



***ORAL SURGERY & DENTAL EXTRACTIONS**

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**Note this policy incorporates the previously separate policy Dental Extractions #91523.*

I. POLICY/CRITERIA

ORAL SURGERY

- A. The following oral surgery procedures are considered medical treatments/procedures and therefore a covered benefit. This is not an all-inclusive list.
1. Excision and/or biopsy of tumors and cysts of the jaw, cheek, lip, tongue, roof and the floor of the mouth, when such conditions require pathological (histological) examination such as:
 - a. myeloma
 - b. osteomyelitis
 - c. osteosarcoma
 - d. metastatic carcinoma
 - e. median palatal cyst
 - f. globulomaxillary cyst
 - g. giant cell tumor
 - h. chondrosarcoma
 - i. central ossifying fibroma
 - j. traumatic bone cyst
 2. Treatment of fractures – simple and complex
 3. Repair of traumatic wounds
 4. Surgical procedures required to correct accidental injuries of the jaw, cheek, lip, roof and floor of the mouth
 5. Complicated suturing
 6. Removal of midline palatal tori and lingual mandibular tori
 7. Marsupialization of ranula
 8. Treatment of oral and/or facial cancer
 9. Treatment of fractures of facial bones
 10. Treatment to correct congenital abnormalities of oral and or facial bones present from birth i.e. cleft lip and or cleft palate, including Alveolar ridge closure including appliance for palatal expansion in preparation for bone graft surgery of the alveolar cleft
 11. External excision and drainage of abscess (cellulitis)
 12. Surgery of accessory sinuses, salivary glands or ducts
 13. Resection for osteomyelitis



14. Removal of foreign body which is hazardous to the patient's health, which complicates a primary medical condition
 15. Anesthetic/sedation when administered in conjunction with a medically necessary oral surgery procedure.
 16. Emergency care to stabilize dental structures following an acute injury to sound, natural teeth
 17. Excision of lingual frenum/frenulum may be medically indicated for infants and children under the age of ten, and is a covered benefit for that age group.
- B. The following are not covered benefits. Most of the listed treatments/procedures are considered to be dental and therefore not covered under the medical benefit.
1. Services which are not medically necessary
 2. Orthodontic, periodontic, endodontic, prosthodontic services
 3. Dental services, including but not limited to the following:
 - a. restorative care to the dentition including crowns, fillings, bridges, partial and full dentures
 - b. adjustments, selective grinding or occlusal equilibration to the teeth
 - c. dental applications including bite splints and metal based occlusal appliances
 4. Manual manipulation therapy
 5. Hypnosis, acupuncture, biofeedback, trigger point injections
 6. Extraction of unerupted or partially erupted, malpositioned or impacted teeth, with or without the attached follicular tissue
 7. Surgical preparation of the mouth for dentures
 8. Surgery for gum disease
 9. Surgery which is part of an orthodontic treatment (such as a labial or buccal frenulectomy)
 10. Alveolectomy, alveoplasty (area which is part of the bony process containing the tooth sockets)
 11. Frenotomy/Frenectomy/Frenulectomy when performed for dental or orthodontic purposes.
 12. Vestibuloplasty (oral soft tissue modification)
 13. Tooth implants
 14. Services associated with a non-medical oral surgery procedure or treatment, i.e. surgical pathology biopsy reports
 15. Services (e.g. radiology, anesthesia) associated with any non-covered benefit.

DENTAL EXTRACTIONS

Priority Health will pay for dental extractions of sound, natural teeth if extractions of the sound, natural teeth are required in preparation or as part of another medically necessary treatment. For example, patients who have oral cancers including squamous carcinomas of the buccal mucosa or tonsils, need removal of



sound, natural teeth to prevent osteoradionecrosis. If the teeth are not sound teeth then Priority Health will not pay to have them removed. The definition of a sound tooth is a tooth without evidence of current dental decay or other pathology. Tooth extractions are subject to Dental benefits. Upon request, claims for medical teeth extraction will be reviewed against policy and if criteria are met, the claim may be re-processed for payment retrospectively. If extraction is authorized, any and all restoration procedures are not a covered benefit.

Medicaid and MiChild Members: Dental extractions are not a covered benefit through the health plan.

See “Orthognathic Surgery” Medical Policy

II. MEDICAL NECESSITY REVIEW

- Required
- *Not Required
- Not Applicable

**Please refer to coding section for oral surgery procedures that require prior authorization under cosmetic, reconstructive surgery rules.*

III. APPLICATION TO PRODUCTS

Coverage is subject to member’s specific benefits. Group specific policy will supersede this policy when applicable.

- ❖ **HMO/EPO:** *This policy applies to insured HMO/EPO plans.*
- ❖ **POS:** *This policy applies to insured POS plans.*
- ❖ **PPO:** *This policy applies to insured PPO plans. Consult individual plan documents as state mandated benefits may apply. If there is a conflict between this policy and a plan document, the provisions of the plan document will govern.*
- ❖ **ASO:** *For self-funded plans, consult individual plan documents. If there is a conflict between this policy and a self-funded plan document, the provisions of the plan document will govern.*
- ❖ **INDIVIDUAL:** *For individual policies, consult the individual insurance policy. If there is a conflict between this medical policy and the individual insurance policy document, the provisions of the individual insurance policy will govern.*
- ❖ **MEDICARE:** *Coverage is determined by the Centers for Medicare and Medicaid Services (CMS); if a coverage determination has not been adopted by CMS, this policy applies.*
- ❖ **MEDICAID:** *If there is a discrepancy between this policy and the Michigan Medicaid Provider Manual and the Michigan Medicaid Fee Schedule, the Michigan Medicaid Provider Manual and the Michigan Medicaid Fee Schedule at: http://www.michigan.gov/mdch/0,1607,7-132-2945_42542_42543_42546_42551-159815--00.html will govern.*
- ❖ **MICHILD:** *For MICHILD members, this policy will apply unless MICHILD certificate of coverage limits or extends coverage.*



IV. DESCRIPTION

ORAL SURGERY

Oral and maxillofacial surgery encompasses the diagnosis, surgical and related management of diseases, injuries and defects of both the functional and aesthetic aspects of the oral and maxillofacial regions. This includes preventive, reconstructive or emergency care for the teeth, mouth, jaws and facial structures.

Oral and maxillofacial surgical procedures can be done for dental as well as medical reasons. Treatments and procedures, which are considered medical, are identified above.

DENTAL EXTRACTIONS

While Priority Health does not cover dental care or services, it may cover dental extractions as defined above. Complete descriptions of covered and non-covered dental services are found in the certificate of coverage or plan documents.

V. CODING INFORMATION

ORAL SURGERY

ICD-9 Codes that may support medical necessity - list should not be considered inclusive:

- 141.0 - 141.9 Malignant neoplasm of tongue
- 142.0 - 142.9 Malignant neoplasm of major salivary glands
- 144.0 - 144.9 Malignant neoplasm of floor of mouth
- 145.0 - 145.9 Malignant neoplasm of other and unspecified parts of mouth
- 146.0 - 146.9 Malignant neoplasm of oropharynx
- 147.0 - 147.9 Malignant neoplasm of nasopharynx
- 149.0 - 149.9 Malignant neoplasm of other and ill-defined sites within the lip, oral cavity, and pharynx
- 161.0 - 161.9 Malignant neoplasm of larynx
- 170.0 Malignant neoplasm of bones of skull and face, except mandible
- 170.1 Malignant neoplasm of mandible
- 195.0 Malignant neoplasm of head, face, and neck
- 230.0 Carcinoma in situ of lip, oral cavity, and pharynx
- 235.1 Neoplasm of uncertain behavior of lip, oral cavity, and pharynx
- 526.4 Inflammatory conditions of the jaw
- 526.5 Alveolitis of jaw
- 527.6 Mucocele
- 528.4 Cysts of oral soft tissues
- 749.00–749.25 Cleft palate, cleft lip
- 802.2 – 802.9 Fracture of face bones

CPT/HCPCS Codes:

**Some procedures require prior authorization under cosmetic, reconstructive surgery rules.*

21015	Radical resection of tumor (eg, malignant neoplasm), soft tissue of face or scalp
21025	Excision of bone (eg, for osteomyelitis or bone abscess); mandible
21026	Excision of bone (eg, for osteomyelitis or bone abscess); facial bone(s)
21029	Removal by contouring of benign tumor of facial bone (eg, fibrous dysplasia)
21030	Excision of benign tumor or cyst of maxilla or zygoma by enucleation and curettage
21031	Excision of torus mandibularis
21032	Excision of maxillary torus palatinus
21034	Excision of malignant tumor of maxilla or zygoma
21040	Excision of benign tumor or cyst of mandible, by enucleation and/or curettage
21044	Excision of malignant tumor of mandible;
21045	Excision of malignant tumor of mandible; radical resection
21046	Excision of benign tumor or cyst of mandible; requiring intra-oral osteotomy (eg, locally aggressive or destructive lesion(s))
21047	Excision of benign tumor or cyst of mandible; requiring extra-oral osteotomy and partial mandibulectomy (eg, locally aggressive or destructive lesion(s))
21048	Excision of benign tumor or cyst of maxilla; requiring intra-oral osteotomy (eg, locally aggressive or destructive lesion(s))
21049	Excision of benign tumor or cyst of maxilla; requiring extra-oral osteotomy and partial maxillectomy (eg, locally aggressive or destructive lesion(s))
21050	Condylectomy, temporomandibular joint (separate procedure)
21060	Meniscectomy, partial or complete, temporomandibular joint (separate procedure)
21070	Coronoidectomy (separate procedure)
21206*	Osteotomy, maxilla, segmental (eg, Wassmund or Schuchard) (<i>*Auth required</i>)
21208*	Osteoplasty, facial bones; augmentation (autograft, allograft, or prosthetic implant) (<i>*Auth required</i>)
21210*	Graft, bone; nasal, maxillary or malar areas (includes obtaining graft) (<i>*Auth required</i>)
21215*	Graft, bone; mandible (includes obtaining graft) (<i>*Auth required</i>)
21244*	Reconstruction of mandible, extraoral, with transosteal bone plate (eg, mandibular staple bone plate) (<i>*Auth required</i>)
21245*	Reconstruction of mandible or maxilla, subperiosteal implant; partial (<i>*Auth required</i>)
21246*	Reconstruction of mandible or maxilla, subperiosteal implant; complete (<i>*Auth required</i>)
21247*	Reconstruction of mandibular condyle with bone and cartilage autografts (includes obtaining grafts) (eg, for hemifacial microsomia) (<i>*Auth required</i>)



21248*	Reconstruction of mandible or maxilla, endosteal implant (eg, blade, cylinder); partial (<i>*Auth required</i>)
21249*	Reconstruction of mandible or maxilla, endosteal implant (eg, blade, cylinder); complete (<i>*Auth required</i>)
21343	Open treatment of depressed frontal sinus fracture
21344	Open treatment of complicated (eg, comminuted or involving posterior wall) frontal sinus fracture, via coronal or multiple approaches
21345	Closed treatment of nasomaxillary complex fracture (LeFort II type), with interdental wire fixation or fixation of denture or splint
21346	Open treatment of nasomaxillary complex fracture (LeFort II type); with wiring and/or local fixation
21347	Open treatment of nasomaxillary complex fracture (LeFort II type); requiring multiple open approaches
21348	Open treatment of nasomaxillary complex fracture (LeFort II type); with bone grafting (includes obtaining graft)
21355	Percutaneous treatment of fracture of malar area, including zygomatic arch and malar tripod, with manipulation
21356	Open treatment of depressed zygomatic arch fracture (eg, Gillies approach)
21360	Open treatment of depressed malar fracture, including zygomatic arch and malar tripod
21365	Open treatment of complicated (eg, comminuted or involving cranial nerve foramina) fracture(s) of malar area, including zygomatic arch and malar tripod; with internal fixation and multiple surgical approaches
21366	Open treatment of complicated (eg, comminuted or involving cranial nerve foramina) fracture(s) of malar area, including zygomatic arch and malar tripod; with bone grafting (includes obtaining graft)
21385	Open treatment of orbital floor blowout fracture; transantral approach (Caldwell-Luc type operation)
21386	Open treatment of orbital floor blowout fracture; periorbital approach
21387	Open treatment of orbital floor blowout fracture; combined approach
21390	Open treatment of orbital floor blowout fracture; periorbital approach, with alloplastic or other implant
21395	Open treatment of orbital floor blowout fracture; periorbital approach with bone graft (includes obtaining graft)
21400	Closed treatment of fracture of orbit, except blowout; without manipulation
21401	Closed treatment of fracture of orbit, except blowout; with manipulation
21406	Open treatment of fracture of orbit, except blowout; without implant
21407	Open treatment of fracture of orbit, except blowout; with implant
21408	Open treatment of fracture of orbit, except blowout; with bone grafting (includes obtaining graft)
21421	Closed treatment of palatal or maxillary fracture (LeFort I type), with interdental wire fixation or fixation of denture or splint
21422	Open treatment of palatal or maxillary fracture (LeFort I type);
21423	Open treatment of palatal or maxillary fracture (LeFort I type); complicated (comminuted or involving cranial nerve foramina), multiple approaches



21431	Closed treatment of craniofacial separation (LeFort III type) using interdental wire fixation of denture or splint
21432	Open treatment of craniofacial separation (LeFort III type); with wiring and or involving cranial nerve foramina), multiple surgical approaches
21433	Open treatment of craniofacial separation (LeFort III type); complicated (eg, comminuted or involving cranial nerve foramina), multiple surgical approaches
21435	Open treatment of craniofacial separation (LeFort III type); complicated, utilizing internal and/or external fixation techniques (eg, head cap, halo device, and/or intermaxillary fixation)
21436	Open treatment of craniofacial separation (LeFort III type); complicated, multiple surgical approaches, internal fixation, with bone grafting (includes obtaining graft)
21440	Closed treatment of mandibular or maxillary alveolar ridge fracture (separate procedure)
21445	Open treatment of mandibular or maxillary alveolar ridge fracture (separate procedure)
21450	Closed treatment of mandibular fracture; without manipulation
21451	Closed treatment of mandibular fracture; with manipulation
21452	Percutaneous treatment of mandibular fracture, with external fixation
21453	Closed treatment of mandibular fracture with interdental fixation
21454	Open treatment of mandibular fracture with external fixation
21461	Open treatment of mandibular fracture; without interdental fixation
21462	Open treatment of mandibular fracture; with interdental fixation
21465	Open treatment of mandibular condylar fracture
21470	Open treatment of complicated mandibular fracture by multiple surgical approaches including internal fixation, interdental fixation, and/or wiring of dentures or splints
21480	Closed treatment of temporomandibular dislocation; initial or subsequent
21485	Closed treatment of temporomandibular dislocation; complicated (eg, recurrent requiring intermaxillary fixation or splinting), initial or subsequent
21490	Open treatment of temporomandibular dislocation
21497	Interdental wiring, for condition other than fracture <i>(Not covered for Medicaid)</i>
30545	Repair choanal atresia; transpalatine
30560	Lysis intranasal synechia
30580	Repair fistula; oromaxillary (combine with 31030 if antrotomy is included)
30600	Repair fistula; oronasal
40700	Plastic repair of cleft lip/nasal deformity; primary, partial or complete, unilateral
40701	Plastic repair of cleft lip/nasal deformity; primary bilateral, 1-stage procedure
40702	Plastic repair of cleft lip/nasal deformity; primary bilateral, 1 of 2 stages



40720	Plastic repair of cleft lip/nasal deformity; secondary, by recreation of defect and reclosure
40761	Plastic repair of cleft lip/nasal deformity; with cross lip pedicle flap (Abbe-Estlander type), including sectioning and inserting of pedicle
40800	Drainage of abscess, cyst, hematoma, vestibule of mouth; simple
40801	Drainage of abscess, cyst, hematoma, vestibule of mouth; complicated
40804	Removal of embedded foreign body, vestibule of mouth; simple
40805	Removal of embedded foreign body, vestibule of mouth; complicated
40808	Biopsy, vestibule of mouth
40810	Excision of lesion of mucosa and submucosa, vestibule of mouth; without repair
40812	Excision of lesion of mucosa and submucosa, vestibule of mouth; with simple repair
40814	Excision of lesion of mucosa and submucosa, vestibule of mouth; with complex repair
40816	Excision of lesion of mucosa and submucosa, vestibule of mouth; complex, with excision of underlying muscle
40818	Excision of mucosa of vestibule of mouth as donor graft
40820	Destruction of lesion or scar of vestibule of mouth by physical methods (eg, laser, thermal, cryo, chemical)
40830	Closure of laceration, vestibule of mouth; 2.5 cm or less
40831	Closure of laceration, vestibule of mouth; over 2.5 cm or complex
40840	Vestibuloplasty; anterior
40842	Vestibuloplasty; posterior, unilateral
40843	Vestibuloplasty; posterior, bilateral
40844	Vestibuloplasty; entire arch
40845	Vestibuloplasty; complex (including ridge extension, muscle repositioning)
41000	Intraoral incision and drainage of abscess, cyst, or hematoma of tongue or floor of mouth; lingual
41005	Intraoral incision and drainage of abscess, cyst, or hematoma of tongue or floor of mouth; sublingual, superficial
41006	Intraoral incision and drainage of abscess, cyst, or hematoma of tongue or floor of mouth; sublingual, deep, suprathyroid
41007	Intraoral incision and drainage of abscess, cyst, or hematoma of tongue or floor of mouth; submental space
41008	Intraoral incision and drainage of abscess, cyst, or hematoma of tongue or floor of mouth; submandibular space
41009	Intraoral incision and drainage of abscess, cyst, or hematoma of tongue or floor of mouth; masticator space
41010	Incision of lingual frenum (frenotomy)
41015	Extraoral incision and drainage of abscess, cyst, or hematoma of floor of mouth; sublingual
41016	Extraoral incision and drainage of abscess, cyst, or hematoma of floor of mouth; submental
41017	Extraoral incision and drainage of abscess, cyst, or hematoma of floor of mouth; submandibular



41018	Extraoral incision and drainage of abscess, cyst, or hematoma of floor of mouth; masticator space
41100	Biopsy of tongue; anterior two-thirds
41105	Biopsy of tongue; posterior one-third
41108	Biopsy of floor of mouth
41110	Excision of lesion of tongue without closure
41112	Excision of lesion of tongue with closure; anterior two-thirds
41113	Excision of lesion of tongue with closure; posterior one-third
41114	Excision of lesion of tongue with closure; with local tongue flap
41115	Excision of lingual frenum (frenectomy) (<i>ages 0-9 only</i>)
41116	Excision, lesion of floor of mouth
41250	Repair of laceration 2.5 cm or less; floor of mouth and/or anterior two-thirds of tongue
41251	Repair of laceration 2.5 cm or less; posterior one-third of tongue
41252	Repair of laceration of tongue, floor of mouth, over 2.6 cm or complex
41500	Fixation of tongue, mechanical, other than suture (eg, K-wire)
41510	Suture of tongue to lip for micrognathia (Douglas type procedure)
41520	Frenoplasty (surgical revision of frenum, eg, with Z-plasty)
41800	Drainage of abscess, cyst, hematoma from dentoalveolar structures
41805	Removal of embedded foreign body from dentoalveolar structures; soft tissues
41806	Removal of embedded foreign body from dentoalveolar structures; bone
41820	Gingivectomy, excision gingiva, each quadrant
41821	Operculectomy, excision pericoronal tissues
41822	Excision of fibrous tuberosities, dentoalveolar structures
41823	Excision of osseous tuberosities, dentoalveolar structures
41825	Excision of lesion or tumor (except listed above), dentoalveolar structures; without repair
41826	Excision of lesion or tumor (except listed above), dentoalveolar structures; with simple repair
41827	Excision of lesion or tumor (except listed above), dentoalveolar structures; with complex repair
41828	Excision of hyperplastic alveolar mucosa, each quadrant (specify)
41830	Alveolectomy, including curettage of osteitis or sequestrectomy
41850	Destruction of lesion (except excision), dentoalveolar structures
41870	Periodontal mucosal grafting
41872	Gingivoplasty, each quadrant (specify)
41874	Alveoloplasty, each quadrant (specify)
42000	Drainage of abscess of palate, uvula
42100	Biopsy of palate, uvula
42104	Excision, lesion of palate, uvula; without closure
42106	Excision, lesion of palate, uvula; with simple primary closure
42107	Excision, lesion of palate, uvula; with local flap closure
42120	Resection of palate or extensive resection of lesion
42160*	Destruction of lesion, palate or uvula (thermal, cryo or chemical) (*Auth required)



42200	Palatoplasty for cleft palate, soft and/or hard palate only
42205	Palatoplasty for cleft palate, with closure of alveolar ridge; soft tissue only
42210	Palatoplasty for cleft palate, with closure of alveolar ridge; with bone graft to alveolar ridge (includes obtaining graft)
42215	Palatoplasty for cleft palate; major revision
42220	Palatoplasty for cleft palate; secondary lengthening procedure
42225	Palatoplasty for cleft palate; attachment pharyngeal flap
42227	Lengthening of palate, with island flap
42235	Repair of anterior palate, including vomer flap
42260	Repair of nasolabial fistula
42280	Maxillary impression for palatal prosthesis
42281	Insertion of pin-retained palatal prosthesis
42299	Unlisted procedure, palate, uvula
42300	Drainage of abscess; parotid, simple
42305	Drainage of abscess; parotid, complicated
42310	Drainage of abscess; submaxillary or sublingual, intraoral
42320	Drainage of abscess; submaxillary, external
42330	Sialolithotomy; submandibular (submaxillary), sublingual or parotid, uncomplicated, intraoral
42335	Sialolithotomy; submandibular (submaxillary), complicated, intraoral
42340	Sialolithotomy; parotid, extraoral or complicated intraoral
42400	Biopsy of salivary gland; needle
42405	Biopsy of salivary gland; incisional
42408	Excision of sublingual salivary cyst (ranula)
42409	Marsupialization of sublingual salivary cyst (ranula)
42410	Excision of parotid tumor or parotid gland; lateral lobe, without nerve dissection
42415	Excision of parotid tumor or parotid gland; lateral lobe, with dissection and preservation of facial nerve
42420	Excision of parotid tumor or parotid gland; total, with dissection and preservation of facial nerve
42425	Excision of parotid tumor or parotid gland; total, en bloc removal with sacrifice of facial nerve
42426	Excision of parotid tumor or parotid gland; total, with unilateral radical neck dissection
42440	Excision of submandibular (submaxillary) gland
42450	Excision of sublingual gland
42700	Incision and drainage abscess; peritonsillar

NOT COVERED:**ICD9 Dental Diagnoses:**

520.0	Anodontia
520.1	Supernumerary teeth
520.2	Abnormalities of size and form
520.3	Mottled teeth
520.4	Disturbances of tooth formation
520.5	Hereditary disturbances in tooth structure, not elsewhere classified
520.6	Disturbances in tooth eruption



