



**Select  
Health**

# Select Health Medical Policies

## Oral Maxillofacial Policies

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## CONE-BEAM COMPUTED TOMOGRAPHY (CBCT) FOR DENTAL CONDITIONS UNDER THE MEDICAL BENEFIT

Policy # 549

Implementation Date: 2/7/14

Review Dates: 3/19/15, 2/11/16, 2/16/17, 2/15/18, 2/11/19, 2/20/20, 2/18/21, 1/12/22, 2/16/23, 2/6/24

Revision Dates:

**Disclaimer:**

1. Policies are subject to change without notice.
2. Policies outline coverage determinations for Select Health Commercial, Select Health Advantage (Medicare/CMS), and Select Health Community Care (Medicaid/CHIP) plans. Refer to the "Policy" section for more information.

### Description

Tooth decay and subsequent repair of the decayed teeth are very common procedures within the dental office setting. As teeth decay, pain, sensitivity, brittleness, and infection can result in substantial morbidity for the patient. Dentists use a variety of techniques to identify and treat tooth decay, plan dental implantation, image cleft palates, diagnose cavities, and evaluate jaw and facial features that may be causing pain, endodontia, and trauma.

Radiographs and other imaging modalities are used to diagnose and monitor oral diseases, as well as to monitor dentofacial development and the progress or prognosis of therapy. Radiographic examinations can be performed using digital imaging or conventional film. The available evidence suggests that either is a suitable diagnostic method. Digital imaging may offer reduced radiation exposure and the advantage of image analysis that may enhance sensitivity and reduce error introduced by subjective analysis.

Cone-beam computed tomography systems (CBCT) are a variation of traditional computed tomography (CT) systems. The CBCT systems used by dental professionals rotate around the patient, capturing data using a cone-shaped X-ray beam. These data are used to reconstruct a three-dimensional (3D) image of the following regions of the patient's anatomy: dental (teeth); oral and maxillofacial region (mouth, jaw and neck); and ears, nose, and throat.

### COMMERCIAL PLAN POLICY/CHIP (CHILDREN'S HEALTH INSURANCE PROGRAM)

Select Health does NOT cover cone-beam computed tomography (CBCT) for the evaluation of dental conditions under the medical benefit. This is considered not medically necessary, given the lack of evidence supporting improved health outcomes, compared to standard/available technologies.

### Select Health Advantage (Medicare/CMS)

Coverage is determined by the Centers for Medicare and Medicaid Services (CMS); if a coverage determination has not been adopted by CMS, and InterQual criteria are not available, the Select Health Commercial policy applies. For the most up-to-date Medicare policies and coverage, please visit their search website <http://www.cms.gov/medicare-coverage-database/overview-and-quick-search.aspx?from2=search1.asp&> or [the manual website](#)



#### Select Health Community Care (Medicaid)

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#### Summary of Medical Information

Three systematic reviews and four peer-reviewed journal articles concerning CBCT for oral uses met inclusion criteria for this report. The conclusions from the systematic reviews accurately state the evidence regarding CBCT in dentistry in that there is a lack of evidence regarding the efficacy of identifying oral/facial abnormalities compared to standard panoramic or lateral cephalometric x-rays due to a lack of head-to-head studies. Questions remain unanswered regarding radiation exposure, and there is a need for more randomized controlled, multicenter trials to demonstrate outcomes-based improvements for patients.

No two primary literature papers examined the same endpoints. Only two of the five papers used comparative imaging (CBCT vs. periapical and CBCT vs. extracted teeth) but none were prospective or randomized.

No studies evaluated radiation exposure compared to standard imaging, and only the study by Roberts et al. addressed radiation exposure, and this evaluated CBCT compared to conventional CT; the conclusion can then be drawn that current evidence regarding CBCT is limited. Due to the methodological limitations of the current body of evidence, few conclusions can be drawn concerning the safety, efficacy, dose, or treatment protocols for this technology (GRADE 2C).

