

# Medica Guide to Medical Coverage for Dental-Related Services

The following guidelines apply for most Medica products.

- Coverage for any specific treatment or situation can be verified through the Medica Provider Service Center: 1-800-458-5512
- See [Mailing Addresses for Claims](#) located on medica.com at Providers>Administrative Resources>Claim Tools
- Dental providers using ADA forms should follow [ADA completion instructions](#) and ensure diagnosis code is on the form

Situation	Medical or Dental	Additional Information												
<p><b>Services related to an accident or injury</b></p>	<p>Covered as treatment when:</p> <ul style="list-style-type: none"> <li>▪ Services are completed within 24 months of the original date of the accident/injury <i>or</i> the date first covered under the contract. (note: the completion date can vary by group)</li> <li>▪ The injury to the tooth was <i>not</i> caused by biting or chewing</li> <li>▪ Services are to treat an injury to sound, natural teeth or to repair (not replace) sound, natural teeth</li> </ul>	<p>A sound, natural tooth means a tooth (including supporting structures) that is free from disease that would prevent continual function of the tooth for at least one year. In the case of primary (baby) teeth, the tooth must have a life expectancy of one year.</p> <p style="text-align: center;"><i>See accident diagnosis chart on last page. Please include the date of injury/accident on the CMS-1500</i></p>												
<p><b>Oral Surgery</b></p>	<p>Plans may cover oral surgery for:</p> <ul style="list-style-type: none"> <li>• Partially or completely unerupted impacted teeth</li> <li>• A tooth root without the extraction of the entire tooth</li> <li>• The gums &amp; tissues of the mouth when not in connection with the extraction or repair of teeth</li> </ul> <p><b>Note:</b> Medica will review appropriate anesthesia codes for payment.</p>	<p><b>Oral Surgery Codes:</b></p> <table border="1" data-bbox="1207 922 1848 1291"> <thead> <tr> <th>Code</th> <th>Description</th> </tr> </thead> <tbody> <tr> <td>D7220</td> <td>Removal of impacted tooth - soft tissue</td> </tr> <tr> <td>D7230</td> <td>Removal of impacted tooth - partially bony</td> </tr> <tr> <td>D7240</td> <td>Removal of impacted tooth - completely bony</td> </tr> <tr> <td>D7241</td> <td>Removal of impacted tooth - completely bony, with unusual surgical complications</td> </tr> <tr> <td>D7250</td> <td>Surgical removal of residual tooth roots (cutting procedure)</td> </tr> </tbody> </table>	Code	Description	D7220	Removal of impacted tooth - soft tissue	D7230	Removal of impacted tooth - partially bony	D7240	Removal of impacted tooth - completely bony	D7241	Removal of impacted tooth - completely bony, with unusual surgical complications	D7250	Surgical removal of residual tooth roots (cutting procedure)
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<b>TemporoMandibular Joint (TMJ)</b>	<p><i>Medical</i> coverage includes:</p> <ul style="list-style-type: none"> <li>▪ Diagnostic visits</li> <li>▪ Surgical <i>and</i> non-surgical medical treatment</li> <li>▪ TMJ splints and adjustments</li> </ul>	<p>Coverage for treatment of TMJ disorder includes coverage for the treatment of craniomandibular disorder.</p> <table border="1" data-bbox="1192 362 1835 1060"> <thead> <tr> <th data-bbox="1192 362 1318 394">Code</th> <th data-bbox="1323 362 1835 394">Description</th> </tr> </thead> <tbody> <tr> <td data-bbox="1192 397 1318 427">M26.601</td> <td data-bbox="1323 397 1835 427">Right TMJ disorder, unspecified</td> </tr> <tr> <td data-bbox="1192 430 1318 459">M26.602</td> <td data-bbox="1323 430 1835 459">Left TMJ disorder, unspecified</td> </tr> <tr> <td data-bbox="1192 462 1318 492">M26.603</td> <td data-bbox="1323 462 1835 492">Bilateral TMJ disorder, unspecified</td> </tr> <tr> <td data-bbox="1192 495 1318 524">M26.609</td> <td data-bbox="1323 495 1835 524">Unspecified TMJ disorder, unspecified side</td> </tr> <tr> <td data-bbox="1192 527 1318 557">M26.611</td> <td data-bbox="1323 527 1835 557">Adhesions and ankylosis of right TMJ</td> </tr> <tr> <td data-bbox="1192 560 1318 589">M26.612</td> <td data-bbox="1323 560 1835 589">Adhesions and ankylosis of left TMJ</td> </tr> <tr> <td data-bbox="1192 592 1318 621">M26.613</td> <td data-bbox="1323 592 1835 621">Adhesions and ankylosis of bilateral TMJ</td> </tr> <tr> <td data-bbox="1192 625 1318 654">M26.619</td> <td data-bbox="1323 625 1835 654">Adhesions and ankylosis of TMJ, unspecified side</td> </tr> <tr> <td data-bbox="1192 657 1318 686">M26.621</td> <td data-bbox="1323 657 1835 686">Arthralgia of right TMJ</td> </tr> <tr> <td data-bbox="1192 690 1318 719">M26.622</td> <td data-bbox="1323 690 1835 719">Arthralgia of left TMJ</td> </tr> <tr> <td data-bbox="1192 722 1318 751">M26.623</td> <td data-bbox="1323 722 1835 751">Arthralgia of bilateral TMJ</td> </tr> <tr> <td data-bbox="1192 755 1318 784">M26.629</td> <td data-bbox="1323 755 1835 784">Arthralgia of TMJ, unspecified side</td> </tr> <tr> <td data-bbox="1192 787 1318 816">M26.631</td> <td data-bbox="1323 787 1835 816">Articular disc disorder of right TMJ</td> </tr> <tr> <td data-bbox="1192 820 1318 849">M26.632</td> <td data-bbox="1323 820 1835 849">Articular disc disorder of left TMJ</td> </tr> <tr> <td data-bbox="1192 852 1318 881">M26.633</td> <td data-bbox="1323 852 1835 881">Articular disc disorder of bilateral TMJ</td> </tr> <tr> <td data-bbox="1192 885 1318 914">M26.639</td> <td data-bbox="1323 885 1835 914">Articular disc disorder of TMJ, unspecified side</td> </tr> <tr> <td data-bbox="1192 917 1318 946">M26.69</td> <td data-bbox="1323 917 1835 946">Other specified disorders of TMJ</td> </tr> </tbody> </table>	Code	Description	M26.601	Right TMJ disorder, unspecified	M26.602	Left TMJ disorder, unspecified	M26.603	Bilateral TMJ disorder, unspecified	M26.609	Unspecified TMJ disorder, unspecified side	M26.611	Adhesions and ankylosis of right TMJ	M26.612	Adhesions and ankylosis of left TMJ	M26.613	Adhesions and ankylosis of bilateral TMJ	M26.619	Adhesions and ankylosis of TMJ, unspecified side	M26.621	Arthralgia of right TMJ	M26.622	Arthralgia of left TMJ	M26.623	Arthralgia of bilateral TMJ	M26.629	Arthralgia of TMJ, unspecified side	M26.631	Articular disc disorder of right TMJ	M26.632	Articular disc disorder of left TMJ	M26.633	Articular disc disorder of bilateral TMJ	M26.639	Articular disc disorder of TMJ, unspecified side	M26.69	Other specified disorders of TMJ
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Situation	Medical or Dental	Additional Information
<p><b>Medically Necessary Hospitalization for Dental Procedures</b></p>	<p>The following are considered to be medically necessary hospitalizations for dental procedures:</p> <p>Recommended by a physician; and received during a dental procedure; and provided to a member who:</p> <ol style="list-style-type: none"> <li>I. Is a child under age five or</li> <li>II. Is severely disabled; or</li> <li>III. Has a medical condition and requires hospitalization or general anesthesia for dental care treatment.</li> </ol> <p><b>Note:</b> Age, anxiety, and behavioral conditions are not considered medical conditions.</p> <p><b>Exceptions:</b> Medica Choice Care<sup>SM</sup> and Medica DUAL Solution<sup>®</sup> members may have expanded benefit.</p> <p><b>Autism Note:</b> Autism is a medical diagnosis, not a behavioral condition.</p> <p>If the member's health condition meets medically necessary criteria, the medical benefit only covers the anesthesia and facility charges.</p>	
<p><b>Non-Covered Services</b></p>	<p>Services not covered include:</p> <ul style="list-style-type: none"> <li>● Dental services to treat an injury from biting and chewing.</li> <li>● Osteotomies and other procedures associated with the fitting of dentures or dental implants.</li> <li>● Dental implants (tooth replacement), except for treatment of cleft lip and palate as described in the Cleft lip and palate section.</li> <li>● Any other dental procedures or treatment, whether the dental treatment is needed because of a primary dental problem or as a manifestation of a medical treatment or condition.</li> <li>● Any orthodontia, except for cleft lip and palate as described in the cleft lip and palate section.</li> <li>● Tooth extractions, with the exception of covered services described in other sections.</li> <li>● Any dental procedures or treatment related to periodontal disease.</li> <li>● Endodontic procedures and treatment, including root canal procedures and treatment, unless provided as accident-related services as described in that section.</li> <li>● Routine diagnostic and preventative dental services except as described in the members plan document.</li> </ul>	<p>This section describes services generally not covered by Medica. Please remember to verify coverage by calling the Medica Provider Service Center at 1-800-458-5512</p>

