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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 dental benefits in excess of what Medicare covers in the form of a Supplemental Dental Benefit Option. Because this additional benefit does result in additional premium payment, some members may opt to purchase this supplemental benefit, and some may not. Dental eligibility will need to be confirmed on a case-by-case basis. ***Note:*** *Even if the member has purchased this supplemental Dental Benefit Option, dental procedures eligible for coverage are limited. They are also restricted to specific preventive services, such as cleanings, routine dental exams, and dental x-rays, and exclude other services, such as the use of fluoride.********

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 (LCAs)
Medicare Dental Coverage Overview: "Items and services in connection with the care, treatment, filling, removal, or replacement of teeth or structures directly supporting the teeth are not 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)* "Coverage is not determined by the value or the necessity of the dental care but by the type of service provided and the anatomical structure on which the procedure is performed." *(CMS Medicare Dental Coverage page)*	
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 15 - Covered Medical and Other Health Services, §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 (LCAs)
	(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 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 or oral examinations performed in a rural health clinic (RHC) or a federally qualified health center (FQHC) prior to a heart valve replacement	CMS Medicare Dental Coverage Webpage
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)*

Service/Item (in alphabetical order)	CMS Coverage Manuals, National Coverage Determinations (NCDs), and Noridian Healthcare Solutions (Noridian) Local Coverage Determinations (LCDs) and Articles (LCAs)
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 primary and secondary non-covered dental services.)
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 (Note: This is specific to the* extraction *only. This reference does not provide coverage for the* replacement *of teeth following radiation.)	Medicare Benefit Policy Manual, Chapter 15 - Covered Medical and Other Health Services *See Section 150 in the following link:* §150 - Dental Services
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

Service/Item (in alphabetical order)	CMS Coverage Manuals, National Coverage Determinations (NCDs), and Noridian Healthcare Solutions (Noridian) Local Coverage Determinations (LCDs) and Articles (LCAs)
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. Note, coverage for inpatient hospital services would fall under Part A ***medical*** benefits. Benefits would not be considered under the supplemental ***Dental*** Benefit.
Pathologist services	"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 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.

Service/Item (in alphabetical order)	CMS Coverage Manuals, National Coverage Determinations (NCDs), and Noridian Healthcare Solutions (Noridian) Local Coverage Determinations (LCDs) and Articles (LCAs)
	• 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.
Radiologist services	"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 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 radiologist services would be covered as well; • If the primary procedure is a NON-COVERED dental service under the health plan, then the radiologist 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 (LCAs)
Dental Implants	"The following two categories of services are excluded from coverage: **Services Excluded under Part B** "A primary service (regardless of cause or complexity) provided for the care, treatment, removal, **or replacement** of teeth or structures directly supporting teeth, e.g., preparation of the mouth for dentures, removal of diseased teeth in an infected jaw. "A secondary service that is related to the teeth or structures directly supporting the teeth unless it is incident to and an integral part of a covered primary service that is necessary to treat a non-dental condition (e.g., tumor removal) and it is performed at the same time as the covered primary service and by the same physician/dentist. In those cases in which these requirements are met and the secondary services are covered, ***Medicare does not make payment for the cost of dental appliances****, such as dentures,* ***even though the covered service resulted in the need for the teeth to be replaced, the cost of preparing the mouth for dentures, or the cost of directly repairing teeth or structures directly supporting teeth*** (e.g., alveolar process)." *(CMS Medicare Dental Coverage page)* **Note:** "*Coverage is not determined by the value or the necessity of the dental care but by the type of service provided and the anatomical structure on which the procedure is performed.*" *(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

Service/Item (in alphabetical order)	CMS Coverage Manuals, National Coverage Determinations (NCDs), and Noridian Healthcare Solutions (Noridian) Local Coverage Determinations (LCDs) and Articles (LCAs)
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)* "***Coverage is not determined by the value or the necessity of the dental care but by the type of service provided and the anatomical structure on which the procedure is performed.***" *(CMS Medicare Dental Coverage page)*
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 impacted tooth	Medicare Benefit Policy Manual, Chapter 15 - Covered Medical and Other Health Services *See Section 150 in the following link:* §150 - Dental Services
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	**Statutory Dental Exclusion** Section 1862 (a)(12) of the Social Security Act states, "where such expenses are for services in connection with the care, treatment, filling, removal, or replacement of teeth or structures directly supporting teeth, ***except that payment may be made under part A in the case of inpatient hospital services*** in connection with the provision of such dental

Service/Item (in alphabetical order)	CMS Coverage Manuals, National Coverage Determinations (NCDs), and Noridian Healthcare Solutions (Noridian) Local Coverage Determinations (LCDs) and Articles (LCAs)
	services if the individual, because of his underlying medical condition and clinical status or because of the severity of the dental procedure, requires hospitalization in connection with the provision of such services." *(CMS Medicare Dental Coverage page)* While the Medicare dental exclusion includes a provision for potential coverage of ***inpatient*** hospital services under ***Part A***, this provision does not extend to outpatient hospital services under Part B. Therefore, outpatient hospital services for dental procedures are not covered, regardless of whether the dental service is covered.
Mouth Guard, or Splint Mouth Guard	LCD for Non-Covered Services (L35008)
Night guard	LCD for Non-Covered Services (L35008)
Non-covered procedure or service performed by a dentist incident to AND integral to a covered procedure or service	Medicare Benefit Policy Manual, Chapter 15 - Covered Medical and Other Health Services *See Section 150 in the following link:* §150 - Dental Services
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*	LCA for Routine Dental Services - R1 (A52977) **Reminder:** Medicare Advantage member contracts may provide limited supplemental coverage for some dental services, and such Evidence of Coverage (EOC) language has

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	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 LCA 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

Temporomandibular Joint (TMJ) Surgical Interventions, Surgery, Policy No. M-122

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

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.*