#### Billing/Coding Information

##### CPT CODES

<b>70486</b>	Computed tomography, maxillofacial area; without contrast material (To report 3D rendering, see 76376, 76377)
<b>76376</b>	3D rendering with interpretation and reporting of computed tomography, magnetic resonance imaging, ultrasound, or other tomographic modality; not requiring image post processing on an independent workstation
<b>76377</b>	; requiring image post processing on an independent workstation
<b>76380</b>	Computed tomography, limited or localized follow-up study
<b>D0364</b>	Cone beam CT capture & interpretation
<b>D0365</b>	Cone beam CT interpretation mandible
<b>D0366</b>	Cone beam CT interpretation maxilla
<b>D0367</b>	Cone beam CT interpretation both jaws
<b>D0368</b>	Cone beam CT interpretation TMJ
<b>D0380</b>	Cone beam CT capture limited
<b>D0381</b>	Cone beam CT capture mandible
<b>D0382</b>	Cone beam CT both jaws
<b>D0384</b>	Cone beam CT capture TMJ

### Cone-Beam Computed Tomography (CBCT) for Dental Conditions Under the Medical Benefit, continued

#### **HCPCS CODES**

No specific codes identified

#### **Key References**

1. Angelopoulos, C., et al., Comparison between digital panoramic radiography and cone-beam computed tomography for the identification of the mandibular canal as part of presurgical dental implant assessment. *J Oral Maxillofac Surg*, 2008. 66(10): p. 2130-5.
2. de Faria Vasconcelos, K., et al., Detection of periodontal bone loss using cone beam CT and intraoral radiography. *Dentomaxillofac Radiol*, 2012. 41(1): p. 64-9.
3. De Vos, W., J. Casselman, and G.R. Swennen, Cone-beam computerized tomography (CBCT) imaging of the oral and maxillofacial region: a systematic review of the literature. *Int J Oral Maxillofac Surg*, 2009. 38(6): p. 609-25.
4. Food and Drug Administration. The Selection of Patients for Dental Radiographic Examinations. 2014 2012 [cited 2014 January 20]; Available from: <http://www.fda.gov/Radiation-EmittingProducts/RadiationEmittingProductsandProcedures/MedicalImaging/MedicalX-Rays/ucm116504.htm>.
5. Food and Drug Administration. Dental Cone-beam Computed Tomography. 2012 August 13, 2012 [cited 2012 November 6]; Available from: <http://www.fda.gov/Radiation-EmittingProducts/RadiationEmittingProductsandProcedures/MedicalImaging/MedicalX-Rays/ucm315011.htm>.
6. Guerrero, M.E., et al. The diagnostic efficacy of cone beam CT for impacted teeth and associated features: a systematic review. *J Oral Rehabil*, 2011. 38(3): p. 208-16.
7. Kajan, Z.D. and M. Taromsari, Value of cone beam CT in detection of dental root fractures. *Dentomaxillofac Radiol*, 2012. 41(1): p. 3-10.
8. Mayo Clinic. Cavities/tooth decay. 2013 April 28, 2011 [cited 2013 November 29]; Available from: <http://www.mayoclinic.com/health/cavities/DS00896/DSECTION=tests-and-diagnosis>.
9. MedicineNet.com. Dental X-Rays (cont.). 2012 [cited 2012 November 5]; Available from: [http://www.medicinenet.com/dental\\_x-rays/article.htm](http://www.medicinenet.com/dental_x-rays/article.htm).
10. Ontario Ministry of Health and Long-term Care. Report of the Diagnostic Imaging Safety Committee for Computed Tomography (CT). 2007 [cited 2012 November 6]; Available from: [http://www.health.gov.on.ca/en/common/ministry/publications/reports/disc\\_ct\\_mri/disc\\_ct\\_mri.aspx](http://www.health.gov.on.ca/en/common/ministry/publications/reports/disc_ct_mri/disc_ct_mri.aspx).
11. Roberts, J.A., et al., Effective dose from cone beam CT examinations in dentistry. *Br J Radiol*, 2009. 82(973): p. 35-40.
12. Scarfe, W.C., A.G. Farman, and P. Sukovic, Clinical applications of cone-beam computed tomography in dental practice. *J Can Dent Assoc*, 2006. 72(1): p. 75-80.
13. Shelley, A., et al., Conventional radiography and cross sectional imaging when planning dental implants in the anterior edentulous mandible to support an overdenture: a systematic review. *Dentomaxillofac Radiol*, 2014.

