10. Dental Services

- Dental Services for adult coverage include the following: A.
- Preventative services include:
 - Prophylaxis (1 per 6 months per member, per provider), preventive resin restoration, application of caries arresting medicament (two times per tooth within six months).
- Restorations include:
 - Amalgam (once per tooth per 12 months per member), resin-based composite (once per tooth per 12 months per member), resin-based composite crown indirect (1 per 5 years), interim crown (1 per 5 years), re-cement or re-bond crown (1 per 5 years), prefabricated crowns (1 per 5 years), tooth pin retention (permanent molars only. 1 per tooth per date of service and 2 per lifetime per member), resin infiltration of lesion (2 per tooth per lifetime), complete and partial dentures including interim dentures (5 years per member per provider), Denture missing or broken teeth replacement (each tooth – 1 per 12 months), denture repairs (1 per 12 months), implants (prior authorization required - once per tooth per lifetime), bridges (1 per 5 years).
- Endodontics
 - Root canal therapy (1 per tooth per lifetime), retreat root canal (1 per tooth per lifetime), apexification/recalcification (1 per tooth per lifetime), apicoectomy (1 per tooth per lifetime), retrograde filling (1 per tooth per lifetime).
- Diagnostic clinical oral examination
 - Periodic oral evaluation (1 per 6 months), comprehensive oral evaluation (1 per 12 months), detailed and extensive oral evaluation, re-evaluations, comprehensive periodontal evaluation.
- Diagnostic Imaging
 - Intraoral complete series (1 per 24 months), intraoral-periapical (14 per 12 months), bitewings (4 films per 12 months, panoramic film (1 per 12 months), cephalometric film (1 per 24 months).
- **Emergent Services**
 - Limited oral evaluation, palliative treatment of dental pain (1 per date of service)
- Surgical
 - Gingivectomy/gingivoplasty (requires prior authorization), crown lengthen hard tissue (1 per tooth/quadrant per lifetime), bone replacement graft (1 per site per lifetime), guided tissue regeneration (1 per 36 months), pedicle, autogenous, and soft tissue grafts (1 per area per lifetime), extractions including erupted or exposed tooth, impacted tooth, residual tooth roots, and coronal remnants (1 per lifetime per tooth), coronectomy (1 per lifetime per tooth), oroantral fistula closure, exposure of unerupted tooth, tooth re-implantation, alveoplasty, excision of benign soft tissue lesion, removal of lateral exostosis, removal of torus palatinus (1 per lifetime), incision & drainage of abscess, removal of foreign body, suture of recent small wound, buccal/labial frenectomy (2 per date of service), frenectomy (2 per date of service).
- Substance abuse counseling
 - Counseling for high-risk substance use (1 per 6 months).
- Non-Surgical periodontal service
 - Periodontal scaling and root planning (requires prior authorization), full mouth debridement, localized delivery antimicrobial agents (prior authorization), periodontal maintenance procedures
- Maxillofacial Prosthetics
 - Nasal prosthesis, auricular prosthesis, facial prosthesis, obturator (temporary and permanent), mandibular resection prosthesis, speech aid prosthesis, palatal augmentation prosthesis, palatal lift prosthesis, oral surgical splint, unlisted maxillofacial prosthetic procedure (requires prepayment review).
- Temporomandibular Joint Dysfunctions Management
 - Occlusal orthotic device (requires prior authorization, 1 per lifetime)
- Anesthesia and Sedation
 - Deep sedation/general anesthesia (maximum of four times per date of service), analgesia intravenous moderate (conscious) sedation/analgesia, non-intravenous (conscious) sedation
- Professional Visits
 - Extended care facilities/house calls, hospital calls
- Miscellaneous Services
 - Occlusal guard hard appliance, full and partial arch (1 per 2 years), occlusal guard soft appliance, full arch (1 per 2 years), unscheduled dressing change, splint intra and extra-coronal
- B. Out-of-Hospital Dental Services

Oral and maxillofacial surgeries performed in outpatient hospital, ambulatory surgical centers, qualified oral surgeon office/facility may be covered for adults with disabilities based on diagnosis, medical necessity, and prior authorizations as required.

C. In-Hospital Care

> In-hospital care for oral surgery and maxillofacial surgery for adults is only covered for medical emergencies when medically necessary.

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D. Oral Surgery

Panoramic radiograph image (1 per 12 months), apicoectomy (1 per tooth per lifetime), extractions and surgical removal of coronal remnants, erupted tooth, impacted tooth or exposed/residual root including removal bone and/or sectioning of tooth, and including elevation of mucoperiosteal flap if indicated (1 per lifetime per tooth), oroantral fistula closure, tooth re-implantation and/or stabilization of accidentally evulsed or displaced tooth, surgical access of an unerupted tooth (requires prepayment review, incisional biopsy of oral tissue, alveoloplasty in conjunction with extractions, excision of benign lesion removal of lateral exostosis, removal of torus palatinus (1 per lifetime), removal of torus mandibularis (1 per lifetime), incision and drainage of intra and extraoral abscess, removal of foreign body, partial ostectomy/sequestrectomy for removal of non-vital bone, occlusal orthotic device, by report (requires prior authorization - 1 per lifetime), suture of recent small wounds up to 5 cm, buccal/labial frenectomy, lingual frenectomy, palliative (emergency) treatment of dental pain (1 per date of service), deep sedation/general anesthesia 15 minute increments (4 per date of service) and each subsequent 15 minutes (4 per date of service). inhalation of nitrous oxide/analgesia, anxiolysis intravenous moderate (conscious) sedation/analgesia 15-minute increment and each subsequent 15-minute increments, non-intravenous (conscious) sedation, house/extended care facility call, hospital or surgical center call, therapeutic parenteral drug, single administration

- Dental services expanded to adult population January 1, 2023
- Limits may be exceeded based upon emergencies and medical necessity with prior authorization and DMS review.

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- Emergent Services
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TN No.: <u>22-006</u> Supersedes TN No.: <u>92-14</u> Approval Date: 6/13/23 Effective Date: 1/1/23

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D. Oral Surgery

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