CareFirst
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Part 10: Oral & Maxillofacial Surgery

Comprehensive Dental Reference Guide

Please use the Comprehensive Dental Reference Guide when preparing your claims and pre-treatment estimates for CareFirst BlueCross BlueShield and CareFirst BlueChoice, Inc., (collectively, "CareFirst"), CareFirst BlueCross BlueShield Medicare Advantage, The Dental Network, and the Federal Employee Program®.

- **CDT code descriptions**
- **Utilization review perspectives on clinical presentations appropriate for benefit allowance**
- **CareFirst-required documentation to allow for processing**
- **Identification of codes that require a clinical review by our staff of licensed dentists**

Selecting the most appropriate code to describe treatment rendered and providing required documentation streamlines the claims submission process.

These descriptions and directions are based on standard plan designs. Individual patient plans may vary. Verify benefits and eligibility for each patient before the appointment.

Current Dental Terminology (CDT) © American Dental Association (ADA). All rights reserved. There are important differences between CareFirst Dental's Processing Policies and Procedures and dental plan benefits and the processing policies and descriptors found in CDT.

CareFirst BlueCross BlueShield is the shared business name of CareFirst of Maryland, Inc. and Group Hospitalization and Medical Services, Inc. CareFirst BlueCross BlueShield Medicare Advantage is the shared business name of CareFirst Advantage, Inc. and CareFirst Advantage PPO, Inc. In the District of Columbia and Maryland, CareFirst MedPlus is the business name of First Care, Inc. In Virginia, CareFirst MedPlus is the business name of First Care, Inc. of Maryland (used in VA by: First Care, Inc.). CareFirst of Maryland, Inc., Group Hospitalization and Medical Services, Inc., CareFirst Advantage, Inc., CareFirst Advantage PPO, Inc., CareFirst BlueChoice, Inc., First Care, Inc., and The Dental Network, Inc. are independent licensees of the Blue Cross and Blue Shield Association. BLUE CROSS®, BLUE SHIELD®, the Cross and Shield Symbols, and Federal Employee Program® are registered service marks of the Blue Cross and Blue Shield Association, an association of independent Blue Cross and Blue Shield Plans.

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Oral and Maxillofacial Surgery: D7000–D7999

The information provided is based on general clinical policy and can vary for each patient's plan. Verify benefits and eligibility for each patient before the appointment, as there are differences among plans. The following information gives generalized clinical requirements and guidance for each CDT code.

Oral and Maxillofacial Surgery			
Procedure Code	**Description**	**Clinical Criteria and/or Policy***	**Supporting Documentation Requirements**
D7111	Extraction, coronal remnants—primary tooth	The benefit is typically available once per lifetime per tooth. Extraction of tooth and cyst will have two separate benefits if the cyst is greater than 1.25 cm. Benefits will be denied if there is a history of prior extraction of this tooth. General anesthesia is not covered with this procedure.	No documentation is required.
D7140	Extraction—erupted tooth or exposed root (elevation and/or forceps removal)	The benefit is typically available once per lifetime per tooth. Extraction of tooth and cyst will have two separate benefits if the cyst is greater than 1.25 cm. Benefits will be denied if there is a history of prior extraction of this tooth. General anesthesia is not covered with this procedure. Minor smoothing of the bone is included with this procedure.	No documentation is required.
D7210	Erupted tooth requiring removal of bone or section of tooth, including elevation of mucoperiosteal flap if indicated	The benefit is typically available once per lifetime per tooth. Extraction of tooth and cyst will have two separate benefits if the cyst is greater than 1.25 cm. Benefits will be denied if there is a history of prior extraction of this tooth. General anesthesia is covered with two or more surgical extractions on the same service date. This procedure includes related cutting of the gingiva and bone, removal of the tooth structure, minor smoothing of the socket bone and closure of the surgical site.	No documentation is required.

