



World Trade Center (WTC) Health Program Medical Coverage Determination Dental Services

Final Medical Coverage Determination

Publish Date: March 15, 2023

Most Recently Revised: June 26, 2023

I. Coverage Overview

This Medical Coverage Determination (MCD) outlines the coverage of medically necessary¹ dental services for WTC Health Program members.

The WTC Health Program provides limited coverage of medically necessary dental services for members undergoing certain cancer treatments or organ transplantation for a certified WTC-related health condition. Members receiving either a solid organ or hematopoietic stem cell (HSC) transplant or cancer treatment involving radiation and chemotherapy for a certified WTC-related health condition may receive a dental exam and medically necessary dental treatment prior to undergoing the transplant or treatment. In addition, members with certified WTC-related head or neck cancers may receive additional dental services that are medically necessary to address dental trauma or other adverse effects resulting from cancer treatment.

The WTC Health Program provides coverage of medically necessary dental services only when certain criteria for authorization are met. Some dental services may be authorized by a WTC Health Program provider. Other dental services must be authorized by the Program. In limited situations, the Program may cover medically necessary dental services related to other certified WTC-related health conditions beyond those referenced in this MCD on a case-by-case basis, including coverage for fitting an oral device in limited situations for members certified for sleep apnea. Please refer to the WTC Health Program Codebook for a full list of covered medical services, procedures, and diagnosis codes.

II. Clinical Summary

Chemotherapy and radiation therapy for treatment of cancers has been linked to oral complications, depending on the combination of drugs used and the extent of current dental disease; a handful of clinical studies have linked an increased incidence of intra-therapy complications, bacteremia, and sepsis in patients to poor dental health.^{2,3} Oral complications are especially evident in the treatment of head and/or neck cancers. Specifically, targeted

¹ The WTC Health Program defines medically necessary treatment as the provision of healthcare services to manage, ameliorate, or cure a WTC-related health condition or health condition medically associated with a WTC-related health condition, and which conforms to medical treatment protocols developed by the Data Centers, with input from the CCEs, and approved by the Administrator of the WTC Health Program. See 42 C.F.R. § 88.1 at <https://www.cdc.gov/wtc/regulations2.html>.

² See Oral Complications of Cancer Treatment, NIH, at <https://www.nidcr.nih.gov/sites/default/files/2017-09/oral-complications-cancer-dental-team.pdf>.

³ Hong et al. (2010). A systematic review of dental disease in patients undergoing cancer therapy. *Supportive Cancer Care*, Vol 18, pp 1007-1021. <https://pubmed.ncbi.nlm.nih.gov/20449756/>.

radiation therapy for head and/or neck cancers creates a higher susceptibility to a broad spectrum of oral morbidities that can be difficult to manage and can have profound, life-long effects.⁴ Oral evaluations for cancer patients can prevent oral pain, minimize complications that impair nutrition, and improve rates of planned chemotherapy completion.^{5,6,7,8}

Similarly, organ and/or HSC transplant recipients frequently experience oral complications such as drug-induced gingival enlargement, graft versus host disease, oral mucositis, viral infections, and oropharyngeal candidiasis due to drug-induced immunosuppression or the procedure itself.⁹ Studies have shown the risk of infection or sepsis from dental disease in the post-transplant population may be high.^{10,11} It is important to eliminate dental infections prior to transplantation to reduce the potential for oral and systemic complications post-transplantation.^{12,13}

The National Institutes of Health (NIH) and other academic and research institutions have developed recommendations to improve oral hygiene prior to chemotherapy, radiation therapy, and organ and/or HSC transplantation to reduce the risk of post-treatment complications.^{14,15,16,17} These recommendations encourage people diagnosed with any cancer for whom chemotherapy/radiation therapy is recommended or those who will undergo organ or HSC transplant to have a dental examination prior to the initiation of treatment to reduce chances of systemic and oral infections in the post-treatment immunosuppressive period.

The WTC Health Program coverage of medically necessary dental services requires that all applicable Level 2 Prior Authorization (PA2) or Level 3 Prior Authorization (PA3) criteria are met, as described in this MCD.

⁴ Sroussi et al. (2017). Common oral complications of head and neck cancer radiation therapy: mucositis, infections, saliva change, fibrosis, sensory dysfunctions, dental caries, periodontal disease, and osteoradionecrosis. *Cancer medicine*, 6(12), 2918–2931. <https://www.ncbi.nlm.nih.gov/pmc/articles/PMC5727249/>.

⁵ Wong, F., & Toljanic, J. A. (2009). A survey of clinicians: prioritization of dental treatment in leukemia patients prior to chemotherapy. *The International journal of prosthodontics*, 22(3), 303–306. <https://pubmed.ncbi.nlm.nih.gov/19548416/>.

