

Teeth, Jaws, and Jawbones – Basic Plan

Benefit Coverage

Hospital and professional services provided for conditions of the teeth, gums, or jaw joints and jawbones, including adjacent tissues are a benefit only to the extent that these services are provided for or included in the Plan:

- Treatment of pre-malignant or malignant tumors (neoplasms) of the gingiva (gums), teeth, or soft and hard tissues of the oral cavity and associated oral structures.
- *Note:* Surgical removal of lesions in the soft and hard tissues of the mouth as a direct or indirect result of poor oral hygiene, dental caries, teeth, or pulpal necrosis (e.g., “periapical lesions,” dental cysts, dental abscesses, gum abscesses,) are not a benefit under this Plan. Pathology reports and biopsies of tissues from the mouth by “dental pathologists” for non-malignant, malignant, or pre-malignant lesions are not a benefit of this medical plan as these are covered under a member’s dental plan.
- *Note:* A “neoplasm” is defined as an “abnormal mass of tissue characterized by excessive growth that is uncoordinated with that of the surrounding tissue and persists in the same excessive manner after cessation of the stimuli that initiated the change; also called a tumor” (Melloni’s Illustrated Medical Dictionary, 4th Edition).
- Emergency palliative treatment or damage to the natural teeth and adjacent structures caused directly (solely) by an accidental injury or trauma to the mouth.
- *Note:* The goal and definition of “emergency palliative” is the immediate treatment to dentally or medically stabilize the teeth or oral structures and/or to manage or treat acute, intractable (severe) oral pain; it is not necessarily the definitive restoration of teeth or oral structures. This benefit does not include services for damage to the natural teeth that are/is not accidental (for example resulting from chewing or biting). Covered services are limited to the immediate, medically necessary services for the initial, palliative medical stabilization (“first aid”) of the member’ teeth and associated oral structures to prevent a more serious medical condition from occurring. Submission of pre- and post-accident radiographs of the site will be required when requesting services. For additional information, see the *HMO Benefit Guideline for Accidental Injury to Natural Teeth-Basic Plan*.

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Benefit Coverage (*cont'd.*)

- Medically necessary, non-surgical, treatment of Temporomandibular Joint Syndrome (TMJ or TMD) dysfunction (for example splint and physical therapy). The treatment is a benefit when clinical evidence is provided showing there is definitive pathology/disease to the TMJ articulating disk, condyles, and fossa and not just secondary pain or discomfort (“soreness” or “tenderness”) to the joint or the myo-facial tissues surrounding the joint from bruxism or clenching of the teeth (the mere presence of jaw joint “clicking,” pain to the muscles of mastication, pain-tenderness to the area of the jaw joints, clenching, nocturnal teeth grinding, limited jaw opening, pain to the face, headaches, neck aches, is, in-of-itself, not sufficient clinical documentation to arrive at a diagnosis of “TMJ” pathology or disease). The provider must provide unambiguous clinical documentation, to include x-rays showing the condition of the teeth and the TMJ joint complex, distinguishing actual pathology/disease to the jaw joint articulating disk (for example arthritis, displacement of the articulate disc, changes to the morphology of the jaw condyles, etc.) versus pain/discomfort secondary to parafunctional oral habits.
- *Note:* When a TMJ/TMD appliance is medically necessary to address a jaw joint problem, only one oral appliance is needed to manage the TMJ discomfort because the vast majority of TMJ problems occur at night while the patient is sleeping. If desired, the approved TMJ appliance can also be worn during the day as well. If the TMJ appliance gets in the way when speaking during the day, simply remove the appliance and put it back in your mouth when you are done speaking. The need for a “daytime” TMJ appliance is therefore not needed.
- *Note:* A “flat plane” TMJ oral appliance to “maintain” the jaw condyles in a specific location in the TMJ joint space (fossa) AFTER the acute TMJ pain subsides is essentially an oral appliance used to separate the teeth to minimize the effects from clenching or grinding (usually at night) and viewed as a dental appliance and not a benefit of the medical Plan. In the event the TMJ returns, simply put the TMJ appliance back in the mouth and wear it until the TMJ pain subsides. The current literature suggests that wearing an oral appliance AFTER the TMJ discomfort resolves for long periods of time is not recommended as it can lead to changes to the bite (occlusion).
- *Note:* Treatment of bruxism, obstructive sleep apnea related bruxism and nocturnal clenching of the teeth, or any parafunctional oral habits as the primary etiology of pain or discomfort to the muscles of mastication or inflammation to the jaw joints, are not covered in this Plan as these are considered by Blue Shield to be dental issues.