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Oral and Maxillofacial Surgery			
Procedure Code	**Description**	**Clinical Criteria and/or Policy***	**Supporting Documentation Requirements**
D7220	Removal of impacted tooth—soft tissue	The benefit is typically available once per lifetime per tooth. Extraction of tooth and cyst will have two separate benefits if the cyst is greater than 1.25 cm. Benefits will be denied if there is a history of prior extraction of this tooth. General anesthesia is covered with this procedure. The occlusal surface of the tooth is covered by soft tissue and requires a mucoperiosteal flap elevation to extract it.	No documentation is required.
D7230	Removal of impacted tooth—partially bony	The benefit is typically available once per lifetime per tooth. Extraction of tooth and cyst will have two separate benefits if the cyst is greater than 1.25 cm. Benefits will be denied if there is a history of prior extraction of this tooth. General anesthesia is covered with this procedure. Part of the crown is covered by bone, requiring a mucoperiosteal flap elevation and bone removal to extract it.	No documentation is required.
D7240	Removal of impacted tooth—completely bony	The benefit is typically available once per lifetime per tooth. Extraction of tooth and cyst will have two separate benefits if the cyst is greater than 1.25 cm. Benefits will be denied if there is a history of prior extraction of this tooth. General anesthesia is covered with this procedure. Most or all of the crown is covered by bone, requiring a mucoperiosteal flap elevation and bone removal to extract it.	No documentation is required.
D7241	Removal of impacted tooth—completely bony, with unusual surgical complications	The benefit is typically available once per lifetime per tooth. Extraction of tooth and cyst will have two separate benefits if the cyst is greater than 1.25 cm. Benefits will be denied if there is a history of prior extraction of this tooth. General anesthesia is covered with this procedure. Most or all of the crown is covered by bone, complicated due to factors such as nerve dissection required, separate closure of the maxillary sinus required or aberrant tooth position/	No documentation is required.
D7250	Removal of residual tooth roots (cutting procedure)	The benefit is typically available once per lifetime per tooth. This procedure includes cutting the soft tissue and bone, removing tooth structure (roots) and closing the surgical site. General anesthesia is covered with this procedure. A benefit for removal of residual roots may be allowed if a coronectomy has been previously paid for the same tooth.	No documentation is required.
D7251	Coronectomy—intentional partial tooth removal	The benefit is typically available once per lifetime per tooth. This procedure is an intentional partial tooth removal performed when a neurovascular complication is likely if the entire impacted tooth is removed. General anesthesia is covered with this procedure.	No documentation is required.

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Oral and Maxillofacial Surgery			
Procedure Code	**Description**	**Clinical Criteria and/or Policy***	**Supporting Documentation Requirements**
D7252	Partial extraction for immediate implant placement (Sectioning the root of a tooth vertically, then extracting the palatal portion of the root. The buccal section of the root is retained in order to stabilize the buccal plate prior to immediate implant placement. Also known as the Socket Shield Technique.)	Benefit is typically available once per lifetime per tooth and not allowed with any other extraction code. Only D7250 is allowed if the procedure fails and the remaining root structure needs to be removed.	Requires clinical review; pre-treatment estimate recommended. Statement of medical necessity, periapical radiograph or other appropriate radiographic image.
D7259	Nerve dissection (Involves the separation or isolation of a nerve from surrounding tissues. Performed to gain access to and protect nerves during surgical procedures.)	This procedure is considered inclusive to the primary oral surgical procedure and does not receive separate benefits.	n/a
D7260	Oroantral fistula closure	Oral–antral communication treatment benefits are allowed when the site requires surgical intervention for repair and healing. The procedure includes excision of the fistulous tract between the maxillary sinus and oral cavity, closure by flap advancement and may or may not require a bone graft. A surgical op report to determine the actual extent of surgery and repair. General anesthesia is covered with this procedure.	**Requires clinical review; pre-treatment estimate recommended.** Statement of medical necessity, periapical radiograph or other appropriate radiographic image with operative notes to determine the extent of the surgery and repair needed.
D7261	Primary closure of a sinus perforation	Benefits are available after surgical removal of a tooth, exposure of the sinus requiring repair, or immediate closure of oroantral or oronasal communication in the absence of a fistulous tract. General anesthesia is covered with this procedure.	**Requires clinical review; pre-treatment estimate recommended.** Statement of medical necessity, periapical radiograph or other appropriate radiographic image with operative notes to determine the extent of the surgery and repair needed.
D7270	Tooth reimplantation and/ or stabilization of accidentally avulsed or displaced tooth	This is typically not a covered service under the dental plan, but if allowed (e.g., ACA plans, EPO), it is a benefit once per lifetime per tooth and splinting is included. General anesthesia is covered with this procedure. This service is often related to an accidental injury, covered under medical benefits.	Documentation is not required for the dental benefit, but if submitted to the medical plan, documentation of the accident and all related pre-op and post-op images should be submitted.
D7272	Tooth transplantation (includes reimplantation from one site to another and splinting and/or stabilization)	The benefit is typically available as needed. General anesthesia is covered with this procedure.	No documentation is required.
D7280	Exposure of an unerupted tooth	The benefit is typically available once per lifetime per tooth. General anesthesia is covered with this procedure. The tooth requires an incision and tissue reflection, bone removal as necessary, to expose the crown of an impacted tooth that is not intended to be extracted.	No documentation is required.

