

CHAMPVA POLICY MANUAL

CHAPTER: 2
SECTION: 5.1
TITLE: ADJUNCTIVE DENTAL CARE

AUTHORITY: 38 CFR 17.272(a)(21)

RELATED AUTHORITY: 32 CFR 199.4(e)(10)

I. EFFECTIVE DATE

October 8, 1986

II. PROCEDURE CODE(S)

HCPCS Level II Codes: D0120, D0140, D0150, D0160, D0210, D0220-D0230, D0240, D0250-D0260, D0270-D0274, D0290, D0310, D0321, D0330, D0340, D0350, D0415, D0470, D0501, D7110-D7120, D7210, D7220, D7230, D7240, D7241, D7250, D7520 and D7960

III. DESCRIPTION

A. Adjunctive dental care is medically necessary **care** in the treatment of an otherwise covered medical (not dental) condition. **It** is an integral part of the treatment of such medical condition and essential to the control of the primary medical condition; or is the result of dental trauma caused by medically necessary treatment of an injury or disease.

IV. POLICY

A. Adjunctive dental care requires prior approval and written preauthorization. Where adjunctive dental care involves a medical (not dental) emergency, authorization will be reviewed retrospectively.

B. Treatment of the following conditions may be covered (not all inclusive):

1. Radiation Therapy for Oral or Facial Cancer.

a. It is generally recognized that certain dental care may be required in preparation for or as a result of in-line radiation therapy for oral or facial cancer.

b. Treatment may include dental restorative procedures, prophylactic care and, when indicated, extraction of affected teeth. Without this necessary care, patients who undergo radiation therapy about the head may be at risk for development of osteonecrosis because their dental needs were not met either prior to or in conjunction with radiation therapy. Dental care may have to be initiated before pre-authorization can be obtained. In that case, the medical documentation will be reviewed retrospectively.

c. Review guidelines - required documentation includes the following.

(1) A medical statement giving the diagnosis, the history of the patient's cancer and the patient's age.

(2) The proposed dental treatment plan.

2. Gingival Hyperplasia.

a. Gingival hyperplasia, or overgrowth of the gingival tissues, occurs frequently in patients who have undergone prolonged medication therapy for a medical condition which necessitates medication therapy such as epilepsy or seizure disorders. The incidence of this problem can be reduced by good oral hygiene and prophylactic gum care. Severe cases of gingival overgrowth may require surgical intervention to reduce the excessive fibrous tissue growth.

b. Review guidelines - required documentation includes the following.

(1) A statement of the nature of the problem including the medical diagnosis, the history of the use of medication for treatment of the condition including the length of time, frequency of use and dosage, the name of the medication and the patient's age. If the history includes previous procedures to reduce gingival hyperplasia, this should be documented.

|| (2) **Treatment plan.** ||

(3) If surgery is indicated, the proposed surgical procedures are required. This will usually be excision of hyperplastic tissue, but in some cases may include free soft tissue grafts.

3. Loss of Jaw Substance.

a. Patients who have suffered loss of jaw substance due to direct trauma to the jaw or due to treatment of neoplasm may require prosthetic replacement of the jaw. This type of problem does not include loss of jaw substance due to dental trauma, reconstruction for ridge atrophy or merely dental alveolar loss.

b. Review guidelines - required documentation includes the following.

(1) A medical statement giving the diagnosis, the history of the trauma or treatment of a neoplasm and the patient's age.

(2) X-ray report.

(3) A detailed description of the prosthetic treatment plan.

4. Intraoral Abscess.

a. For purposes of adjunctive dental care, an intraoral abscess should be considered a medical condition only when it extends beyond the dental alveolus. Abscesses in this category may require immediate attention in an acute phase which would preclude preauthorization.

(1) Abscesses that may be included in this category:

(a) peritonsillar;

(b) submandibular space;

(c) sublingual space;

(d) pterygoid space (distal to the tuberosity);

(e) buccal space;

(f) canine fossa;

(g) parapharyngeal space;

(h) submental space;

(i) submasseteric space; and

(j) soft palate.

(2) Abscesses which are excluded from this category:

(a) dentoalveolar;

(b) gingival or periodontal;

(c) periapical;

(d) pericemental;

(e) pericoronal; and

(f) subperiosteal.

5. Extraoral Abscess. In some cases, it is necessary to incise and treat abscesses extraorally when the infection follows the facial planes. When this occurs, it is considered a medical problem.

