

**BLUE CROSS BLUE SHIELD OF ARIZONA HEALTH CHOICE
DENTAL CLINICAL REVIEW CRITERIA**

Department	Utilization Management
Policy Number	D0008
Subject	Oral Surgery Procedures and Referrals
Attachments	None

Overview

The objective of this clinical policy is to provide guidance regarding dental and medical necessity in relation to member benefits. These criteria are intended solely for informational purposes and do not guarantee payment, authorize services, or serve as medical or dental advice. Coverage determinations are governed by applicable benefit plans, exclusions, limitations, and all relevant state and federal regulations.

Blue Cross Blue Shield of Arizona Health Choice covers the extraction of symptomatic, infected, or non-restorable primary and permanent teeth, as well as other oral surgical procedures, when medically and/or dentally necessary and when covered under the member’s benefit plan. Coverage determinations are based on the plan’s clinical assessment of medical and dental necessity.

Under the Adult Dental Emergency Benefit, coverage for extractions is limited to teeth presenting with acute pain and/or active infection. Teeth that do not meet criteria for acute symptoms, including pain or infection, will not be approved for extraction. Comprehensive treatment plans for members aged 21 years and older are not eligible for coverage under this benefit.

Non-Surgical and Surgical Extractions

Definitions

Routine extraction is the removal of an erupted tooth or exposed root by elevation and/or forceps, and include the removal of tooth structure, minor smoothing of the socket bone, and sutures if indicated.

Surgical extraction is the removal of an erupted tooth that requires removal of bone and/or sectioning of the tooth and may include elevation of a mucoperiosteal flap when indicated. The procedure involves cutting gingival tissue and bone, removing tooth structure, performing minor smoothing of the socket, and placing sutures as needed.

Criteria

Extractions are covered only when the tooth is symptomatic or shows disease, including:

- Non-restorable teeth due to severe caries, trauma, or fracture
- Acute or chronic infection (abscess or cellulitis)
- Severe periodontal disease

- Medically and/or dentally necessary third molar extractions
- Pulpal or periapical pathology
- Over-retained or ankylosed primary teeth, supernumerary teeth, or severely ectopically positioned tooth that may cause damage to other teeth
- Teeth in a jaw fracture line
- Teeth with poor restorative or endodontic prognosis, including failed endodontic treatment
- Vertical fracture, cracked tooth syndrome
- Teeth associated with cysts, tumors, or internal/external root resorption

Non-Covered Extractions

The following are not covered:

- Extractions of asymptomatic teeth
- Prophylactic removal of teeth without clinical pathology is considered elective and not a covered benefit, except when medically and/or dentally necessary prior to:
 - Head, neck, or jaw radiation therapy
 - Organ transplant

Limitations and Exclusions

The following do not meet coverage criteria:

- Removal of permanent teeth for orthodontic purposes is not covered unless part of an approved medically necessary orthodontic treatment plan for Medicaid members under 21 years of age
- Removal of primary teeth when exfoliation is imminent
- Removal of primary teeth for symmetry
- Prophylactic removal of asymptomatic teeth without pathology
- One of D7111, D7140 per tooth per lifetime.

Surgical Extractions

Criteria

Surgical extraction of an erupted tooth is indicated when a non-surgical extraction is not appropriate, including the following:

- Teeth with insufficient remaining clinical crown due to gross decay, large restorations, or fracture
- Teeth with prosthetic crowns or prior endodontic treatment that complicate non-surgical extraction
- Teeth with ankylosed roots (fusion of root to bone)
- Teeth fused to an adjacent tooth
- Teeth with developmental abnormalities that make non-surgical extraction unsafe
- Teeth in ectopic positions that prevent safe non-surgical extraction

- Teeth with complicating root morphology, including:
 - Dilacerated or curved roots
 - Cementosis
 - Roots requiring sectioning
- Proximity to vital structures requiring invasive access
 - Posterior maxillary teeth with roots extending into the maxillary sinus

Contraindications

Surgical extraction is not indicated when any of the following are present:

- A conservative, non-surgical procedure is clinically appropriate
- The tooth has lost more than half of its supporting bone
- The tooth can be removed using forceps and/or an elevator without surgical intervention

Limitations and Exclusions

- Surgical extractions will be paid only when the tooth requires an elevation of mucoperiosteal flap and removal of bone and/or sectioning of the tooth, or as determined by a dental examiner.
- One of D7210 per tooth per lifetime.

Surgical Removal of Residual Tooth Roots

The surgical removal of residual tooth roots (cutting procedure) includes cutting of soft tissue and bone, removal of tooth structure and closure.

Residual roots may result from carious destruction of the anatomical crown or a prior extraction attempt.