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Oral and Maxillofacial Surgery			
Procedure Code	**Description**	**Clinical Criteria and/or Policy***	**Supporting Documentation Requirements**
D7282	Mobilization of an erupted or malpositioned tooth to aid eruption	The benefit is typically available once per lifetime per tooth. General anesthesia is covered with this procedure. The tooth must be ankylosed and not intended to be extracted.	**Requires clinical review; pre-treatment estimate recommended.** Statement of medical necessity, panoramic or other appropriate radiographic image
D7283	Placement of device to facilitate the eruption of impacted tooth	The benefit is typically available once per lifetime per tooth. General anesthesia is covered with this procedure. An attachment is placed on an unerupted tooth after exposure to aid in its eruption. The surgical exposure (D7280) is submitted separately.	No documentation is required.
D7284	Excisional biopsy of minor salivary glands	Benefits are available as needed, and a pathology report must be read by the clinical reviewer. This procedure code is for partial removal of the specimen only. This procedure involves the biopsy of the osseous lesions and is not used for apicoectomy or periradicular surgery submissions. This procedure does not involve an incision.	**Requires clinical review; pre-treatment estimate recommended.** Pathology report, statement of medical necessity and intraoral photograph are recommended in addition.
D7285	Biopsy of oral tissue—hard (bone, tooth)	Benefits are available as needed, and a pathology report must be read by the clinical reviewer. This procedure code is for partial removal of the specimen only. This procedure involves the biopsy of the osseous lesions and is not used for apicoectomy or periradicular surgery submissions. This procedure does not involve an incision.	**Requires clinical review; pre-treatment estimate recommended.** Pathology report, statement of medical necessity and intraoral photograph are recommended in addition.
D7286	Biopsy of oral tissue—soft	Benefits are available as needed, and a pathology report must be read by the clinical reviewer. This procedure code is for partial removal of the specimen only. This procedure involves the biopsy of the soft tissue lesions and is not used for apicoectomy or periradicular surgery submissions. This procedure does not involve an incision.	**Requires clinical review; pre-treatment estimate recommended.** Pathology report, statement of medical necessity and intraoral photograph are recommended in addition.
D7287	Exfoliative cytological sample collection	This procedure collects oral disaggregated transepithelial cells via a rotational brushing of the oral mucosa. It is considered inclusive to the definitive service billed (e.g., an exam that includes an oral cancer examination and pathology report), or if billed alone, the benefit is based on the patient's contract.	Documentation is not required.
D7288	Brush biopsy—transepithelial sample collection	This procedure code is for a sample collection of abnormally appearing mucosal cells or oral mucosal lesions. A biopsy may be required for a definitive diagnosis. This procedure is typically not covered due to the high rate of false positive results. It may be used as a screening technique.	**Requires clinical review; pre-treatment estimate recommended.** Pathology report, statement of medical necessity and intraoral photograph are recommended in addition.
D7290	Surgical repositioning of teeth	This procedure is reviewed by report, and any grafting procedure is considered additional. General anesthesia benefits are allowed with this procedure.	**Requires clinical review; pre-treatment estimate recommended.** Statement of medical necessity; intraoral photograph recommended in addition.
D7291	Transseptal fiberotomy/supra crestal fiberotomy, by report	Typically not covered.	n/a