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Benefit Coverage (cont'd.)

- *Note:* Oral appliances sometimes referred to as “morning aligners” to PREVENT a TMJ issue from developing when using an oral appliance to manage obstructive sleep apnea are generally not a benefit since there is no reliable-consistent medical evidence that such appliances are medically necessary because the patient must be certified by the Provider to be “TMJ disease free” before an oral appliance for obstructive sleep apnea is provided as a benefit.
- Surgical and arthroscopic treatment of TMJ if prior history shows conservative medical treatment of the TMJ failed (the Provider must provide documentation that conservative treatments, to include the use of medications and any oral appliances were attempted and why the treatments failed).
- Medically necessary treatment of maxilla and mandible (jaw joints and jaw bones) caused solely by an accident.
- Trigger point injections of various types of pain and anti-inflammatory medications for the relief of pain, inflammation, “soreness,” and “tenderness” to the muscles of mastication (muscles used to operate the jaws) and temporo-mandibular joints are a benefit under the medical policy. Treatment request for the administration of “trigger point” injections to the muscles of mastication, “cluster” headaches, and the jaw joint capsule must meet the criteria outlined in the Blue Shield Medical Policy on the *Trigger Point and Tender Point Injections*. Only a physician (MD or DO) may administer the medications to the “trigger point” per Blue Shield Medical Policy.
- Oral appliances are a benefit under the medical policy for the management of obstructive sleep apnea when the submitted documentation meets all the criteria in Blue Shield’s Medical Policy on the *Diagnosis and Management of Obstructive Sleep Apnea* for oral appliances. In general, a physician must order and evaluate the sleep study. If a diagnosis of obstructive apnea is made and member elects not to use a positive air pressure device to manage their sleep apnea, then a prescription must be provided by the referring sleep specialist medical doctor to a dentist to construct an oral appliance to manage the obstructive sleep apnea. The attending dentist must submit the following documentation for review to Blue Shield for an oral appliance:
 - A prescription for an oral appliance from the sleep specialist medical doctor.
 - A current sleep study meeting the criteria for sleep studies per pertinent Blue Shield Medical Policy.

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Benefit Coverage (*cont'd.*)

- A report on the periodontal condition of the member to include the submission of a current periodontal pocket depth charting of the dentition and submission of current full mouth radiographs when requested
- A report on the temporomandibular joint (TMJ) of the member. The member must be FREE of any TMJ symptoms BEFORE an oral appliance is provided not AFTER an oral appliance is provided. Upon request, the provider must provide radiographs of the jaw joints for review. For the purpose of this *HMO Benefit Guidelines*, bruxism and clenching causing discomfort to the jaw joints fall under this TMJ criteria.
- A current sleep survey (e.g., Epworth Sleep Scale).
- A letter of medical necessity.
- An affidavit of positive air pressure intolerance
- A letter clearly indicating the oral appliance is custom constructed by a dentist.
- A letter clearly indicating the member is not involved with any manner of orthodontic treatment.
- Completion of the Oral Appliance Therapy Worksheet form. The form must be signed by the attending dentist who certifies the information provided to Blue Shield is true.

Note: Replacement of oral Appliances for TMJ and Obstructive Sleep Apnea (OSA): Generally, replacement of an oral appliance, whether for OSA or TMJ is not a benefit of the Medical Plan during the warranty period of the appliance (generally 5 calendar years after initial delivery of the appliance). After the warranty period, the provider must submit photographs of the appliance, a letter of medical necessity explaining WHY the appliance is no longer useable for review. For OSA, the provider must also provide documentation of the Member's compliance with the oral appliance, a new sleep study if the previous sleep study is older than 5 years old, the current status of the periodontium and status of the TMJ, a sleep study showing the oral appliance is effective in managing the Member's OSA symptoms.

