
Medical Policy



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***Current Policy Effective Date: 5/1/21**
(See policy history boxes for previous effective dates)

Title: Oral Surgery

Description/Background

Oral surgery is devoted to the diagnosis as well as the surgical and adjunctive treatment of diseases, injuries and defects associated with the hard and soft tissues of the oral cavity. There are certain oral surgical procedures that may be performed by either a physician or a specially trained dentist. These procedures may be considered medical/surgical rather than dental.

Examples of these procedures may include:

- Excision of neoplasm
- Biopsy of an oral lesion
- Cyst biopsy when the cyst is primary or otherwise associated with the crown of the tooth
- Marsupialization of ranula (sublingual salivary gland retention cyst)
- Removal of midline palatal and lingual mandibular tori except when removed for denture preparation. (This does not include alveolar ridge irregularities or multiple exostoses of the mandible and maxilla.)
- Surgical procedures required to correct accidental injuries of the jaws, cheeks, lips, tongue, roof and floor of the mouth, including fractures, wounds and complicated suturing
- Extra-oral incision and drainage of an abscess or cellulitis
- Reductions of dislocations
- Surgery for osteomyelitis
- Foreign body removal
- Surgery on the temporomandibular joint, including those to treat intracapsular disorders which can include arthrocentesis, arthroplasty or condylotomy
- Reconstruction of the jaw
- Correction of jaw deformities that have an associated functional problem
- Oral surgery to address complications related to radiation therapy of the head and neck (e.g. bone loss, infection)

Coverage for dental conditions secondary to medical conditions may be covered subject to benefit design.

Extraction of teeth is usually considered as a dental service. However, extractions may be considered as a medical/surgical procedure when a hospitalized patient has a dental condition that is adversely impacting a medical condition, preventing discharge, requiring that the procedure be performed in a hospital setting to treat the medical condition. Additionally, the correction of the dental condition must be intended to improve the medical condition. Also, prophylactic extraction of teeth may be considered as a medical/surgical procedure prior to:

- Radiation therapy for a patient with cancer of the head and neck
- Organ transplant surgery
- Impending cardiac surgery, such as artificial cardiac valve replacement
- Beginning intravenous bisphosphonate therapy for treatment of solid organ malignancy, metastatic disease, hypercalcemia of malignancy or multiple myeloma. For this indication, removal of bony prominences may also be included.

Regulatory Status:

N/A

Medical Policy Statement

The safety and effectiveness of oral surgery have been established. It may be considered a useful therapeutic option when indicated.

Inclusionary and Exclusionary Guidelines (Clinically based guidelines that may support individual consideration and pre-authorization decisions)

Inclusions:

Some procedures may be considered medical/surgical rather than dental. Examples of these procedures may include:

- Excision of a neoplasm
- Biopsy of an oral lesion
- Cyst biopsy when the cyst is primary or otherwise associated with the crown of the tooth
- Marsupialization of ranula (sublingual salivary gland retention cyst)
- Removal of midline palatal and lingual mandibular tori other than when done for the preparation for dentures. (This does not include alveolar ridge irregularities or multiple exostoses of the mandible and maxilla.)
- Surgical procedures required to correct accidental injuries of the jaws, cheeks, lips, tongue, roof and floor of the mouth, including fractures, wounds and complicated suturing
- Extra-oral incision and drainage of an abscess or cellulitis
- Reductions of dislocations
- Surgery for osteomyelitis
- Foreign body removal
- Surgery on the temporomandibular joint, including those to treat intracapsular disorders which can include arthrocentesis, arthroplasty or condylotomy

- Reconstruction of the jaw
- Correction of jaw deformities that have an associated functional problem
- Oral surgery to address complications related to radiation therapy of the head and neck (e.g. bone loss, infection)
- Cleft lip/palate

Exclusions:

- Routine dental procedures (e.g., extraction of teeth, gingivectomy)
- Surgical preparation for dentures (alveoloplasty)
- Neoplasm biopsies associated with extractions, endodontic or periodontal treatment
- Excision of alveolar ridge irregularities or multiple exostoses of the mandibular and maxillary alveolus
- Intra-oral incision and drainage of abscess or cellulitis
- Surgical placement of implant body-endosteal implant, prefabricated and custom abutment-including placement

