duplicates another provider's procedure, product, or service; or
- d. the procedure, product, or service is experimental or investigational.

4.2 Specific Criteria

- a. Dental and oral surgery services following an accidental injury are not covered for the following:
 - 1. maintenance and replacement of restoration;
 - 2. services intended to restore condition and/or function to beyond that which existed immediately prior to the accident;
 - 3. dental implants even if used for tooth replacement following accidental injury; and
 - 4. tooth or jaw restoration due to injury incurred in the act of chewing, nor damage to or breakage of an appliance not in normal mouth usage at the time of the accident.
- b. Oral surgery benefits are not covered for:
 - 1. Tooth replacement prostheses such as crowns, bridges, dental implants, and dentures
 - 2. Orthodontic treatment
 - 3. Dental extractions whether impacted or non-impacted through June 30, 2009. Effective July 1, 2009 benefits are specifically excluded for extraction of impacted teeth and for extraction of wisdom teeth regardless of the reason, but other extractions are covered.
 - 4. Apicoectomies
 - 5. Root canal therapy through June 30, 2009. Effective July 1, 2009 root canal therapy for permanent anterior teeth and permanent first molars is covered when medically necessary, but benefits are excluded for root canal therapy of any other teeth.
 - 6. Removal of root tips through June 30, 2009. Effective July 1, 2009 removal of root tips is covered when medically necessary.
 - 7. Treatment of gingivitis
 - 8. Gingivitis
 - 9. Surgical procedures for diseased gingiva or other periodontal surgeries
 - 10. Vestibuloplasties, alveoloplasties, and removal of exostosis and tori preparatory to fitting of dentures
 - 11. Removal of cysts incidental to apicoectomies or extraction of teeth
 - 12. Other procedures involving teeth and the bones or tissue supporting structure
 - 13. These exclusions (other than that for orthodontic treatment) also apply to any orthognathic procedures.

- c. TMJ treatment is not covered for the following:
 - 1. appliance therapy when the TMJ dysfunction did not result solely from accidental means. Refer to **Subsection 3.2.d 2**;
 - 2. when the accident occurred during a time when the recipient was not covered under NC Health Choice;
 - 3. all accident- related care was not completed within a reasonable period of time following the accident (typically within 18 months) and before the recipient's coverage ended; or.
 - 4. Total temporomandibular joint replacement with the TMJ Fossa-Eminence/Condylar Prosthesis System and partial temporomandibular joint replacement with the TMJ Fossa-Eminence Prosthesis. At the present time, there is insufficient evidence in the published medical literature to demonstrate the safety, efficacy, and long-term outcomes of these procedures. They are therefore considered investigational.
- d. Hospitalization and general anesthesia are not covered for multiple extractions in preparation for dentures or for removal of impacted teeth that can be, and generally are, done as staged office procedures.
- e. Benefits are not covered for, or in connection with, any dental work or dental treatment except to the extent that such work is specifically provided for under the program.

5.0 Requirements for and Limitations on Coverage

5.1 Prior Approval

Prior approval is required for TMJ appliance therapy and for certain oral surgery services including developmental and congenital orthognathic surgery procedures.

5.2 Limitations

- a. Accident benefits for restoration of existing mouth appliances such as bridges and dentures are limited to repair of the appliance, unless the appliance is certified as damaged beyond repair.
- b. Accident benefits are limited to the original restoration. Refer to **Subsection 4.2 a.1**.
- c. If personalized restorations or specialized techniques are used in lieu of standard procedures that would be covered under the program, benefits are limited to the allowed fee for the standard procedure(s).

6.0 Providers Eligible to Bill for the Procedure, Product, or Service

To be eligible to bill for procedures, products, and services related to this policy, providers shall

- a. meet NCHC qualifications for participation;
- b. be currently enrolled with NCHC; **AND**

- c. bill only for procedures, products, and services that are within the scope of their clinical practice, as defined by the appropriate licensing entity.

7.0 Additional Requirements

7.1 Compliance

Providers must comply with all applicable federal, state, and local laws and regulations, including the Health Insurance Portability and Accountability Act (HIPAA) and record retention requirements.

8.0 Policy Implementation/Revision Information

Original Effective Date: July 1, 2010

Revision Information:

Date	Section Revised	Change
July 1, 2010	Throughout	Policy Conversion: Implementation of Session Law 2009-451, Section 10.32 “NC HEALTH CHOICE/PROCEDURES FOR CHANGING MEDICAL POLICY.”
June 14, 2012	Throughout	Policy Termination

Attachment A: Claims-Related Information

Reimbursement requires compliance with all NCHC guidelines.

A. Claim Type

Professional (CMS-1500/837P transaction)

Dental (2006 ADA Claim Form/837D transaction)

Institutional (UB-04/837I transaction)

B. Diagnosis Codes

Providers must bill the ICD-9-CM diagnosis codes(s) to the highest level of specificity that supports medical necessity.

C. Procedure Code(s)

Applicable CPT or ADA codes.

D. Modifiers

Providers are required to follow applicable modifier guidelines.

E. Billing Units

The appropriate procedure code(s) used determines the billing unit(s).

F. Place of Service

Office, Outpatient Hospital, Inpatient Hospital

G. Co-payments

Co-payment(s) may apply to covered prescription drugs and services.

H. Reimbursement

Providers must bill their usual and customary charges.