














# Clinical Consensus on Medically Necessary Dental Care






The following medical organizations have shared their professional perspectives about the importance and relevance of oral and dental health to the management and treatment of diseases within their respective disciplines.



In addition to a general statement, numerous organizations identified specific diseases, conditions, and procedures for which resolution of oral and dental infections are necessary and adjunctive to medical therapies. Those without an asterisk have a significant risk of compromised medical outcomes from unresolved dental infections. A similar medical need for dental evaluation and therapies selectively exists for those listed with an asterisk if the patient is or will be immunosuppressed, is in a state of chronic inflammation, or has or will have implanted medical or prosthetic devices.

Organization	Description	Disease/Condition/Procedure
 <p><b>American Academy of Neurology</b></p>	<p>Given the broad array of neurological diseases that are affected by poor dentition, as well as the many neurological conditions that require immunosuppressive therapy, access to good dental care is essential to our patients. In a stroke-related example, poor dental hygiene increases likelihood of bacterial endocarditis and worsens stroke outcomes in all subtypes due to an increased inflammatory burden. In other examples, patients taking therapies which suppress the immune system (such as those with multiple sclerosis taking disease-modifying therapeutic drugs) are highly susceptible to very serious infections which can result simply from poor dentition. Furthermore, access to dental care is often hampered by physical impairments related to neurologic disease. Patients with neurologic disorders do not need another barrier to their ability to receive dental care.</p>	<p>ALS            Cancer, primary or metastatic            Endocarditis            Cerebrovascular Disease*            Fibromyalgia*            Multiple Sclerosis*            Neurofibromatosis*            Parkinson's Disease*            Peripheral Neuropathy*            Seizure Disorder*            TIA*</p>
 <p><b>American Association of Clinical Endocrinology</b></p>	<p>... the connection between uncontrolled diabetes and serious periodontal disease has been well documented. Further, untreated periodontal disease makes it more difficult to control diabetes, leading to the dreaded diabetic microvascular and macrovascular complications. Chronic periodontitis has been associated with increased incidence of cardiovascular events, the leading cause of morbidity and mortality in the United States. ...our members also appreciate the value of specialized approach to those patients with generalized osteoporosis.</p>	<p>Diabetes Mellitus            Addison's Disease*            Cushing's Syndrome*            Osteoporosis*</p>
 <p><b>American Association of Hip and Knee Surgeons</b></p>	<p>Any patient undergoing an arthroplasty of the hip and knee is at risk for infection. These risks are significantly increased in patients with dental disease or poor oral hygiene. Best practices for our surgeons include a dental evaluation in patients at risk prior to arthroplasty. This is particularly important for the poor and disenfranchised. A dental infection is also disastrous in the post-operative patients; prompt, appropriate evaluation of oral infection is critical in patients after surgery.</p>	<p>Arthroplasty (pre and post-surgery)            Fractures / Dislocations            Rheumatoid Arthritis            Arthrodesis*            Bone cancers (primary or metastatic)*            Orthopedic Hardware (status post)*            Osteomyelitis*</p>