CPT/HCPCS Level II Codes *(Note: The inclusion of a code in this list is not a guarantee of coverage. Please refer to the medical policy statement to determine the status of a given procedure)*

Established codes:

Various

Other codes (investigational, not medically necessary, etc.):

N/A

Rationale

Oral surgery is considered a safe and useful therapeutic option for specific procedures that are required to treat diseases, injuries and defects associated with the hard and soft tissues of the oral cavity. There are certain oral surgery procedures that may be considered medical/surgical in nature versus a dental service. Some oral surgery related conditions of the mouth include lesions, tumors and cysts, or repair of the mouth, tongue and cheeks. Generally, routine dental services are not considered to be medical/surgical in nature.

Government Regulations

National:

Dental Examination Prior to Kidney Transplantation, Pub. 100-3, V.1, Sec. 260.6; Effective date: 1/1/79

Despite the "DENTAL services exclusion" in §1862(a) (12) of the Act (see the Medicare Benefit Policy Manual, Chapter 16, "General Exclusions from Coverage," §140), an oral or DENTAL examination performed on an inpatient basis as part of a comprehensive workup prior to renal transplant surgery is a covered service. This is because the purpose of the examination is not for the care of the teeth or structures directly supporting the teeth. Rather, the examination is for the identification, prior to a complex surgical procedure, of existing

medical problems where the increased possibility of infection would not only reduce the chances for successful surgery but would also expose the patient to additional risks in undergoing such surgery.

Such a **DENTAL** or oral examination would be covered under Part A of the program if performed by a dentist on the hospital's staff, or under Part B if performed by a physician. (When performing a **DENTAL** or oral examination, a dentist is not recognized as a physician under §1861(r) of the Act.) (See the Medicare General Information, Eligibility, and Entitlement Manual, Chapter 5, "Definitions," §70.2, and the Medicare Benefit and Entitlement Manual, Chapter 15, "Covered Medical and Other Health Services," §150.)

Local:

Wisconsin Physicians Service (WPS) LCD for **Dental Services** (L5658), Original Determination Effective Date 8/2/02, policy retired effective 4/30/10.

Indications and Limitations of Coverage and/or Medical Necessity

When an excluded service is the primary procedure involved, it is not covered regardless of its complexity or difficulty.

An alveoplasty and a frenectomy are excluded from coverage when either of these procedures is performed in connection with an excluded service: e.g. the non-covered extraction or the preparation of the mouth for dentures. Whether the patient is hospitalized or not has no direct bearing on the coverage or exclusion of a dental procedure.

NON-COVERED SERVICES:

- The extraction of an impacted tooth.
- Alveoplasty, (the surgical improvement of the shape and condition of the alveolar process), when performed for the preparation of the mouth for dentures.
- Frenectomy when performed for the preparation of the mouth for dentures.
- Extraction due to decay or periodontal disease.
- Extractions done for the purpose of obtaining dentures.
- Services related to chronic dental disease (i.e. gingivectomy).
- Removal of a benign growth or radicular cyst, in the mouth, (structures directly supporting the teeth means the periodontium, which includes the gingivae, dentogingival junction, periodontal membrane, cementum, and alveolar process).
- Insertion of metallic implants used for enhancement of the structure of the jaws in order to support dentures or prosthesis.
- Excision of torus mandibularis or excision of a maxillary torus palatinus is usually performed to accommodate a denture. The removal of the torus palatinus (a bony protuberance of the hard palate) and torus mandibularis could be a covered service. However, with rare exception, this surgery is performed in connection with an excluded service; i.e., the preparation of the mouth for dentures. Under such circumstances, reimbursement is not made for this purpose.

COVERED SERVICES:

- Surgery related to the jaw or any structure connected to the jaw including structures of the facial area below the eyes, for example (mandible, teeth, gums, tongue, palate, salivary glands, sinuses, etc.).

