
Oral Surgery Payment Policy

Policy Statement

This policy outlines coverages and reimbursement requirements for oral surgery services procedures as dictated by the contract between Rhode Island Executive Office of Health and Human Services (EOHHS) and Neighborhood Health Plan of Rhode Island. Oral surgery includes the diagnosis, and surgical treatment of diseases, injuries and defects of the hard and soft tissues of the mouth and jaw.

Scope

This policy applies to:

- Medicaid** *excluding Extended Family Planning (EFP)*
- INTEGRITY**
- Commercial**

Prerequisites

All services must be medically necessary to qualify for reimbursement. Neighborhood may use the following criteria to determine medical necessity:

- National Coverage Determination (NCD)
- Local Coverage Determination (LCD)
- Industry accepted criteria such as InterQual
- Rhode Island Executive Office of Health and Human Services (EOHHS) recommendations
- Clinical Medical Policies (CMP)

It is the provider's responsibility to verify eligibility, coverage and authorization criteria prior to rendering services.

For more information please refer to:

- Neighborhood's plan specific [Prior Authorization Reference page](#).
- Neighborhood's [Clinical Medical Policies](#).

Please contact Provider Services at 1-800-963-1001 for questions related to this policy.

Covered Services

The below services must be billed by an Oral Surgeon:

- Oral Surgery
- Dental clinic services are defined as room and anesthesia charges billed by a hospital when non-covered dental services are rendered to a Neighborhood member in an institutional outpatient setting.

Benefit Limitations

- Mandibular prosthesis and occlusal orthotic devices are limited to once in a lifetime per member.

Claim Submission

Billable services are subject to contractual agreements, when applicable. Providers are required to submit complete claims for payment within contractually determined timely filing guidelines.

Coding must meet standards defined by the American Medical Association's Current Procedural Terminology Editorial Panel's (CPT®) codebook, the International Statistical Classification of Diseases and Related Health Problems, 10th revision, Clinical Modification (ICD-10-CM), and the Healthcare Common Procedure Coding System (HCPCS) Level II.

Documentation Requirements

Neighborhood reserves the right to request medical records for any service billed. Documentation in the medical record must support the service(s) billed as well as the medical necessity of the service(s). Neighborhood follows CMS standards for proper documentation requirements.

Coding

The inclusion of a code in this policy does not guarantee coverage or reimbursement.

CPT Code	Description
41899	Unlisted procedure, dentoalveolar structures
D7260	Oroantral fistula closure
D7261	Primary closure of sinus perforation
D7270	Tooth reimplantation and/or stabilization of accidentally or avulsed displaced tooth and/or alveolus
D7284	Excisional biopsy of minor salivary glands
D7285	Incisional biopsy of oral tissue - hard (bone, tooth)
D7286	Incisional biopsy of oral tissue - soft
D7287	Exfoliative cytological sample collection
D7288	Brush biopsy - transepithelial sample collection
D7295	Harvest of bone for use in autogenous grafting procedure
D7410	Excision of benign lesion diameter up to 1.25 cm
D7411	Excision of benign lesion diameter greater than 1.25 cm
D7412	Excision of benign lesion, complicated

CPT Code	Description
D7413	Excision of malignant lesion up to 1.25 cm
D7414	Excision of malignant lesion greater than 1.25 cm
D7415	Excision of malignant lesion, complicated
D7440	Excision of malignant tumor - lesion diameter up to 1.25 cm
D7441	Excision of malignant tumor - lesion diameter greater than 1.25 cm
D7450	Removal of benign odontogenic cyst or tumor - lesion diameter up to 1.25 cm
D7451	Removal of benign odontogenic cyst or tumor - lesion diameter greater than 1.25 cm
D7460	Removal of nonodontogenic cyst or tumor - lesion diameter up to 1.25 cm
D7461	Removal of nonodontogenic cyst or tumor - lesion diameter greater than 1.25 cm
D7465	Destruction of lesion(s) by physical or chemical method, by report
D7471	Removal of lateral exostosis (maxilla or mandible)
D7472	Removal of torus palatinus
D7473	Removal of torus mandibularis
D7485	Surgical reduction of osseous tuberosity
D7490	Radical resection of maxilla or mandible
D7510	Incision and drainage of abscess - intraoral soft tissue
D7511	Incision and drainage of abscess - intraoral soft tissue-complicated (includes drainage of multiple fascial spaces)
D7520	Incision and drainage of abscess - extraoral soft tissue
D7521	Incision and drainage of abscess - extraoral soft tissue- complicated (includes drainage of multiple fascial spaces)
D7530	Removal of foreign body from mucosa, skin, or subcutaneous alveolar tissue
D7540	Removal of reaction-producing foreign bodies-musculoskeletal system
D7550	Partial ostectomy/sequestrectomy for removal of non-vital bone
D7560	Maxillary sinusotomy for removal of tooth fragment or foreign body
D7610	Maxilla - open reduction (teeth immobilized, if present)
D7620	Maxilla - closed reduction (teeth immobilized, if present)
D7630	Mandible - open reduction (teeth immobilized, if present)
D7640	Mandible - closed reduction (teeth immobilized, if present)
D7650	Malar and/or zygomatic arch - open reduction