<p><b>American College of Cardiology</b></p> 	<p>The data linking dental infections to increased risk of cardiovascular disease is clear. Severe dental infections can compromise cardiac conditions.</p>	<p>Cardiomyopathy Complex Congenital Heart Disease Congestive Heart Failure Endocarditis (history or at risk of) Valvular Heart Disease Heart valve prosthesis (pre and post insertion) Transplant candidate or recipient Cardiac Arrhythmias if ICD, pacemaker, or CRT required* Coronary Artery Disease (preoperatively when considered for advance support or prosthetic device)* Hypertension*</p>
<p><b>American College of Emergency Physicians</b></p> 	<p>There are over 151 million visits to our nation’s emergency departments annually. Of those patients that present with non-traumatic dental emergencies, 96% of those visits are a result of caries (decay) and abscesses. May of those patients come to the emergency department because they cannot afford dental care through a primary dentist or do not have access to a dental care provider.</p> <p>In addition, numerous instances of emergency department visits and hospitalizations for an array of medical problems have a dental condition as an underlying cause. For example, dental infections may be the source of the bacteria responsible for an infected cardiac or orthopedic prosthesis and sepsis.</p>	<p>History of recurrent aspiration from dementia, altered mental status, developmental delay, closed head injury Endocarditis (history or at risk of) Valvular Heart Disease Chronic pharmacologically induced immunosuppression (steroids, chemo, antiviral)* Ludwig’s (history of) Cancer Diabetes Mellitus Immunosuppressed patients</p>
<p><b>American College of Gastroenterology</b></p> 	<p>Urgent dental care is sometimes necessary before patients can undergo treatment for various gastrointestinal diseases, including inflammatory bowel diseases (IBD) and Hepatitis C virus (HCV). It is important for patients with these chronic diseases to receive dental care and avoid any delay in treatment.</p>	<p>Liver transplant (candidate or recipient) AIDS* Cirrhosis* Crohn’s Disease* Hepatitis* Inflammatory Bowel Disease* Ulcerative Colitis*</p>
<p><b>American College of Physicians</b></p> 	<p>Dental problems, particularly dental infections, pose a major problem for patients with cardiac valvular disease, patients who are immunosuppressed by virtue of underlying disease or immunosuppressive medications, patients with various types of prostheses, and patients who are at risk of aspiration. The implications of dental disease in such patients extend well beyond their oral disease, with potentially life-threatening complications if the dental problems are not treated.</p>	
<p><b>American College of Rheumatology</b></p> 	<p>Many of our patients take medications that suppress their immune systems to control their rheumatologic disease. The combination of the secondary health issues along with potential side effects from the medication increase the likelihood of dental problems. It is vital for patients to receive appropriate dental evaluation and prompt treatment so they can continue their immune suppressant medications.</p>	<p>Lupus Rheumatoid Arthritis Sjogren’s Disease Vasculitis</p>

<p><b>American Diabetes Association</b></p> 	<p>People with diabetes are more likely to have periodontal disease and its complications. Additionally, untreated periodontal disease makes it more difficult to control blood glucose and is associated with increased risk of diabetes complications, including kidney failure and cardiovascular disease. People with diabetes are more likely to need medical procedures such as cardiac surgery or kidney transplantation. These needed procedures may have to be delayed due dental problems.</p>	
<p><b>American Nurses Association</b></p> 	<p>Dental disease can quickly develop life-threatening complications if the dental problems are not treated.</p>	
<p><b>American Psychiatric Association</b></p> 	<p>Dental care needs among individuals with severe and persistent mental illness are significant. Many of these patients have neglected their dental health for extended periods of time. In addition, many are treated long term with psychotropic medications that may reduce resistance to infection. Without appropriate dental care, these individuals are at increased risk for septicemias, endocarditis and other potentially threatening conditions. Further, untreated dental problems may add to psychiatric disability by resulting in chronic gingivitis, tooth loss, persistent halitosis, and other socially damaging and disqualifying clinical features that further contribute to symptoms such as depression and anxiety. Despite clear medical need, patients with severe and persistent mental illness often lack financial access to dental care.</p>	
<p><b>American Society of Clinical Oncology</b></p> 	<p>Untreated dental disease in patients about to undergo chemotherapy regimens that carry the risk of hematologic toxicity, especially leucopenia, may be a cause of fatal sepsis. Bisphosphonates are commonly used in the setting of metastatic lung, breast, prostate and colon cancers and their use is standard care for those with multiple myeloma. Patients with hypercalcemia of malignancy also may receive bisphosphonates. Osteonecrosis of the jaw is a known possible complication of bisphosphonate therapy in patients with cancer. Expert consensus panels have recommended dental assessment prior to the use of intravenous bisphosphonates. Oral complications are universal in patients receiving radiotherapy to the head and neck. In addition to the specific circumstances outlined above, patients with cancer often are unable to maintain adequate nutritional intake. This is due to many factors, and can be disease or treatment related. Careful dental care can be an important component in avoidance of nutritional compromise.</p>	<p>Patients requiring bisphosphonate therapy Cancers requiring cytotoxic chemotherapies Radiation for head and neck cancers Stem Cell Transplantation Biological Therapies* Hormone Therapy*</p>
<p><b>American Society of Transplant Surgeons</b></p> 	<p>...a lot of patients have dental problems that must be addressed before they can be transplanted. Untreated dental problems can become deadly once a patient is immunosuppressed, so good dental care is a critical part of preparation for transplant.</p>	