- Orthognathic surgery (surgery to reposition the upper and/or lower jaw) which is medically necessary to correct skeletal deformity and function and not for cosmetic reasons or to "balance" the appearance of the face with the jaws (e.g., chin surgery). Refer to the Blue Shield Medical Policy on *Orthognathic Surgery* on necessary documentation when requesting services.

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Benefit Coverage (cont'd.)

- *Note:* To expedite claims and pre-certifications or claims for orthognathic surgery, Blue Shield request providers submit CURRENT radiographs, cephalometric radiographs, cephalometric analysis, intra-oral photographs, full facial photographs, and photographs of the jaw showing the jaw issue including post orthodontic treatment radiographs and photographs of the teeth and jaws. In addition, a letter of medical necessity should accompany the treatment request. Blue Shield uses exclusively the Steiner Cephalometric Analysis Protocol to evaluate orthognathic treatment requests. Providers are requested to submit ONLY the values for SNA, SNB, ANB, SN-GoGn, horizontal overjet, overbite, and the fossa-cusp relationship of the first upper and lower permanent molars (to evaluate transverse discrepancies). Submission of any cephalometric analysis other than the Steiner Analysis will cause delays in processing the treatment request or have the treatment request returned to the provider requesting a Steiner Analysis and the specified angles outlined in this paragraph. Treatment request with missing documentation will delay processing of a treatment request or have the treatment request returned to the provider.
- **DOCUMENTATION REQUIRED:** Orthognathic surgery, to include all manner of soft/hard tissue surgery to the oral cavity to manage obstructive sleep apnea must be accompanied with necessary radiographs (when requested), intra-oral photographs (when requested), jaw and facial photographs (when requested), documentation of positive air pressure treatment failure, a signed affidavit of positive air pressure intolerance, a current sleep study, documentation of oral appliance compliance, and subsequent treatment failure, letter of medical necessity, current cephalometric radiographs and cephalometric analysis (when requested). Refer to the Blue Shield Medical Policy on the *Surgical Management of Obstructive Sleep Apnea* for further information.
- *Note:* Surgery for the management of OSA is a benefit of the medical Plan. The criteria to qualify for surgical correction of OSA requires documentation the Member attempted to use and failed Continuous Positive Airway Pressure (CPAP) therapy to manage their OSA symptoms (or the member refused CPAP) AND also attempted to use and failed a custom-made oral appliance to manage their OSA. The Member cannot simply refuse CPAP AND an oral appliance to qualify for surgery for OSA. Unacceptable medical documentation an oral appliance failed to manage symptoms of OSA include the following: 1) Movement of teeth by the oral appliance, 2) jaw joints are “sore” after using the oral appliance, 3) the Member unconsciously removes the oral appliance during the night, 4) the member drools excessive amounts of saliva during the night, 5) the Member’s teeth hurt when using an oral appliance, 6) the oral appliance failed to control snoring.

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Benefit Coverage *(cont'd.)*

- Medically necessary dental or orthodontic services that are an integral part of covered reconstructive surgery for cleft palate/lip procedures. Orthodontic services not associated with cleft palate/lip procedures are not a benefit under this Plan.
- General anesthesia administered in a hospital or surgery center for dental care. The general anesthesia must be required due to clinical status, medical necessity, developmental issues, or underlying medical condition of patient and consistent with the Blue Shield Medical Policy on *Dental Anesthesia* and all State of California Regulations pertaining to the appropriate use of this treatment modality. Not a benefit are services of “mobile dental anesthesia teams” that provide general anesthesia and sedation services in dental offices because the facility or dental office generally do not meet the minimum State of California Regulations for the administration of a general anesthetic in an outpatient treatment facility.
- Documentation, when requesting treatment for any dental, oral structures, and jaw shall always include necessary current radiographs (not just a radiographic report), and medical pathology reports when applicable. When necessary, include pre-accident radiographs, intra and extraoral photographs must be provided for review.