⁶ Raut et al. (2001). Sequelae and complications related to dental extractions in patients with hematologic malignancies and the impact on medical outcome. *Oral surgery, oral medicine, oral pathology, oral radiology, and endodontics*, 92(1), 49–55. <https://pubmed.ncbi.nlm.nih.gov/11458245/>.

⁷ Tsuji et al. (2015). Prospective study of dental intervention for hematopoietic malignancy. *Journal of dental research*, 94(2), 289–296. <https://pubmed.ncbi.nlm.nih.gov/25503612/>.

⁸ See Footnote 1.

⁹ Nappalli D., Lingappa A. (2015) Oral Manifestations in Transplant Patients. *Dental Research Journal* 12(3), 199-208. <https://www.ncbi.nlm.nih.gov/pmc/articles/PMC4432601/>.

¹⁰ Guggenheimer, J., Eghtesad, B., Close, J.M., Shay, C., and Fung, J.J. (2007), Dental health status of liver transplant candidates. *Liver Transpl*, 13: 280-286. <https://doi.org/10.1002/lt.21038>.

¹¹ Kwak, E.-J., Kim, D.-J., Choi, Y., Joo, D. J., & Park, W. (2020). Importance of oral health and dental treatment in organ transplant recipients. *International Dental Journal*, 70(6), 477-481. <https://doi.org/10.1111/idj.12585>.

¹² See Dental Management of the Organ or Stem Cell Transplant Patient, National Institute of Dental and Craniofacial Research, at <https://www.nidcr.nih.gov/sites/default/files/2017-09/dental-management-organ-stem-cell-transplant.pdf>.

¹³ Guggenheimer, J., Eghtesad, B., and Stock, D. J. (2003). Dental management of the (solid) organ transplant patient. *Oral Surgery, Oral Medicine, Oral Pathology, Oral Radiology, and Endodontology*, 95(4), 383-389. <https://doi.org/10.1067/moe.2003.150>.

¹⁴ See Dental Provider's Oncology Pocket Guide, NIH, at https://www.nidcr.nih.gov/sites/default/files/2017-09/oncology-guide-dental-provider_0.pdf.

¹⁵ See Mouth Care During Your Cancer Treatment, Memorial Sloan Kettering Cancer Center, at <https://www.mskcc.org/cancer-care/patient-education/mouth-care-during-your-treatment>.

¹⁶ See Oral Complications of Chemotherapy and Head/Neck Radiation (PDQ®)—Health Professional Version, National Cancer Institute, at <https://www.cancer.gov/about-cancer/treatment/side-effects/mouth-throat/oral-complications-hp-pdq>.

¹⁷ See the NIH Dental Management of the Organ or Stem Cell Transplant Patient at <https://www.nidcr.nih.gov/sites/default/files/2017-09/dental-management-organ-stem-cell-transplant.pdf>.

II. Covered Dental Services

A PA2 or PA3 is required for all dental services. Coverage of dental services is permitted only when in accordance with the Program formulary and other Program guidelines.¹⁸ For detailed Prior Authorization procedures, see instructions found in the WTC Health Program's Administrative Manual.¹⁹

A. Pre-Cancer Treatment and Pre-Transplant Dental Services

Pre-cancer treatment or pre-transplant dental services are a limited benefit and may be covered by the Program only during the timeframe immediately preceding the cancer or transplant treatment. This service is a one-time benefit and does not apply to metastatic disease, new cancer primary sites, or recurrences of the certified cancer unless a member has not utilized the one-time benefit in the past. Members should be counseled on ways to sustain oral hygiene during treatment for their WTC-related cancer;^{20,21} case management will help members obtain dental insurance or find low-cost or free services to sustain optimal oral hygiene in the survivorship period.²²

The following dental services are available prior to initiation of chemotherapy and/or radiation therapy for *any* certified WTC-related cancer or prior to organ or HSC transplantation related to a certified WTC-related health condition.

1. Dental Examination

During the pre-cancer treatment or pre-transplant period, the Program will cover a member's dental examination, all appropriate radiographs, and a dental cleaning.

2. Medically Necessary Dental Treatment

During the pre-cancer treatment or pre-transplant period, the Program will cover a member's non-surgical periodontal care (including deep cleaning, root planning, and/or scaling to reduce oral inflammation), the elimination of active dental caries and stabilization, root canals, and the extraction of non-restorable teeth in the pre-cancer treatment or pre-transplant member with the aim of reducing bacteremia post-cancer treatment/transplant.²³

B. Post-Cancer Treatment Dental Services for Members with Head and/or Neck Cancers

¹⁸ See *generally* WTC Health Program Administrative Manual for a full description of Program guidelines, policies, and procedures, at <https://www.cdc.gov/wtc/ppm.html>.

