

Marketplace National Regional Benefit Interpretation Document

Benefit Name	DENTAL CARE AND ORAL SURGERY (TMJ/CMJ)
Applicable State	California, Florida, Idaho, Illinois, Kentucky, Michigan, Mississippi, New Mexico, Ohio, South Carolina, Texas, Utah, Washington, Wisconsin
Benefit Definition	<p>This policy addresses dental care services and oral surgery. This policy also addresses treatment for temporomandibular joint (TMJ) disorders and Cleft Palate.</p> <p>Covered benefits are listed in three (3) Sections - A, B and C. All services must be medically necessary. Each benefit plan contains its own specific provisions for coverage, limitations and exclusions as stated in the member’s Evidence of Coverage (EOC)/Schedule of Benefits (SOB). If there is a discrepancy between this policy and the member’s EOC/SOB, the member’s EOC/SOB provision will govern.</p> <p>Essential Health Benefits for Individual and Small Group (Only For Dental Care for Children in CA, Basic & Major Care for Children in MI, MS, Accidental Dental (except for CA, MI, UT & WA) & TMJ (except for SC & UT))</p> <p>For plan years beginning on or after January 1, 2014, the Affordable Care Act of 2010 (ACA) requires fully insured non-grandfathered individual and small group plans (inside and outside of Exchanges) to provide coverage for ten categories of Essential Health Benefits (“EHBs”). Large group plans (both self-funded and fully insured), and small group ASO plans, are not subject to the requirement to offer coverage for EHBs. However, if such plans choose to provide coverage for benefits which are deemed EHBs (such as maternity benefits), the ACA requires all dollar limits on those benefits to be removed on all Grandfathered and Non-Grandfathered plans. The determination of which benefits constitute EHBs is made on a state by state basis. As such, when using this guideline, it is important to refer to the member specific benefit document to determine benefit coverage.</p> <div style="border: 1px solid black; padding: 5px; margin: 10px 0;"> <p>A. FEDERAL/STATE MANDATED REGULATIONS</p> </div> <p>Note: The most current federal/state mandated regulations for each state can be found in the links below.</p> <p>CALIFORNIA: California Health and Safety Code Section 1367.71 (effective 1/1/2000) Dental Anesthesia</p>

[California Health & Safety Code 1367.68 Coverage for Surgical Conditions Affecting Upper and Lower Jawbone](#)

[California Health & Safety Code §1367.63 Cosmetic Reconstructive Surgery](#)

FLORIDA:

Treatment for temporomandibular joint disorders

[Fla. Stat. § 627.419\(7\)](#)

[Fla. Stat. § 641.31094](#)

Dental Anesthesia

[Fla. Stat. § 627.4295](#)

[Fla. Stat. § 641.31\(34\)](#)

Cleft lip/palate for children

[Fla. Stat. § 627.64193](#)

[Fla. Stat. § 641.31\(35\)](#)

IDAHO:

Congenital Anomaly (e.g., cleft lip and palate)

[ID Admin Code 18.01.06](#): RULE TO IMPLEMENT UNIFORM COVERAGE FOR NEWBORN AND NEWLY ADOPTED CHILDREN

ILLINOIS:

Dental adjunctive services

[P.A. 92-0764](#)

[215 ILCS 5/356z.2](#): Coverage for adjunctive services in dental care

[215 ILCS 125/5-3](#): Insurance Code provisions

KENTUCKY:

Temporomandibular and joint (TMJ) disorder and craniomandibular jaw (CMJ) disorder

[Ky. Rev. Stat. § 304.17-319](#)

[Ky. Rev. Stat. § 304.38-1937](#)

Anesthesia and services in connection with dental procedures for certain patients

[Ky. Rev. Stat. § 304.17A-149](#)

[806 Ky. Admin. Regs. 17:095](#)

MISSISSIPPI:

[Miss. Code Ann. § 83-9-45](#)- Temporomandibular joint disorder and craniomandibular disorder

[Miss. Code Ann. § 83-9-32](#)- Dental anesthesia

NEW MEXICO:

[NMSA 59A-16-13.1](#)- Temporomandibular joint disorder and craniomandibular disorder

[NMSA 59A-22-48](#); [NMSA 59A-23-7.7](#); [NMSA 59A-46-49](#)- General Anesthesia and Hospitalization for Dental Surgery

SOUTH CAROLINA:

[S.C. Code Ann. §38-71-240](#)- Cleft Lip and Palate

TEXAS:

[Texas Insurance Code 1367.153 Reconstructive Surgery for Craniofacial Abnormalities; Definition Required](#)

Texas Insurance Code 21.53A Sec. 4 (b)

A health benefit plan may not exclude from coverage under the plan an individual who is unable to undergo dental treatment in an office setting or under local anesthesia due to a documented physical, mental, or medical reason as determined by the individual's physician or the dentist providing the dental care.