It is the policy of Blue Cross Blue Shield of Arizona Health Choice that removal of residual roots is medically necessary when:

- Tooth roots or fragments of tooth roots remain embedded in bone following a prior incomplete tooth extraction performed by another provider or provider group

Limitations and Exclusions

- When residual root removal is performed by the same provider, or a provider within the same group, that conducted the initial unsuccessful extraction
- One D7250 per tooth per lifetime.

Surgical Extraction of Soft Tissue, Partially Bony and Complete Bony Impacted Teeth

An impacted tooth is any tooth that is prevented from reaching its normal position in the mouth by tissue, bone, or another tooth.

Removal of impacted tooth- soft tissue. Occlusal surface of tooth covered by soft tissue; requires mucoperiosteal flap elevation.

Removal of impacted tooth- partially bony. Part of crown covered by bone and requires mucoperiosteal flap elevation and bone removal.

Removal of impacted tooth- fully bony. Most or all of crown covered by bone and requires mucoperiosteal flap elevation and bone removal.

Removal of impacted tooth- complete bony, with unusual surgical complications. Most or all of crown covered by bone; unusually difficult or complicated due to factors such as nerve dissection required, separate closure of maxillary sinus required or aberrant tooth position.

For impacted tooth removal, classification as partially or completely bony is based on the percentage of bone covering the anatomical crown, as defined by the American Dental Association (ADA). The anatomical crown is the portion of the tooth above the cemento-enamel junction (CEJ).

Removal of an impacted tooth is considered partially bony (D7230) when less than 50 percent of the anatomical crown is covered by bone and the procedure requires elevation of a mucoperiosteal flap and removal of bone.

Removal of an impacted tooth is considered completely bony (D7240) when 50 percent or more of the anatomical crown is covered by bone and the procedure requires elevation of a mucoperiosteal flap and removal of bone.

Code determination is based on bone coverage of the anatomical crown in accordance with ADA CDT definitions. The position of the occlusal surface relative to bone level is not a required criterion for classification.

Criteria

Surgical extraction of soft tissue, partially bony, or completely bony impacted teeth is medically necessary when one or more of the following conditions are present:

- Third molars associated with moderate to severe pain, acute symptoms, or recurrent episodes that do not respond to conservative or palliative treatment (e.g., analgesics or antibiotics)
- A tooth or teeth located in the line of a jaw fracture or when extraction is necessary to facilitate fracture management
- Third molars that are causing, or are at risk of causing, pathology to the adjacent second molar
- When performed as part of comprehensive treatment for an approved orthognathic surgery
- When a clearly defined cyst or tumor is present in association with an impacted tooth.
- Acute or chronic infection, including abscess, cellulitis, or pericoronitis

- When removal is needed to support a planned medical or surgical treatment, such as transplant preparation or cancer therapy.

Contraindications

Surgical extraction of Soft Tissue, Partially Bony, and Complete Bony Impacted Teeth is not indicated for the following:

- Impacted teeth are not covered unless medical and/or dental necessity criteria are met
- Pain or inflammation related to normal eruption that is expected to resolve as the tooth erupts into proper position
- A third molar expected to erupt into a functional position by early adulthood
- A third molar with completed root development that is fully encased in bone in an older patient, when there is no evidence of pain, infection or pathology
- Prophylactic removal when there is no underlying medical condition; removal of asymptomatic teeth or teeth without clinical pathology is considered elective and is not a covered benefit

Coronectomy

Coronectomy- intentional partial tooth removal, impacted teeth only. This procedure applies only to impacted teeth and includes incision of soft tissue, removal of bone as needed, sectioning and removal of a portion of the tooth, and placement of sutures.

Criteria

Coronectomy is indicated for the following:

- When complete removal of an impacted tooth presents a risk of injury to nearby nerves, including the inferior alveolar nerve.

Contraindications

Coronectomy is not indicated for the following:

- When clinical requirements support complete removal of the impacted tooth
- Procedures performed solely for preventive or elective purposes

Limitations and Exclusions:

- Post-extraction services, including suture removal, management of dry socket, and removal of bone fragments, are considered included in the extraction procedure when provided by the same dentist or provider group. When these services are rendered by a different dentist or provider group, they are considered palliative care and may be eligible for reimbursement.
- One of D7220, D7230, D7240, D7241, and D7251 per tooth per life

Required Documentation

Requests for tooth extractions must include all of the following:

- Diagnostic-quality panoramic or periapical radiographs that clearly show the entire tooth or teeth and adjacent structures (bitewing radiographs are not acceptable)

- Clinical treatment notes documenting symptoms, diagnosis, and relevant clinical findings
- A narrative supporting medical and/or dental necessity, including prior conservative treatment and outcomes, when applicable
- Intraoral photographs, if available, to support clinical findings

Collection And Application of Autologous Blood Concentrate Product

The collection and application of autologous blood concentrate products involve obtaining a sample of the patient's blood, processing it to concentrate platelets and biologically active components, and placing the processed material at a surgical site. These products, which may include platelet-rich plasma (PRP) or platelet-rich fibrin (PRF), have been proposed for use as adjuncts to enhance healing following dental or oral surgical procedures. Current clinical evidence, however, does not demonstrate reliable or clinically significant benefit associated with their use in dental treatment.