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Oral and Maxillofacial Surgery			
Procedure Code	**Description**	**Clinical Criteria and/or Policy***	**Supporting Documentation Requirements**
D7292	Placement of temporary anchorage device (screw-retained plate) requiring flap, including device removal	Typically not covered.	n/a
D7293	Placement of temporary anchorage device requiring flap, including device removal	Typically not covered.	n/a
D7294	Placement of temporary anchorage device without flap, including device removal	Typically not covered.	n/a
D7295	Harvest of bone for use in autogenous grafting procedure	This procedure is considered inclusive to the grafting procedure.	Documentation is not required.
D7296	Corticotomy—one to three teeth or tooth spaces, per quadrant	Typically not covered.	n/a
D7297	Corticotomy—four or more teeth or tooth spaces, per quadrant	Typically not covered.	n/a
D7298	Removal of temporary anchorage device (screw-retained plate), requiring flap	Typically not covered.	n/a
D7299	Removal of temporary anchorage device, requiring flap	Typically not covered.	n/a
D7300	Removal of temporary anchorage device without flap	Typically not covered.	n/a
D7310	Alveoloplasty in conjunction with extractions—four or more teeth or tooth spaces, per quadrant	This benefit is typically available if four or more permanent teeth in a quadrant have been extracted and limited to once per quadrant per lifetime. Excess bone is removed from the edentulous areas of the ridge to recontour the bony ridge in preparation for a dental prosthesis (implant retained crown, dentures, RPD, FPD, implant-supported crown or retained FPD, RPD). General anesthesia is a covered benefit with this procedure. The date of extractions must coincide with the date of the alveoloplasty. It is a distinct procedure from the extractions and is usually performed in preparation for a prosthesis or other treatment, such as radiation therapy and transplant surgery. Alveloplasty is reported separately within the same quadrant, in addition to extractions.	No documentation is required.

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Oral and Maxillofacial Surgery			
Procedure Code	**Description**	**Clinical Criteria and/or Policy***	**Supporting Documentation Requirements**
D7311	Alveoplasty in conjunction with extractions—one to three teeth or tooth spaces, per quadrant	This benefit is typically available if three or fewer permanent teeth in a quadrant have been extracted and is limited to once per tooth per lifetime. Excess bone is removed from the edentulous areas of the ridge to recontour the bony ridge in preparation for a dental prosthesis (implant retained crown, dentures, RPD, FPD, implant-supported crown or retained FPD, RPD). General anesthesia is a covered benefit with this procedure. The date of extractions must coincide with the date of the alveoloplasty. It is a distinct procedure from the extractions and is usually performed in preparation for a prosthesis or other treatment such as radiation therapy and transplant surgery. Alveloplasty is reported separately within the same quadrant, in addition to extractions.	No documentation is required.
D7320	Alveoloplasty not in conjunction with extractions—four or more teeth or tooth spaces, per quadrant	This benefit is typically available if four or more permanent teeth in a quadrant have been previously extracted and is limited to once per quadrant per lifetime. Excess bone is removed from the edentulous areas of the ridge to recontour the bony ridge in preparation for a dental prosthesis (implant retained crown, dentures, RPD, FPD, implant-supported crown or retained FPD, RPD). General anesthesia is a covered benefit with this procedure. The date of extractions is before the date of the alveoloplasty.	No documentation is required.
D7321	Alveoplasty not in conjunction with extractions—one to three teeth or tooth spaces, per quadrant	This benefit is typically available if three or fewer permanent teeth in a quadrant have been previously extracted and is limited to once per quadrant per lifetime. Excess bone is removed from the edentulous areas of the ridge to recontour the bony ridge in preparation for a dental prosthesis (implant retained crown, dentures, RPD, FPD, implant-supported crown or retained FPD, RPD). General anesthesia is a covered benefit with this procedure. The date of extractions is before the date of the alveoloplasty.	No documentation is required.
D7340	Vestibuloplasty—ridge extension (secondary epithelialization)	This procedure is typically not covered, but it may be covered once per lifetime for ACA plans.	n/a
D7350	Vestibuloplasty—ridge extension, including soft tissue grafts, muscle reattachment, revision of soft tissue attachment and management of hypertrophied tissue)	This procedure is typically not covered, but it may be covered once per lifetime for ACA plans.	n/a
D7410	Excision of benign lesions up to 1.25 cm	The tissue appearance must be documented and appear abnormal or suspicious on the image provided with the claim. This procedure is performed before pathological examination of abnormal tissue or lesion. It is not to be used with apicoectomy/ periradicular surgery. General anesthesia is a covered benefit with this procedure.	**Requires clinical review; pre-treatment estimate recommended.** Pathology report, statement of medical necessity and intraoral photograph are recommended in addition.