Refer to HB 2056, TIC §1455.001 -§1455.006, and Occupational Code §111.001

WASHINGTON:

[General Anesthesia Services for Dental Procedures. RCW 48.43.185](#)

[RCW 48.21.320](#); [48.44.460](#); [48.46.530](#)- Treatment for temporomandibular joint disorders

WISCONSIN:

[632.895 \(12\)](#)- Hospital and Ambulatory Surgery Center Charges and Anesthetics for Dental Care

[632.895 \(11\)](#)- TMJ Disorders

B. STATE MARKET PLAN ENHANCEMENTS

CALIFORNIA:

Refer to the Evidence of Coverage for additional Pediatric Dental benefits for Members who are covered until at least the end of the month in which the Member turns 19 years of age.

CALIFORNIA: Pediatric Dental Claims: DentaQuest

C. COVERED BENEFITS

IMPORTANT NOTE: Covered benefits are listed in Sections A, B and C. Always refer to Sections A and B for additional covered benefits not listed in this Section.

Refer to the member's Evidence of Coverage (EOC) and Schedule of Benefits (SOB) to determine coverage eligibility.

ACCIDENTAL DENTAL

CALIFORNIA, FLORIDA, IDAHO, ILLINOIS, KENTUCKY, MISSISSIPPI, NEW MEXICO, OHIO, SOUTH CAROLINA, TEXAS, WISCONSIN:

Molina and Passport do cover Accidental Dental

ADDITIONAL TO THE ABOVE

OHIO:

ACCIDENTAL DENTAL: Limitation: \$3000 per episode; Quantitative Limit represents established actuarial equivalent of benchmark plan annual dollar limits. Annual and lifetime dollar limits will no longer apply.

Coverage for dental services resulting from an accidental injury when treatment is performed within 12 months after the injury. The benefit limit will not apply to outpatient facility charges, anesthesia billed by a provider other than the physician performing the service, or to covered services required by law; coverage includes oral examinations, x-rays, tests and laboratory examinations, restorations, prosthetic services, oral surgery, mandibular/maxillary reconstruction, anesthesia and include facility charges for outpatient services for the removal of teeth or for other dental processes if the patient's medical condition or the dental procedure requires a hospital setting to ensure the safety of the patient.

WISCONSIN:

ACCIDENTAL DENTAL: Covered benefit with a \$3000 limit. There is also a \$900 per tooth limit

DENTAL AND ORTHODONTIC SERVICES

CALIFORNIA:

Dental and Orthodontic Services: Molina has partnered with California Dental Network, Inc. to administer pediatric dental benefits for Members up to age 19.

Pediatric dental benefits include preventive, diagnostic, routine, major and orthodontia services as outlined in the Pediatric Dental Services addendum attached to the California EOC.

Otherwise, dental, and orthodontic services provided under this agreement for adults and children must be Prior Authorized and are limited to the following:

- Dental services for radiation treatment
- Dental anesthesia when Medically Necessary
- Dental and Orthodontic services for Cleft Palate (Refer to BI Policy titled Cosmetic, Reconstructive or Plastic Surgery)
- Services to treat Temporomandibular Joint Syndrome (TMJ) (Please refer to the Temporomandibular Joint Syndrome section below)
- Dental services needed due to accidental injury

Dental evaluation, X-rays, fluoride treatment, and extractions necessary to prepare the Member's jaw for radiation therapy of cancer and other neoplastic diseases in the Member's head or neck

Refer to the member's Evidence of Coverage (EOC) for additional information regarding limitations.

FLORIDA:

Dental and Orthodontic Services: Molina does not provide routine pediatric dental services under this Agreement. Dental and orthodontic services provided under this agreement must be Prior Authorized and are limited to the following:

- Dental services for radiation treatment
- Dental anesthesia when medically necessary
- Dental and Orthodontic services for cleft lip and cleft palate
- Services to treat Temporomandibular Joint Syndrome (TMJ) (Please refer to the Temporomandibular Joint Syndrome section of this Agreement)
- Dental services needed due to accidental injury

Dental evaluation, X-rays, fluoride treatment, and extractions necessary to prepare the Member's jaw for radiation therapy of cancer and other neoplastic diseases in the Member's head or neck

IDAHO:

Dental and Orthodontic Services: Dental and orthodontic services provided under this agreement are limited to the following, which must be Prior Authorized:

- Dental services for radiation treatment
- Dental anesthesia for those who would be at risk if the service were performed elsewhere and without anesthesia

- Dental and orthodontic services for cleft palate
- Services or appliances necessary for or resulting from medical treatment if the service is either emergency in nature or requires extraction of teeth to prepare the jaw for radiation treatments of neoplastic disease
- Accidental Dental: Dental services which are rendered by a Physician or Dentist and required as a result of Accidental Injury to the jaw, Sound Natural Tooth, mouth, or face. Such services are covered only for the twelve (12) month period immediately following the date of injury providing the Policy remains in effect during the twelve (12) month period.