Limitations and Exclusions

- The collection and application of autologous blood concentrate products are **not covered services** for all Blue Cross Blue Shield of Arizona Health Choice (Medicaid) members.
- The collection and application of autologous blood concentrate products are **not covered services** for Health Choice Pathway (Medicare) members.

Alveoloplasty

An alveoloplasty is performed only when there is need for significant bone recontouring in the area of the extraction. The smoothing of the socket bone is considered part of the extraction procedure and should not be coded separately. Smoothing of the extraction site includes contouring of the facial and septal alveolar bone and does not, by itself, constitute an alveoloplasty.

Alveoloplasty procedures must be clearly and accurately documented in the patient's clinical record, including:

- The clinical rationale for performing the alveoloplasty, and
- A detailed description of the extent and nature of bone recontouring performed.

Criteria

Alveoloplasty may be considered medically necessary when any of the following conditions are met:

- Removal or reshaping of irregular alveolar bone is required to allow for the proper fabrication or fitting of a dental prostheses, when prostheses are covered services under the plan.

- Removal or reshaping of irregular alveolar bone is required in conjunction with multiple extractions when significant bone recontouring is necessary to achieve a smooth and functional alveolar ridge.
- Presence of an irregular alveolar ridge, including sharp bony projections, spicules, or undercuts that cannot be adequately managed with routine socket smoothing.
- Removal or reshaping of alveolar bone is required to prepare for radiation therapy for head and neck malignancy or organ transplant surgery, when oral conditions may increase the risk of treatment-related complications.
- Removal of alveolar bone is necessary due to a documented pathologic condition, such as disease, infection, or abnormal bone growth.

Contraindications

Alveoloplasty is not clinically indicated under the following circumstances:

- When the member has previously received aggressive or high-dose radiation therapy to the head and neck, particularly in the area of concern.
- When the alveolar ridge is significantly diminished, such that additional bone removal would be clinically harmful.
- When the member has bleeding disorders or is receiving medications known to adversely affect bone metabolism or healing (e.g., bisphosphonates), and alveoloplasty would pose increased risk.

Limitations and Exclusions

Alveoloplasty is not separately payable or not covered in the following situations:

- When only minor smoothing or removal of socket bone is performed; routine smoothing is included in all extraction procedures.
- When no prosthetic treatment is planned.
- When removal or reshaping of alveolar bone is performed in conjunction with or following third molar extractions.

Excision of pericoronal gingiva

Excision of pericoronal gingiva is a surgical procedure involving removal of inflamed, hypertrophied, or redundant gingival tissue overlying or surrounding a partially erupted or impacted tooth. This procedure is most commonly performed to manage recurrent inflammation or infection, improve access for oral hygiene, or support eruption or long-term retention of the affected tooth.

Criteria

Excision of pericoronal gingiva may be considered **medically necessary** when **any** of the following conditions are present:

- Recurrent inflammation, infection, or hypertrophy of gingival tissue surrounding a partially erupted, impacted, or compromised tooth, when the tooth is planned for retention.

- Gingival tissue that impedes adequate oral hygiene, resulting in persistent inflammation, infection, or discomfort despite conservative management.
- Soft tissue overgrowth that interferes with normal eruption of a partially erupted tooth and removal is expected to facilitate eruption.
- Excess or inflamed pericoronal tissue that contributes to recurrent pericoronitis, pain, swelling, or localized infection.

Contraindications

Excision of pericoronal gingiva is not clinically indicated in the following situations:

- When the affected tooth is planned for extraction rather than retention.
- When the soft tissue condition can be adequately managed with non-surgical or conservative measures (e.g., improved hygiene, irrigation, medication).
- When the patient has medical conditions or is taking medications that significantly increase the risk of uncontrolled bleeding, infection, or impaired healing, and risk outweighs benefit.
- When active systemic conditions or local factors contraindicate elective oral surgical procedures.

Limitations and Exclusions

- Excision of pericoronal gingiva is not separately payable when performed in conjunction with another surgical procedure (e.g., extraction of the same or adjacent tooth) on the same date of service; the service is considered inclusive of the primary procedure.
- The procedure is not covered when performed solely for convenience or preventive purposes without documented pathology or functional impairment.
- Routine minor soft tissue trimming that does not address inflammation, infection, or functional limitation is not separately reimbursable.

