

BLUE CROSS OF NORTHEASTERN PA "BCNEPA" MEDICAL POLICY BULLETIN	MANUAL: MEDICAL POLICY
	REFERENCE NO.: MPO-490-0010
EFFECTIVE DATE April 1, 2014	SUBJECT: Oral Surgery

Blue Cross of Northeastern Pennsylvania ("BCNEPA") Medical Policy

Medical policy is not an authorization, certification, explanation of benefits or a contract. Benefits and eligibility are determined before medical policy and claims payment policy are applied. Policies are provided for informational purposes only and are developed to assist in administering plan benefits and do not constitute medical advice. Treating providers are solely responsible for medical advice and treatment. Policies are based on research of current medical literature and review of common medical practices in the treatment and diagnosis of disease. Medical practices and information are constantly changing and BCNEPA may review and revise its medical policies periodically. Also, due to the rapid pace of changing technology and the advent of new medical procedures, BCNEPA may not have a policy to address every procedure. In those cases, BCNEPA may review other sources of information including, but not limited to, current medical literature and other medical resources, such as Technology Evaluation Center Assessments (TEC) published by the Blue Cross Blue Shield Association. BCNEPA may also consult with health care providers possessing particular expertise in the services at issue.

I. DESCRIPTION:

Oral Surgery is performed on the mouth. It may be performed by a dental surgeon to treat diseased or impacted teeth gum disorders or disorders of the underlying bone.

II. BENEFIT POLICY STATEMENT:

BCNEPA makes decisions on coverage based on Policy Bulletins, benefit plan documents, and the member's medical history and condition. Benefits may vary based on product line, group or contract, therefore, Member benefits must be verified. In the event of a conflict between the Member's benefit plan document and topics addressed in Medical Policy Bulletins (i.e., specific contract exclusions), the Member's benefit plan document always supersedes the information in the Medical Policy Bulletins. BCNEPA determines medical necessity only if the benefit exists and no contract exclusions are applicable.

Benefits are determined by the terms of the Member's specific benefit plan document [i.e., the Fully Insured policy, the Administrative Services Only (ASO) agreement applicable to the Self-Funded Plan Participant, or the Individual Policy] that is in effect at the time services are rendered.

III. MEDICAL POLICY STATEMENT:

A. BCNEPA shall provide coverage for the following oral/dental services:

1. Medical Benefit:

a) Trauma;

- b) Disease of the oral cavity; and
- c) Baby bottle syndrome prior to age four (4), once per lifetime;
- d) **When surgery cannot be safely or adequately performed on an outpatient basis for children under the age of eighteen (18) and for adults with severe mental retardation, such surgery may occur in a hospital or ambulatory surgical facility.**

B. BCNEPA shall not provide coverage for the following oral/dental services:

- 1. Apicoectomy (dental root resection);
 - 2. Orthodontics;
 - 3. Root canal treatment;
 - 4. Soft tissue impactions;
 - 5. Surgery for cutting through the lower or upper jawbone;
 - 6. Treatment of temporomandibular joint dysfunction (TMJ), also known as craniomandibular disorders (CMD) with intraoral prosthetic devices or any other method to alter the vertical dimension of the bite or treatment of myofascial pain dysfunction (MPD) whether the services are considered to be medical or dental in nature;
 - 7. Services for overbite, crossbite, or underbite;
 - 8. Jaw alignment;
 - 9. Orthognathic surgery;
 - 10. Dental implants;
 - 11. Alveolectomy; and
 - 12. Treatment of periodontal disease.
- a) This exclusion also applies to all dental x-rays, supplies and appliances, including occlusal splints, and all associated expenses arising out of such dental services including hospitalization and anesthesia, except as otherwise required for direct treatment of acute traumatic injury or for treatment of cancer.

IV. DEFINITIONS:

Trauma: any unintentional injury. It does not include conditions resulting from dental disease or those that occur during the normal masticatory process.

-PLEASE SEE CODING ON NEXT PAGE-

PROPRIETARY - DO NOT PRINT - DO NOT MAIL

CPT only copyright 2013 American Medical Association. All rights reserved.

BLUE CROSS OF NORTHEASTERN PA "BCNEPA" MEDICAL POLICY BULLETIN	MANUAL: MEDICAL POLICY
	REFERENCE NO.: MPO-490-0010
EFFECTIVE DATE April 1, 2014	SUBJECT: Oral Surgery

The five character codes included in the **Blue Cross of Northeastern Pennsylvania's Medical Policy** are obtained from Current Procedural Terminology (CPT*), copyright 2012 by the American Medical Association (AMA). CPT is developed by the AMA as a listing of descriptive terms and five character identifying codes and modifiers for reporting medical services and procedures.