Molina does not provide pediatric dental services under this Agreement.

Dental evaluation, X-rays, fluoride treatment, and extractions necessary to prepare the Member's jaw for radiation therapy of cancer and other neoplastic diseases in the Member's head or neck

ILLINOIS:

Dental and Orthodontic Services: Dental and orthodontic services provided under this agreement must be Prior Authorized and are limited to the following:

- Dental services for radiation treatment
- Dental anesthesia when medically necessary
- Dental and Orthodontic services for cleft palate
- Services to treat Temporomandibular Joint Syndrome (TMJ) (Please refer to the Temporomandibular Joint Syndrome section of this Agreement)
- Dental services needed due to accidental injury
- Dental Anesthesia Services for dependents under the age of 26 that are diagnosed with Autism

Molina does not provide pediatric dental services under this Agreement.

Dental evaluation, X-rays, fluoride treatment, and extractions necessary to prepare the Member's jaw for radiation therapy of cancer and other neoplastic diseases in the Member's head or neck

KENTUCKY:

Dental and Orthodontic Services: Dental and orthodontic services provided under this agreement must be Prior Authorized and are limited to the following:

- Dental anesthesia when medically necessary
 - This includes coverage for anesthesia and Hospital or Facility charges for services performed in a Hospital and Ambulatory Surgical Facility. These services must be in connection with dental

procedures for Members who are either below the age of nine years, have serious mental or physical conditions, or have significant behavioral problems. The admitting Physician or dentist must certify that, because of the patient's age, condition or problem, hospitalization or general anesthesia is required in order to perform the procedures safely and effectively. Benefits are not provided for routine dental care.

- Dental and Orthodontic services for cleft palate
- Services to treat Temporomandibular Joint Syndrome (TMJ) (Please refer to the Temporomandibular Joint Syndrome section of this Agreement for more information)
- Dental services needed due to accidental injury

Passport does not provide pediatric dental services under this Agreement.

Dental evaluation, X-rays, fluoride treatment, and extractions necessary to prepare the Member's jaw for radiation therapy of cancer and other neoplastic diseases in the Member's head or neck

MICHIGAN:

Dental and Orthodontic Services: Molina does not provide pediatric dental services under this agreement. Dental and orthodontic services provided under this Agreement are limited to the following, which must be Prior Authorized:

- Dental services for radiation treatment
- Dental anesthesia if all of the following apply:
 - The Member is under the age of 7, are developmentally disabled, or the Member's health is compromised
 - The Member's clinical status or underlying medical condition requires that the dental procedure be provided in a Hospital or outpatient surgery center
 - The dental procedure would not ordinarily require general anesthesia

- Dental and Orthodontic services that are an integral part of a reconstructive surgery for cleft palate
- Services to treat Temporomandibular Joint Syndrome (TMJ) (Please refer to the Temporomandibular Joint Syndrome section of this Agreement)

Oral Surgery:

- Treatment of fractures of facial bones;
- Biopsy and removal of tumors or cysts of the jaw, other facial bones, soft tissues of the mouth, lip, tongue, accessory sinuses, and salivary glands and ducts;

- Rebuilding or repair of soft tissues of the mouth or lip needed to correct anatomical functional impairment caused by congenital birth defects or accidental injury;
- Medical surgical services required to correct accidental injuries;
- Treatment for oral and/or facial cancer;
- Treatment for conditions affecting the mouth other than the teeth.

MISSISSIPPI:

Dental and Orthodontic Services: Dental and orthodontic services provided under this agreement must be Prior Authorized and are limited to the following:

- Dental services for radiation treatment
- Dental anesthesia when medically necessary
- Dental and Orthodontic services for cleft palate
- Services to treat Temporomandibular Joint Syndrome (TMJ) (Please refer to the Temporomandibular Joint Syndrome section of this Agreement)
- Dental services needed due to accidental injury

Molina does not provide pediatric dental services under this Agreement.