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## DENTAL ANESTHESIA COVERED UNDER THE MEDICAL BENEFIT

Policy # 652

Implementation Date: 9/16/22

Review Dates: 10/3/23

Revision Dates: 1/18/24, 2/19/24

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2. Policies outline coverage determinations for Select Health Commercial, Select Health Advantage (Medicare/CMS), and Select Health Community Care (Medicaid/CHIP) plans. Refer to the "Policy" section for more information.

### Description

For some dental procedures, a dentist may use a sedative. Sedatives can be administered before or during dental procedures. Sedation may involve gases that are inhaled, pills that are taken, or medicine which is injected. More complex treatments may require deeper sedation to relieve both pain and anxiety. On occasion, general anesthesia may be used to cause a temporary loss of consciousness.

### COMMERCIAL PLAN POLICY/CHIP (CHILDREN'S HEALTH INSURANCE PROGRAM)

Application of coverage criteria is dependent upon an individual's benefit coverage at the time of the request.

#### I. Utah/Idaho/Nevada Based Plans

**A. Select Health considers general anesthesia and monitored anesthesia care (MAC) to be medically necessary for dental or oral maxillofacial surgery (OMS) services, when administered by an anesthesiologist or by a certified registered nurse anesthetist (CRNA), in either the inpatient or outpatient setting, if any of the following criteria are met:**

- 1) The member is a child, up to 6 years old, with a dental condition (such as baby bottle syndrome) that requires repairs of significant complexity (e.g., multiple amalgam and/or resin-based composite restorations, pulpal therapy, extractions, or any combinations of these noted or other dental procedures); or
- 2) Members who exhibit physical, intellectual, or medically compromising conditions, for which dental treatment under local anesthesia, with or without additional adjunctive techniques and modalities, cannot be expected to provide a successful result, and which, under anesthesia, can be expected to produce a superior result. Conditions include, but are not limited to, intellectual disability, autism spectrum disorder, cerebral palsy, epilepsy, cardiac problems, and hyperactivity (verified by appropriate medical documentation); or
- 3) Members who, after other conservative pharmaceutical interventions have been attempted and failed, are extremely uncooperative, fearful, unmanageable, or anxious, or non-verbal members; with dental needs of such magnitude that treatment should not be postponed or deferred, and for whom lack of treatment can be expected to result in dental or oral pain, infection, loss of teeth, or other increased oral or dental morbidity; or
- 4) Members for whom local anesthesia is ineffective, such as anatomic variations or allergies to local anesthesia; or

## Oral Maxillofacial Policies, Continued

### Dental Anesthesia Covered Under the Medical Benefit, continued

- 5) Members who have sustained extensive oral-facial and/or dental trauma, for which treatment under local anesthesia would be ineffective or compromised.

#### II. Colorado Based Plans

##### A. Services including local, regional, general, and/or intravenous sedation anesthesia, are not covered, except when your Dependent child meets the following criteria:

1. Has a physical, mental, or medically compromising condition; or
2. Has dental needs for which local anesthesia is ineffective because of acute infection, anatomic variations, or allergy; or
3. Is an extremely uncooperative, unmanageable, anxious, or uncommunicative child or adolescent with dental needs deemed sufficiently important that dental care cannot be deferred; or
4. Has sustained extensive orofacial and dental trauma.

#### Select Health Advantage (Medicare/CMS)

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#### Select Health Community Care (Medicaid)

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#### Billing/Coding Information

*Covered for the indications listed above when criteria are met*

#### CPT CODES

**00170** Anesthesia for intraoral procedures, including biopsy

#### CDT CODES

**D9210** Local anesthesia not in conjunction with operative or surgical procedures

**D9211** Regional block anesthesia

**D9212** Trigeminal division block anesthesia

**D9215** Local anesthesia in conjunction with operative or surgical procedures

**D9222** Deep sedation/general anesthesia - first 15 minutes

**D9223** Deep sedation/general anesthesia - each subsequent 15 minute increment

**D9230** Inhalation of nitrous oxide/analgesia, anxiolysis

**D9239** Intravenous moderate (conscious) sedation/analgesia - first 15 minutes

**D9243** Intravenous moderate (conscious) sedation/analgesia - each subsequent 15 minute increment

### Dental Anesthesia Covered Under the Medical Benefit, continued

**D9248** Non-intravenous conscious sedation

#### Key References

1. <https://www.mouthhealthy.org/en/az-topics/a/anesthesia-and-sedation>

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## ORTHOGNATHIC SURGERY

Policy # 631

Implementation Date: 6/12/19

Review Dates: 6/16/21, 5/19/22, 6/15/23

Revision Dates: 4/1/22, 4/17/23

Related medical policies:

[#492 Oral Appliances for Sleep Apnea](#)

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2. Policies outline coverage determinations for Select Health Commercial, Select Health Advantage (Medicare/CMS), and Select Health Community Care (Medicaid/CHIP) plans. Refer to the "Policy" section for more information.

### Description

Corrective jaw surgery, also called orthognathic surgery, is performed by oral and maxillofacial surgeons to correct a wide range of minor and major skeletal and dental irregularities, including the misalignment of jaws and teeth. Surgery can improve chewing, speaking, and breathing. While a patient's appearance may be enhanced because of the surgery, the purpose of orthognathic surgery is to correct functional problems.

### COMMERCIAL PLAN POLICY/CHIP (CHILDREN'S HEALTH INSURANCE PROGRAM)

Application of coverage criteria is dependent upon an individual's benefit coverage at the time of the request.

**Select Health considers orthognathic surgery medically necessary** for correction of facial skeletal deformities of the maxilla or mandible when it has been clinically documented that these facial skeletal deformities are contributing to significant masticatory dysfunction or other functional disorders, and where the deformities preclude adequate conservative treatment through dental therapeutics and orthodontics.

Orthognathic surgery is considered medically necessary when both of the following criteria are met (1 and 2):

**1. At least one of the following facial skeletal deformities (A, B, C, or D), and is supported by documentation and medical imaging (cone-beam CT is preferred):**

- A. Anteroposterior discrepancies:
  - i. Maxillary/mandibular incisor relationship: overjet of  $\geq +3$  mm or  $\geq -1$  mm.
- B. Vertical discrepancies (any one of the following):
  - i. Presence of a vertical facial skeletal deformity, which is two or more standard deviations from published norms (as submitted by provider) for accepted skeletal landmarks; **or**
  - ii. Open bite with no vertical overlap of anterior teeth, or unilateral or bilateral posterior open bite greater than 2 mm; **or**
  - iii. Deep overbite with impingement of palatal soft tissue; **or**
  - iv. Supraeruption of a dentoalveolar segment resulting from lack of occlusion when dentition in segment is intact.



### Orthognathic Surgery, continued

- C. Transverse discrepancies (any one of the following):
  - i. Presence of a transverse skeletal discrepancy, which is two or more standard deviations from published norms (as submitted by provider); **or**
  - ii. Total bilateral maxillary palatal cusp to mandibular fossa discrepancy of 4 mm or greater, or a unilateral discrepancy of 3 mm or greater, given normal axial inclination of the posterior teeth; **or**
  - iii. Posterior crossbite on one or both sides.
- D. Asymmetries: anteroposterior, transverse, or lateral asymmetries greater than 3 mm, with concomitant occlusal asymmetry.

#### AND

#### 2. At least one of the following functional impairments is present:

- A. Persistent difficulties with mastication and swallowing after other potential causes (such as neurological or metabolic diseases) have been excluded; **or**
- B. Malnutrition, significant weight loss, or failure-to-thrive, secondary to facial skeletal deformity; **or**
- C. Speech dysfunction, directly related to a jaw deformity, as determined by a speech and language pathologist; **or**
- D. Myofascial pain, secondary to facial skeletal deformity, as determined by a qualified medical professional; **or**
- E. Obstructive sleep apnea, when the following criteria are met; individual has been proven to be intolerant to, or has failed a trial of CPAP, which must be documented.

#### Select Health does NOT cover orthognathic surgery for any for the following indications:

- 1. Correction of temporomandibular joint (TMJ) disease, which SelectHealth considers to be experimental or investigational as effectiveness has not been established.
- 2. Correction of distortions within the sibilant sound class or for other distortions of speech quality (e.g., hyper-nasal or hypo-nasal speech), as these distortions do not cause functional impairment.
- 3. For the sole purpose of improving individual appearance and profile, as this is considered cosmetic, and cosmetic surgery is not covered.