- Wiring of the teeth when performed in connection with the reduction of a jaw fracture.
- Reduction of any fracture of the jaw or any facial bone, including dental splints or other appliances, if used for this purpose.
- Reconstruction of a ridge if performed as a result of and at the same time as the surgical removal of a tumor (the total surgical procedure is covered).
- Removal of a torus palatinus (a bony protuberance of the hard palate) may be covered, if the procedure is not performed to prepare the mouth for dentures.
- Extraction of teeth to prepare the jaw for radiation treatments of neoplastic disease.
- Insertion of metallic implants if the implants are used to assist in or enhance the retention of a dental prosthetic as a result of a covered service.
- When a patient has been admitted for a non-covered dental procedure, then develops a non-dental condition which necessitates inpatient hospital services to assure proper medical treatment, the inpatient services are covered from the onset of the non-dental condition, i.e., a patient is admitted for a dental extraction and develops a serious infection. The inpatient services furnished prior to the development of the infection are non-covered, as is the dental extraction. However, the inpatient services required for the medical treatment of the infection are covered.
- If a patient is hospitalized for a non-covered dental procedure but the hospitalization is required to assure proper medical management, control, or treatment of non-dental impairment, the hospital services are covered, but the dental extraction remains non-covered. An example is a patient with a history of repeated heart attacks that must have all of his/her teeth extracted.
- Where the patient is hospitalized because of a non-dental impairment and the need for the non-covered dental procedure is determined after his/her admission (e.g., the patient required hospitalization because of diabetes and after his/her admission a decision is made to extract his/her teeth), the hospital services are covered. The dental extraction remains non-covered.
- If a non-covered service is performed as the primary procedure in conjunction with a covered procedure or service, regardless of the complexity, the total service is excluded from coverage.
- The extraction of teeth to prepare the jaw for radiation treatments of neoplastic disease is also covered. This is an exception to the requirement that to be covered a non-covered procedure or service performed by a dentist must be an incident to and an integral part of a covered procedure or service performed by the dentist. Whether such services as the administration of anesthesia, diagnostic x-rays, and other related procedures are covered depends upon whether the primary procedure being performed by the dentist is itself covered. Thus, an x-ray taken in connection with the reduction of a fracture of the jaw or facial bone is covered. However, a single x-ray or x-ray survey taken in connection with the care or treatment of teeth or the periodontium is not covered.

A dentist qualifies as a physician if, he/she is a Doctor of Dental Surgery or dental medicine, and is legally authorized to practice dentistry in the State in which he/she performs such function, and who is acting within the scope of his/her license when he/she performs such functions. Such services include any otherwise covered service that may legally and alternatively be performed by Doctor of Medicine, osteopathy and dentistry; e.g., dental examinations to detect infections prior to certain surgical procedures, treatment of oral infections and interpretations of diagnostic x-ray examinations in connection with covered services. Because the general exclusion of payment for dental services has not been withdrawn, payment for the services of dentists is also limited to those procedures with are not primarily provided for the care, treatment, removal, or replacement of teeth or structures

directly supporting the teeth. The coverage of any given dental service is not affected by the professional designation of the physician rendering the service; i.e., an excluded dental service remains excluded and a covered dental service is still covered whether furnished by a dentist or a doctor of medicine or osteopathy.

(The above Medicare information is current as of the review date for this policy. However, the coverage issues and policies maintained by the Centers for Medicare & Medicare Services [CMS, formerly HCFA] are updated and/or revised periodically. Therefore, the most current CMS information may not be contained in this document. For the most current information, the reader should contact an official Medicare source.)

Related Policies

- Dental Anesthesia
 - Immediate Repair of Trauma to Natural Teeth (BCN only)
 - Mandibular and Maxillary Implants (BCN only)
 - Orthognathic Surgery
 - Temporomandibular Joint Dysfunction (TMD) Testing & Treatment (BCN only)
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References

1. Centers for Medicare and Medicaid Services. "National Coverage Determination (NCD) for Dental Examination Prior to Kidney Transplantation (260.6)." Pub 100-3 v.1 Effective 1/1/79. Retrieved December 4, 2020 from: <https://www.cms.gov/medicare-coverage-database/details/ncd-details.aspx?ncdid=194&ncdver=1&keyword=dental%20examination&keywordType=starts&areald=s27&docType=NCA,CAL,NCD,MEDCAC,TA,MCD,6,3,5,1,F,P&contractOption=all&sortBy=relevance&bc=AAAAAAQAAAAA&KeyWordLookUp=Doc&KeyWordSearchType=Exact>.
2. Doyle, Lisa, MD and James E. Colletti, MD, "Pediatric Procedural Sedation and Analgesia," *Pediatric Clinics of North America*, Vol. 53, Issue 2, April 2006, pp. 1-11.
3. MacDonald, Daniel E., DMD, MSD, "Principles of Geriatric Dentistry and Their Application to the Older Adult with a Physical Disability," *Clinics in Geriatric Medicine*, Vol. 22, Issue 2, May 2006, pp. 1-18.
4. National Cancer Institute, "Oral Complications of Chemotherapy and Head/Neck Radiation (PDQ®), Managing Oral Complications During and After Chemotherapy or Radiation Therapy," Retrieved December 4, 2020 from: <https://www.cancer.gov/about-cancer/treatment/side-effects/mouth-throat/oral-complications-pdq#link/9>.
5. University of Utah Health Care, "Common Side Effects after Radiation Therapy for Oral Cancer," Retrieved January, 2016 from: <http://healthcare.utah.edu/healthlibrary/related/doc.php?type=34&id=AOrat6>.
6. Wisconsin Physicians Service (WPS), "Dental Services," *WPS Local Medical Review Policy*, LCD 5658, original determination effective date 8/8/02, retired 4/30/10.
7. Yanase, Roy T., DDS, "Prosthodontic Treatment Planning: Current Practice, Principles, and Techniques," *Journal of the California Dental Association*, April 2003, pp. 1-6.

The articles reviewed in this research include those obtained in an Internet based literature search for relevant medical references through 12/7/20, the date the research was completed.

Joint BCBSM/BCN Medical Policy History

Policy Effective Date	BCBSM Signature Date	BCN Signature Date	Comments
06/13/02	06/13/02	06/13/02	Joint policy established
10/03/04	10/03/04	10/03/04	Routine Maintenance
09/20/05	09/20/05	07/22/05	Routine Maintenance
11/01/08	8/19/08	8/19/08	Policy rewritten to specify medical surgical procedures vs. dental procedures.
11/01/09	8/18/09	8/18/09	Routine maintenance
1/1/12	10/11/11	11/9/11	Routine maintenance
5/1/13	2/19/13	3/4/13	Routine maintenance
5/1/15	2/17/15	2/27/15	Routine maintenance; added to inclusion section "Oral surgery to correct complications related to radiation therapy of the head and neck (e.g. bone loss, infection)" as an indication for oral surgery.
5/1/16	2/16/16	2/16/16	Routine maintenance
5/1/17	2/21/17	2/21/17	Routine maintenance
5/1/18	2/20/18	2/20/18	Routine maintenance
5/1/19	2/19/19		Routine maintenance
5/1/20	2/18/20		Routine maintenance
5/1/21	2/16/21		Routine maintenance

Next Review Date: 1st Qtr, 2022

**BLUE CARE NETWORK BENEFIT COVERAGE
POLICY: ORAL SURGERY**

I. Coverage Determination:

Commercial HMO (includes Self-Funded groups unless otherwise specified)	Covered; criteria applies
BCNA (Medicare Advantage)	Refer to the Medicare information under the Government Regulations section of this policy.
BCN65 (Medicare Complementary)	Coinsurance covered if primary Medicare covers the service.

II. Administrative Guidelines:

- The member's contract must be active at the time the service is rendered.
- Coverage is based on each member's certificate and is not guaranteed. Please consult the individual member's certificate for details. Additional information regarding coverage or benefits may also be obtained through customer or provider inquiry services at BCN.
- The service must be authorized by the member's PCP except for Self-Referral Option (SRO) members seeking Tier 2 coverage.
- Services must be performed by a BCN-contracted provider, if available, except for Self-Referral Option (SRO) members seeking Tier 2 coverage.
- Payment is based on BCN payment rules, individual certificate and certificate riders.
- Appropriate copayments will apply. Refer to certificate and applicable riders for detailed information.
- CPT - HCPCS codes are used for descriptive purposes only and are not a guarantee of coverage.
- Duplicate (back-up) equipment is not a covered benefit.