



Policy Key: Dental Anesthesia and Oral Surgery

TriWest Clinical Operations – TRICARE West

SCOPE

This Policy Key provides criteria to use during medical necessity review for Dental Anesthesia and Institutional Benefit and Oral Surgery.

NOT COVERED [1,2,3]

- The professional services related to non-adjunctive dental care are not covered with the exception of coverage for general anesthesia services.
- General anesthesia cannot be performed by the attending dentist but must be performed by a separate anesthesiology provider.
- Extraction of unerupted or partially erupted, malposed, or impacted teeth, with or without the attached follicular or development tissues, are not covered oral surgery procedures, except when the care is indicated in preparation for, or as a result of, dental trauma caused by the medically necessary treatment of an injury or illness. See Adjunctive Dental Policy Key for coverage criteria.
- Surgical preparation of the mouth for dentures, except for what is allow under adjunctive dental care.
- Mandibular staple implants are not covered because their primary purpose is to prepare the mouth for dentures.
- Treatment of Temporomandibular Joint Syndrome, also known as Myofacial Pain Dysfunction Syndrome, are covered in the Adjunctive Dental Policy Key.
- Therabite Jaw Motion System for indications other than listed in the coverage criteria below.

COVERAGE CRITERIA [1,2,3]

Dental Anesthesia and Institutional Benefit [1]

Coverage of institutional services will include institutional benefits associated with both hospital and ambulatory surgery settings

- **Medical Director** may approve general anesthesia for **Either** of the following if administered by a separate anesthesiologist and not the attending dentist:
 - Medically necessary institutional and general anesthesia services in conjunction with non-covered or non-adjunctive dental treatment for patients with developmental, mental, or physical disabilities, or for

pediatric patients aged five or under

- For patients with diagnosed developmental, mental, or physical disabilities are those patients with conditions that prohibit dental treatment in a safe and effective manner; therefore, it is medically or psychologically necessary for these patients to require general anesthesia for dental treatment.

Oral Surgery [2]

There are certain oral surgical procedures which are performed by both physicians and dentists, and which are essentially medical rather than dental care. The following are examples of procedures are considered to be in this category and are covered.

- **Initial Level of Review** may approve for **ANY** of the following:
 - Excision of tumors and cysts of the jaws, cheeks, lips, tongue, and roof and floor of the mouth, when such conditions require a pathological (histological) examination
 - Surgical procedures required to correct accidental injuries of the jaws, cheeks, lips, tongue, and roof and floor of the mouth
 - Treatment of oral and/or facial cancer
 - Treatment of fractures of facial bones
 - External (extraoral) incision and drainage of cellulitis
 - Surgery of accessory sinuses, salivary glands, or ducts
 - Surgical treatment of the temporal bone and the lower bone of the jaw
 - Surgical treatment for **Temporomandibular Joint** for **ANY** of the following:
 - Osteoarthritis
 - Trauma
 - Congenital causes, (e.g., agenesis or hypoplastic condyle)
 - Ankylosis
 - Tumors
 - Dislocations
 - Surgical correction of prognathism and micrognathism and congenital craniofacial anomalies (e.g., Treacher-Collins syndrome, hemifacial microsomia)
 - Osteomyelitis
 - Removal of a foreign body which is hazardous to the patient's health, reaction-producing, or complicates a primary medical condition
 - Intrinsic and traumatic diseases of the temporomandibular joint that require surgery such as rheumatoid arthritis and osteoarthritis.
 - Mandibular bone grafts performed for medical reasons (not orthodontia)



or dental support)

- Extraction of unerupted or partially erupted, malposed or impacted teeth, with or without the attached follicular or development tissues, **ONLY** when the care is indicated in preparation for, or as a result of, dental trauma caused by the medically necessary treatment of an injury or illness
- The Therabite Jaw Motion System may be considered as Durable Medical Equipment (DME) for the treatment of hypomobility or trismus caused by cancer, radiation fibrosis in persons with head or neck cancers, trauma, facial burns, and stroke [2,3]

DEFINITIONS

NA

CODES

CPT 00170, 41899

REFERENCES

[1] TRICARE Policy Manual 6010.63-M, April 2021, Change 17 (September 20, 2024), Chapter 8, Section 13.2, Dental Anesthesia and Institutional Benefit,

https://manuals.health.mil/pages/DisplayManualHtmlFile/2024-09-20/AsOf/TPT5/C8S13_2.html

[2] TRICARE Policy Manual 6010.63-M, April 2021, Change 17 (September 20, 2024), Chapter 4, Section 7.1, Oral Surgery, https://manuals.health.mil/pages/DisplayManualHtmlFile/2024-09-20/AsOf/TPT5/C4S7_1.html

[3] Aetna Medical Policy Bulletin, Jaw Motion Rehabilitation Systems, Retrieved August 16, 2024, https://www.aetna.com/cpb/medical/data/400_499/0412.html#:~:text=The%20jaw%20motion%20rehabilitation%20system,approach%20has%20not%20been%20established: