
Medical Policy



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Joint Medical Policies are a source for BCBSM and BCN medical policy information only. These documents are not to be used to determine benefits or reimbursement. Please reference the appropriate certificate or contract for benefit information. This policy may be updated and is therefore subject to change.

***Current Policy Effective Date: 5/1/25**
(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.

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

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
 - Pathology report must be available upon request
- 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

Note: Some code(s) for oral surgery may not be covered by all contracts or certificates. Please consult customer or provider inquiry resources at BCBSM or BCN to verify coverage.

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:

No NCD found regarding oral surgery.

Local:

No LCD found regarding oral surgery.

(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

- Cosmetic and Reconstructive Surgery
- Dental General Anesthesia
- Frenum Surgery (Frenulum Surgery, Frenumectomy, Frenectomy, Frenotomy)
- Immediate Repair of Trauma to Natural Teeth (BCN only)
- Mandibular and Maxillary Implants (BCN only)
- Obstructive Sleep Apnea and Snoring – Surgical Treatment
- Orthognathic Surgery
- Temporomandibular Joint Disorder

References

1. American Cancer Society. "Treating Oral Cavity and Oropharyngeal Cancer." <https://www.cancer.org/content/dam/CRC/PDF/Public/8766.00.pdf>. Accessed January 3, 2025.
2. Doyle, Lisa, and Colletti, J.E. "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," [https://www.cancer.gov/about-cancer/treatment/side-effects/mouth-throat/oral-complications-pdq#link/ 9](https://www.cancer.gov/about-cancer/treatment/side-effects/mouth-throat/oral-complications-pdq#link/9). Accessed January 3, 2025.
5. 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 1/3/25, 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
5/1/22	2/15/22		Routine maintenance
5/1/23	2/21/23		Routine maintenance (slp) Vendor Managed: N/A
5/1/24	2/20/24		Routine maintenance (slp) Vendor managed: N/A
5/1/25	2/18/25		Routine maintenance (slp) Vendor managed: N/A

Next Review Date: 1st Qtr, 2026

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)	Coinurance 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.