**Select Health considers surgical procedures such as rhinoplasty, genioplasty, or rhytidectomy performed in conjunction with orthognathic surgery for the sole purpose of improving individual appearance and profile to be cosmetic in nature and not medically necessary.** Mentoplasty, or genial osteotomies/ostectomies (chin surgeries), are always considered cosmetic when performed as an isolated procedure to address genial hypoplasia, hypertrophy, or asymmetry; and may be considered cosmetic when performed with other surgical procedures.

#### SELECT HEALTH ADVANTAGE (MEDICARE/CMS)

Coverage is determined by the Centers for Medicare and Medicaid Services (CMS); if a coverage determination has not been adopted by CMS, and InterQual criteria are not available, the Select Health Commercial policy applies. For this policy, specifically, there are no CMS criteria available; therefore, the Select Health Commercial policy or InterQual criteria apply. Select Health applies these requirements after careful review of the evidence that supports the clinical benefits outweigh the clinical risks. For the most up-to-date Medicare policies and coverage, please visit their

### Orthognathic Surgery, continued

search website <http://www.cms.gov/medicare-coverage-database/overview-and-quick-search.aspx?from2=search1.asp&> or [the manual website](#)

#### SELECT HEALTH COMMUNITY CARE (MEDICAID)

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#### Summary of Medical Information

Three systematic reviews and four peer-reviewed journal articles concerning CBCT for oral uses met inclusion criteria for this report. The conclusions from the systematic reviews accurately state the evidence regarding CBCT in dentistry in that there is a lack of evidence regarding the efficacy of identifying oral/facial abnormalities compared to standard panoramic or lateral cephalometric x-rays due to a lack of head-to-head studies. Questions remain unanswered regarding radiation exposure, and there is a need for more randomized controlled, multicenter trials to demonstrate outcomes-based improvements for patients.

No two primary literature papers examined the same endpoints. Only two of the five papers used comparative imaging (CBCT vs. periapical and CBCT vs. extracted teeth) but none were prospective or randomized.

No studies evaluated radiation exposure compared to standard imaging, and only the study by Roberts et al. addressed radiation exposure, and this evaluated CBCT compared to conventional CT; the conclusion can then be drawn that current evidence regarding CBCT is limited. Due to the methodological limitations of the current body of evidence, few conclusions can be drawn concerning the safety, efficacy, dose, or treatment protocols for this technology (GRADE 2C).

#### Billing/Coding Information

##### CPT CODES

21141	Reconstruction midface, Lefort I; single piece, segment movement in any direction (e.g., for Long Face Syndrome), without bone graft
21142	2 pieces, segment movement in any direction, without bone graft
21143	3 or more pieces, segment movement in any direction, without bone graft
21145	single piece, segment movement in any direction, requiring bone grafts (includes obtaining graft)
21146	2 pieces, segment movement in any direction, requiring bone grafts (includes obtaining autografts) (e.g., ungrafted unilateral alveolar cleft)
21147	3 or more pieces, segment movement in any direction, requiring bone grafts (includes obtaining autografts) (e.g., ungrafted bilateral alveolar cleft or multiple osteotomies)
21195	Reconstruction of mandibular rami and/or body, sagittal split; without internal rigid fixation
21196	with internal rigid fixation
21198	Osteotomy, mandible, segmental;
21199	with genioglossus advancement
21206	Osteotomy, maxilla, segmental (e.g., Wassmund or Schuchard)
21240	Arthroplasty, temporomandibular joint, with or without autograft (includes obtaining graft)
21242	Arthroplasty, temporomandibular joint, with allograft
21243	Arthroplasty, temporomandibular joint, with prosthetic joint replacement

## Oral Maxillofacial Policies, Continued

### Orthognathic Surgery, continued

#### Key References

1. The American Association of Oral and Maxillofacial Surgeons. (n.d.). Corrective Jaw Surgery. Retrieved from <https://myoms.org/procedures/corrective-jaw-surgery>

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