Removal of Benign Odontogenic Cyst or Tumor

Criteria

Removal (enucleation) of an odontogenic cyst may be considered **medically necessary** when **all** of the following apply:

- Clinical and radiographic evaluation support the presence of an odontogenic cyst or other pathologic lesion.
- A differential diagnosis has been completed and confirms that the lesion requires surgical removal.
- The procedure is performed as a standalone service and is clinically indicated to prevent progression of disease, infection, destruction of surrounding bone, or damage to adjacent teeth or anatomical structures.

Contraindications

Odontogenic cyst enucleation is not separately indicated when:

- When performed at the same time and in the same surgical site as another related surgical procedure, such as surgical tooth extraction, removal of an impacted tooth, or an apicoectomy, removal of the cyst is considered inclusive of the related procedure and may not be separately reimbursed.
- There is insufficient clinical or diagnostic evidence to support the presence of a pathologic lesion requiring surgical intervention.

Biopsy

Incisional Biopsy

Incisional biopsy provides a representative sample of tissue for diagnostic purposes. It is the method of choice when the differential diagnosis includes malignancy as to allow for proper post-biopsy treatment by the treating surgeon. The biopsy site selection should be at the most representative site of the lesion while avoiding areas of ulceration and gross necrosis, as those may yield non diagnostic tissue. A sample of the most representative tissue is sufficient without the need to include tissue from the periphery. Elliptical biopsy design facilitates primary closure when healthy tissue remains.

Excisional Biopsy

Excisional biopsy is the complete removal of a lesion to provide a definitive histological diagnosis. This procedure is appropriate only when the lesion is most certainly benign with no suspicion of malignancy as in the case of an irritation fibroma.

Limitations and Exclusions

- Incisional biopsy is intended for diagnostic purposes when only a portion of a lesion is removed for pathologic evaluation.
- Incisional biopsy is **not covered when the lesion is removed in its entirety** at the same operative encounter. In such cases, the procedure is considered an excision, and the excision is the reportable service.
- Incisional biopsy is **not separately reimbursable** when performed in conjunction with a surgical procedure that removes the lesion (e.g., excision, cyst removal, or extraction of associated pathology). The biopsy is considered inclusive of the primary procedure.
- A biopsy may be separately considered only when:
 - It is performed on a different lesion, or
 - It is performed as a distinct, diagnostic procedure prior to a decision for definitive treatment, and clinical documentation clearly supports medical necessity.

Orthodontic Related Procedures

Surgical Access Of Unerupted Tooth

Surgical access of an unerupted tooth is indicated when a normally developing permanent tooth is unable to erupt into a functional position.

Criteria

Surgical access of an unerupted tooth may be considered medically necessary when all of the following are met:

- A normally developing permanent tooth is unable to erupt into a functional position.
- The unerupted tooth, if left untreated, has the potential to cause damage to adjacent teeth, including but not limited to resorption, displacement, or compromise of periodontal support.
- The procedure is performed as part of an approved, medically necessary orthodontic or orthognathic treatment plan for Medicaid members under 21 years of age.

Contraindications

Surgical access of an unerupted tooth is not considered medically necessary when:

- The unerupted tooth is a supernumerary tooth or a third molar.
- Surgical access of the impacted tooth would pose a risk to vital structures, including but not limited to adjacent teeth, nerves, blood vessels, or other critical anatomical structures.
- Performed solely for cosmetic, elective, or convenience purposes.
- There is inadequate space for eruption and no approved orthodontic treatment plan to accommodate the tooth.
- The tooth has a poor prognosis for eruption due to ankylosis, severe malposition, or other unfavorable factors.
- The service is requested outside of an approved medically necessary orthodontic or orthognathic case for Medicaid members under 21 years of age.

Mobilization of Erupted or Malpositioned Tooth to Aid Eruption

This procedure involves the movement or luxation of a tooth to eliminate ankylosis and facilitate eruption. It is not performed in conjunction with tooth extraction.

Criteria

Mobilization of a tooth may be considered medically necessary when **all** of the following are met:

- Clinical and radiographic findings confirm ankylosis or eruption disturbance.
- The unerupted tooth, if left untreated, has the potential to cause damage to adjacent teeth, including but not limited to resorption, displacement, or compromise of periodontal support.
- Luxation is required to facilitate continued eruption of a tooth intended to be retained.
- The procedure is not performed in conjunction with tooth extraction.
- The service supports an approved, medically necessary orthodontic or orthognathic treatment plan for Medicaid members under 21 years of age.

Contraindications

Mobilization of a tooth is not considered medically necessary when:

- The tooth is non-restorable or planned for extraction.

- There is no clinical or radiographic evidence of ankylosis or eruption interference.
- The procedure is requested solely to facilitate cosmetic orthodontic movement.
- The service is not part of an approved medically necessary orthodontic or orthognathic treatment plan.

Surgical Placement of Temporary Anchorage Device

The surgical placement of temporary Anchorage devices is used in conjunction with orthodontic treatment.