D7520 - Incision and drainage of abscess-extraoral.

6. Cellulitis and Osteitis. Elimination of non-local oral infection which is clearly exacerbating and directly affecting a medical condition currently under treatment.

7. Facial Injury Requiring Removal of Teeth or Tooth Fragments.

a. Teeth or tooth fragments may require removal in order to treat and repair facial injury (not dental in nature) resulting from accidental injury. For example, if there is an accidental injury that causes a fracture of the jaw (non-dental condition), and the removal of teeth is necessary to treat that fracture, then the removal of the teeth would be a covered benefit.

b. All types of tooth extractions may be encountered; for example, the removal of an impacted tooth in the line of fracture may be required in order to treat the fracture.

(1) D7110-D7120 - Uncomplicated extractions.

(2) D7210 - Surgical extraction of erupted tooth.

(3) D7220 - Impaction that requires incision of overlying soft tissue and the removal of the tooth.

(4) D7230 - Impaction that requires incision of overlying soft tissue, elevation of a flap, removal of bone and the removal of the tooth.

(5) D7240 - Impaction that requires incision of overlying soft tissue, elevation of a flap, removal of bone and sectioning of the tooth for removal.

(6) D7241 - Impaction that requires incision of overlying soft tissue, elevation of a flap, removal of bone and sectioning of the tooth for removal, or presents unusual difficulties and circumstances.

(7) D7250 - Root recovery (surgical removal of residual root).

8. Myofascial Pain Dysfunction Syndrome. (Also referred to as Temporomandibular Joint Syndrome (TMJ).) This is a condition in which a muscle spasm causes pain in or about the ears, muscle tiredness and slight soreness upon waking, as well as stiffness of the jaw.

a. Treatment of this syndrome may be considered a medical problem only when it involves immediate relief of pain.

b. Emergency treatment for stabilization of the condition is limited to initial radiographs, up to four office visits and the construction of an occlusal splint, if necessary, to relieve pain and discomfort.

c. Treatment beyond four visits, or any repeat episodes of care within a six (6) month period must be documented by the provider of services and medically reviewed by CHAMPVA.

NOTE: Occlusal equilibration and restorative occlusal rehabilitation are specifically excluded for myofascial pain dysfunction syndrome.

9. Total or Complete Ankyloglossia. This condition is commonly known as tongue-tie. It involves the lingual frenum resulting in fixation of the tip of the tongue to the degree that it interferes with swallowing and speech. Surgery for partial ankyloglossia is considered unnecessary, and of no medical value (see [Chapter 2, Section 5.6, Surgery For Tongue-Tie \(Ankyloglossia\)](#)).

D7960 Frenectomy - but only for this diagnosis.

10. Orthodontic Care.

a. Orthodontia treatment under CHAMPVA is a benefit only when directly related to, and an integral part of the medical and surgical correction of a cleft palate or when required in preparation for, or as a result of, trauma to the teeth and supporting structures caused by medically necessary treatment of an injury or disease.

(1) Cleft Palate. The cleft palate patient may have a cleft lip, palate or both, and this condition may be unilateral, bilateral, partial or complete. Depending on the severity or degree of involvement, the cleft palate patient may require adjunctive dental or orthodontic support from birth until the medical/surgical treatment of the cleft has been completed and the dental arches are properly aligned through a combined effort of the surgeon and orthodontist. Treatment may include the fabrication of obturators early in life, and splints at the time of surgical treatment for stabilization of the maxillary fragments as well as the premaxilla. As the arches develop and teeth erupt, orthodontic treatment may be required to establish a functional relationship of the dental arches. When the deformity is severe and function is greatly impaired, obturators and pharyngeal bulb appliances may be required to assure proper nutrition, deglutition and to avoid aspiration of foreign matter during the intake of food.

(2) Iatrogenic Dental Trauma. This patient requires orthodontia in preparation for, or as a result of, trauma to the teeth and supporting structures caused by medically necessary treatment of an injury or disease. There must be a direct cause-effect relationship between the otherwise covered medical treatment and the ensuing dental trauma and the orthodontia must be functionally associated (adjunct) with the treatment of the physician induced trauma.

b. Information for Medical (Dental) Review. The following information must be assembled in order to properly assess the degree of deformity and the extent of loss of function associated with cleft palate.