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Oral and Maxillofacial Surgery			
Procedure Code	**Description**	**Clinical Criteria and/or Policy***	**Supporting Documentation Requirements**
D7411	Excision of benign lesion greater than 1.25 cm	The tissue appearance must be documented and appear abnormal or suspicious on the image provided with the claim. This procedure is performed before pathological examination of abnormal tissue or lesion. It is not to be used with apicoectomy/ periradicular surgery. General anesthesia is a covered benefit with this procedure. This procedure may be covered by the medical benefit.	**Requires clinical review; pre-treatment estimate recommended.** Pathology report, statement of medical necessity and intraoral photograph are recommended in addition.
D7412	Excision of a benign lesion—complicated	The tissue appearance must be documented and appear abnormal or suspicious on the image provided with the claim. This procedure is performed before pathological examination of abnormal tissue or lesion. It is not to be used with apicoectomy/ periradicular surgery. General anesthesia is a covered benefit with this procedure. This procedure may be covered by the medical benefit.	**Requires clinical review; pre-treatment estimate recommended.** Pathology report, statement of medical necessity and intraoral photograph are recommended in addition.
D7413	Excision of malignant lesion up to 1.25 cm	The tissue appearance must be documented and appear abnormal or suspicious on the image provided with the claim. This procedure is performed before pathological examination of abnormal tissue or lesion. It is not to be used with apicoectomy/ periradicular surgery. General anesthesia is a covered benefit with this procedure.	**Requires clinical review; pre-treatment estimate recommended.** Pathology report, statement of medical necessity and intraoral photograph are recommended in addition.
D7414	Excision of malignant lesion greater than 1.25 cm	The tissue appearance must be documented and appear abnormal or suspicious on the image provided with the claim. This procedure is performed before pathological examination of abnormal tissue or lesion. It is not to be used with apicoectomy/ periradicular surgery. General anesthesia is a covered benefit with this procedure. This procedure may be covered by the medical benefit.	**Requires clinical review; pre-treatment estimate recommended.** Pathology report, statement of medical necessity and intraoral photograph are recommended in addition.
D7415	Excision of a malignant lesion, complicated	The tissue appearance must be documented and appear abnormal or suspicious on the image provided with the claim. This procedure is performed before pathological examination of abnormal tissue or lesion. It is not to be used with apicoectomy/ periradicular surgery. General anesthesia is a covered benefit with this procedure. This procedure may be covered by the medical benefit.	**Requires clinical review; pre-treatment estimate recommended.** Pathology report, statement of medical necessity and intraoral photograph are recommended in addition.
D7440	Excision of malignant tumor—lesion diameter up to 1.25 cm	The tissue appearance must be documented and appear abnormal or suspicious on the image provided with the claim. This procedure is performed before pathological examination of abnormal tissue or lesion. It is not to be used with apicoectomy/ periradicular surgery. General anesthesia is a covered benefit with this procedure. This procedure may be covered by the medical benefit.	**Requires clinical review; pre-treatment estimate recommended.** Pathology report, statement of medical necessity and intraoral photograph are recommended in addition.