CPT Code	Description
D7660	Malar and/or zygomatic arch - closed reduction
D7670	Alveolus - closed reduction, may include stabilization of teeth
D7671	Alveolus - open reduction, may include stabilization of teeth
D7680	Facial bones - complicated reduction with fixation and multiple surgical approaches
D7710	Maxilla - open reduction
D7720	Maxilla - closed reduction
D7730	Mandible - open reduction
D7740	Mandible - closed reduction
D7750	Malar and/or zygomatic arch - open reduction
D7760	Malar and/or zygomatic arch - closed reduction
D7770	Alveolus - open reduction stabilization of teeth
D7771	Alveolus, closed reduction stabilization of teeth
D7780	Facial bones - complicated reduction with fixation and multiple surgical approaches
D7810	Open reduction of dislocation
D7820	Closed reduction of dislocation
D7830	Manipulation under anesthesia
D7840	Condylectomy
D7850	Surgical discectomy, with/without implant
D7852	Disc repair
D7854	Synovectomy
D7856	Myotomy
D7858	Joint reconstruction
D7860	Arthrotomy
D7865	Arthroplasty
D7870	Arthrocentesis
D7871	Non-arthroscopic lysis and lavage
D7872	Arthroscopy - diagnosis, with or without biopsy
D7873	Arthroscopy - lavage and lysis of adhesions
D7874	Arthroscopy - disc repositioning and stabilization

CPT Code	Description
D7875	Arthroscopy - synovectomy
D7876	Arthroscopy - discectomy
D7877	Arthroscopy - debridement
D7880	Occlusal orthotic device, by report
D7899	Unspecified TMD therapy, by report
D7910	Suture of recent small wounds up to 5 cm
D7911	Complicated suture - up to 5 cm
D7912	Complicated suture - greater than 5 cm
D7920	Skin graft (identify defect covered, location and type of graft)
D7921	Collection and application of autologous blood concentrate product
D7939	Indexing for osteotomy using dynamic robotic assisted or dynamic navigation
D7940	Osteoplasty - for orthognathic deformities
D7941	Osteotomy - mandibular rami
D7943	Osteotomy - mandibular rami with bone graft; includes obtaining the graft
D7944	Osteotomy - segmented or subapical - per sextant or quadrant
D7945	Osteotomy - body of mandible
D7946	LeFort I (maxilla - total)
D7947	LeFort I (maxilla - segmented)
D7948	LeFort II or LeFort III (osteoplasty of facial bones for midface hypoplasia or retrusion) – without bone graft
D7949	LeFort II or LeFort III – with bone graft
D7950	Osseous, osteoperiosteal, or cartilage graft of the mandible or facial bones – autogenous or nonautogenous, by report
D7951	Sinus augmentation with bone or bone substitutes
D7952	Sinus augmentation via a vertical approach
D7953	Bone replacement graft for ridge preservation - per site
D7955	Repair of maxillofacial soft and hard tissue defect
D7961	Buccal/labial frenectomy (frenulectomy)
D7962	Lingual frenectomy (frenulectomy)
D7963	Frenuloplasty

CPT Code	Description
D7972	Surgical reduction of fibrous tuberosity
D7980	Sialolithotomy
D7981	Excision of salivary gland, by report
D7982	Sialodochoplasty
D7983	Closure of salivary fistula
D7990	Emergency tracheotomy
D7991	Coronoidectomy
D7993	Surgical placement of craniofacial implant- extra oral
D7994	Surgical placement- zygomatic implant
D7995	Synthetic graft, mandible or facial bones, by report
D7996	Implant, mandible for augmentation purposes (excluding alveolar ridge), by report
D7997	Appliance removal (not by a dentist who placed appliance), includes removal of archbar
D7998	Intraoral placement of a fixation device not in conjunction with a fracture
D7999	Unspecified oral surgery procedure, by report
D9955	Oral appliance therapy (OAT) titration visit
D9956	Administration of home sleep apnea test
D9957	Screening for sleep related breathing disorders

Disclaimer

This payment policy is informational only and is not intended to address every situation related to reimbursement for healthcare services; therefore, it is not a guarantee of reimbursement.

Claim payments are subject to the following, which include but are not limited to: Neighborhood Health Plan of Rhode Island benefit coverage, member eligibility, claims payment edit rules, coding and documentation guidelines, authorization policies, provider contract agreements, and state and federal regulations. References to CPT or other sources are for definitional purposes only.

This policy may not be implemented exactly the same way on the different electronic claims processing systems used by Neighborhood due to programming or other constraints; however, Neighborhood strives to minimize these variations.

The information in this policy is accurate and current as of the date of publication; however, medical practices, technology, and knowledge are constantly changing. Neighborhood reserves the right to update this payment policy at any time. All services billed to Neighborhood for reimbursement are subject to audit.

Document History

Date	Action
09/18/2024	Annual Policy Review Date; added 1/1/24 codes
09/05/2023	Annual Policy Review Date
10/01/2022	Annual Policy Review Date. Removed exclusion for Anesthesia services related to dental treatment rendered in an inpatient or outpatient hospital setting.
12/01/2021	Policy with 9/29 updates posted.
09/29/2021	Policy Review Date. Format changes and coding updates.
06/01/2010	Policy Effective Date