



Dental Clinical Criteria

Last Revised: 1/2024

Oral Surgery

Requests for services must meet the following basic criteria:

Extractions (surgical)

Determination of type of extraction depends primarily on the anatomic position of the tooth/remnants and also on the technique required to remove the tooth or its remnants.

- D7210—Surgical extraction requires demonstrable need to cut hard and/or soft tissue; closure with suture(s) is necessary
- D7220—Soft tissue impaction—occlusal surface of the tooth is covered by soft tissue and requires a flap to uncover the tooth
- D7230—Partial bony impaction—up to 50% of the crown of the tooth is covered by bone.
- D7240—Full bony impaction—over 50% of the crown of the tooth is covered by bone.
- D7241—Full bony impaction with complications—difficulty in removing the tooth must be documented and demonstrated by radiographs
- D7250—Removal of residual tooth roots—requires cutting soft and hard tissue to remove the roots
- D7251—Coronectomy—rationale for removal of the crown only must be submitted, along with radiographic demonstration of need.

Other Surgical Procedures

Oroantral fistula closure and Primary closure of a sinus perforation (D7260)

- Oral—antral communication must require surgical intervention for repair and healing.

Mobilization of erupted or malpositioned tooth to aid eruption (D7282)

- Tooth must be ankylosed.
- May not be associated with an extraction.

Biopsy of oral tissue (D7284, D7285, D7286)

- For pathological examination of abnormal tissue or lesion.

- Not to be used with apicoectomy / periradicular surgery.
- Copy of the pathology report and rationale for biopsy should be included with the claim submission.

Brush biopsy (D7288)

- Brush biopsy is used as a screening technique and is usually not covered due to many false positives.
- Sample collection of abnormally appearing mucosa or oral mucosal lesion.
- Biopsy may be required for definitive diagnosis.

Surgical excision of soft tissue lesions and intra-osseous lesions and excision of bone tissue (D7410-D7490)

- Tissue's appearance must be documented and appear abnormal or suspicious on the image provided with the claim.

Other Repair Procedures

Osseous, osteoperiosteal, or cartilage graft of the mandible or maxilla (D7950)

- Procedure is considered necessary and appropriate when:
 - Performed to repair a significant osseous defect in the maxilla or mandible which may be caused by disease or injury, beyond that of a periodontal defect, commonly referred to as a block graft.
 - The procedure includes ridge augmentation or reconstruction to increase height, width and/or volume of the alveolar ridge.
 - The procedure includes obtaining and placing the graft material (autogenous graft or allograft) and any related follow up visit.
 - Placement of a barrier membrane, if used, may be reported separately.

Sinus augmentation with bone or bone substitutes (D7951)

- The area must be edentulous.
- Must be done for implant site preparation.
- May be appropriate at time of implant placement when implant stability cannot be obtained with existing bone.
- Short, wide implant body use is contraindicated.
- Placed in the absence of sinus pathology.
- Implant and implant services are covered services in the plan.

Bone replacement graft for ridge preservation (D7953)

- Post extraction site presents with compromised bone mass.
- Benefit for a bone graft is allowed when the graft is critical to the success of the future implant (that has been approved for benefits).
- At least one osseous plate is fenestrated or presents with dehiscence or is fractured resulting in a major defect.
- Particular consideration for benefits will be given to:
 - Maxillary molar and premolar regions that may require grafting to provide adequate space between the sinus and the implant.
 - Maxillary and mandibular anterior regions that may require bone grafts for compromised (very thin osseous plate) facial bony walls.
 - Mandibular molar regions when the nerve canal position is too close to the edentulous ridge for proper implant placement.

Guided Tissue Regeneration—resorbable or non-resorbable, per site (D7956, D7957)

- This procedure may be used as appropriate following surgical exposure and debridement to help close and protect the wound before approximation of the mucoperiosteal flap.
- GTR is appropriate when the surrounding soft and hard tissue is insufficient to retain the graft material.

- A narrative detailing the necessity of the membrane material is required in determining this additional regenerative benefit.
- Use this code when grafting in an edentulous space.

Removal of non-resorbable barrier (D4286)

- Procedure to remove the barrier membrane that does not resorb over time on its own.
- Although it is in the periodontal category, this code can be used when removing non-resorbable barrier membranes after bone graft procedures in an edentulous area.

Frenulectomy and Frenuloplasty (D7961—D7963)

- Procedure is considered necessary and appropriate when:
 - The patient is an infant who is having difficulty latching for breastfeeding.
 - Excessive lingual attachment is impeding speech or swallowing.
 - High labial attachment is preventing eruption of teeth.
 - High labial attachment is creating a diastema or causing tooth rotation.
 - Necessary to avoid or proceed with orthodontic treatment.

Surgical reduction of fibrous tuberosity (D7972)

- Soft tissue must be hypertrophied and interfere with occlusion or the restorative space for prosthetic restoration.
- Excessive tissue interferes with appropriate denture flange extension.
- Removal of osseous exostoses or tori are covered under D7471-D7473, D7485.