ADDITIONAL TO THE ABOVE:

Dental Services for Radiation Treatment

- Dental evaluation, X-rays, fluoride treatment, and extractions necessary to prepare Your jaw for radiation therapy of cancer in Your head or neck if a Participating Provider physician provides the services or if Molina gives Prior Authorization for a Non-Participating Provider who is a dentist to provide the services.

Dental Anesthesia:

For dental procedures, we cover general anesthesia and the Participating Provider facility's services associated with the anesthesia if any of the following are true:

- You are mentally handicapped child or adult, Your health is compromised, or You are a child whose physical condition makes anesthesia Medically Necessary;
- Your clinical status or underlying medical condition requires that the dental procedure be provided in a hospital or outpatient surgery center;
- The dental procedure would not ordinarily require general anesthesia.

We do not cover any other services related to the dental procedure, such as the dentist's services.

NEW MEXICO:

Dental and Orthodontic Services: Dental and orthodontic services provided under this agreement must be Prior Authorized and are limited to the following:

- Dental services for preparation of radiation treatment
- Dental anesthesia when medically necessary
- Dental and Orthodontic services for Cleft Palate
- Services to treat Temporomandibular Joint Syndrome (TMJ) (Please refer to the Temporomandibular Joint Syndrome section of this Agreement)
- Dental services needed due to accidental or injury
- Other medically necessary covered procedures for which hospitalization or general anesthesia in a hospital or ambulatory surgical center is needed

Molina does not provide pediatric dental services under this Agreement.

Dental evaluation, X-rays, fluoride treatment, and extractions necessary to prepare the Member's jaw for radiation therapy of cancer and other neoplastic diseases in the Member's head or neck

FROM BBRD:

- Other procedures for which hospitalization or general anesthesia in a hospital or ambulatory surgical center is Medically Necessary

OHIO:

Dental and Orthodontic Services: Molina does not provide pediatric dental services under this agreement. Dental and orthodontic services provided under this Agreement are limited to the following, which must be Prior Authorized:

- Dental services for radiation treatment
- Dental anesthesia if all of the following apply:
 - The Member is under the age of 7, are developmentally disabled, or the Member's health is compromised
 - The Member's clinical status or underlying medical condition requires that the dental procedure be provided in a Hospital or outpatient surgery center
 - The dental procedure would not ordinarily require general anesthesia
- Dental and Orthodontic services that are an integral part of a reconstructive surgery for cleft palate
- Dental services that are integral to transplant preparation, initiation of immunosuppressives, and direct treatment of acute head and neck traumatic injury, head and neck cancers, or cleft palate
- Services to treat Temporomandibular Joint Syndrome (TMJ) (Please refer to the Temporomandibular Joint Syndrome section of this Agreement)

- Dental services needed due to accidental injury (limited to \$ 3,000 per accident)
 - Services must be within 12 months from the injury, or as reasonably soon thereafter as possible and includes all examinations and treatment to complete the repair.
 - For a child requiring facial reconstruction due to dental related injury, there may be several years between the and the final repair
- Facility charges for outpatient services. Benefits are payable for the removal of teeth or for other dental processes only if the Member's medical condition or the dental procedure requires a Hospital setting to ensure the safety of the Member

Dental evaluation, X-rays, fluoride treatment, and extractions necessary to prepare the Member's jaw for radiation therapy of cancer and other neoplastic diseases in the Member's head or neck

SOUTH CAROLINA:

Dental and Orthodontic Services: Molina does not provide routine pediatric dental services under this Agreement. Dental and orthodontic services provided under this agreement must be Prior Authorized and are limited to the following:

- Dental services for radiation treatment
- Dental anesthesia when Medically Necessary
- Dental and Orthodontic services for cleft palate
- Dental services needed due to accidental injury

Molina covers Medically Necessary care and treatment for cleft lip and palate, as well as for any condition or illness which is related to or developed as a result of a cleft lip and palate, as required by State Law.

ADDITIONAL TO THE ABOVE:

Dental Services for Radiation Treatment:

- We cover dental evaluation, X-rays, fluoride treatment, and extractions necessary to prepare Your jaw for radiation therapy of cancer and other neoplastic diseases in the Member's head or neck if a Participating Provider physician provides the services or if Molina authorizes a Non-Participating Provider who is a dentist to provide the services.

Dental Anesthesia:

For dental procedures, we cover general anesthesia and the Participating Provider facility's services associated with the anesthesia if any of the following are true:

- Your developmental condition makes anesthesia Medically Necessary, You are developmentally disabled, or Your health is compromised
- Your clinical status or underlying medical condition requires that the dental procedure be provided in a hospital or outpatient surgery center
- The dental procedure would not ordinarily require general anesthesia

We do not cover any other services related to the dental procedure such as the dentist's services.