¹⁹ WTC Health Program Administrative Manual, Chapter 4, Section 3.4, at https://www.cdc.gov/wtc/ppm.html#medical_prior.

²⁰ Epstein, J.B., Güneri, P. & Barasch, A. (2014). Appropriate and necessary oral care for people with cancer: guidance to obtain the right oral and dental care at the right time. *Supportive care in cancer: official journal of the Multinational Association of Supportive Care in Cancer*, 22(7), 1981–1988. <https://doi.org/10.1007/s00520-014-2228-x>.

²¹ Epstein, J. B., Thariat, J., Bensadoun, R. J., Barasch, A., Murphy, B. A., Kolnick, L., Popplewell, L., & Maghami, E. (2012). Oral complications of cancer and cancer therapy: from cancer treatment to survivorship. *CA: a cancer journal for clinicians*, 62(6), 400–422. <https://doi.org/10.3322/caac.21157>.

²² Individuals are considered cancer survivors from the time of diagnosis throughout their lifespan, which includes those living with cancer and those free of cancer. See Survivorship Terms, National Cancer Institute Division of Cancer Control & Population Sciences at <https://cancercontrol.cancer.gov/ocs/definitions#terms>.

²³ See Medical Dental Coverage, Centers for Medicare and Medicaid Services, at <https://www.cms.gov/Medicare/Coverage/MedicareDentalCoverage>.

In addition to the above pre-cancer treatment dental services, members with certified WTC-related head and/or neck cancers may receive authorization from the WTC Health Program for additional medically necessary dental care following their cancer treatment, as treatment of cancer and associated sequelae may cause dental problems in this population. Only members with certified head and/or neck cancers may receive post-cancer treatment care; such care must be deemed medically necessary and a result of the medical treatment of the WTC-related health condition. This includes ongoing prophylactic care in accordance with PA requirements. The Program may also authorize treatment for non-head and/or neck primary cancers that metastasize to the oral cavity on a case-by-case basis.

C. Other Dental Treatment

Medically necessary dental treatment related to other certified WTC-related health conditions may be considered on a limited, case-by-case basis, including coverage for fitting an oral device in limited situations for members certified for sleep apnea.²⁴

III. Coverage Guidelines – General Eligibility Requirements for Medically Necessary Pre-Cancer Treatment and Pre-Transplant Dental Services for WTC Health Program Members and Post-Cancer Treatment Dental Services for Members with Head and/or Neck Cancers

All dental services must meet the criteria below.

A. PA Level 2 – Authorization by CCE/NPN Clinical Director

A PA2 is required for the dental examination services listed below. The CCE/NPN Clinical Director will determine whether the dental services are medically necessary to treat the member's certified WTC-related health condition, or health condition medically associated with a certified WTC-related health condition. The CCE/NPN Clinical Director will also ensure that the member meets the PA Criteria listed below in Section III.B.1 and confirm that the criteria are appropriately documented in the member's medical record.

1. Pre-Cancer Treatment or Pre-Transplant Dental Examination – PA2

A PA2 is required for a pre-cancer treatment or pre-transplant dental examination prior to the initiation of the chemotherapy and/or radiation or prior to an organ or HSC transplant. All active dental disease should be addressed prior to the initiation of chemotherapy, radiation therapy, and/or transplantation. A pre-cancer treatment or pre-transplant examination should inform the development of a dental treatment plan that the CCE/NPN would use to request a PA3 from the Program for any relevant, medically necessary pre-cancer treatment or pre-transplant dental treatment.

Please note that a PA3 is required for the Program to cover certain components of the pre-cancer treatment/pre-transplant dental examination, as indicated in Section III.B.1. below.

B. PA Level 3 – Authorization by the WTC Health Program

²⁴ Coverage of dental services pertaining to oral device fitting must meet eligibility requirements specified in the Sleep Apnea MCD. Please refer to the Sleep Apnea MCD for additional coverage details including eligibility, PA requirements, and limitations.

A PA3 is required for all medically necessary dental treatment services listed below. The WTC Health Program's Dental Consultant will review the medical justification and documentation provided by the CCE/NPN Clinical Director and determine whether the dental services are medically necessary to manage or ameliorate the member's certified WTC-related health condition or health condition medically associated with a certified WTC-related health condition. The WTC Health Program will also ensure that the member meets the PA Criteria listed below in Section III.B.1 and confirm that the criteria are appropriately documented in the member's medical record.