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Oral and Maxillofacial Surgery			
Procedure Code	**Description**	**Clinical Criteria and/or Policy***	**Supporting Documentation Requirements**
D7441	Excision of malignant tumor—lesion diameter greater than 1.25 cm	The tissue appearance must be documented and appear abnormal or suspicious on the image provided with the claim. This procedure is performed before pathological examination of abnormal tissue or lesion. It is not to be used with apicoectomy/periradicular surgery. General anesthesia is a covered benefit with this procedure. This procedure may be covered by the medical benefit.	**Requires clinical review; pre-treatment estimate recommended.** Pathology report, statement of medical necessity and intraoral photograph are recommended in addition.
D7450	Removal of odontogenic cyst or tumor—lesion diameter up to 1.25 cm	The tissue appearance must be documented and appear abnormal or suspicious on the image provided with the claim. This procedure is performed before pathological examination of abnormal tissue or lesion. It is not to be used with apicoectomy/periradicular surgery. General anesthesia is a covered benefit with this procedure. This procedure may be covered by the medical benefit.	**Requires clinical review; pre-treatment estimate recommended.** Pathology report, statement of medical necessity and intraoral photograph are recommended in addition.
D7451	Removal of odontogenic cyst or tumor—lesion diameter greater than 1.25 cm	The tissue appearance must be documented and appear abnormal or suspicious on the image provided with the claim. This procedure is performed before pathological examination of abnormal tissue or lesion. It is not to be used with apicoectomy/periradicular surgery. General anesthesia is a covered benefit with this procedure. This procedure may be covered by the medical benefit.	**Requires clinical review; pre-treatment estimate recommended.** Pathology report, statement of medical necessity and intraoral photograph are recommended in addition.
D7460	Removal of benign non-odontogenic cyst or tumor—lesion diameter up to 1.25 cm	The tissue appearance must be documented and appear abnormal or suspicious on the image provided with the claim. This procedure is performed before pathological examination of abnormal tissue or lesion. It is not to be used with apicoectomy/periradicular surgery. General anesthesia is a covered benefit with this procedure. This procedure may be covered by the medical benefit.	**Requires clinical review; pre-treatment estimate recommended.** Pathology report, statement of medical necessity and intraoral photograph are recommended in addition.
D7461	Removal of benign non-odontogenic cyst or tumor—lesion diameter greater than 1.25 cm	The tissue appearance must be documented and appear abnormal or suspicious on the image provided with the claim. This procedure is performed before pathological examination of abnormal tissue or lesion. It is not to be used with apicoectomy/periradicular surgery. General anesthesia is a covered benefit with this procedure. This procedure may be covered by the medical benefit.	**Requires clinical review; pre-treatment estimate recommended.** Pathology report, statement of medical necessity and intraoral photograph are recommended in addition.
D7465	Destruction of lesion(s) by physical or chemical method, by report	The tissue appearance must be documented and appear abnormal or suspicious on the image provided with the claim. This procedure is performed before pathological examination of abnormal tissue or lesion. It is not to be used with apicoectomy/periradicular surgery. The tissue ablation can be achieved via cryo, laser or electrosurgery. General anesthesia is a covered benefit with this procedure. This procedure may be covered by the medical benefit.	**Requires clinical review; pre-treatment estimate recommended.** Pathology report, statement of medical necessity and intraoral photograph are recommended in addition.

