Oral Surgery

Requests for services must meet the following basic criteria:

Other Surgical Procedures

Oralantral fistula closure D7260 and Primary closure of a sinus perforation D7261
- 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 D7285, D7286
- For pathological examination of abnormal tissue or lesion.
- Not to be used with apicoectomy / periradicular surgery.

Brush biopsy D7288
- 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 D7410 – D7415, D7440, D7441, D7450, D7451, D7460, D7461, D7465
- Tissue must appear abnormal or suspicious.

Excision of bone tissue D7471 – D7473, 7485
- Tissue must appear abnormal or suspicious.

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 which is 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 – D7952
- The area must be edentulous.
- Must be done for implant site preparation.
• May be appropriate at time of implant placement when implant stability is 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.
• At least one osseous plate is fenestrated or presents with dehiscence or is fractured resulting in a major defect.

**Frenulectomy and Frenuloplasty D7960, D7963**
• Procedure is considered necessary and appropriate when:
  o The child is a young infant and the child is having difficulty “latching” or unable to latch for feeding.
  o Excessive lingual attachment is impeding speech or swallowing.
  o High labial attachment is preventing eruption of teeth.
  o High labial attachment is creating a diastema or causing tooth rotation.
  o Necessary to avoid or proceed with orthodontic treatment.

**Surgical reduction of fibrous tuberosity D7972**
• Soft tissue must be hypertrophied and interfere with occlusion.
• Excessive tissue interferes with appropriate denture flange extension.