

Policy Number: CP-IFP20-009A

Original Effective Date: May 1, 2021

Last Review Date: October 1, 2025

## Medical Dental

**The purpose of this policy is to provide clarity and specificity on the following limited dental services covered under the IFP contract:**

- Accidental/Medical
- Hospitalization and anesthesia for dental care
- Outpatient Dental Services
- Oral surgery

**\*This is not a comprehensive dental plan. Only medically necessary services are covered \***

## DISCLAIMER

Coverage Policies are developed to assist in identifying coverage for UCare benefits under UCare's health plans. They are intended to serve only as a general reference regarding UCare's administration of health benefits and are not intended to address all issues related to coverage for health services provided to UCare members.

These services may or may not be covered by all UCare products (refer to product section of individual coverage policy for product-specific detail). Providers are encouraged to have their UCare patient refer to their UCare plan documents (Evidence of Coverage/Member Handbook/Member Contract) for specific coverage information. If there is a conflict between a coverage policy and the UCare plan documents, the UCare plan documents prevail.

Medical Assistance (Medicaid) products may provide different coverage for certain services, which may be addressed in different policies. For Minnesota Health Care Program (MHCP) policies, please consult the MHCP Provider Manual website.

Medicare products may provide different coverage for certain services, which may be addressed in different policies. For Medicare National Coverage Determinations (NCD), Local Coverage Determinations (LCD), and/or Local Coverage Articles, please consult CMS, National Government Services, or CGS websites.

Coverage Policies do not constitute medical advice. Providers are responsible for submission of accurate and compliant claims.

## PRODUCT SUMMARY

This coverage policy applies to the following UCare products:

UCare product	Applies to
UCare Individual & Family Plans (IFP), UCare IFP with M Health Fairview	✓
UCare Connect (SNBC)	
Prepaid Medical Assistance Program (PMAP), MinnesotaCare	
Minnesota Senior Care Plus (MSC+)	

### Benefit category:

**Dental-Accidental/Medical**

## Definitions or summary

**Accidental Dental Services:** Dental services to treat and restore damage to sound, natural, unrestored teeth due to an external injury to the face and mouth to restore a natural tooth to most closely approximate pre-accident form and function.

**Sound and healthy natural tooth** is a tooth (including supporting structures) that is free from disease that would prevent continued function of the tooth for at least one year.

**Oral Surgery:** A surgical procedure performed in or around the mouth and jaw, usually by a dental specialist who is trained to perform certain kinds of oral surgeries.

## Coverage policy

### Covered

#### Accidental Dental Services

UCare may cover dental services to treat and restore damage to sound, healthy, natural, unrestored teeth due to an injury

- Treatment and/or restoration must be started within six months of the date of injury and completed within 24 months.
- Coverage limited to initial treatment and/or initial restoration
- Coverage for damage caused by external trauma to the face and mouth only, not for cracked or broken teeth due to biting or chewing
- Limited to procedures directly related to the injury
  - Initial exam including x-rays
  - Restoration of sound natural teeth
  - Root canals necessary due to the injury
  - Crowns
  - Surgical procedures and removal of affected teeth
  - Treatment of fractures of the jaw
  - Trauma to the mouth or jaw

#### Outpatient Dental Services/Oral Surgery

- Limited to treatment of dental services to treat an underlying medical condition
  - Removal of teeth for radiation treatment for cancer of the jaw
  - Removal of oral neoplasm, non-dental cysts or tumors in the mouth or jaw

#### Hospitalization and anesthesia for dental care is limited to charges incurred by the following members:

- Children under age 5 requiring lengthy restoration procedures
- Persons with a medical condition that requires hospitalization or general anesthesia for dental treatment
- Clinical procedures that are extensive or complex and cannot be performed under local anesthesia
- Persons that have physical, cognitive, or developmental disabilities
- Persons unable to cooperate with dental care under local anesthesia as determined by a physician or dentist
- *Coverage is limited to the facility and anesthesia charges*

### Services not covered include but not limited to:

- Accident-related dental services if treatment is provided to teeth that are not sound and natural, and to teeth that have been restored
- Coverage of professional charges of the treating dentist when hospitalization or anesthesia is required.
- Dental implants (tooth replacement) and associated services
- Dental treatment, procedures and services not listed
- Oral surgery to remove wisdom teeth
- Osteotomies and other procedures related to the fitting of dentures or dental implants
- Procedures that are not due to an external injury to the face and mouth or are cosmetic in nature
- Services begun after six months from the date of the injury, received beyond the initial treatment or restoration, or received after 24 months from the date of injury
- Services related to routine dental care
- Treatment of cracked or broken teeth due to biting or chewing

### Prior authorization

***Prior authorization is not required for accidental dental services or covered oral surgery in the dental office.***

### Related policies and documentation

*References to other policies or documentation that may be relevant to this policy*

Policy Number	Policy Description

### References and source documents

*Links to the UCare contracts, Center for Medicare, and Medical Assistance (Medicaid) MHCP, Minnesota statute and other relevant documents used to create this policy*

[Individual and Family Plans Documents and Information:](#)

### Coverage policy development and revision history

Version	Date	Note(s)
V1	May 01, 2021	New policy; original effective date
	Dec. 14, 2021	Annual review; no changes
	Nov. 30, 2022	Annual review; no changes
	Oct. 17, 2023	Annual Review; No substantive change
	Oct 6, 2024	Annual Review; no substantive changes
	April 16, 2025	March 2025, DHS guideline requirement
	Oct. 1, 2025	Annual Review: no substantive changes added non covered heading "Services not covered include but not limited to" aligned with 2026 contract