



A nonprofit corporation and independent licensee
of the Blue Cross and Blue Shield Association

Blue Cross Blue Shield of Michigan Medical Policy

These documents are not used to determine benefits or reimbursement. Please reference the appropriate certificate or contract for benefit information.

Enterprise: Blue Cross Blue Shield of Michigan
Department: Medical Affairs
Effective Date: 01/01/2014
Next Review Date: 3rd Quarter 2022

Dental Medical - Surgical Treatment

Background:

The Blue Cross Blue Shield of Michigan (BCBSM) Dental programs are intended to cover the diagnosis and treatment of the teeth, supporting structures of the teeth which include the alveolar bone and surrounding soft tissues of the mandible and maxilla, and restoration of the dentition.

The Blue Cross Blue Shield of Michigan (BCBSM) Policy on Dental Medical – Surgical Treatment, is NOT a BCBSM Dental Program and dental services are typically not covered as a medical-surgical benefit. However, dental services and surgeries which are “dental in nature” (i.e., restoration and extraction of teeth) may qualify for payment as a medical-surgical benefit if specific criteria are met. These services are performed primarily by dentists and oral surgeons **in conjunction** with procedures that primarily involve the diagnosis and treatment of conditions affecting the teeth and their supporting structures. Additionally, dental services do not become eligible for medical coverage by being performed prior to a covered medical or surgical service or because of a medical condition or lack of dental benefit coverage.

Dental Medical – Surgical Treatment Policy Statement:

Services including routine care, treatment, replacement of structures which directly involve the teeth, support the teeth or the teeth’s supporting structures are generally excluded from coverage under BCBSM medical–surgical benefit plans unless specific criteria are met.

The following is the basic outline of the dental services that are **not** a BCBSM Medical – Surgical benefit, except under specific circumstances as stated below:

Dental Medical-Surgical Treatment

- Procedures covered under the BCBSM Dental benefit unless indicated as covered under the member's benefit
- Extraction of teeth – with the following exceptions:
 - *Prior to therapeutic radiation therapy (5000 cGy or more) for a patient with cancer of the head and neck*
 - *Immediately prior to transplant surgery*
 - *To facilitate care with an impending cardiac surgery, such as artificial cardiac valve replacement*
 - *When a hospitalized member has a dental condition that is adversely affecting a medical condition where the dental treatment (eg tooth extraction) is intended to optimize the treatment of the primary medical problem and to facilitate discharge from the hospital.*
 - *When a member is beginning intravenous bisphosphonate therapy for treatment of solid organ malignancy, metastatic disease, hypercalcemia of malignancy or multiple myeloma. For this indication, removal of bony prominences (tori and exostoses) may also be included.*
- When associated with extractions, endodontic or periodontal treatment, radicular cyst, periapical curettage, and soft tissue biopsies are included in the allowed amount for the procedure and are not covered as a separate benefit under the dental benefit or the medical/surgical benefit.
 - *When the cyst is primary or otherwise associated with teeth (for example, a dentigerous cyst), biopsy is payable under the medical-surgical benefit*
 - *Documentation (pathology reports, diagnostic copy of imaging) is required for reimbursement*
- Dentoalveolar surgery (preprosthetic services, bone and soft tissue grafting, excision or revision of hard and soft tissues, etc.) except for congenital alveolar cleft, lip and palate management
- Endodontic treatment (root canals, root resections, apical surgeries, etc.)
- Periodontal treatment (scaling, root planing, bone and soft tissue grafting, etc.)
- Orthodontic treatment (insertion or attachment of orthodontic appliances: including “braces”, expanders, bionators, “Invisalign” appliances, tooth extraction, or exposure of impacted teeth that support the orthodontic treatment)
- Prosthodontic treatment (comprehensive restorative care, dentures, partial dentures, fixed bridge work and implant supported dental prosthesis, etc.) with the following exception: Fabrication and placement of an obturator for a congenital or ablative defect of the alveolus that includes removal of the basal bone.