Criteria

Surgical placement of a temporary anchorage device may be considered medically necessary when:

- Skeletal anchorage is required to achieve treatment objectives within a medically necessary orthodontic treatment plan.
- The procedure is associated with an approved orthodontic or orthognathic treatment plan for Medicaid members under 21 years of age.

Contraindications

Surgical placement of a temporary anchorage device is not considered medically necessary when:

- Requested solely to facilitate cosmetic orthodontic treatment.
- The procedure is unrelated to an approved medically necessary orthodontic or orthognathic case.
- Adequate treatment outcomes can be achieved using non-surgical anchorage methods.

Limitations and Exclusions

- Orthodontic extractions and related surgical procedures, including but not limited to surgical exposure of unerupted teeth or procedures performed to facilitate the eruption of impacted teeth, are not covered unless the services are provided as part of an approved, medically necessary orthodontic or orthognathic surgery treatment plan for Medicaid members under 21 years of age.
- Orthodontic extractions and related surgical procedures, including surgical exposure of unerupted teeth or procedures intended to facilitate eruption of impacted teeth, when performed solely for cosmetic, elective, or convenience purposes, are not covered, regardless of member age or provider recommendation.

Bone Replacement Graft for Ridge Preservation-Per Site

Bone grafting is an established surgical procedure used to restore or augment bone lost as a result of tooth extraction or disease. Graft materials may include autogenous bone, donor bone, xenografts, or alloplastic materials. Bone grafting may be performed to support future restorative treatment and is commonly combined with biologic materials and guided tissue membranes to support healing.

A bone replacement graft may be placed at the time of tooth extraction or implant removal to preserve alveolar ridge form when maintenance of ridge contour is necessary for future prosthetic reconstruction.

Criteria

Bone replacement grafting for ridge preservation following an extraction may be indicated when:

- A planned dental prosthesis would be adversely affected in fit or function by loss of ridge volume.
- The extraction site presents with an increased risk of ridge collapse, including thin or compromised bony walls, where healing without grafting is unlikely to maintain adequate ridge contour.

Contraindications

Bone replacement grafting for ridge preservation is not indicated in the following circumstances:

- When there is a sufficient amount of existing bone to allow for complete and adequate healing without graft placement.
- Routine placement of bone grafts in extraction sites when grafting is not medically necessary, as satisfactory healing may occur without intervention.
- Routine use in third molar (wisdom tooth) extraction sites.

Limitations and Exclusions

- When the primary procedure is not a covered service, all related adjunctive procedures, including bone grafts and membrane use, are also not covered, even if those services are otherwise covered under the plan.
- Dental implants and implant-related services are not covered benefits. Therefore, bone grafting performed solely to prepare a site for implant placement is not covered.
- Bone grafting is not covered under AHCCCS adult emergency dental benefits for members age 21 and older.
- Bone grafting is not a covered service for Health Choice Pathway (Medicare) members.

Graft is placed in an extraction site or implant removal site at the time of the extraction or removal to preserve ridge integrity (i.e., clinically indicated in preparation for implant reconstruction or where alveolar contour is critical to planned prosthetic reconstruction). Does not include obtaining graft material.

Guided Tissue Regeneration

Guided tissue regeneration is a surgical technique that uses a barrier membrane to support bone regeneration of the alveolar ridge and to enhance the outcomes of bone

grafting procedures. Membranes function by excluding non-osteogenic tissue from the healing site and may be resorbable or non-resorbable.

Resorbable membranes include natural materials such as collagen and synthetic materials such as aliphatic polyesters. Non-resorbable membranes include materials such as expanded polytetrafluoroethylene (e-PTFE) and alginate.

Criteria

Guided tissue regeneration using resorbable or non-resorbable barrier membranes may be considered medically necessary for ridge preservation only when all of the following criteria are met:

- The barrier membrane is used in conjunction with bone grafting at the time of tooth extraction to support preservation of the alveolar ridge when anticipated post-extraction bone loss would adversely affect planned restorative or prosthetic treatment.
- The extraction site shows documented osseous deficiency, such as compromised socket wall integrity or vertical bone defects, where healing without regenerative intervention is unlikely to maintain adequate ridge contour or function.

Contraindications

Guided tissue regeneration for ridge preservation is not clinically indicated when:

- Adequate bone healing is expected to occur without the use of a barrier membrane.
- The extraction site does not demonstrate significant osseous defects requiring regenerative support.
- The tooth or site has a poor prognosis and regenerative treatment is unlikely to achieve meaningful or lasting results.

Limitations and Exclusions

Blue Cross Blue Shield of Arizona Health Choice does not cover guided tissue regeneration for ridge preservation when:

- The procedure is performed as a standalone service and not in conjunction with bone grafting.
- The procedure is performed for routine or preventive purposes and is not supported by clinical documentation demonstrating medical necessity.
- Guided tissue regeneration is not covered when performed solely to prepare a site for dental implant placement, as dental implants and implant-related services are not covered benefits.

