

*North Carolina*  
**State Health Plan**  
for Teachers and State Employees and  
NC Health Choice for Children  

---

www.shpnc.org

**North Carolina Health Choice Medical Policy**

**Dental & Oral Surgical Services**  
**Policy Number: NCHCSU0160**

**Definition:**

Dental and oral surgical procedures are those which are within the scope of practice of both a doctor of medicine and a doctor of dentistry, such as the excision of tumors and other lesions of the mouth, treatment of jaw fractures, and surgery for diseases of the mouth and adjacent tissues and to correct injuries of the mouth structure other than the teeth and their supporting structures.

**Coverage:**

1. Accidental injury

- A. Coverage is provided for dental care (including surgery and appliances for mouth, jaw, and tooth restoration) necessitated by an accidental injury of external and violent means, such as the impact of a moving body, vehicle collision, or fall, occurring while the individual is covered under the Plan.
- B. Benefits include extractions, fillings, crowns, bridges, or other necessary therapeutic techniques and appliances, and are limited to those services necessary to restore condition and function to that which existed immediately prior to the accident.

2. Oral Surgery Benefits include excision of cysts, tumors, and other lesions of the mouth; surgery involving cheeks, lips, tongue, and roof and floor of mouth; and procedures involving the jaw, including treatment of fractures, oral surgery, including extraction of teeth, necessitated because of medical treatment (i.e. radiation treatment to head/face) may be covered.

3. Hospital coverage for dental surgery:

Benefits are provided for hospital and ambulatory surgical center services for care related to dental surgery when it is necessary for the care to be received in a hospital setting.

- A. Complex oral procedures with a greater than average incidence of serious complications, such as excessive bleeding or airway obstruction;
- B. Concomitant, systemic conditions for which the patient is under current medical management and which are not in optimum control, thereby increasing risks;
- C. Mental illness, mental retardation, or behavioral problems, of a severity that precludes management in an office setting
- D. Dental extractions or restorations for children less than nine (9) years of age.

4. TMJ Dysfunction

Benefits include office visits and diagnostic tests to establish the diagnosis of TMJ dysfunction in addition to surgical correction of TMJ dysfunction, and appliance therapy for TMJ dysfunction resulting solely from accidental means (see number 7. under Limitations and Exclusions below).

**Approval Procedures:**

Prior approval is required for certain and oral surgical services including developmental and congenital orthognathic surgical procedures.

**Limitations and Exclusions:**

1. Accident benefits for restoration of existing mouth appliances such as bridges and dentures are limited to repair of the appliance, unless certified as damaged beyond repair.

2. Accident benefits for dental services are limited to those services necessary to restore condition and function to that which existed immediately prior to the accident. Furthermore for services to be eligible for coverage, the accident must have occurred while the child was covered under NC Health Choice, and the accident related care must be completed within a reasonable period of time following the accident (typically within 18 months) and before the child's coverage ends.

3. Benefits are excluded for dental implants even if used for tooth replacement following accidental injury.

4. No benefits are provided for tooth or jaw restoration due to injury incurred in the act of chewing, nor for damage to or breakage of an appliance not in normal mouth usage at the time of the accident.

5. Accident benefits are limited to the original restoration and not to maintenance or replacement of the restoration.

6. If personalized restorations or specialized techniques are used in lieu of standard procedures that would be covered under the Plan, benefits are limited to the allowed fee for the standard procedure(s).

7. Oral surgical benefits are excluded for:

- a. Tooth replacement prostheses such as crowns, bridges, dental implants, and dentures
- b. Orthodontic treatment
- c. Dental extractions whether impacted or non-impacted) through June 30, 2009. Effective July 1, 2009 benefits are specifically excluded for extraction of impacted teeth and for extraction of wisdom teeth regardless of the reason, but other extractions are covered.
- d. Apicoectomies
- e. Root canal therapy through June 30, 2009. Effective July 1, 2009 root canal therapy for permanent anterior teeth and permanent first molars is covered when medically necessary, but benefits are excluded for root canal therapy of any other teeth.
- f. Removal of root tips
- g. Gingivitis
- h. Surgical procedures of diseased gingiva or other periodontal surgeries
- i. Vestibuloplasties, alveoplasties, and removal of exostosis and tori preparatory to fitting of dentures
- j. Removal of cysts incidental to apicoectomies or extraction of teeth
- k. Other procedures involving teeth and the bones or tissue supporting structure

These exclusions (other than 6b) also apply to any orthognathic procedures. (Refer to NC Health Choice Medical Policy NCHCSU0410 for additional information regarding orthognathic surgery.)

8. Benefits for TMJ appliance therapy are limited to cases where the TMJ dysfunction has been diagnosed as solely resulting from accidental means as certified by the attending practitioner and approved by the Claims Processing Contractor. The accident must have occurred while the child was covered under NC Health Choice and all accident related care must be completed within 18 months of the accident and before the child's coverage ends.

9. Total temporomandibular joint replacement with the TMJ Fossa-Eminence/Condylar Prosthesis System and partial temporomandibular joint replacement with the TMJ Fossa-Eminence Prosthesis are not covered. At the present time, there is insufficient evidence in the published medical literature to demonstrate the safety, efficacy, and long-term outcomes of these procedures. They are therefore considered investigational.

10. Hospitalization and general anesthesia are not covered for multiple extractions in preparation for dentures or for removal of impacted teeth that can be, and generally are, done as staged office procedures.

11. Benefits are excluded for charges for, or in connection with, any dental work or dental treatment except to the extent that such work is specifically provided for under the Plan. (Refer to NC Health Choice Medical Policy NCHCAH0750 for information regarding coverage for routine dental care.)

**Authority:**

G.S. 135-42(b)

G.S. 108A-70.21(b)

G.S. 135-40.6(2)e [statute effective through 06/30/08 for Predecessor Plan]

G.S. 135-40.6(4)e [statute effective through 06/30/08 for Predecessor Plan]

G.S. 135-40.6(5)c [statute effective through 06/30/08 for Predecessor Plan]

G.S. 135-40.6(6)a [statute effective through 06/30/08 for Predecessor Plan]

G.S. 135-40.6(8)f [statute effective through 06/30/08 for Predecessor Plan]

G.S. 135-40.6(9)b [statute effective through 06/30/08 for Predecessor Plan]

G.S. 135-40.7(11) [statute effective through 06/30/08 for Predecessor Plan]

G.S. 108-70.21 (b)(1)

**Reviewed:**

October 1998

September 1999

September 2007

**Revised:**

December 2001

March 2003

July 2005

November 2007

February 2009

May 2009