TEXAS:

Dental and Orthodontic Services: Dental and orthodontic services provided under this agreement must be Prior Authorized and are limited to the following:

- Dental services for radiation treatment
- Dental anesthesia when medically necessary
- Dental and Orthodontic services for Cleft Palate
- Services to treat Temporomandibular Joint Syndrome (TMJ) (Please refer to the Temporomandibular Joint Syndrome section of this policy)
- Dental services needed due to accidental injury

Teledentistry is covered for Covered benefits. Molina does not provide pediatric dental services under this Agreement.

Dental Trauma: Molina covers services which are necessary for treatment or correction of a congenital defect; and Covered Oral Surgery. Covered Oral Surgery means maxillofacial surgical procedures limited to:

- Excision of non-dental related neoplasms, including benign tumors and cysts and all malignant and premalignant lesions and growths;
- Incision and drainage of facial abscess;
- Surgical procedures involving salivary glands and ducts and non-dental related procedures of the accessory sinuses; and
- Reduction of a dislocation of, excision of, and injection of the temporomandibular joint, except as excluded under the Plan; and
- Removal of complete bony impacted teeth

Limited dental services:

- Dental Services for Radiation Treatment
 - Dental evaluation, X-rays, fluoride treatment, and extractions necessary to prepare the jaw for radiation therapy of cancer and other neoplastic diseases in the head or neck. Must receive services from a Participating Provider physician.

UTAH:

Dental and Orthodontic Services: Molina does not provide routine pediatric dental services under this policy. Dental and orthodontic services provided under this policy must be Prior Authorized and are limited to the following:

- Dental services for radiation treatment
- Dental anesthesia
- Dental and Orthodontic services for Cleft Palate

From BBRD:

Limited dental services:

- Dental Services for Radiation Treatment
 - We cover dental evaluation, X-rays, fluoride treatment, and extractions necessary to prepare the jaw for radiation therapy of cancer and other neoplastic diseases in the head or neck.
 - You must receive services from a Participating Provider physician.
- General anesthesia and the Participating Provider facility's services associated with the anesthesia for qualifying members

WASHINGTON:

Dental and Orthodontic Services: Dental and orthodontic services provided under this agreement are limited to the following, which must be Prior Authorized:

- Dental services for radiation treatment
- Dental anesthesia for those who would be at risk if the service were performed elsewhere and without anesthesia
- Dental and orthodontic services for cleft palate
- Services to treat Temporomandibular Joint Syndrome (TMJ) (Please refer to the Temporomandibular Joint Syndrome section of this Agreement)
- Services or appliances necessary for or resulting from medical treatment if the service is either emergency in nature or requires extraction of teeth to prepare the jaw for radiation treatments of neoplastic disease
- Oral surgery needed due to trauma or injury

Molina does not provide pediatric dental services under this Agreement

Limited dental services:

- Dental which is emergency in nature; or requires extraction of teeth to prepare the jaw for radiation treatments of neoplastic disease
- Oral surgery related to trauma and injury. Plan may not exclude services or appliances necessary for or resulting from medical treatment if the service is either emergency in nature or requires extraction of teeth to prepare the jaw for radiation treatments of neoplastic disease;
- Dental Services for Radiation Treatment

- Molina covers dental evaluation, X-rays, fluoride treatment, and extractions necessary to prepare the jaw for radiation therapy of cancer and other neoplastic diseases in the head or neck.
- Member must receive services from a Participating Provider or a Non-Participating Provider with Prior Authorization
- General anesthesia and the Participating Provider facility's services associated with the anesthesia for qualifying members
- General anesthesia and facility charges for dental procedures for those who would be at risk if the service were performed elsewhere and without anesthesia;
- Emergency dental services for injury to natural teeth, including oral surgery due to injury and trauma

Dental anesthesia criteria (all must be true):

- Under age 7, or are physically or developmentally disabled, or health is compromised
 - The dental procedure must be provided in a hospital or outpatient surgery center because of clinical status or existing medical condition
- The dental procedure would not ordinarily require general anesthesia

Dental anesthesia for those who would be at risk if the service were performed elsewhere and without anesthesia

WISCONSIN:

Dental and Orthodontic Services: Dental and orthodontic services provided under this agreement must be Prior Authorized and are limited to the following:

- Dental services for radiation treatment
- Dental anesthesia when medically necessary
- Dental and Orthodontic services for cleft palate
- Services to treat Temporomandibular Joint Syndrome (TMJ) (Please refer to the Temporomandibular Joint Syndrome section of this Agreement)
- Dental services needed due to accidental injury

Molina does not provide pediatric dental services under this Agreement

ADDITIONAL TO THE ABOVE:

- Adult basic and major dental care are not EHBs, but both are considered covered services
- Both basic and major dental care for children, as well as child orthodontia are all considered an EHB and a covered benefit

Limited dental services:

Dental Services for Radiation Treatment

- Dental evaluation, X-rays, fluoride treatment, and extractions necessary to prepare the jaw for radiation therapy of cancer in the head or neck if a Participating Provider physician provides the services or if Molina gives Prior Authorization for a Non-Participating Provider who is a dentist to provide the services.
- General anesthesia and the Provider facility's services associated with the anesthesia for qualifying members

Dental Anesthesia criteria (must meet any of the following):

- Developmentally disabled, health is compromised, or developmental condition makes anesthesia Medically Necessary;
- Clinical status or underlying medical condition requires that the dental procedure be provided in a hospital or outpatient surgery center;

The dental procedure would not ordinarily require general anesthesia

Limitations for Dental Care for Children:

MS: Both basic and major dental care- Both have a \$2,000 limit

**TEMPOROMANDIBULAR JOINT SYNDROME ("TMJ") SERVICES:
CALIFORNIA, FLORIDA, MICHIGAN, OHIO:**

Molina covers services to TMJ if all the following conditions apply:

- The condition is caused by a congenital, developmental, or acquired deformity, disease, or injury.
- Under the accepted standards of the profession of the health care Provider rendering the service, the procedure or device is reasonable and appropriate for the diagnosis or treatment of the condition.
- The purpose of the procedure or device is to control or eliminate infection, pain, disease, or dysfunction.

ILLINOIS:

Temporomandibular Joint Syndrome ("TMJ")/ Oral Surgery Services: Molina covers services to treat temporomandibular joint syndrome if all the following conditions apply:

- The condition is caused by a congenital, developmental or acquired deformity, disease or injury
- Under the accepted standards of the profession of the health care provider rendering the service, the procedure or device is reasonable and appropriate for the diagnosis or treatment of the condition
- The purpose of the procedure or device is to control or eliminate infection, pain, disease or dysfunction

Covered Oral Surgery Services are limited to:

- Anesthesia Services in accordance with state law
- Surgical removal of complete bony impacted teeth;
- Excision of tumors or cysts of the jaws, cheeks, lips, tongue, roof and floor of the mouth;
- Surgical procedures to correct accidental injuries of the jaws, cheeks, lips, tongue, roof, and floor of the mouth;
- Excision of exostoses of the jaws and hard palate (provided that this procedure is not done in preparation for dentures or other prostheses); treatment of fractures of facial bone; external incision and drainage of cellulitis; incision of accessory sinuses, salivary glands or ducts; reduction of dislocation of, or excision of, the temporomandibular joints.

KENTUCKY:

Temporomandibular Joint Syndrome (“TMJ”) Services: Passport covers services to treat temporomandibular joint syndrome if all the following conditions apply:

- The condition is caused by a congenital, developmental, or acquired deformity, disease or injury.
- Under the accepted standards of the profession of the health care provider rendering the service, the procedure or device is reasonable and appropriate for the diagnosis or treatment of the condition.
- The purpose of the procedure or device is to control or eliminate infection, pain, disease or dysfunction.

MISSISSIPPI:

Temporomandibular Joint Syndrome (“TMJ”) Services: Molina covers services to treat TMJ if all the following conditions apply:

- The condition is caused by a congenital, developmental or acquired deformity, disease or injury.
- Under the accepted standards of the profession of the health care provider rendering the service, the procedure or device is reasonable and appropriate for the diagnosis or treatment of the condition.
- The purpose of the procedure or device is to control or eliminate infection, pain disease or dysfunction.

Covered Services for TMJ are limited to:

- One surgical procedure per calendar year; and
- Three visits per calendar year for:
- Medically Necessary medical non-surgical treatment of TMJ, including coverage for prescribed intraoral splint therapy devices;
- Surgical and arthroscopic treatment of TMJ if prior history shows conservative medical treatment has failed.

NEW MEXICO:

Temporo/Craniomandibular Joint Syndrome (TMJ/CMJ) Services: Molina covers services to treat TMJ/CMJ joint syndrome if all the following conditions apply:

- The condition is caused by a congenital, developmental or acquired deformity, disease or injury.
- Under the accepted standards of the profession of the health care provider rendering the service, the procedure or device is reasonable and appropriate for the diagnosis or treatment of the condition.
- The purpose of the procedure or device is to control or eliminate infection, pain, disease or dysfunction.