Frenulectomy (Frenectomy)

A frenectomy (frenulectomy) is a surgical procedure performed to completely excise an oral frenulum, including associated connective tissue, muscle fibers, and any bony attachment when present, when the frenum results in functional impairment or documented pathology.

Oral frenula are bands of intraoral mucosal tissue composed of connective tissue and

muscle fibers that attach the lips or tongue to the alveolar mucosa, gingiva, or underlying periosteum. These include the maxillary labial frenulum, mandibular labial frenulum, and lingual frenulum.

Criteria

It is the policy of Blue Cross Blue Shield of Arizona Health Choice that frenectomy is considered medically and/or dentally necessary when both of the following are met:

- The member has undergone a medical pediatric evaluation, and
- At least one of the following criteria is present:
 - Functional limitations resulting in inadequate feeding or sucking.
 - Swallowing difficulties caused by frenum attachment.
 - Limited tongue mobility resulting in speech pathology or speech disorders, following completion of examination and therapy by a qualified speech pathologist.
 - The frenum attachment is a causative factor in gingival recession.
 - Pain, infection, or pathology of the frenum.

Contraindications

Frenectomy (frenulectomy) is not considered medically and/or dentally necessary and is not covered when:

- When the procedure is performed solely for cosmetic reasons or purposes.
- There is no documented functional impairment or pathology attributable to the frenum

Maxillary Frenum – Coverage Limitations

- While some studies have identified an association between severely restrictive maxillary frenulum attachments and bottle- or breast-feeding difficulties in newborns, the American Academy of Pediatric Dentistry (AAPD) does not currently endorse routine release of the maxillary frenulum.
- There is no evidence to support the conclusion that a hyperplastic labial frenum interferes with proper oral hygiene.
- Frenectomy of a maxillary frenum performed solely to correct or prevent a diastema, without documented functional impairment or pathology, is not covered.

Unspecified Oral Surgery Procedure, By Report

Used for an oral surgery procedure that is not adequately described by a specific CDT code.

Required Documentation

Documentation submitted for review must be sufficient to establish medical and/or dental necessity and should include, but is not limited to, the following:

- Clinical diagnosis
- Detailed description of the procedure performed

- Materials used, if applicable
- Tooth number(s), arch, quadrant, or specific area of the mouth
- Intraoral photographic images, when available
- Radiographic (X-ray) images, when applicable
- Any additional supporting clinical information necessary to support the request

Benefit Determination

- Upon review of the submitted documentation, the appropriate benefit allowance will be applied based on medical and/or dental necessity and the member's benefit plan.

Temporomandibular Joint (TMJ)

Evaluation, referral, or treatment of TMJ conditions is covered only when there is documented evidence of recent trauma for Medicaid members 21 years of age and older.

Coding/Billing

The codes listed in this policy are for reference purposes only. Listing of a code in this policy does not imply that the service described by this code is a covered or non-covered health service. Coverage is determined by dental necessity criteria and specific benefit plans or other regulatory conditions. This list of codes may not be all inclusive.

CDT codes

Key:

C = Covered service

N = Non-covered service

Code	Description	Medicaid Age 0-20	Medicaid Age 21+	Medicare HCP
D7111	Extraction, coronal remnants - primary tooth	C	C	C
D7140	Extraction, erupted tooth or exposed root (elevation and/or forceps removal)	C	C	C
D7210	Extraction, erupted tooth requiring removal of bone and/or sectioning of tooth	C	C	C
D7220	Removal of impacted tooth-soft tissue	C	C	C
D7230	Removal of impacted tooth-partially bony	C	C	C
D7240	Removal of impacted tooth-completely bony	C	C	C
D7241	Removal of impacted tooth-completely bony, with unusual surgical complications	C	C	C

D7250	Removal of residual tooth roots (cutting procedure)	C	C	C
D7251	Coronectomy - intentional partial tooth removal	C	C	N
D7260	Oral antral fistula closure	C	C	C
D7261	Primary closure of a sinus perforation	C	C	C
D7270	Tooth reimplantation and/or stabilization of accidentally evulsed or displaced	C	C	N
D7280	Exposure of an unerupted tooth	C	N	N
D7282	Mobilization of erupted or malpositioned tooth to aid eruption	C	N	N
D7283	Placement of device to facilitate eruption of impacted tooth	C	N	N
D7285	Incisional biopsy of oral tissue - hard (bone, tooth)	C	C	C
D7286	Incisional biopsy of oral tissue - soft	C	C	C
D7292	Surgical placement: temporary anchorage device [screw retained plate] requiring	C	N	N
D7293	Placement of temporary anchorage device requiring flap	C	N	N
D7294	Placement of temporary anchorage device without flap; includes device removal	C	N	N
D7296	Corticotomy - one to three teeth or tooth spaces, per quadrant	C	N	N
D7297	Corticotomy - four or more teeth or tooth spaces, per quadrant	C	N	N
D7298	Removal of temporary anchorage device [screw retained plate], requiring flap	C	N	N
D7299	Removal of temporary anchorage device, requiring flap	C	N	N
D7300	Removal of temporary anchorage device without flap	C	N	N
D7310	Alveoplasty in conjunction with extractions - four or more teeth or tooth spaces, per quadrant	C	C	C
D7311	Alveoplasty in conjunction with extractions - one to three teeth or tooth	C	C	C
D7320	Alveoplasty not in conjunction with extractions - four or more teeth or tooth	C	C	C
D7321	Alveoplasty not in conjunction with extractions - one to three teeth or tooth	C	C	C
D7410	Excision of benign lesion up to 1.25 cm	C	C	C

D7411	Excision of benign lesion greater than 1.25 cm	C	C	C
D7412	Excision of benign lesion, complicated	C	N	C
D7413	Excision of malignant lesion up to 1.25 cm	C	N	C
D7414	Excision of malignant lesion greater than 1.25 cm	C	N	C
D7415	Excision of malignant lesion, complicated	C	C	C
D7440	Excision of malignant tumor-lesion diameter up to 1.25 cm	C	C	C
D7441	Excision of malignant tumor-lesion diameter greater than 1.25 cm	C	C	C
D7450	Removal of benign odontogenic cyst or tumor-lesion diameter up to 1.25 cm	C	C	C
D7451	Removal of benign odontogenic cyst or tumor-lesion diameter greater than 1.25 cm	C	C	C
D7460	Removal of benign nonodontogenic cyst or tumor-lesion diameter up to 1.25 cm	C	C	C
D7461	Removal of benign nonodontogenic cyst or tumor-lesion diameter greater than	C	C	C
D7465	Destruction of lesion(s) by physical or chemical methods, by report	C	C	C
D7471	Removal of lateral exostosis (maxilla or mandible)	C	N	C
D7472	Removal of torus palatinus	C	N	C
D7473	Removal of torus mandibularis	C	N	C
D7485	Reduction of osseous tuberosity	C	C	C
D7490	Radical resection of maxilla or mandible	C	N	C
D7509	Marsupialization of odontogenic cyst	C	C	N
D7510	Incision and drainage of abscess-intraoral soft tissue	C	C	C
D7511	Incision and drainage of abscess - intraoral soft tissue - complicated	C	C	C
D7520	Incision and drainage of abscess-extraoral soft tissue	C	C	C
D7521	Incision and drainage of abscess - extraoral soft tissue - complicated	C	C	C
D7530	Removal of foreign body from mucosa, skin, or subcutaneous alveolar tissue	C	C	C
D7540	Removal of reaction-producing foreign bodies-musculoskeletal system	C	C	C

D7550	Partial ostectomy/sequestrectomy for removal of non-vital bone	C	C	C
D7560	Maxillary sinusotomy for removal of tooth fragment or foreign body	C	C	C
D7610	Maxilla-open reduction (teeth immobilized if present)	C	N	C
D7620	Maxilla-closed reduction (teeth immobilized if present)	C	N	C
D7630	Mandible-open reduction (teeth immobilized if present)	C	N	C
D7640	Mandible-closed reduction (teeth immobilized if present)	C	N	C
D7650	Malar and/or zygomatic arch-open reduction	C	N	C
D7660	Malar and/or zygomatic arch-closed reduction	C	N	C
D7670	Alveolus - closed reduction, may include stabilization of teeth	C	N	C
D7671	Alveolus - open reduction, may include stabilization of teeth	C	N	C
D7680	Facial bones-complicated reduction with fixation and multiple surgical	C	N	C
D7710	Maxilla-open reduction	C	N	C
D7720	Maxilla-closed reduction	C	N	C
D7730	Mandible-open reduction	C	N	C
D7740	Mandible-closed reduction	C	N	C
D7750	Malar and/or zygomatic arch-open reduction	C	N	C
D7760	Malar and/or zygomatic arch-closed reduction	C	N	C
D7770	Alveolus - open reduction stabilization of teeth	C	N	C
D7771	Alveolus, closed reduction stabilization of teeth	C	N	C
D7780	Facial bones-complicated reduction with fixation and multiple approaches	C	N	C
D7810	Open reduction of dislocation	C	N	C
D7820	Closed reduction of dislocation	C	N	C
D7830	Manipulation under anesthesia	C	N	C
D7840	Condylectomy	C	N	C
D7850	Surgical discectomy; with/without implant	C	N	C
D7852	Disc repair	C	N	C

D7854	Synovectomy	C	N	C
D7856	Myotomy	C	N	C
D7858	Joint reconstruction	C	N	C
D7860	Arthrotomy	C	N	C
D7865	Arthroplasty	C	N	C
D7870	Arthrocentesis	C	N	C
D7871	Non-arthroscopic lysis and lavage	C	N	C
D7872	Arthroscopy-diagnosis, with or without biopsy	C	N	N
D7873	Arthroscopy: lavage and lysis of adhesions	C	N	C
D7874	Arthroscopy: disc repositioning and stabilization	C	N	C
D7875	Arthroscopy: synovectomy	C	N	C
D7876	Arthroscopy: discectomy	C	N	C
D7877	Arthroscopy: debridement	C	N	C
D7880	Occlusal orthotic appliance	C	N	N
D7899	Unspecified TMD therapy, by report	C	N	N
D7910	Suture of recent small wounds up to 5 cm	C	N	C
D7911	Complicated suture-up to 5 cm	C	N	C
D7912	Complicated suture-greater than 5 cm	C	N	C
D7920	Skin graft (identify defect covered, location, and type of graft)	C	N	N
D7939	Indexing for osteotomy using dynamic robotic assisted or dynamic navigation	C	C	N
D7940	Osteoplasty-for orthognathic deformities	C	N	C
D7941	Osteotomy - mandibular rami	C	N	C
D7943	Osteotomy - mandibular rami with bone graft; includes obtaining the graft	C	N	C
D7944	Osteotomy-segmented or subapical	C	N	C
D7945	Osteotomy-body of mandible	C	N	C
D7946	Le Fort i (maxilla-total)	C	N	C
D7947	Le Fort i (maxilla-segmented)	C	N	C
D7948	Le Fort ii or Le Fort iii (osteoplasty of facial bones for midface hypoplasia or	C	N	C

D7949	Le Fort ii or Le Fort iii-with bone graft	C	N	C
D7950	Osseous, osteoperiosteal, or cartilage graft of the mandible or maxilla	C	N	C
D7951	Sinus augmentation with bone or bone substitutes via a lateral open approach	C	N	N
D7953	Bone replacement graft for ridge preservation - per site	C	N	N
D7955	Repair of maxillofacial soft and/or hard tissue defect	C	N	C
D7956	Guided tissue regeneration, edentulous area-resorbable barrier, per site	C	C	N
D7957	Guided tissue regeneration, edentulous area-non resorbable barrier per site	C	C	N
D7961	Buccal / labial frenectomy (frenulectomy)	C	N	C
D7962	Lingual frenectomy (frenulectomy)	C	N	C
D7963	Frenuloplasty	C	N	C
D7970	Excision of hyperplastic tissue-per arch	C	C	C
D7971	Excision of pericoronal gingiva	C	C	C
D7972	Surgical reduction of fibrous tuberosity	C	C	C
D7979	Non-surgical sialolithotomy	C	C	N
D7980	Surgical sialolithotomy	C	C	C
D7981	Excision of salivary gland, by report	C	C	C
D7982	Sialodochoplasty	C	C	C
D7983	Closure of salivary fistula	C	C	C
D7990	Emergency tracheotomy	C	N	C
D7991	Coronoidectomy	C	N	C
D7995	Synthetic graft-mandible or facial bones, by report	C	N	N
D7996	Implant-mandible for augmentation purposes (excluding alveolar ridge), by report	C	N	N
D7997	Appliance removal (not by dentist who placed appliance), includes removal of arc	C	N	N
D7998	Intraoral placement of a fixation device not in conjunction with a fracture	C	N	N
D7999	Unspecified oral surgery procedure, by report	C	C	N

The following CDT codes are not covered:

Codes	Description
D7272	Tooth transplantation (includes reimplantation from one site to another and splinting and/or stabilization)
D7287	Cytology exfoliative sample collection
D7288	Brush biopsy – transepithelial sample collection
D7290	Surgical repositioning of teeth – grafting procedures are additional
D7291	Transseptal fiberotomy/supra crestal fiberotomy, by report
D7295	Harvest of bone for use in autogenous grafting procedures
D7340	Vestibuloplasty – ridge extension (secondary epithelialization)
D7350	Vestibuloplasty – ridge extension (including soft tissue grafts, muscle re-attachment, revision of soft tissue attachment and management of hypertrophied and hyperplastic tissue)
D7881	Occlusal orthotic device adjustment
D7921	Collection and application of autologous blood concentrate products
D7922	placement of intra socket biological dressing
D7939	Indexing for osteotomy using dynamic robotic assisted or dynamic navigation
D7952	Sinus augmentation via a vertical approach
D7993	Surgical placement of craniofacial implant – extra oral Surgical placement of a craniofacial implant to aid in retention of an auricular, nasal, or orbital prosthesis.
D7994	Surgical placement: zygomatic implant. An implant placed in the zygomatic bone and exiting through the maxillary mucosal tissue providing support and attachment of a maxillary dental prosthesis.

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This policy will be reviewed on an annual basis.