520.8	Other specified disorders of tooth development and eruption
520.9	Unspecified disorder of tooth development and eruption
521.00	Dental caries, unspecified
521.01	Dental caries limited to enamel
521.02	Dental caries extending into dentine
521.03	Dental caries extending into pulp
521.04	Arrested dental caries
521.05	Odontoclasia
521.06	Dental caries pit and fissure
521.07	Dental caries of smooth surface
521.08	Dental caries of root surface
521.09	Other dental caries
521.10	Excessive attrition, unspecified
521.11	Excessive attrition, limited to enamel
521.12	Excessive attrition, extending into dentine
521.13	Excessive attrition, extending into pulp
521.14	Excessive attrition, localized
521.15	Excessive attrition, generalized
521.20	Abrasion, unspecified
521.21	Abrasion, limited to enamel
521.22	Abrasion, extending into dentine
521.23	Abrasion, extending into pulp
521.24	Abrasion, localized
521.25	Abrasion, generalized
521.30	Erosion, unspecified
521.31	Erosion, limited to enamel
521.32	Erosion, extending into dentine
521.33	Erosion, extending into pulp
521.34	Erosion, localized
521.35	Erosion, generalized
521.40	Pathological resorption, unspecified
521.41	Pathological resorption, internal
521.42	Pathological resorption, external
521.49	Other pathological resorption
521.5	Hypercementosis
521.6	Ankylosis of teeth
521.7	Intrinsic posteruptive color changes
521.81	Cracked tooth
521.89	Other specified diseases of hard tissues of teeth
521.9	Unspecified disease of hard tissues of teeth
522.0	Pulpitis
522.1	Necrosis of the pulp
522.2	Pulp degeneration
522.3	Abnormal hard tissue formation in pulp
522.4	Acute apical periodontitis of pulpal origin
522.5	Periapical abscess without sinus
522.6	Chronic apical periodontitis
522.7	Periapical abscess with sinus
522.8	Radicular cyst
522.9	Other and unspecified diseases of pulp and periapical tissues



523.00	Acute gingivitis, plaque induced
523.01	Acute gingivitis, non-plaque induced
523.10	Chronic gingivitis, plaque induced
523.11	Chronic gingivitis, non-plaque induced
523.20	Gingival recession, unspecified
523.21	Gingival recession, minimal
523.22	Gingival recession, moderate
523.23	Gingival recession, severe
523.24	Gingival recession, localized
523.25	Gingival recession, generalized
523.30	Aggressive periodontitis, unspecified
523.31	Aggressive periodontitis, localized
523.32	Aggressive periodontitis, generalized
523.33	Acute periodontitis
523.40	Chronic periodontitis, unspecified
523.41	Chronic periodontitis, localized
523.42	Chronic periodontitis, generalized
523.5	Periodontosis
523.6	Accretions on teeth
523.8	Other specified periodontal diseases
523.9	Unspecified gingival and periodontal disease
524.20	Unspecified anomaly of dental arch relationship
524.21	Angle's class I
524.22	Angle's class II
524.23	Angle's class III
524.24	Open anterior occlusal relationship
524.25	Open posterior occlusal relationship
524.26	Excessive horizontal overlap
524.27	Reverse articulation
524.28	Anomalies of interarch distance
524.29	Other anomalies of dental arch relationship
524.30	Unspecified anomaly of tooth position
524.31	Crowding of teeth
524.32	Excessive spacing of teeth
524.33	Horizontal displacement of teeth
524.34	Vertical displacement of teeth
524.35	Rotation of teeth
524.36	Insufficient interocclusal distance of teeth (ridge)
524.37	Excessive interocclusal distance of teeth
524.39	Other anomalies of tooth position
524.4	Malocclusion, unspecified
524.70	Unspecified alveolar anomaly
524.71	Alveolar maxillary hyperplasia
524.72	Alveolar mandibular hyperplasia
524.73	Alveolar maxillary hypoplasia
524.74	Alveolar mandibular hypoplasia
524.75	Vertical displacement of alveolus and teeth
524.76	Occlusal plane deviations