The responsibility for the content of **Blue Cross of Northeastern Pennsylvania's Medical Policy** is with BCNEPA and no endorsement by the AMA is intended or should be implied. The AMA disclaims responsibility for any consequences or liability attributed or related to any use, nonuse or interpretation of information contained in **Blue Cross of Northeastern Pennsylvania's Medical Policy**. Fee schedules, relative value units, conversion factors and/or related components are not assigned by the AMA, are not part of CPT, and the AMA is not recommending their use. The AMA does not directly or indirectly practice medicine or dispense medical services. The AMA assumes no liability for data contained or not contained herein. Any use of CPT outside of **Blue Cross of Northeastern Pennsylvania** should refer to the most current Current Procedural Terminology which contains the complete and most current listing of CPT codes and descriptive terms. Applicable FARS/DFARS apply.

CPT is a registered trademark of the American Medical Association

PROPRIETARY - DO NOT PRINT - DO NOT MAIL

BCNEPA CODING

Covered procedure codes are dependent upon meeting criteria of the policy and appropriate diagnosis code.

Benefits are determined by the Member's fully insured policy or the administrative services only agreement applicable to the Self-Funded plan Participant that is in effect at the time services are rendered.

PROCEDURE CODES

40810	99143	D0180	D0274	D0474
40812	99144	D0210	D0277	D0480
40814	99145	D0220	D0290	D0486
40816	99148	D0230	D0310	D1110
41825	99149	D0240	D0322	D1120
41826	99150	D0250	D0330	D1310
41827	D0140	D0260	D0340	D1320
42104	D0150	D0270	D0350	D1330
42106	D0160	D0272	D0472	D1351
42107	D0170	D0273	D0473	D2140

PROPRIETARY - DO NOT PRINT - DO NOT MAIL

CPT only copyright 2013 American Medical Association. All rights reserved.

PROPRIETARY - DO NOT PRINT - DO NOT MAIL

CPT only copyright 2013 American Medical Association. All rights reserved.

D2150	D2752	D3352	D6075	D6751
D2160	D2780	D3353	D6076	D6752
D2161	D2781	D3410	D6077	D6780
D2330	D2782	D3421	D6078	D6781
D2331	D2783	D3425	D6079	D6782
D2332	D2790	D3426	D6080	D6783
D2335	D2791	D3430	D6210	D6790
D2390	D2792	D3450	D6211	D6791
D2391	D2799	D3460	D6212	D6792
D2392	D2910	D3470	D6240	D6793
D2393	D2920	D4230	D6241	D6920
D2394	D2930	D4231	D6242	D7111
D2410	D2931	D4320	D6245	D7140
D2420	D2932	D4321	D6250	D7210
D2430	D2933	D4341	D6251	D7230
D2510	D2940	D4342	D6252	D7240
D2520	D2950	D5875	D6253	D7241
D2530	D2951	D6010	D6545	D7250
D2542	D2952	D6040	D6548	D7251
D2543	D2953	D6050	D6600	D7260
D2544	D2954	D6055	D6601	D7261
D2610	D2955	D6056	D6602	D7270
D2620	D2957	D6057	D6603	D7272
D2630	D2960	D6058	D6604	D7285
D2642	D2961	D6059	D6605	D7286
D2643	D2962	D6060	D6606	D7287
D2644	D2970	D6061	D6607	D7290
D2650	D3220	D6062	D6608	D7291
D2651	D3221	D6063	D6609	D7295
D2652	D3230	D6064	D6610	D7410
D2662	D3240	D6065	D6611	D7411
D2663	D3310	D6066	D6612	D7412
D2664	D3320	D6067	D6613	D7413
D2710	D3330	D6068	D6614	D7414
D2720	D3331	D6069	D6615	D7415
D2721	D3332	D6070	D6720	D7440
D2722	D3346	D6071	D6721	D7441
D2740	D3347	D6072	D6722	D7450
D2750	D3348	D6073	D6740	D7451
D2751	D3351	D6074	D6750	D7460

PROPRIETARY - DO NOT PRINT - DO NOT MAIL

CPT only copyright 2013 American Medical Association. All rights reserved.

PROPRIETARY - DO NOT PRINT - DO NOT MAIL

CPT only copyright 2013 American Medical Association. All rights reserved.

D7461	D7560	D7730	D7920	D7983
D7465	D7610	D7740	D7950	D7990
D7471	D7620	D7750	D7951	D9241
D7472	D7630	D7760	D7952	D9242
D7473	D7640	D7770	D7955	D9248
D7485	D7650	D7771	D7960	D9310
D7490	D7660	D7780	D7970	D9610
D7510	D7670	D7810	D7971	D9630
D7520	D7671	D7820	D7972	D9972
D7530	D7680	D7910	D7980	D9973
D7540	D7710	D7911	D7981	D9974
D7550	D7720	D7912	D7982	

ICD-9 DIAGNOSIS CODES

521.00	521.06	521.07	521.08
--------	--------	--------	--------

ICD-10 DIAGNOSIS CODES INFORMATIONAL ONLY

K02.51	K02.52	K02.53	K02.61	K02.62	K02.63	K02.7	K02.9
--------	--------	--------	--------	--------	--------	-------	-------

PROPRIETARY - DO NOT PRINT - DO NOT MAIL

CPT only copyright 2013 American Medical Association. All rights reserved.