Dental Medical-Surgical Treatment

- Routine dental care (examination, dental x-rays, periodontal charting, dental prophylaxis, sealants, and fluoride application, etc.)
- Restorative dental treatment (dental restorative fillings using any material, crown and bridge, fixed and removable prosthetics, etc)
- Dental implant(s) (also referred to as bone stabilizer surgery) and related services including:
 - Radiographic planning guides, diagnostic or follow-up Cone Beam CT (CBCT) diagnostic imaging, surgical guides
 - Removal of a dental implant
 - Hard and soft tissue preparation procedures: (including but not limited to):
 - repair and maintenance of implants and surrounding tissue
 - extraction site “socket” preservation
 - bone reconstruction/replacement grafting to the dental alveolus for future implant placement
 - sinus floor augmentation or sinus lift surgery
 - soft tissue grafts
 - guided tissue regeneration procedures
 - associated include material supplies: (including but not limited too)
 - allograft materials
 - procedures for harvesting of any autograft
 - bone regenerative materials (e.g. Emdogain, Infuse, GEM-21)
 - blood collection procedures for generation of grafting augmentation and support (e.g., a-PRF and i-PRF, PRP)
 - membranes and materials to support the grafting (resorbable collagen based, non-resorbable synthetic, Titanium mesh and custom generated Titanium frames.
- Irreversible dental services performed for diagnosis and/or treatment of temporomandibular joint (jaw joint) dysfunction except:
 - *Surgery directly to the temporomandibular joint (jaw joint).*
 - *Arthroscopic evaluation arthrocentesis, therapeutic lavage and medication injections to the TMJ area*

Dental Medical-Surgical Treatment

- Reversible dental services performed for diagnosis and/or treatment of temporomandibular joint (jaw joint) dysfunction except:
 - *Diagnostic radiographs:*
 - *A standard workup would include panoramic radiography to evaluate the bone structure, teeth, sinuses and TMJ shape.*
 - *Additional imaging studies in patients who may have anatomic abnormalities that can complicate diagnosis (e.g.: abnormal panoramic jaw radiograph, changes in the mandibular condyle or glenoid fossa morphology or position, degenerative changes, atypical physical exam findings, abnormal cranial nerve exam, or history of TMJ surgery may include:*
 - *medical grade maxillofacial CT scans and*
 - *MRI of the TMJ area.*
 - *Excludes digital motion x-rays including TMJ arthrography*
 - *Excludes Cone Beam CT imaging (CBCT)*
 - *Physical therapy*
 - *Reversible appliance therapy*
- Cosmetic surgery for congenital deformities of the teeth

Inclusions:

Services that are part of the member's benefit design and when required criteria are met. (Some groups have specifically opted to have certain specific primarily dental procedures covered under their medical-surgical benefit).

Coverage for dental conditions secondary to medical conditions may be covered subject to benefit design.

As noted above, extraction of teeth (generally considered as a dental service) may be considered as a benefit under the medical/surgical policy when:

- *A hospitalized patient has a dental condition that is adversely impacting a medical condition, preventing discharge, and/or requiring that the dental treatment be performed in a hospital setting to treat the medical condition. Additionally, to be a covered benefit, the correction of the dental condition must be intended to improve the medical condition.*
- *Also, prophylactic extraction of teeth may be considered as a medical/surgical procedure:*

Dental Medical-Surgical Treatment

- *Prior to therapeutic radiation therapy (5000 cGy or more) for a patient with cancer of the head and neck*
- *Immediately prior to organ transplant surgery*
- *Prior to impending cardiac surgery, such as artificial cardiac valve replacement*
- *Beginning intravenous bisphosphonate therapy for treatment of solid organ malignancy, metastatic disease, hypercalcemia of malignancy or multiple myeloma. For this indication, removal of bony prominences (tori and exostoses) may also be included.*

Services that are part of an accidental dental injury policy

These benefits may become applicable when a patient experiences an external (traumatic) force to the lower half of the face and/or jaws that damages or breaks existing sound natural teeth, and the supporting periodontal structures or bone. This does not include trauma by self-inflicted external force (e.g., suicide attempt) or secondary to chewing, clenching or grinding, or loss of teeth unrelated to the trauma. Repair of those injuries that are payable under the medical-surgical benefit must be completed within six (6) months of the accidental injury.

Facility Based Issues:

Facility charges are part of the medical-surgical benefit when associated with approved dental procedures if circumstances prevent the dental procedures from being performed in an office setting. These circumstances include the following:

- A member is admitted to the hospital as an inpatient with a medical condition that is being negatively impacted by a dental condition and treatment of the dental condition is medically necessary to optimize the treatment of the primary medical problem **and** to facilitate discharge from the hospital.
- A member requires dental services and meets the selection criteria set forth in the BCBSM Policy for Dental Anesthesia and/or as specified in the plan documents. **(Reference attached appendix for Dental Anesthesia criteria)**

Exclusions:

- Intravenous sedation administered in the provider's office administered by the treating provider. However, anesthesia administered for approved services by a

licensed anesthesiologist or CRNA is covered. Facility charges are not covered in the dental office setting. If the facility is an accredited outpatient facility by the AAAHC, then consideration for facility charges may apply with appropriate documentation provided.