524.79	Other specified alveolar anomaly
524.81	Anterior soft tissue impingement
524.82	Posterior soft tissue impingement
524.89	Other specified dentofacial anomalies
524.9	Unspecified dentofacial anomalies
525.0	Exfoliation of teeth due to systemic causes
525.10	Acquired absence of teeth, unspecified
525.11	Loss of teeth due to trauma
525.12	Loss of teeth due to periodontal disease
525.13	Loss of teeth due to caries
525.19	Other loss of teeth
525.20	Unspecified atrophy of edentulous alveolar ridge
525.21	Minimal atrophy of the mandible
525.22	Moderate atrophy of the mandible
525.23	Severe atrophy of the mandible
525.24	Minimal atrophy of the maxilla
525.25	Moderate atrophy of the maxilla
525.26	Severe atrophy of the maxilla
525.3	Retained dental root
525.40	Complete edentulism, unspecified
525.41	Complete edentulism, class I
525.42	Complete edentulism, class II
525.43	Complete edentulism, class III
525.44	Complete edentulism, class IV
525.50	Partial edentulism, unspecified
525.51	Partial edentulism, class I
525.52	Partial edentulism, class II
525.53	Partial edentulism, class III
525.54	Partial edentulism, class IV
525.60	Unspecified unsatisfactory restoration of tooth
525.61	Open restoration margins
525.62	Unrepairable overhanging of dental restorative materials
525.63	Fractured dental restorative material without loss of material
525.64	Fractured dental restorative material with loss of material
525.65	Contour of existing restoration of tooth biologically incompatible with oral
525.66	Allergy to existing dental restorative material
525.67	Poor aesthetics of existing restoration
525.69	Other unsatisfactory restoration of existing tooth
525.8	Other specified disorders of the teeth and supporting structures
525.9	Unspecified disorder of the teeth and supporting structures

Procedures:

Dental Services billed with codes D0120 through D9999 are not covered
Medical services billed the dental diagnosis (above) are not covered services

Not Covered Services for any diagnosis:

40806 Incision of labial frenum (frenotomy)



- 40819 Excision of frenum, labial or buccal (frenulectomy, frenulectomy, frenectomy)
- 90880 Hypnotherapy
- 90901 Biofeedback training by any modality (*see Policy 91002 Biofeedback*)
- 97810 Acupuncture, one or more needles; without electrical stimulation, initial 15 minutes of personal one-on-one contact with the patient
- 97811 each additional 15 minutes of personal one-on-one contact with the patient, with re-insertion of needles(s) (List separately in addition to code for primary procedure)
- 97813 Acupuncture, one or more needles; with electrical stimulation, initial 15 minutes of personal one-on-one contact with the patient
- 97814 each additional 15 minutes of personal one-on-one contact with the patient, with re-insertion of needles(s) (List separately in addition to code for primary procedure)

DENTAL EXTRACTIONS

Tooth extractions are subject to Dental benefits. Upon request, claims for medical teeth extraction will be reviewed against policy and if criteria are met, the claim may be re-processed for payment retrospectively.

ICD-9 Codes that may support medical necessity (list not inclusive):

- 141.0 – 141.9 Malignant neoplasm of tongue
- 142.0 – 142.9 Malignant neoplasm of major salivary glands
- 143.0 – 143.9 Malignant neoplasm of gum
- 144.0 - 144.9 Malignant neoplasm of floor of mouth
- 145.0 - 145.9 Malignant neoplasm of other and unspecified parts of mouth
- 146.0 - 146.9 Malignant neoplasm of oropharynx
- 147.0 - 147.9 Malignant neoplasm of nasopharynx
- 149.0 - 149.9 Malignant neoplasm of other and ill-defined sites within the lip, oral cavity, and pharynx
- 161.0 – 161.9 Malignant neoplasm of larynx
- 195.0 Malignant neoplasm of head, face, and neck
- 230.0 Carcinoma in situ of lip, oral cavity, and pharynx
- 235.1 Neoplasm of uncertain behavior of lip, oral cavity, and pharynx
- V58.0 Radiotherapy

CPT/HCPCS Codes

- D7140 Extraction, erupted tooth or exposed root (elevation and/or forceps removal)
- D7210 Surgical removal of erupted tooth requiring elevation of mucoperiosteal flap and removal of bone and/or section of tooth
- D7220 Removal of impacted tooth - soft tissue
- D7230 Removal of impacted tooth - partially bony
- D7240 Removal of impacted tooth - completely bony
- D7241 Removal of impacted tooth - completely bony, with unusual surgical complications



VI. REFERENCES

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