Policy Key: Adjunctive Dental

TriWest Clinical Operations – TRICARE West

SCOPE

This Policy Key provides criteria to be used during medical necessity review for Adjunctive Dental services.

NOT COVERED [1]

- The treatment of generally poor dental health (dental caries) due to certain systemic causes (e.g., congenital syphilis, malabsorption syndromes, rickets) is excluded from coverage.
- The Frankel Dental Appliance is categorized as orthodontia and must be denied **unless** adjunctive to the surgical correction of a cleft palate.
- Clinical oral examinations, radiographs, laboratory tests, and examinations **NOT** performed in conjunction with the diagnosis and treatment of covered adjunctive dental or oral surgery procedures
- Orthodontia that is not an integral part of medical or surgical correction of a severe congenital anomaly
- Orthodontia when required in preparation for, or as a result of, physician-induced dental trauma
- Occlusal equilibration and restorative occlusal rehabilitation are specifically excluded for myofascial pain dysfunction syndrome and temporomandibular joint (TMJ) syndrome
- Ventriculoplasty is excluded when performed to prepare the mouth for dentures.
- Routine, preventive, restorative, prosthodontic (adding or modifying of bridge work and dentures), periodontic, or emergent dental care when **NOT** performed in preparation for, or as a result of, dental trauma caused by medically necessary treatment of an injury or disease
- Professional services related to noncovered dental care
- Vestibuloplasty when performed to prepare the mouth for dentures

COVERAGE CRITERIA [1]

- Hospital services and supplies will be covered for a patient who requires a hospital setting for noncovered, nonadjunctive dental care when medically necessary to safeguard the patient's life from the effects of dentistry on an underlying nondental organic condition
- Professional services related to the medical condition (excluding the dentist and anesthesiologist) are covered.

Initial Level of Review may approve for **ANY** of the following:

- **Intraoral abscess** that extends beyond the dental alveolus and may be in an acute phase, precluding preauthorization

- Examples: peritonsillar, submandibular, sublingual, buccal, soft palate [5]
    - **Note:** may require acute treatment that precludes prior authorization.[1]
- **Extraoral abscesses** when infection follows the facial planes and require extraoral incision and treatment
- **Cellulitis and Osteitis** that is clearly exacerbating and directly affecting a medical condition currently under treatment [1,5]
- **Removal of teeth and tooth fragments** in order to treat and repair facial trauma resulting from and accident
- **Removal of an impacted tooth** in the line of a fracture in order to treat the fracture
- **Myofacial Pain Dysfunction Syndrome,** aka **Temporomandibular Joint Syndrome (TMJ) Syndrome** which meets **both** of **the** following**:**
    - Treatment is for immediate pain relief and may include initial radiographs, up to 4 office visits and the construction of an occlusal splint, if necessary to relieve pain and discomfort
    - No prior treatment in the last 6 months
        - **Refer to the Medical Director** for individual consideration if more than 4 visits are requested or repeat episodes of care within six (6) months.
- **Total or Complete Ankyloglossia,** aka tongue tie
    - Surgery for total, complete, or partial ankyloglossia may be covered when medically necessary (e.g., feeding, eating, swallowing, or speech difficulties exist).

Iatrogenic Dental Trauma [1]

- Dental care which is prophylactic, restorative, prosthodontic (e.g., dentures and bridge work), and/or periodontic qualifies as adjunctive dental care when performed 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 ensuing dental trauma must be functionally associated (adjunct) with the treatment of the physician-induced trauma.
- The following are examples of conditions (radiation therapy for oral/facial cancer, gingival hyperplasia) which are eligible for payment under the iatrogenic dental trauma provision. Because these examples are not meant to be all-inclusive, similar conditions or circumstances may be brought to the attention of the Defense Health Agency (DHA), or designee, for consideration.

Radiation Therapy for Oral or Facial Cancer

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.

- **Initial Level of Review** may approve **ANY** of the following:
    - Teeth extraction due to poor dental health before radiation therapy for oral or facial cancer, which may necessitate dentures or bridge work

- Dental prophylactic, restorative, periodontic, and/or orthodontic procedures before or in conjunction with radiation therapy to prevent osteonecrosis

Note: The dental care above may be necessary before prior authorization is obtained in order to begin radiation therapy and can be approved, if meets medical necessity.

Gingival Hyperplasia

- **Initial Level of Review** may approve the following:
  - Excision of hyperplastic tissue with or without associated soft tissue grafts when caused by treatment of a medical condition (i.e., prolonged use of anti-seizure medication, immunosuppressants, calcium channel blockers)

Note: Because the above examples are not meant to be all-inclusive, similar conditions or circumstances may be brought to the attention of the contractors for review and consideration. Coverage will again be based on whether a direct cause-effect relationship can be established between the treatment of an otherwise covered medical condition and the ensuing dental trauma. Dental procedures will only apply when required to treat or rectify the dental trauma/damage resulting from the treatment of an underlying medical condition. For instance, if a beneficiary cracks or chips a tooth as a result of a fall, coverage would not be extended under the iatrogenic provision, since the trauma was purely dental in nature (i.e., trauma to the teeth and/or dental alveoli) and not related to the treatment of an underlying medical condition. The only possible coverage that could be extended would be for removal of teeth fragments from surrounding oral tissue other than the dental alveolus (e.g., from the tongue or inside of the cheek) resulting from the accident. On the other hand, if a beneficiary sustained a fracture to the mandible or maxilla requiring the extraction of a tooth for stabilization of the jaw (i.e., removal of a tooth to allow for wiring of the fracture site), coverage would be allowed since the resulting physician- or oral surgeon-induced dental trauma was directly related to the treatment of an otherwise covered medical condition. In this particular case, adjunctive dental coverage would extend up through prosthodontic restoration of the missing tooth. [1]

Dental Metal Amalgam/Alloy Hypersensitivity [1]

- **Initial Level of Review** may approve the removal of dental metal amalgam/alloy if **ALL** the following are met:
  - The procedure occurred after April 18, 1983.
  - Independent diagnosis by a physician allergist, based upon generally accepted test(s) for any dental metal amalgam/alloy hypersensitivity
  - Contemporary clinical record documentation that reasonably rules out sources of metal exposure other than the dental amalgam/alloy

Severe Congenital Anomaly [1]

- Adjunctive dental and orthodontia is covered when directly related to, and an integral part of, the medical and surgical correction of a severe congenital anomaly listed in Table 1 below.