- Patients with situational anxiety and/or stable chronic medical conditions do not satisfy the above criteria.

When dental procedures performed in a facility-based setting where facility charges and anesthesia charges are covered under the medical-surgical benefit, the specific dental procedures being performed are not covered under the medical-surgical benefit.

Note: Contract and group coverage may vary. Please check individual contract, certificate and rider for specific coverage information.

Scope:

This policy applies to all underwritten contracts; and, self-funded or ASC contracts, pending customer approval.

BCBSM Policy History

Policy Effective Date	BCBSM Signature Date	Comments
1/1/2014	05/05/14	BCBSM medical policy established
1/1/2014	10/29/15	Policy revised
1/1/2014	11/16/16	Minor updates
1/1/2014	09/27/17	Minor updates
1/1/2014	11/20/2018	Verbiage and links updated, no changes to the intent of the policy.
1/1/2014	9/24/2019	Annual review/No suggested changes
1/1/2014	11/5/2020	Routine maintenance- links added
1/1/2014	11/11/2021	Policy revised, links updated

References:

1. Blue Cross Blue Shield of Michigan, *Dental Care News*, p 3, Follow these guidelines when billing for bone grafts, published October 2002.
2. Blue Cross Blue Shield of Michigan, *Dental Care News*, p 2, Use CPT code *00170 to bill general anesthesia, published July 2003.

3. Blue Cross Blue Shield of Michigan, *Dental Care News*, p 2, BCBSM covers dental implants used to reconstruct the mandible, published July 2003.
4. Blue Cross Blue Shield of Michigan, *Dental Care News*, p 2, Follow these guidelines for billing dental services under medical-surgical benefits, published January 2004.
5. Blue Cross Blue Shield of Michigan, *Dental Care News*, p. 1, Bill accident claims under medical coverage for most groups, published April 2006
6. Blue Cross Blue Shield of Michigan, *Dental Care News*, p. 4, General anesthesia approved for children 6 and younger based on age alone, published April 2006
7. Blue Cross Blue Shield of Michigan, *Dental Care News*, p. 4, Criteria detailed for general anesthesia, IV sedation, published April 2006
8. Blue Cross Blue Shield of Michigan, *Dental Care News*, p 1, Preapproval not required for accident claims, published July 2006.
9. Blue Cross Blue Shield of Michigan, *Dental Care News*, p 2, Prophylactic tooth extractions payable as medical-surgical benefits, published October 2007.
10. Blue Cross Blue Shield of Michigan, *Dental Care News*, pp.3-4, Dental services may qualify for payment as medical-surgical benefit, published January 2008.
11. Blue Cross Blue Shield of Michigan, *Dental Care News*, p. 2, Dental with medical cost share April 2012
12. Blue Cross Blue Shield of Michigan, *The Record*, Michigan to consolidate MICHild medical, pharmacy and vision coverage into MICHild plans operating as HMOs; Blue DentalSM MICHild members to transition to other dental plans, August 2013
13. Blue Cross Blue Shield of Michigan, *Dental Care News*, How to handle Blue DentalSM, September 2013
14. Center for Medicare and Medicaid Services (CMS), "Dental Care", available at <https://www.medicare.gov/medicaid/benefits/dental/index.html> Last accessed: October 2021, or <https://www.cms.gov/Medicare/Coverage/MedicareDentalCoverage/index.html?redirect=/MedicareDentalCoverage/> Last accessed: October 2021
15. Blue Cross Blue Shield of Michigan, *The Record*,Reminder: Dental medical-surgical coverage guidelines, July 2014
16. Blue Cross Blue Shield of Michigan, *Dental Care News*, Reminder: Dental medical-surgical coverage guidelines, August 2014
17. Blue Cross Blue Shield of Michigan, *The Record*, Board certification and accreditation required for TRUST providers performing sleep studies and polysomnography, January 2015
18. Blue Cross Blue Shield of Michigan, *The Record*, Dental services may qualify for payment as medical-surgical benefit, May 2015
19. Current BCBSM Guide for Dental Care Providers <http://www.secure-xchange.com>
20. Blue Cross Blue Shield of Michigan, *The Record*, Documentation guidelines updated for physical therapy services, July 2015
21. Blue Cross Blue Shield of Michigan, *The Record*, Coding corner update: Improve medical record documentation by using accurate diagnosis codes, September 2015
22. Blue Cross Blue Shield of Michigan, *The Record*, Progress notes for grafting services for dentist and oral surgeons required, September 2015

