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**Utilization \*ALERT\***

- Prior to use of this MCP for evaluation of medical necessity, benefit coverage **MUST** be verified in the member's EOC or benefit document.
- The applicability of this policy includes Medicare members because the Medicare Coverage Database does not provide either coverage or exclusionary language for medical related dental treatment.
- Please refer to the Medicaid handbook or program language for VA Medicaid or Maryland Medicaid members.

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**I. Services: Dental Treatment/Oral Surgery**

**II. Coverage**

For patients diagnosed with the following conditions, KPMAS will cover dental treatment and oral surgery services not customarily included under patient's medical benefit. Covered services under the patient's medical benefit include oral examination of oral cavity and treatment services including extraction of non-viable teeth, treatment of restorable teeth, dental x-rays, and fluoride trays.

**A. Head and neck cancer, with radiation therapy planned and documented as part of the patient's cancer treatment.**

1. The dental treatment coverage facilitates preparation of the jaw and oral cavity for radiation treatment for the cancer involving the head and neck.
2. The coverage is limited to services required prior to radiation therapy.

**B. Osteonecrosis and Osteoradionecrosis**

1. Dental treatment under medical coverage for Osteonecrosis from bisphosphonates or other causes is limited to dentist or oral surgeon exams, diagnostic x-rays, tooth extraction, and treatment of existing restorable teeth, in connection with covered medical services for treatment of the condition.
2. Dental treatment under medical coverage for Osteoradionecrosis as a pathological sequela from radiation therapy is limited to dentist or oral surgeon exams, diagnostic x-rays, tooth extraction, and treatment of restorable teeth, in connection with covered medical services for treatment of the condition.

**III. Exclusions**

KPMAS does not cover dental reconstruction for the replacement of extracted teeth under the medical benefits.



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Mid-Atlantic States

**Dental Services:  
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**Medical Coverage Policy**

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### Approval History

Date approved by RUMC*	Date filed with the State of Maryland	Date of Implementation (Ten days after filing)
03/28/2016	03/30/2016	04/11/2016

### Approval History

Effective June 01, 2016, state filing no longer required per Maryland House Bill [HB 798](#) – Health Insurance – Reporting

Date approved by RUMC	Date of Implementation
03/30/2017	03/30/2017
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\*The Regional Utilization Management Committee received **delegated authority** to review and approve designated Utilization Management and Medical Coverage Policies by the Regional Quality Improvement Committee in 2011.

Note: Kaiser Permanente Mid-Atlantic States (KPMAS) include referral and authorization criteria to support primary care and specialty care practitioners, as appropriate, in caring for members with selected conditions. Whenever possible, Medical Coverage Policies are evidence-based and may also include expert opinion. Medical Coverage Policies are not intended or designed as a substitute for the reasonable exercise of independent clinical judgment by a practitioner in any particular set of circumstances for an individual member.

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