Treatment of the teeth, jaws, and jawbones covered under the Basic Plan must be reviewed and pre-authorized (except after an accident to the teeth or jaws).

Copayment

See the member's *Evidence of Coverage* (EOC) and *Summary of Benefits and Coverage* for member copayments for:

Physician-Outpatient

Office Visits/Consultations/Surgery

Inpatient Hospital Services

Outpatient Hospital Services

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Benefit Exclusions

- Routine dental services (e.g., fillings, preventive dental services, root canals, surgical root canal treatment, routine removal of teeth to include 3rd molars, gum surgery, bone grafts to support loose teeth or implants, bone grafts to prepare the mouth for implants or dentures, devices to manage night-time teeth grinding or clenching, devices to control pain to the chewing muscles or jaw joints, full or partial dentures, any dental treatment that is not the direct result of an accident/trauma/disease/medical treatment, any dental treatment vicariously associated with a disease, a disease state or associated medical treatment, dental treatment caused ostensibly by poor oral hygiene or drug use, facial prosthesis, crowns, fixed dental bridges, splinting teeth together, bone grafts to fill-in empty tooth sockets, radiation shields, oral or facial medicament carriers, orthodontia to include “interceptive” or “preventive” orthodontia, dental x-rays, three dimensional x-rays (CBCT x-rays), oral medicine, oral pathology, dental-facial photographs, dental models, pediatric dentistry, habit control devices, any and all treatments usually provided by dentists to include dental specialists, etc.).
- Oral appliances constructed to prevent parafunctional habits (athletic mouthguards, appliances for bruxism, thumb sucking appliances, etc.).
- Oral appliances to fill in holes in the mouth or missing parts of the jaw bones not due to cleft lip, cleft palate, or oral cancer.
- Oral appliances used to hold medications in or against structures of the mouth, jaws, tongue, face, and soft tissues of the oral cavity (sometimes referred to as “medication stents or splints”).
- Oral appliances used for weigh loss treatment.
- The services of oral pathologists, oral radiologists, oral facial pain specialists, dental anesthesiologists, and oral medicine specialists.
- Definitive dental treatment caused by or following an accident or trauma to the mouth (directly or vicariously).
- Dental treatment to restore teeth damaged by poor oral hygiene, dental neglect, and/or the combination of poor oral hygiene-dental neglect and the vicarious effects of systemic, genetic, inherited, congenital, drug related, and iatrogenic conditions or procedures to the mouth and dentition (for example, dry mouth caused by Sjogren’s Syndrome, damage to the teeth from bulimia, damage to the teeth from the use of illicit drugs, damage to the teeth from gastric reflux disease, damage to the teeth from mouth breathing and etc.).

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Benefit Exclusions (cont'd.)

- Visits to hospital emergency departments or urgent care clinics for the alleviation or treatment of dental pain associated with dental caries (cavities), soft tissue (gum) inflammation, chipped or fractured teeth due to chewing, clenching, bruxism, biting, neglect, broken orthodontic wires or brackets, and/or poor oral hygiene.
- Services performed on the teeth, gums associated oral structures, periodontal structures, alveolar bone, any treatment(s) to prepare the mouth for dentures/dental implants, dental orthotics, dental orthosis and prosthesis, requests for biopsies of oral tissues (hard and soft), and dental-oral related abscesses, and cysts, including related hospitalization.
- Any extractions of teeth to include third molars, extraction of teeth for orthodontic reasons, and extractions of supernumerary teeth.
- Anesthesia (general anesthesia, intravenous sedation, oral conscious sedation, or nitrous oxide gas) administered in the dental office that does not meet the criteria outlined in the Blue Shield *Dental Anesthesia Medical Policy*.
- Orthodontia (dental services to correct irregularities or malocclusion of the teeth) for any reason (except medically necessary dental or orthodontic services that are an integral part of covered reconstructive surgery for cleft palate/lip procedures), including treatment to alleviate TMJ.
- Any procedure (for example, vestibuloplasty) intended to prepare the mouth for dentures or for the more comfortable use of dentures.
- Dental implants and any dental procedures associated with or a prelude to the future placement of a dental implant (endosteal, subperiosteal, or transosteal).
- Removing dental implants and any associated procedures required to treat the dental or oral structures as the result of a failing implant(s).
- Alveolar ridge surgery of the jaws if performed primarily to treat natural bone recession associated with loss of teeth and/or the normal aging process, diseases related to the teeth, gums, or periodontal structures or from natural or from prosthetic teeth.
- Bone or soft tissue grafts placed into or around the tooth or bone sockets of the jaws after extractions of teeth.
- Bone grafts around dental implant bodies.

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Benefit Exclusions *(cont'd.)*

- Treatment for damage to the natural teeth that is not the DIRECT result of accidental injury to the teeth and jaws. The vicarious effects of an accident to the mouth or teeth that may cause a tooth or teeth to become non-vital or become loose well after an accident are not a benefit of this medical Plan. For example, a tooth that is “bumped” by accident and years later a root abscess appears on the tooth.
- Treatment to teeth as the result of bruxism, clenching, neglect, caries (cavities), poor oral hygiene, bulimia, the use of illicit drugs, damage to the teeth from any and all parafunctional habits, the natural effects of aging to the teeth and jaws, tooth mobility, biting unusual objects or items, and the vicarious effects of dry mouth from natural aging, radiation to the mouth for cancer, medication use, systemic-congenital-genetic conditions).
- Replacement of existing partial removable or full denture(s) in case of accident, damage, or loss due to a hospital, ambulance or clinic visit.
- Replacement or restoration of existing fixed dental bridges, dental implants, teeth, fillings, in case of accident, damage, or loss due to a hospital, ambulance or clinic visit.
- Any dental services provided AFTER the initial, palliative medical stabilization of the member’s oral/dental structures following an accident.
- Swellings (inflammatory edema), infections, pain, hypertrophy (over-growth) to the gingiva due to poor oral hygiene, food impaction, medication use, chronic gingivitis or periodontitis are not a benefit of this Plan. When and where appropriate radiographs and photographs will be required to submit a claim or request pre-certification for treatment.
- Surgical orthodontics to include the extraction of teeth incidental to orthodontic treatment, the surgical placement of orthodontic anchors, “bollard plates” to “distract” the growth or trajectory (direction) of the upper or lower jaws, exposing teeth, exposing the crowns of teeth to aid in the placement of an orthodontic bracket, removing remaining deciduous teeth in the dental arches, up-righting a tooth or teeth, expansion of the palate, and etc.
- Removable orthodontic treatments prescribed by a dentist.

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Benefit Limitations

Coverage for dental anesthesia (and associated facility charges) required by member's clinical status or underlying medical condition is limited to members who:

- Are less than seven years of age, or
- Developmentally disabled, regardless of age, or
- Whose health is compromised and for whom general anesthesia is medically necessary, regardless of age.

Note: The use of itinerate (mobile) dental anesthesia teams in an outpatient treatment facility to perform general anesthesia services, not previously licensed to provide general anesthesia by the California State Dental Board, do not meet the California State Dental Board regulations for a physical facility anesthesia permit from the Dental Board to administer a general anesthetic, intravenous sedation, oral sedation, and etc. and are therefore not a benefit under this medical Plan.

Exceptions

Maxillofacial prosthesis replacing all or part of a jaw to restore function and when it is not primarily a cosmetic procedure.

Examples of Covered Services

- Medically necessary splint therapy of the temporomandibular joint (TMJ) when there is clinical documentation of disease-pathology to the articulating joint disk.
- Surgical and arthroscopic treatment of TMJ if conservative medical treatment has failed (thorough clinical documentation must be provided to include current joint radiographs).
- Orthognathic surgery to correct skeletal deformity (surgery to reposition the upper and/or lower jaw). Not a benefit is orthognathic surgery that does not significantly improve the function of the jaws and/or associated structures or is primarily provided to improve the esthetics of the jaw and/or face of the member.
- Dental or orthodontic services that are an integral part of covered reconstructive surgery for cleft palate/lip procedures.
- Treatment of malignant and pre-malignant tumors (neoplasms) of the soft tissues of the mouth (gums) and malignant or pre-malignant tumors (neoplasms) of dental origin of the jaws.
- General anesthesia administered for dental care and associated facility charges (when the member meets specified clinical criteria). Refer to the Blue Shield *Dental Anesthesia Medical Policy*.

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Examples of Covered Services *(cont'd.)*

- Orthognathic and soft tissue surgery to manage obstructive sleep apnea (refer to the Blue Shield Medical Policy for *Surgical Management of Obstructive Sleep Apnea*).

Examples of Non-Covered Services

- Endodontics (root canal treatment).
- Prosthodontic services (dentures, fixed dental bridges, crowns, dental implants, etc.).
- Oral medication carriers (prosthetic oral appliances constructed to hold medications in the mouth, teeth, face, and jaws).
- Oral medicine, oral radiology, and oral pathology services.
- Periodontal services (gum treatment services).
- Orthodontia.
- Surgical orthodontic treatment (e.g., surgical rapid expansion of the palate).
- Routine dental extractions of non-restorable or diseased teeth.
- Extraction of teeth for orthodontic reasons.
- Extractions of impacted 3rd molars.
- Surgical services to drain soft or hard tissue cysts and abscesses.
- Treatment of periodontal disease or periodontal surgery for inflammatory conditions such as gingivitis or acute necrotizing ulcerative gingivitis.
- Preventive dental care.
- Treatment of pain of dental origin or structures associated with the teeth due to dental caries (cavities), chipped or fractured teeth due to biting or chewing, and poor oral hygiene.
- Routine dental care (even if related anesthesia and associated facility charges are covered).
- Replacement of existing partial removable or full denture(s) in case of accident, damage, or loss from or due to hospital or clinic visit.
- Replacement of fixed dental bridges, dental implants, restoration of teeth and etc. following a hospital or clinic visit.
- Dental x-rays used for the detection of caries (“cavities”), impacted 3rd molars, and the ectopic eruption of teeth.
- Three dimensional x-rays for orthodontics, root canal treatment, gum surgery, detection of cavities and etc.

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Examples of Non-Covered Services *(cont'd.)*

- Oral appliances made to stop or prevent parafunctional habits (thumb sucking appliances, tongue thrusting appliances, lip biting appliance, etc.). This includes any training and education in the use of such appliances.
- “Flat Plane” appliances to be worn AFTER TMJ discomfort subsides (considered to be a dental appliance to prevent parafunctional habits).
- “Daytime TMJ” appliances constructed essentially for the convenience of the patient.
- “Morning aligners” to be used for a short time after using an oral appliance for obstructive sleep apnea.
- Removing a dental implant, curetting around the bone, and treating the infection as a result of the failing dental implant.
- Facial and jaw radiation shields constructed by a dentist.
- Removal of teeth prior to anticipated radiation therapy.
- Definitive treatment or restoration of the dentition, jaws, soft tissues from the vicarious effects of an accident, cancer surgery, xerostomia, drug use (legal or illegal), and radiation treatment.
- Complete, partial, or definitive restoration of the dentition due the vicarious effects of radiation treatment, cancer surgery, orthognathic surgery, xerostomia, systemic/genetic/inherited/congenital conditions, and the use of medications/drugs (legal or illegal) on the dentition. For example, dental treatment for the vicarious effects of xerostomia on the teeth from Sjogren’s Syndrome is not a benefit of this Medical Plan (this is only one example, however, this policy applies to any and all medical conditions that may cause xerostomia). Restoration of teeth due to use of certain antibiotics in childhood and heavy fluoride use or exposure.
- Restoration of teeth due to environmental exposure to acidic compounds, such as stomach acid, vinegar-based diets, drinking carbonated soft drinks, chewing sour candies, breathing acidic vapors, and etc.

References

Evidence of Coverage

IFP Evidence of Coverage and Health Service Agreement

Health & Safety Code Section 1367.71

HMO Benefit Guideline for:

Accidental Injury to Natural Teeth-Basic Plan