Situation	Medical or Dental	Additional Information
<b>Orthodontia related to Cleft Palate or Cleft Lip Diagnosis</b>	Medical diagnosis must be indicated on the claim form for charges to be considered as <i>medical</i> .	See chart below for Cleft Lip/Cleft Palate ICD-9 codes. <b>Note:</b> Medical orthodontia reimbursement is made as services are rendered, not on a per-case basis.
<b>Orthognathic Surgery –</b> (Also known as Lefort I, or II Osteotomy; Maxillary Hyper-plasia; Maxillary Retrusion; Micrognathia; Prognathia, Retrognathia; Sagittal Split Osteotomy)	Straightening of the jaw is considered <i>medical</i> .  <a href="#">Prior authorization</a> is required.	Surgery must be medically necessary. See Medica policies on <a href="http://medica.com">medica.com</a> at <b>Providers&gt;Policies and Guidelines&gt;UM Policies and Prior Authorization&gt;<a href="#">Orthognathic Surgery (III-SUR.32)</a></b>  Coverage for orthognathic procedures varies by group, so call the Medica Provider Service Center to verify coverage at 1-800-458-5512

### Coordination of Benefits (COB) –

Medica follows whatever order the dental plan does. If the dental plan states Medica is primary, then Medica will pay primary.

