

Medica Guide to Medical Coverage for Dental-Related Services

The following are general guidelines for Medica's commercial products – coverage for any specific treatment or situation can be verified through the Medica Provider Service Center at 952-992-2232 or toll-free at 1-800-458-5512, option 6, for those outside the Twin Cities area.

Situation	Medical or Dental	Additional Information														
Services related to an accident or injury	Covered as MEDICAL treatment when: <ul style="list-style-type: none"> Services are completed within 6 months of the original date of the accident/injury The injury to the tooth was NOT 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. <i>See accident diagnosis chart on back page.</i>														
Orthodontia related to Cleft Palate or Cleft Lip Diagnosis	Medical diagnosis must be indicated on the 2006 ADA claim form in Box 35 or CMS 1500 form in Box 21 for charges to be considered as MEDICAL . (diagnosis codes listed below)	See chart below for Cleft Lip/Cleft Palate ICD-9 codes. <i>NOTE: Medical orthodontia reimbursement is made as services are rendered, not on a per-case basis.</i>														
Orthodontia <i>other</i> than Cleft Lip/Cleft Palate	DENTAL	Not covered by Medica. Submit treatment plan to the patient's DENTAL carrier.														
TMJ <i>Note: As of 12/1/01, all surgical procedures will not require prior authorization.</i>	MEDICAL coverage includes: <ul style="list-style-type: none"> Diagnostic visits Surgical <i>and</i> non-surgical medical treatment TMJ splints and adjustments Services, supplies and associated expenses NOT covered: <ul style="list-style-type: none"> Diagnostic casts and diagnostic study models Bite adjustment 	Coverage for treatment of TMJ disorder includes coverage for the treatment of craniomandibular disorder. <table border="1"> <thead> <tr> <th>Code</th> <th>Description</th> </tr> </thead> <tbody> <tr> <td>524.60</td> <td>Temporomandibular joint disorders, unspecified</td> </tr> <tr> <td>524.61</td> <td>Adhesions & ankylosis (bony or fibrous)</td> </tr> <tr> <td>524.62</td> <td>Arthralgia of temporomandibular joint</td> </tr> <tr> <td>524.63</td> <td>Articular disc disorder (reducing or non-reducing)</td> </tr> <tr> <td>524.64</td> <td>Temporomandibular joint sounds on opening and/or closing the jaw</td> </tr> <tr> <td>524.69</td> <td>Other specified temporomandibular joint disorders</td> </tr> </tbody> </table>	Code	Description	524.60	Temporomandibular joint disorders, unspecified	524.61	Adhesions & ankylosis (bony or fibrous)	524.62	Arthralgia of temporomandibular joint	524.63	Articular disc disorder (reducing or non-reducing)	524.64	Temporomandibular joint sounds on opening and/or closing the jaw	524.69	Other specified temporomandibular joint disorders
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Orthognathic Surgery <i>Note: As of 12/1/01, orthognathic surgery will no longer require prior authorization to determine medical necessity.</i>	Straightening of the jaw is considered MEDICAL	Surgery must be medically necessary														
Oral Surgery	Extraction of partially or completely unerupted impacted teeth <u>and</u> other oral surgery procedures not involving the teeth <u>may be</u> considered under the MEDICAL plan	Examples of MEDICAL procedures: Apicoectomy (D3410-D3426) performed through the gum; removal of cysts or lesions from the palate														
Implants	Considered as a DENTAL service – verify coverage based on the dental plan	Not covered by Medica														

Cleft Lip/Cleft Palate Diagnosis Guide

For orthodontic services related to cleft lip/palate treatment, the diagnosis **must** be indicated on the ADA claim form for services to be considered under the medical plan. Please include "CLEFT LIP or CLEFT PALATE" and the ICD-9 code (749.00 – 749.25) on the form in Box #35 "Remarks" on the 2006 ADA claim form **#J400** prior to submitting the claim

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

Code	Description
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

The following services are considered DENTAL: *

CDT-3	CPT	Definition	CDT-3	CPT	Definition
D0210	70320	Intraoral - complete series, including bitewings (X-rays)*	D2160	-	Amalgam – three surfaces, permanent*
D0220	70300	Intraoral - periapical, first film (X-rays)*	D2161	-	Amalgam – four surfaces, permanent*
D0230	70310	Intraoral - periapical, each additional film (X-rays)*	D2330-D2394	-	Composite Restorations*
D0240	-	Intraoral - occlusal film*	D2410-D2430	-	Gold Foil Restorations*
D0250	-	Extraoral - first film*	D2510-D2664	-	Inlay/Onlay Restorations*
D0260	-	Extraoral - each additional film*	D2710-D2799	-	Crowns – single restoration only*
D0270	-	Bitewing - single film*	D2910-D2999	-	Other restorative services, e.g., D2970 – temporary crown (fractured tooth)*
D0272	-	Bitewings - two films*	D3310-D3353	-	Root Canal Therapy (including treatment plan, clinical procedures and follow-up care)*
D0274	-	Bitewings - four films*	D4210-D4999	-	Periodontic services*
D0277	-	Vertical bitewings - 7 - 8 films*	D5110-D5899	-	Prosthodontics (removable, i.e., dentures)*
D1110	-	Prophylaxis - adult	D6010-D6199	-	Implant Services*
D1120	-	Prophylaxis - child	D6210-D6999	-	Prosthodontics (fixed, i.e., partial dentures)*
D1351	-	Sealant, per tooth	D7292 – D7294	40808	Biopsy of Oral tissue – hard , soft*
D1510 – D1550	-	Space Maintenance, (Passive)	D7310 - D7311 D7320 – D7321	41874	Alveoloplasty in conjunction with tooth extractions, per quadrant*
D2140	-	Amalgam – one surface, permanent*	D8010 -D8999		Orthodontic services* (excluding cleft palate diagnoses 749.00 - 749.25)
D2150	-	Amalgam – two surfaces, permanent*	D9610	90772, 90774	Therapeutic Drug injection, by report – single IM or SubQ, or IV push single*

Comprehensive dental procedures are services rendered by a dentist to treat teeth, their supporting soft tissue and bony structure, or the alignment or occlusion of the teeth.

Coordination of Benefits (COB) – Standard COB rules apply when a member is covered by more than one group insurance plan.

- The policy covering the patient as the subscriber is primary over a policy covering the patient as a dependent.
- For dependent children, follow the Birthday Rule or standard financial responsibility/custody guidelines.
- Use Medica’s guidelines on Medical versus Dental regardless of which plan paid on the primary insurance.

If services are related to an injury/accident, the corresponding accident diagnosis code should be listed first in box #35 “Remarks” on the 2006 ADA claim form #J400. Box 45 on the claim form should have the “other accident” box marked and there should be a brief narrative description of how the injury occurred, including the **DATE** of the injury, in Box #35 Remarks” following the accident diagnosis code

Accident Diagnosis Coding

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

Do not use highlighting marker on claims forms. The technology used to scan claims for processing turns the highlighting black, thereby complicating or even halting the course of claims adjudication. Non-legible claims or attachments are returned in the form of a denial, creating a re-work loop for the provider as well as Medica. Avoiding such highlighting will help ensure the timely processing of claims.

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