(1) A detailed medical statement from the attending physician who is responsible for the medical care of the patient. This statement should describe the degree of deformity and the extent of loss of function, the type and extent of medical or surgical care which the patient will require and when that care will be required.

(2) If the patient is of sufficient age to obtain radiographic studies, the following should be obtained:

- (i) cephalometric radiographs with tracings;
- (ii) intraoral full mouth radiographs;
- (iii) diagnostic casts properly oriented; and
- (iv) photographs.

c. Preauthorization.

(1) Preauthorization is required for all orthodontia covered under the program. Initial treatment plans for cleft palate will be approved for a period of time not to exceed 12 months and additional treatment plans will be approved in increments of time not to exceed 6 months. A new request for preauthorization is required at the expiration of each preauthorization. Subsequent to any preauthorization for orthodontia work, treatment must be initiated within 90 days of the preauthorization issue date. If the care is not initiated within this time frame, the preauthorization becomes invalid and a new request for preauthorization must be submitted.

(2) Benefits for cleft palate treatment will be continued only as long as the primary physician requires support of his/her treatment or until the best reasonably attainable results have been achieved by the orthodontist. Once active orthodontic treatment has been completed and the patient is placed in the retention phase of treatment, CHAMPVA benefit payment ends. If the primary physician or dentist subsequently determines that additional orthodontia work is required, a new preauthorization is required.

11. Mercury hypersensitivity. The removal of dental amalgam mercury source may be cost-shared for procedures rendered after April 18, 1983 under the following conditions:

a. independent diagnoses by a physician allergist based upon generally accepted test(s) for mercury hypersensitivity; and

b. contemporary clinical record documentation, which reasonably rules out, sources of mercury exposure other than the dental amalgam.

V. POLICY CONSIDERATIONS

A. In the case of iatrogenic dental trauma, a direct cause-effect relationship must exist between the treatment of the existing disease or injury and the resulting dental trauma. This must be based on sound medical practice and substantiated in current medical literature.

B. The Fraenkel Dental Appliance is categorized as orthodontia and must be denied unless adjunctive to the surgical correction of a cleft palate.

C. Prophylactic dental treatment will only be covered when it is necessary for mitigating the consequences of probable dental trauma resulting from the treatment of a disease or injury; for example, the preparatory extraction of teeth prior to in-line radiation therapy. Appropriate documentation will be submitted to substantiate the necessity of prophylactic dental treatment.

D. Clinical oral examination, radiographs and laboratory tests and examinations may be payable only when necessary in conjunction with the diagnosis and treatment of covered adjunctive dental or oral surgery procedures.

E. There may be times when the preoperative radiographs or diagnostic study models will be requested in order to reach a decision on a claim.

F. Anytime the propriety of a particular radiograph is not justified, the claim will be referred for medical review and judgment.

G. The following oral diagnostic services are presented along with corresponding American Dental Association (ADA) dental procedures and nomenclature codes.

1. Clinical Oral Examinations

- a. D0120 - Periodic oral examination
- b. D0140 – Limited oral evaluation – problem-focused
- c. D0150 – Comprehensive oral evaluation
- d. D0160 – Detailed and extensive oral evaluation – problem-focused,

by report

2. Radiographs

- a. D0210 - Intraoral-complete series (including bitewings)
- b. D0220-D0230 - Intraoral-periapical films

film

- c. D0240 - Intraoral-occlusal film
 - d. D0250-D0260 - Extraoral films
 - e. D0270-D0274 - Bitewings - one to four
 - f. D0290 - Posterior-anterior and lateral skull and facial bone, survey
 - g. D0310 - Sialography
 - h. D0321 - Temporomandibular joint films
 - i. D0330 - Panoramic-maxilla and mandible film
 - j. D0340 - Cephalometric film
3. Tests and Laboratory Examinations
- a. D0350 - Diagnostic photographs
 - b. D0415 - Bacteriologic cultures for determination of pathologic agent
 - c. D0470 - Diagnostic casts (study models)
 - d. D0501 - Histopathologic exam

VI. EXCLUSIONS

A. The treatment of generally poor dental health (dental caries).

B. Dental care which is routine, preventive, restorative, prosthodontic, periodontic or emergency does not qualify as adjunctive dental care except when performed in preparation for or as a result of dental trauma caused by medically necessary treatment of an injury or disease.

C. The adding or modifying of **existing** bridge work and dentures **or the preparation for new bridge work or dentures.**

END OF POLICY