## Cleft Lip/Cleft Palate Diagnosis Guide

For orthodontic services related to cleft lip/palate treatment, the diagnosis *must* be indicated on the CMS-1500 claim form for services to be considered under the medical plan. Please include the diagnosis code on the CMS-1500 claim form.

### Date of Service Prior to 10/1/2015

Code	Description
749.00	Cleft Palate, unspecified
749.01	Unilateral, complete
749.02	Unilateral, incomplete (cleft uvula)
749.03	Bilateral, complete
749.04	Bilateral, incomplete
749.10	Cleft Lip, unspecified
749.11	Unilateral, complete
749.12	Unilateral, incomplete
749.13	(Cleft Lip) Bilateral, complete
749.14	Bilateral, incomplete
749.20	Cleft Palate w/Cleft Lip, unspecified
749.21	Unilateral, complete
749.22	Unilateral, incomplete
749.23	Bilateral, complete
749.24	Bilateral, incomplete
749.25	Other Combinations

### Date of Service on or After 10/1/2015

Code	Description
Q35.1	Cleft hard palate
Q35.3	Cleft soft palate
Q35.5	Cleft hard palate with cleft soft palate
Q35.7	Cleft uvula
Q36.0	Cleft lip, bilateral
Q36.1	Cleft lip, median
Q36.9	Cleft lip, unilateral
Q37.0	Cleft hard palate with bilateral cleft lip
Q37.1	Cleft hard palate with unilateral cleft lip
Q37.2	Cleft soft palate with bilateral cleft lip
Q37.3	Cleft soft palate with unilateral cleft lip
Q37.4	Cleft hard and soft palate with bilateral cleft lip
Q37.5	Cleft hard and soft palate with unilateral cleft lip
Q37.8	Unspecified cleft palate with bilateral cleft lip
Q37.9	Unspecified cleft palate with unilateral cleft lip

If services are related to an injury/accident, Box 10 on the CMS-1500 claim form should indicate so.

### Accident Coding – Date of Service Prior to 10/1/2015

Code	Description
525.11	Loss of teeth due to trauma
873.63	Tooth (broken) (fractured) (due to trauma)
873.73	Tooth (broken) (fractured) (due to trauma)-complicated
873.44	Face without complication (jaw)
873.54	Face, complicated (jaw)
959.09	Injury of face & neck (jaw)

## Accident Coding – Date of Service on or After 10/1/2015

Code	Description
K08.111	Complete loss of teeth due to trauma, class I
K08.112	Complete loss of teeth due to trauma, class II
K08.113	Complete loss of teeth due to trauma, class III
K08.114	Complete loss of teeth due to trauma, class IV
K08.119	Complete loss of teeth due to trauma, unspecified class
K08.411	Partial loss of teeth due to trauma, class I
K08.412	Partial loss of teeth due to trauma, class II
K08.413	Partial loss of teeth due to trauma, class III
K08.414	Partial loss of teeth due to trauma, class IV
K08.419	Partial loss of teeth due to trauma, unspecified class
S01.401A	Unspecified open wound of right cheek and temporomandibular area, initial encounter
S01.402A	Unspecified open wound of left cheek and temporomandibular area, initial encounter
S01.409A	Unspecified open wound of unspecified cheek and temporomandibular area, initial encounter
S01.411A	Laceration without foreign body of right cheek and temporomandibular area, initial encounter
S01.412A	Laceration without foreign body of left cheek and temporomandibular area, initial encounter
S01.419A	Laceration without foreign body of unspecified cheek and temporomandibular area, initial encounter
S01.421A	Laceration with foreign body of right cheek and temporomandibular area, initial encounter
S01.422A	Laceration with foreign body of left cheek and temporomandibular area, initial encounter
S01.429A	Laceration with foreign body of unspecified cheek and temporomandibular area, initial encounter
S01.431A	Puncture wound without foreign body of right cheek and temporomandibular area, initial encounter
S01.432A	Puncture wound without foreign body of left cheek and temporomandibular area, initial encounter
S01.439A	Puncture wound without foreign body of unspecified cheek and temporomandibular area, initial encounter
S01.441A	Puncture wound with foreign body of right cheek and temporomandibular area, initial encounter
S01.442A	Puncture wound with foreign body of left cheek and temporomandibular area, initial encounter
S01.449A	Puncture wound with foreign body of unspecified cheek and temporomandibular area, initial encounter
S01.451A	Open bite of right cheek and temporomandibular area, initial encounter