

CHAPTER 8
SECTION 1.4

ORAL SURGERY

Issue Date: October 8, 1986

Authority: [32 CFR 199.4\(e\)\(10\)](#)

I. DESCRIPTION

There are certain oral surgical procedures which are performed by both physicians and dentists, and which are essentially medical rather than dental care.

II. POLICY

A. The following procedures along with their corresponding American Dental Association (ADA) dental nomenclature codes are considered to be in this category and benefits may be extended for otherwise covered services and supplies without preauthorization. Oral surgery claims will be processed by the regional contractor.

B. Excision of tumors and cysts of the jaws, cheeks, lips, tongue, roof and floor of the mouth, when such conditions require a pathological (histological) examination.

1. 07285 - Biopsy of oral tissue (hard).
2. 07286 - Biopsy of oral tissue (soft).
3. 07410-07420 - Radical excision of reactive inflammatory lesion.
4. 07430-07431 - Excision of benign tumor.
5. 07440-07441 - Excision of malignant tumor.
6. 07450-07451 - Removal of odontogenic cyst or tumor.
7. 07460-07461 - Removal of non-odontogenic cyst or tumor.

8. 07465 - Destruction of lesions by physical methods: electro-surgery, chemotherapy and cryotherapy.

C. Marsupialization of Ranula.

D. Removal of midline palatal tori and lingual mandibular tori. This does not include alveolar ridge irregularities or multiple exostoses of the mandible and maxilla.

E. Surgical procedures required to correct accidental injuries of the jaws, cheeks, lips, tongue, roof and floor of the mouth.

1. Treatment of fractures - simple.

- a. 07610 - Maxilla - open reduction, teeth immobilized (if present).
- b. 07620 - Maxilla - closed reduction, teeth immobilized (if present).
- c. 07630 - Mandible - open reduction, teeth immobilized (if present).
- d. 07640 - Mandible - closed reduction, teeth immobilized (if present).
- e. 07670 - Alveolus - stabilization of teeth, open reduction splinting (when supported by radiographic evidence of fracture).

2. Treatment of fractures - compound.

- a. 07710 - Maxilla - open reduction.
- b. 07720 - Maxilla - closed reduction.
- c. 07730 - Mandible - open reduction.
- d. 07740 - Mandible - closed reduction.
- e. 07770 - Alveolus - stabilization of teeth - open reduction splinting (when supported by radiographic evidence).

3. Repair of traumatic wounds.

07910 - Suture of recent small wounds up to 5 cm.

4. Complicated suturing.

- a. 07911 - Complicated suturing, up to 5 cm.
- b. 07912 - Complicated suturing, over 5 cm.
- c. 07920 - Skin grafts (identify defect covered, location and type of graft).
- d. 07955 - Repair of maxillofacial soft and hard tissue defect.

F. Treatment of oral and/or facial cancer.

G. Treatment of fractures of facial bones.

- 1. 07650 - alar and/or zygomatic arch - open reduction.
- 2. 07660 - Malar and/or zygomatic arch - closed reduction.

3. 07680 - Facial bones - complicated reduction with fixation and multiple surgical approaches.

4. 07750 - Malar and/or zygomatic arch - open reduction.

5. 07760 - Malar and/or zygomatic arch - closed reduction.

6. 07780 - Facial bones - complicated reduction with fixation and multiple surgical approaches.

H. External (extraoral) incision and drainage of cellulitis.

1. 07520 - Incision and drainage of abscess-extraoral.

2. 07540 - Removal of reaction-producing foreign body.

I. Surgery of accessory sinuses, salivary glands or ducts.

1. 07260 - Oral antral fistula closure (and/or antral root recovery).

2. 07560 - Maxillary sinusotomy for removal of tooth fragment or foreign body.

3. 07980 - Sialolithotomy.

4. 07981 - Excision of salivary gland.

5. 07982 - Sialodochoplasty.

6. 07983 - Closure of salivary fistula.

J. Reduction of dislocations and the excision of the temporomandibular joints, when surgery is a necessary part of the reduction.

1. 07810 - Open reduction of dislocation.

2. 07820 - Closed reduction of dislocation.

K. Any oral surgical procedure which falls within the cosmetic, reconstructive and/or plastic surgery definition such as: (1) prognathism and micrognathism, (2) congenital craniofacial anomalies (i.e., Treacher-Collins syndrome, hemifacial microsomia, etc.).

1. The surgical correction of these severe deformities may be allowed as necessary medical treatment.

2. Medical documentation should describe a development skeletal deformity of the jaw with significant functional impairment, and should be backed with cephalometric and intraoral radiographs, study models and a statement of proposed need and treatment plan endorsed with physician and/or dentist support.

3. All such cases must be referred for professional evaluation and judgment.

L. **Other Medical Conditions.** The following section addresses medical conditions which may be treated either by a dentist or a physician, and which do not require preauthorization under the 32 CFR 199 on Adjunctive Dental Care:

1. **Osteomyelitis.**
 - a. 07480 - Partial ostectomy (guttering or saucerization).
 - b. 07490 - Radical resection of mandible with bone graft.
 - c. 07550 - Sequestrectomy for osteomyelitis.

2. **Foreign Body.** Removal of a foreign body which is hazardous to the patient's health, which is reaction-producing or complicates a primary medical condition.
 - a. 07530 - Removal of foreign body, skin or subcutaneous areolar tissue.
 - b. 07540 - Removal of reaction-producing foreign body - musculoskeletal system.
 - c. 07560 - Maxillary sinusotomy for removal of foreign body (including tooth fragment).

3. **Intrinsic and Traumatic Temporomandibular Joint Disease.** Intrinsic and traumatic diseases of the temporomandibular joint which require surgery such as rheumatoid arthritis and osteoarthritis.
 - a. 07830 - Manipulation under anesthesia.
 - b. 07840 - Condylectomy.
 - c. 07860 - Arthrotomy.
 - d. 07870 - Arthrocentesis.

NOTE: Treatment of Temporomandibular Joint Syndrome, occlusal equilibration and restorative occlusal rehabilitation is excluded from this category.

III. POLICY CONSIDERATIONS

A. Extraction of unerupted or partially erupted, malposed or impacted teeth, with or without the attached follicular or development tissues, are not covered oral surgery procedures except when the care is indicated in preparation for, or as a result of, dental trauma caused by the medically necessary treatment of an injury or illness. Surgical preparation of the mouth for dentures is not covered.

B. The Therabite Jaw Motion System may be considered for cost-sharing as durable medical equipment (DME) when determined to be medically necessary and appropriate treatment, subject to all applicable program requirements (i.e., post-operative, re-education following injury or accident, or for care which is non-preventative). See [Chapter 7, Section](#)

3.1, paragraph B, under "Policy Consideration" and [Chapter 13, Section 3.2](#) for DME reimbursement guidelines for the Therabite Jaw Motion System.

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