

Medica Guide to Medical Coverage for Dental-Related Services

Disclaimer: These services may or may not be covered by all Medica plans. Please refer to the member’s plan document for specific coverage information. If there is a difference between this general information and the member’s plan document, the member’s plan document will be used to determine coverage. With respect to Medicare and Minnesota Health Care Programs, this general information will apply unless those programs require different coverage. Members may contact Medica Member Services at the phone number listed on their member ID card to discuss their benefits more specifically. Providers with questions may call the Medica Provider Service Center toll-free at 1 (800) 458-5512.

- See [Medica Claim Submission and Product Guidelines](#) located on Medica.com at Providers→Administrative Resources→Claim Tools for additional billing guidelines.
- Dental providers using American Dental Association (ADA) forms should follow [ADA Completion Instructions](#) and ensure the appropriate diagnosis code is on the form.

Situation	Additional Information
Services related to an accident or injury	<p>Covered as treatment when:</p> <ul style="list-style-type: none"> ▪ The injury to the tooth was <i>not</i> caused by biting or chewing ▪ Services are to treat an injury to sound, natural teeth or to repair (not replace) sound, natural teeth ▪ 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><i>See chart below for accident ICD-10 codes</i></p> <p><i>Please include the date of injury/accident on the CMS-1500</i></p>

Situation	Additional Information
Oral Surgery	<p>Plans may cover oral surgery for:</p> <ul style="list-style-type: none"> ▪ Partially or completely unerupted impacted teeth ▪ A tooth root without the extraction of the entire tooth ▪ The gums & tissues of the mouth when not in connection with the extraction or repair of teeth <p>Note: Medica will review appropriate anesthesia codes for payment.</p> <p><i>See chart below for Oral Surgery procedure codes</i></p>
Orthodontia related to Cleft Palate or Cleft Lip Diagnosis	<p>Medical diagnosis must be indicated on the claim form for charges to be considered as <i>medical</i>.</p> <p>Note: Medical orthodontia reimbursement is made as services are rendered, not on a per-case basis.</p> <p><i>See chart below for Cleft Lip/Cleft Palate ICD-10 codes</i></p>
Orthognathic Surgery – (Also known as Lefort I, or II Osteotomy; Maxillary Hyper-plasia; Maxillary Retrusion; Micrognathia; Prognathia, Retrognathia; Sagittal Split Osteotomy)	<p>Straightening of the jaw is considered <i>medical</i>.</p> <p><u>Prior Authorization</u> is required.</p> <p>Surgery must be medically necessary. See Medica policies on Medica.com at Providers>Policies and Guidelines>UM Policies and Prior Authorization> <u>Orthognathic Surgery</u></p>

Situation	Additional Information
TemporaMandibular Joint (TMJ)	<p>If eligible, coverage for the treatment of TMJ disorder may include:</p> <ul style="list-style-type: none"> ▪ Diagnostic visits ▪ Surgical and non-surgical medical treatment ▪ TMJ splints and adjustments ▪ Coverage for the treatment of craniomandibular disorder <p><i>See chart below for TMJ ICD-10 codes</i></p>
Orthodontia related to Cleft Palate or Cleft Lip Diagnosis	<p>If eligible, medical diagnosis must be indicated on the claim form for charges to be considered as <i>medical</i>. Note: Medical orthodontia reimbursement is made as services are rendered, not on a per-case basis.</p> <p><i>See chart below for Cleft Lip/Cleft Palate ICD-10 codes</i></p>
Coordination of Benefits	<p>Medica follows whatever order the dental plan does. If the dental plan states Medica is primary payer, then Medica will pay as primary.</p>
Medically Necessary Hospitalization for Dental Procedures	<p>Anesthesia and facility charges when dental services are required to be performed at a hospital or outpatient surgery center due to a medical condition are typically covered. In order to be eligible for Commercial or Individual/Family Business products, this benefit must be listed in the Medical-Related Dental Services section of the Plan Document. The criteria listed in the Plan Document must be met in order for there to be coverage. To verify coverage for a specific member, contact the Medica Provider Service Center at 1 (800) 458-5512.</p>
Non-Covered Services	<p>Services not covered include:</p> <ul style="list-style-type: none"> ▪ Dental services to treat an injury from biting and chewing. ▪ Osteotomies and other procedures associated with the fitting of dentures or dental implants. ▪ Dental implants (tooth replacement), except for treatment of cleft lip and palate as described in the Cleft lip and palate section. ▪ 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.

	<ul style="list-style-type: none"> ▪ Any orthodontia, except for cleft lip and palate as described in the cleft lip and palate section. ▪ Tooth extractions, with the exception of covered services described in other sections. ▪ Any dental procedures or treatment related to periodontal disease. ▪ Endodontic procedures and treatment, including root canal procedures and treatment, unless provided as accident-related services as described in that section. ▪ Routine diagnostic and preventive dental services except as described in the member's plan document.
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Accident Diagnosis Code Guide:

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

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

Oral Surgery Procedure Code Guide:

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)

TemporoMandibular Joint (TMJ) Diagnosis Code Guide:

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

Cleft Lip/Cleft Palate Diagnosis Code 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.

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

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