Dental Medical-Surgical Treatment

23. Blue Cross Blue Shield of Michigan, *The Record*, Can health care providers treat themselves or family members, September 2015
24. Blue Cross Blue Shield of Michigan, *The Record*, Bill FEP dental anesthesia codes on one line, June 2016
25. Blue Cross Shield of Michigan, *The Record*, Select procedures no longer need preauthorization, June 2016
26. Blue Cross Shield of Michigan, *The Record*, Reminder Procedure code E0485 not covered beginning, July 2016
27. Blue Cross Shield of Michigan, *The Record*, Use *Medical Record Routing Form* as cover sheet when sending medical records to Blue Cross, August 2016
28. Blue Cross Shield of Michigan, *The Record*, Board certification and accreditation required for providers performing sleep studies and polysomnography, August 2016
29. Blue Cross Shield of Michigan, *The Record*, Blue Cross to update McKesson ClaimsXen™ January 2017, November 2016
30. Blue Cross Blue Shield of Michigan, *The Record*, We'll monitor use of 2 frequently misused E&M codes, November 2016
31. Blue Cross Blue Shield of Michigan, *The Record*, Billing chart: Blues highlight medical, benefit policy changes, November 2016

Appendix

Dental Anesthesia Criteria:

For anesthesia services during a dental procedure to be eligible for separate reimbursement, the anesthesia must be rendered by a provider **other than** the provider (such as an anesthetist), performing the dental service itself. All facility charges incurred in association with the anesthesia charges are covered under the medical/surgical benefit if any **ONE** the following criteria are met.

- For children under age seven (i.e., through the end of the sixth year)
- For older patients (over the age of seven), consider the extent of the procedures required. At a minimum, the patient should require:
 - A total of six or more teeth to be extracted, **or**
 - Other procedures that must be performed in two or more quadrants of the mouth on the same date of service.

In addition, for patients over the age of seven, **one** of the following conditions must exist:

- A concurrent hazardous medical or behavioral condition that creates a documented medical necessity for performing the procedure in a facility using general anesthesia or sedation. These conditions may include, but are not limited to, labile hypertension, severe cerebral palsy and/or spasticity, morbid obesity, severe autism, movement disorders, etc. Note: A history of chronic diabetes mellitus is *not* considered a concurrent hazardous medical condition under the above criteria.
- Significant cellulitis or swelling and associated trismus (a sustained spasm of the jaw muscles, characteristic of the early stages of tetanus) that does not allow the use of local anesthesia.
- Extensive orofacial and/or dental trauma for which treatment under local anesthesia would be ineffective or compromised.

Dental Medical - Surgical Treatment Scenarios

Location	Situation	Medical/Surgical Benefit			Dental Benefit	
		Dental services charge	Facility charge	Anesthesia charge	Dental services charge	Anesthesia charge
Inpatient	Dental condition negatively impacting medical condition	Yes	Yes	Yes	No	No
Inpatient or outpatient	Medically compromised condition that prevents treatment in office	No	Yes	Yes	Yes	No
Outpatient	Meets anesthesia criteria under 7	No	Yes ⁴	Yes ⁴	Yes	No
Outpatient	Meets anesthesia criteria over 7	No	Yes ⁴	Yes ⁴	Yes	No
Office	Meets dental program criteria for general anesthesia, IV sedation	No	N/A	No	Yes ¹	Yes
Office, inpatient or outpatient	Prophylactic dental extractions before ionizing radiation, cardiac valve replacement, organ transplant surgery, Beginning IV bisphosphonate	Yes	Yes	Yes ²	No	No
Office, ER, inpatient or outpatient	Accidental dental injury	Yes ⁵	Yes	Yes	No	No
Office	Medical-surgical procedure (not dental)	N/A	N/A	Yes ³	N/A	N/A

¹Anesthesia by provider covered if meets Dental program anesthesia criteria

²Group specific. Check PARS, web-DENIS or Provider Inquiry.

³Anesthesia is payable to surgeon if procedure codes 99143 through 99145 (appended with modifier 59) are billed with a procedure code **not** in CPT Appendix G or with a D dental code or 41899 (unless certificate covers extraction of teeth).

⁴Anesthesia by anesthesiologist or CRNA is payable. Facility charges are not payable if anesthesia is performed in the office setting.

⁵Meets criteria for accidental dental injury and treatment completed within 6 months