<p><b>American Thoracic Society</b></p> 	<p>Dental and respiratory health are interrelated. Bacterial biofilms between teeth harbor pathogens that, when aspirated, can increase susceptibility or complicate the management of pulmonary diseases such as pneumonia, bronchitis, and chronic obstructive pulmonary disease (COPD). The risk is greater in immune-compromised individuals.</p>	<p>Asthma Chronic Bronchitis Cystic Fibrosis COPD Interstitial Lung Disease Obstructive Sleep Apnea Pleurisy Recurrent Aspiration Pneumonia Sarcoidosis Transplant candidate or recipient</p>
<p><b>Association of Oncology Social Work</b></p> 	<p>For immune compromised cancer patients, the concomitant risks associated with untreated dental conditions can include life threatening septicemia along with the potential for other very costly medical conditions. Dental treatment must precede many life-saving chemotherapeutic cancer interventions.</p>	
<p><b>Renal Physicians Association Forum of End Stage Renal Disease Networks</b></p> 	<p>...diabetes and hypertension are among the most prevalent precursor conditions to patients with End Stage Renal Disease (ESRD), and thus it is critically important for patients to maintain a proper diet and nutrition regimen. However, poor dental health can compromise the ability of ESRD patients to achieve good medical outcomes due to its impact on serum albumin levels and glucose control. These issues are particularly important in ESRD care as dialysis patients are highly vulnerable patients with morbidity and mortality rates that typically are much higher than those in other chronic illness populations.</p>	<p>Malignancies Transplant candidate or recipient Dialysis Dependent ESRD* Glomerulonephritis* Immunosuppression from drugs for treatment of vasculitis* Lupus Nephritis* Vascular access for dialysis*</p>
<p><b>Society for Transplant Social Workers</b></p> 	<p>...a lot of patients have dental problems that must be addressed before they can be transplanted. Untreated dental problems can become deadly once a patient is immunosuppressed, so good dental care is a critical part of preparation for transplant.</p>	
<p><b>Society for Vascular Surgery</b></p> 	<p>Poor dental hygiene and substandard dental care places vascular patients, especially those who have arterial stents, stent grafts, or grafts, at risk for transient bacteremia which can seed these arterial implants. Infection of an arterial stent or graft almost always requires excision of the arterial implant. Operations to remove these stents or grafts are major operations associated with significant morbidity, including amputation of a limb, and death. We encourage all vascular patients, but especially those who have had or intend to have arterial stents or grafts placed, to undergo appropriate dental care to avoid these potentially devastating vascular complications.</p>	<p>Aneurysm Repair Bypass Surgery* Carotid Endarterectomy* Endovascular Stenting* Hemodialysis Access Grafts*</p>

<p><b>The Gerontological Society of America</b></p> 	<p>Older adults with poor oral health are at increased risk for aspiration pneumonia, poorly controlled diabetes, endocarditis, and inadequate nutrition, among other systemic health problems. Many are immunocompromised by illnesses or medication used to treat cancers and autoimmune diseases, increasing the risk that dental infections can spread. Some pharmaceuticals commonly used by older adults also cause dry mouth leading to tooth decay as well as impaired swallowing, speech, and taste. And bisphosphonate medications used to treat osteoporosis and bone cancers also can contribute to jaw osteonecrosis from oral infections, injuries, or surgical treatment. Given the many serious potential complications from poor oral health in the elderly and their already formidable challenges in obtaining dental care, it is vital that access to medically necessary dental services be available to them.</p>	<p>Diabetes  Cardiovascular Disease  Recurrent Pneumonia  Malnutrition  Osteoporosis  Post-placement of orthopedic prostheses  Autoimmune Diseases*  Cancer*</p>
<p><b>The Society of Thoracic Surgeons</b></p> 	<p>When a patient presents with very poor dentition, the cardiothoracic surgeon frequently requests a dental consult to help ensure that the patient has the best possible outcome for any cardiac or general thoracic surgical procedure. For example, poor oral hygiene increases the risk of infection in a newly implanted heart valve. In addition, cardiothoracic surgeons often find that their patients have primary bacterial endocarditis or, worse, prosthetic valve endocarditis secondary to neglected dental health and chronic dental abscesses. These are life-threatening situations that could be prevented if Medicare would cover medically necessary oral/dental health therapies.</p>	<p>Cardiomyopathy  Complex Congenital Heart Disease  Congestive Heart Failure  Endocarditis (history or at risk of)  Valvular Heart Disease  Heart Valve Prosthesis (pre- and post-insertion)  Transplant Candidate or Recipient  Cardiac Arrhythmias (if ICD, pacemaker, or CRT required)  Coronary Artery Disease (preoperatively when considered for advance support or prosthetic device)  Any procedure (e.g., ventricular assist device insertion, extracorporeal membrane oxygenator insertion) where a large component of prosthetic material is implanted into a patient.</p>