Covered Services are limited to:

- One surgical procedure per calendar year; and
- Three visits per calendar year for:
 - Medically Necessary medical (non-surgical) treatment, including coverage for prescribed intraoral TMJ splint therapy devices;
 - Surgical and arthroscopic treatment if prior history shows conservative medical treatment has failed.

TEXAS:

Temporomandibular Joint Syndrome (“TMJ”) Services: Molina covers services to treat TMJ (“TMJ”) if all the following conditions apply:

- The condition is caused by a congenital, developmental or acquired deformity, disease or injury.
- Under the accepted standards of the profession of the health care provider rendering the service, the procedure or device is reasonable and appropriate for the diagnosis or treatment of the condition.
- The purpose of the procedure or device is to control or eliminate infection, pain, disease or dysfunction.

Covered Services for TMJ are limited to:

- Three visits per calendar year for:
 - Medically Necessary medical non-surgical treatment of TMJ, including coverage for prescribed intraoral splint therapy devices;
 - Surgical and arthroscopic treatment of TMJ if prior history shows conservative medical treatment has failed.

WASHINGTON:

Temporomandibular Joint Syndrome (“TMJ”): We cover the following services to treat temporomandibular joint syndrome (also known as “TMJ”)

- Medically Necessary medical non-surgical treatment (e.g., splint and physical therapy) of TMJ;

- Surgical and arthroscopic treatment of TMJ if prior history shows conservative medical treatment has failed.

For Covered Services related to dental or orthodontic care in the above sections, Members will pay the Cost Sharing they would pay if the services were not related to dental or orthodontic care. For example, see “Inpatient Hospital/ Facility Services” in the Schedule of Benefits for the Cost Sharing that applies for hospital inpatient care.

WISCONSIN:

Temporomandibular Joint Syndrome (“TMJ”) Services: Molina covers services to treat temporomandibular joint syndrome if all the following conditions apply:

- The condition is caused by a congenital, developmental or acquired deformity, disease or injury
- Under the accepted standards of the profession of the health care provider rendering the service, the procedure or device is reasonable and appropriate for the diagnosis or treatment of the condition
- The purpose of the procedure or device is to control or eliminate infection, pain, disease or dysfunction

Covered Services for TMJ are limited to:

- One surgical procedure per calendar year; and
- Three visits per calendar year for:
 - Medically Necessary medical non-surgical treatment of TMJ, including coverage for prescribed intraoral splint therapy devices;
 - Surgical and arthroscopic treatment of TMJ if prior history shows conservative medical treatment has failed

LIMITATIONS for TMJ:

MISSISSIPPI: TMJ: One procedure per calendar year and three visits per year

NEW MEXICO: TMJ: One procedure per calendar year and three visits per year

TEXAS: TMJ: Three visits per calendar year

WISCONSIN: TMJ: One procedure per year and three visits per year

For Covered Services related to dental or orthodontic care in the above sections, the member will pay the Cost Sharing the member would pay if the services were not related to dental or orthodontic care.

DENTAL AND ORTHODONTIC SERVICES FOR CLEFT PALATE & LIP

ALL STATES:

Dental and Orthodontic Services for Cleft Palate & Lip

We cover dental extractions when medically necessary to prepare for orthodontic services for cleft palate and lip, if they meet all of the following requirements:

- The services are an integral part of a reconstructive surgery for cleft palate
- A Participating Provider provides the services or Molina Healthcare authorizes a Non-Participating Provider who is a dentist or orthodontist to provide the services

CALIFORNIA, IDAHO, ILLINOIS, KENTUCKY, MISSISSIPPI, NEW MEXICO, TEXAS, UTAH, WASHINGTON, WISCONSIN:

Dental and Orthodontic services for Cleft Palate

FLORIDA:

Dental and Orthodontic services for cleft lip and cleft palate

MICHIGAN:

Dental and Orthodontic services that are an integral part of a reconstructive surgery for cleft palate

OHIO:

- Dental and Orthodontic services that are an integral part of a reconstructive surgery for cleft palate
- Dental services that are integral to transplant preparation, initiation of immunosuppressives, and direct treatment of acute head and neck traumatic injury, head and neck cancers, or cleft palate

SOUTH CAROLINA:

- Dental and Orthodontic services for cleft palate
- Molina covers Medically Necessary care and treatment for cleft lip and palate, as well as for any condition or illness which is related to or developed as a result of a cleft lip and palate, as required by State Law.