- Depending on the severity or degree of involvement of the congenital anomaly, the patient may require adjunctive dental or orthodontic support from birth until the medical/surgical treatment of the anomaly has been completed (i.e., until the dentoalveolar arch discrepancies and/or maxillomandibular disharmonies are corrected 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 maxilla and mandible. 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 avoid aspiration of foreign matter during the intake of food.
- The severity and functional impairment of a given congenital anomaly must be assessed on a case-by-case basis from a series of medical records over a period of time. The congenital impairment of the head and/or neck must be at a level resulting in an inability of a beneficiary to perform normal bodily functions (e.g., the inability to eat, breathe, and/or speak normally) in order for coverage to be extended. The functional impairment must be disabling and ongoing.
- Orthodontia benefits for severe congenital anomalies of the head and neck will be continued 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, benefit payment ends. If the primary physician or dentist subsequently determines that additional orthodontia work is required, a new preauthorization is required.
- **Medical Director** may approve orthodontics for the treatment of any congenital deformity of the head and neck listed in Table 1 below, for any of the following:
    - Corrects dentoalveolar arch discrepancies that are part of, or the result of, the congenital anomaly and are severe enough to prevent the usual and normal action of mastication and ingestion of normally solid foods
    - Corrects dentoalveolar arch discrepancies, which is necessary to satisfactorily correct other aspects of the general deformity, or to prevent relapse of such treatment
    - Corrects dentoalveolar arch discrepancies that are severe enough to obviously disfigure the face

Table 1

Congenital anomalies that affect the face and possibly the dentoalveolar arches, or their relationships to each other [1]	
Bird-headed dwarfism (Nanocephalic or primordial dwarfism)	Klinefelter's Syndrome
Chondroectodermal dysplasia (Ellis-van Creveld Syndrome)	Lateral or oblique facial clefting

Cleft mandible	Oculoauriculovertebral dysplasia (Goldenhar's Syndrome)
Cleft palate, isolated	Oculomandibulofacial Syndrome (Hallerman Streiff Syndrome, Ulrich and Fremerey-Dohn Syndrome, Francois' Syndrome)
Craniofacial dysostosis (Crouzon's Syndrome)	Pierre Robin Syndrome
Hemifacial hyperplasia	Treacher Collins Syndrome
Hemifacial microsomia	Trisomy 18, 21, 13-15
Klippel-Feil Syndrome	Turner's syndrome (X-0 Syndrome)

Note: Coverage of orthodontia for congenital anomalies of the head and/or neck which do not appear in the above listing must be evaluated to assess the significance of their functional impairments related to the dentoalveolar arch discrepancies (i.e., the dentoalveolar arch discrepancies of an unlisted congenital anomaly must impose a significant functionally impairment in order for coverage of orthodontia under TRICARE). The severity and functional impairment of a given congenital anomaly must be assessed on a case-by-case basis from a series of medical records over a period of time. The congenital impairment of the head and/or neck must be at a level resulting in an inability to perform normal bodily functions (e.g., eat, breathe, and/or speak normally). The functional impairment must be disabling and ongoing.

DEFINITIONS

Adjunctive Dental- dental care which is medically necessary in the treatment of an otherwise covered medical (not dental) condition, is an integral part of the treatment of such medical condition; or is required in preparation for, or as the result of, dental trauma which may be or is caused by medically necessary treatment of an injury or disease. [1]

CODES

CPT 00170, 41899, 99242-99245, 99202-992152

REFERENCES

[1] TRICARE Policy Manual 6010.63-M, April 2021, Change 17 (September 20, 2024), Chapter 8, Section 13.1, Adjunctive Dental, Retrieved September 01, 2025, https://manuals.health.mil/pages/DisplayManualHtmlFile/2024-09-20/AsOf/TPT5/C8S13_1.html

[2] TRICARE Policy Manual 6010.63-M, April 2021, Change 17 (September 20, 2024, Chapter 8, Section 13.2, Dental Anesthesia and Institutional Benefit, Retrieved September 01, 2025, https://manuals.health.mil/pages/DisplayManualHtmlFile/2024-09-20/AsOf/TPT5/C8S13_2.html

[3] TRICARE Policy Manual 6010.63-M, April 2021, Change 17 (September 20, 2024, Chapter 4, Section 7.1, Oral Surgery, Retrieved September 01, 2025, https://manuals.health.mil/pages/DisplayManualHtmlFile/2024-09-20/AsOf/TPT5/C4S7_1.html

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[5] U.S. Department of Veterans Affairs. (n.d.). 02.05.01 Adjunctive dental care. In VA self-service. Retrieved September 1, 2025, from https://www.vha.cc.va.gov/system/templates/selfservice/va_ssnew/help/customer/locale/en-US/portal/554400000001036/content/554400000009175/020501-ADJUNCTIVE-DENTAL-CARE