1. Pre-Cancer Treatment and Pre-Transplant Dental Services – PA3

A PA3 is required for the Program to cover the following components of the pre-cancer treatment/pre-transplant dental examination: non-surgical periodontal care (including deep cleaning, root planning, and/or scaling to reduce oral inflammation); elimination of active dental caries and stabilization; root canals; and extraction of non-restorable teeth. The CCE/NPN Clinical Director may request authorization of pre-cancer treatment or pre-transplant dental services if **ALL** the criteria below (**a.** through **c.**) are met and clearly documented in the member's medical record:

- a. The member has a certified WTC-related certified cancer or will undergo an organ or HSC transplant secondary to a certified WTC-related health condition, or health condition medically associated with a certified WTC-related health condition;
- b. The services are provided while the member is under the care of a WTC Health Program-affiliated dental provider;

AND

- c. The dental services are determined to be medically necessary, as established by meeting **all** of the following criteria:
 - 1) The member will undergo chemotherapy and/or radiation for treatment of a certified WTC-related cancer OR will undergo organ or HSC transplant related to a WTC-related certified health condition;
 - 2) The PA3 request includes documentation of CCE/NPN Clinical Director PA2 authorization of a pre-cancer treatment or pre-transplant dental examination;
 - 3) The PA3 request includes a clinical note from the pre-cancer treatment or pre-transplant dental examination and all relevant radiographs;
 - 4) The PA3 request includes clinical notes with a dental treatment plan demonstrating medically necessary treatment required prior to chemotherapy/radiation treatment or transplantation;

AND

- 5) The member has not previously used the one-time benefit.

2. Post-Cancer Treatment Dental Services for Members with Head and/or Neck Cancers – PA3

The CCE/NPN Clinical Director may request authorization for medically necessary post-cancer treatment dental services for members with certified WTC-related head and/or neck cancers if **ALL** the criteria below (**a.** through **d.**) are met and clearly documented in the member's medical record:

- a.** Documentation of a certified WTC-related head and/or neck cancer;
- b.** The services are provided while the member is under the care of a WTC Health Program-affiliated dental provider;
- c.** Documentation of medical necessity describing how the requested dental service(s) relates to the management or amelioration of the relevant, certified WTC-related head and/or neck cancer and whether the dental care is adjunctive or corrective.

AND

- d.** A finalized and up-to-date (<120 days old) dental treatment plan.

IV. Coverage Exclusions

The Program **does not cover** the following dental services:

- A.** The Program does not cover more than one pre-cancer treatment dental service regimen, including for metastatic disease, new cancer primary sites, or recurrences of the certified cancer. This benefit is available only once per lifetime.
- B.** The Program does not cover treatment for pre-existing dental disease, including oral prosthetic services and dental rehabilitation care such as crowns, bridges, and/or implants. Dental disease will be considered a pre-existing condition in members with a certified condition who have already initiated chemotherapy/radiation or undergone organ or HSC transplantation.

V. PA Request Submission Requirements

The PA2 for dental services must be signed and authorized by the CCE/NPN Clinical Director and maintained in the member's medical record. The CCE/NPN Clinical Director will maintain documentation that demonstrates MCD criteria has been met in the member's medical record, as well as documentation related to the PA2.

The PA3 for dental services must be signed by the requesting CCE/NPN Clinical Director and submitted to the Third-Party Administrator (TPA) contractor securely following the Program's standard procedures. The WTC Health Program will decide whether to authorize the service and will inform the TPA contractor, who will subsequently inform the CCE/NPN of the decision. The CCE/NPN will maintain documentation that demonstrates MCD criteria has been met in the member's medical record, as well as documentation related to the PA3 request. Incomplete or inaccurate requests will be returned to the requesting CCE/NPN for additional information.

The CCE/NPN Clinical Director may complete a PA2/PA3 for dental services retrospectively only when an urgent need for dental services arises. The retrospective PA2 must be signed and authorized within 14 calendar days of the start date of dental services. The PA3 request must be submitted within 14 calendar days of the start date of dental services.

All documentation for completed dental service authorizations is subject to audit by the WTC Health Program.

VI. Billing/Coding Guidelines

All applicable codes are listed in the WTC Health Program Codebook, located on the Centralized Accessible Realtime Enterprise (CARE) portal.

For consideration of codes that are not currently included in the WTC Health Program Codebook, please submit a WTC-5 Medical Code Request form to the TPA Contractor via the standard WTCMedCode@csra.com mailbox process.

VII. Revision History

A. June 20, 2023

1. Performed final editorial updates throughout. Added clarifying language to Coverage Exclusions section. Removed coverage exclusion for members with non-head and neck cancers that have metastasized to the oral cavity. Updated publication status from interim MCD to final MCD.