

CHAPTER 8 SECTION 1.3

ADJUNCTIVE DENTAL CARE

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I. DESCRIPTION

A. Adjunctive dental care is that 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 and is essential to the control of the primary medical condition; or which is the result of dental trauma caused by medically necessary treatment of an injury or disease.

B. Adjunctive dental care requires prior approval and written preauthorization from the Adjunctive Dental contractor/Managed Care Support contractor. However, if a beneficiary fails to obtain preauthorization before receiving the services, the contractor shall extend benefits if the services of supplies qualify for benefits. Where adjunctive dental care involves a medical (not dental) emergency, preauthorization is waived for the immediate dental care necessitated by the emergency; however, subsequent definitive care would require preauthorization.

II. POLICY

TRICARE/CHAMPUS will only pay for the treatment of the following conditions. Similar conditions or circumstances may be brought to the attention of the Director, TRICARE Management Activity for consideration.

A. Radiation Therapy for Oral or Facial Cancer.

1. 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.

2. 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. Since the problem here deals with cancer, it may not be possible to wait for prior authorization before beginning radiation therapy. Out of necessity, dental care may have to be initiated before benefit authorization is granted by the dental contractor.

3. Review Guidelines: Required documentation includes:

- a. A medical statement giving the diagnosis, the history of the patient's cancer and the patient's age.
- b. Panographic or full-mouth series radiographs.
- c. The radiation therapist's report which gives the dosage and ports for the radiation therapy.
- d. The proposed dental treatment plan.

B. Gingival Hyperplasia.

1. Gingival hyperplasia, or overgrowth of the gingival tissues, occurs frequently in patients who have undergone prolonged Dilantin therapy for 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. The problem is more prevalent among young children, as the older population is not prone to the condition. Also, there is an important difference in the character of tissue between gingival hyperplasia and periodontal disease. Because of this, care needs to be taken in differentiating true gingival hyperplasia from periodontally diseased tissue.

2. Review Guidelines: Required documentation includes:

- a. 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.
- b. Study models or adequate photographs showing the gingival tissues.
- c. The proposed surgical procedures. This will usually be excision of hyperplastic tissue, but in some severe cases may include free soft tissue grafts.

C. Loss of Jaw Substance.

1. 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.

2. Review Guidelines: Required documentation includes:

- a. A medical statement giving the diagnosis, the history of the trauma or treatment of a neoplasm and the patient's age.
- b. Panographic X-ray.
- c. A detailed description of the prosthetic treatment plan.

D. Intraoral Abscess.

1. 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.

a. Abscesses which may be included in this category:

- (1) Peritonsillar
- (2) Submandibular space
- (3) Sublingual space
- (4) Pterygoid space (distal to the tuberosity)
- (5) Buccal space
- (6) Canine fossa
- (7) Parapharyngeal space
- (8) Submental space
- (9) Submasseteric space
- (10) Soft palate

b. Abscesses which are excluded from this category:

- (1) Dentoalveolar
- (2) Gingival or Periodontal
- (3) Periapical
- (4) Pericemental
- (5) Pericoronal
- (6) Subperiosteal

c. The following services may be required to treat covered abscesses:

- (1) Anesthesia - General or local
- (2) Hospital - Inpatient admission required
- (3) Laboratory - Blood, urine, pathology, etc.

(4) Radiology - Oral radiographs

(5) Surgery - Incision and drainage

E. 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.

07520 - Incision and drainage of abscess-extraoral.

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

G. Facial Trauma Requiring Removal of Teeth or Tooth Fragments.

1. Teeth or tooth fragments may require removal in order to treat and repair facial trauma resulting from accidental injury.

2. 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.

a. 07110 - 07120 Uncomplicated extractions.

b. 07210 Surgical extraction of erupted tooth.

c. 07220 Impaction that requires incision of overlying soft tissue and the removal of the tooth.

d. 07230 Impaction that requires incision of overlying soft tissue, elevation of a flap, removal of bone and the removal of the tooth.

e. 07240 Impaction that requires incision of overlying soft tissue, elevation of a flap, removal of bone and sectioning of the tooth for removal.

f. 07241 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.

g. 07250 Root recovery (surgical removal of residual root).

H. Myofacial Pain Dysfunction Syndrome.

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

2. Emergency treatment may include initial radiographs, up to four office visits and the construction of an occlusal splint, if necessary, to relieve pain and discomfort.

3. Treatment beyond four visits, or any repeat episodes of care within a six (6) month period must receive individual consideration and be documented by the provider of services.

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

I. 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 (refer to [Chapter 3, Section 8.2](#)).

07960 Frenectomy - but only for this diagnosis.

J. Orthodontic Care.

1. Orthodontia treatment 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.

a. 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.

b. 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.

2. 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:

a. 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.

b. If the patient is of sufficient age to obtain radiographic studies, the following should be obtained:

(1) Cephalometric radiographs with tracings

- (2) Intraoral full mouth radiographs
- (3) Diagnostic casts properly orientated
- (4) Photographs

3. Preauthorization.

a. 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.

b. 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, benefit payment ends. If the primary physician or dentist subsequently determines that additional orthodontia work is required, a new preauthorization is required.

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

1. Independent diagnoses by a physician allergist based upon generally accepted test(s) for mercury hypersensitivity, and
2. Contemporary clinical record documentation which reasonably rules out sources of mercury exposure other than the dental amalgam.

III. 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 Frankel 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 examinations, 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 contractor will request preoperative radiographs or diagnostic study models in order to reach a decision on a claim. All such claims will undergo dental review by the contractor.

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. 00110 - Initial oral examination.
- b. 00120 - Periodic oral examination.
- c. 00130 - Emergency oral examination.

2. Radiographs

- a. 00210 - Intraoral-complete series (including bitewings).
- b. 00220 - 00230- Intraoral-periapical films.
- c. 00240 - Intraoral-occlusal film.
- d. 00250 - 00260- Extraoral films.
- e. 00270 - 00274- Bitewings - one to four films.
- f. 00290 - Posteroanterior and lateral skull and facial bone, survey film.
- g. 00310 - Sialography.
- h. 00321 - Temporomandibular joint
- i. 00330 - Panoramic-maxilla and mandible film.
- j. 00340 - Cephalometric film.

3. Tests and Laboratory Examinations

- a. 00410 - Bacteriologic cultures for determination of pathologic agent.
- b. 00470 - Diagnostic casts (study models).

- c. 00471 - Diagnostic photographs.
- d. 00501 - Histopathologic exam.

IV. EXCEPTIONS

The treatment of generally poor dental health (dental caries) due to certain systemic causes (e.g., congenital syphilis, malabsorption syndromes, rickets, etc.) is excluded from coverage.

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