MANDIBULAR AND MAXILLARY OSTEOTOMY

ILLINOIS:

Mandibular and Maxillary Osteotomy (Jaw Realignment Surgery)

A mandibular or maxillary osteotomy is covered only if you have significant functional problems that have not been corrected with Dental and/or orthodontic treatment.

ORTHOGNATHIC SURGERY (JAW STRAIGHTENING SURGERY)

MICHIGAN:

Orthognathic Surgery (Jaw Straightening Surgery): Molina covers orthognathic surgery services. This surgical treatment is to restore the bones or other parts of the jaw to correct a congenital birth defect, the effect of an illness or injury or to correct other functional impairments. Prior Authorization is required for these services. Coverage is limited to the following:

- Referral care for evaluation and orthognathic treatment
- Cephalometric study and x-rays
- Orthognathic surgery and post-operative care, including hospitalization if necessary.

MORE INFORMATION

Refer to Benefit Policy titled **Cosmetic, Reconstructive or Plastic Surgery**

Fluoride Application in Primary Care: Refer to Benefit Policy titled **Preventive Care Services**

D. NOT COVERED

Refer to the member's Evidence of Coverage (EOC) and Schedule of Benefits (SOB) to determine coverage eligibility.

ACCIDENTAL DENTAL

Molina does not cover in **Michigan, Utah, and Washington**

DENTAL SERVICES

IDAHO:

Dental Services: Molina does not cover routine adult dental services. Pediatric dental services can be purchased as a stand-alone product through the Health Benefit Exchange.

PEDIATRIC DENTAL SERVICES

FLORIDA, KENTUCKY, ILLINOIS, IDAHO, MICHIGAN, MISSISSIPPI, NEW MEXICO, OHIO, SOUTH CAROLINA, TEXAS, UTAH, WASHINGTON, WISCONSIN:

Molina and Passport do not provide pediatric dental services under this agreement. Dental only plan available for each state

TEMPOROMANDIBULAR JOINT SYNDROME ("TMJ") SERVICES

Molina does not cover TMJ for **Idaho, South Carolina, and Utah**

IDAHO:

Temporomandibular Joint Syndrome (TMJ): Molina does not cover the following services to treat temporomandibular joint syndrome (also known as "TMJ")

- Medically Necessary medical non-surgical treatment (e.g., splint and physical therapy) of TMJ
- Surgical and arthroscopic treatment of TMJ if prior history shows conservative medical treatment has failed

Refer to Benefit Interpretation Policy titled **Services/Complications Related to Not-Covered Services**

E. DEFINITIONS

[See Glossary](#)

Upper jaw (maxillary osteotomy) & **Lower jaw** (mandibular osteotomy)

Orthognathic surgery is performed to correct a wide range of skeletal and dental anomalies, including the misalignment of the jaws and teeth

F. POLICY HISTORY/REVISION INFORMATION

Date	Action/Description
4/15/2021	<ul style="list-style-type: none"> • Added the KY Drafted 2022 Language
5/14/2021	<ul style="list-style-type: none"> • Added IL 2022 EOC Language
6/28/2021	<ul style="list-style-type: none"> • Added ID 2022 EOC Language

Procedure Codes (Internal Use Only)

Refer to Benefit Interpretation Policy titled **Physician Services** for Procedure Codes

Coding Disclaimer: Codes listed in this policy are for reference purposes only and may not be all-inclusive. Deleted codes and codes which are not effective at the time the service is rendered may not be eligible for reimbursement. Coverage is determined by the benefit document. Molina adheres to Current Procedural Terminology (CPT[®]), a registered trademark of the American Medical Association (AMA). All CPT codes and descriptions are copyrighted by the AMA; this information is included for informational purposes only. Providers and facilities are expected to utilize industry standard coding practices for all submissions. When improper billing and coding is not followed, Molina has the right to

	reject/deny the claim and recover claim payment(s). Due to changing industry practices, Molina reserves the right to revise this policy as needed.				
Prior Authorization	<p>For the MHI PA Matrix, if a code is NOT listed, it could EITHER be:</p> <ul style="list-style-type: none"> a. Covered and No PA Required b. Not Covered <p>You cannot use the MHI PA Matrix to make coverage determinations.</p> <p>PA Lookup Tool</p>				
Approval	Departments	Product	CIM	Clinical Management	
	Date	12/22/2020	12/18/2020	3/16/2021	
	Revised (for 1/1/2022)	10/26/2021	3/3/2022	10/26/2021	
	Revised (for 1/1/2023)	11/15/2022		11/15/2022	