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Oral and Maxillofacial Surgery			
Procedure Code	**Description**	**Clinical Criteria and/or Policy***	**Supporting Documentation Requirements**
D7471	Removal of lateral exostosis—maxilla or mandible	This procedure is covered when placing a removable prosthesis in the arch is impossible due to the extensive bone growth or with a demonstrated compromise to speech, eating, breathing or sleeping. General anesthesia is covered with this procedure.	**Requires clinical review; pre-treatment estimate recommended.** A statement of medical necessity; intraoral photographs or radiographs demonstrate the exostosis's extent.
D7472	Removal of torus palatinus	This procedure is covered when placing a removable prosthesis in the arch is impossible due to the extensive bone growth or with a demonstrated compromise to speech, eating, breathing or sleeping. General anesthesia is covered with this procedure.	**Requires clinical review; pre-treatment estimate recommended.** A statement of medical necessity; intraoral photographs and/or radiographs demonstrate the exostosis's extent.
D7473	Removal of torus mandibularis	This procedure is covered when placing a removable prosthesis in the arch is impossible due to the extensive bone growth or with a demonstrated compromise to speech, eating, breathing or sleeping. General anesthesia is covered with this procedure.	**Requires clinical review; pre-treatment estimate recommended.** A statement of medical necessity; intraoral photographs and/or radiographs demonstrate the exostosis's extent.
D7485	Reduction of osseous tuberosity	This procedure is covered when placing a fixed or removable prosthesis in the arch is impossible due to the extensive bone anatomy. General anesthesia is covered with this procedure.	**Requires clinical review; pre-treatment estimate recommended.** A statement of medical necessity; intraoral photographs and/or radiographs demonstrate the exostosis's extent.
D7490	Radical resection—maxilla or mandible	This procedure is typically not covered and may be covered under the patient's medical plan.	n/a
D7509	Marsupialization of odontogenic cyst	This procedure is typically covered as needed. General anesthesia is covered with this procedure.	No documentation is required.
D7510	Incision and drainage of abscess—intraoral soft tissue	This procedure is typically covered as needed. General anesthesia is covered with this procedure.	No documentation is required.
D7511	Incision and drainage of abscess—intraoral soft tissue—complicated, including drainage of multiple fascial spaces	This procedure is typically covered as needed. General anesthesia is covered with this procedure.	No documentation is required.
D7520	Incision and drainage of abscess—extraoral soft tissue	This procedure is typically covered as needed. General anesthesia is covered with this procedure.	No documentation is required.
D7521	Incision and drainage of abscess—extraoral soft tissue—complicated, including drainage of multiple fascial spaces	This procedure is typically covered as needed. General anesthesia is covered with this procedure.	No documentation is required.
D7530	Removal of foreign body from mucosa, skin, or subcutaneous alveolar tissue	This procedure is typically covered once, even if more than one area is reported on the same service date.	No documentation is required.
D7540	Removal of reaction-producing foreign bodies—musculoskeletal system	Benefits for this procedure are typically available as needed.	No documentation is required.

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Oral and Maxillofacial Surgery			
Procedure Code	**Description**	**Clinical Criteria and/or Policy***	**Supporting Documentation Requirements**
D7550	Partial ostectomy/ sequestrectomy for removal of non-vital bone	Benefits for this procedure are typically available as needed.	No documentation is required.
D7560	Maxillary sinusotomy for removal of tooth fragment or foreign body	Benefits for this procedure are typically available as needed.	No documentation is required.
D7610	Maxilla—open reduction (teeth immobilized if present)	Benefits for this procedure are typically not covered under the dental plan.	n/a
D7620	Maxilla—closed reduction (teeth immobilized if present)	Benefits for this procedure are typically not covered under the dental plan.	n/a
D7630	Mandible—open reduction (teeth immobilized if present)	Benefits for this procedure are typically not covered under the dental plan.	n/a
D7640	Mandible—closed reduction (teeth immobilized if present)	Benefits for this procedure are typically not covered under the dental plan.	n/a
D7650	Malar and/or zygomatic arch—open reduction	Benefits for this procedure are typically not covered under the dental plan.	n/a
D7660	Malar and/or zygomatic arch—closed reduction	Benefits for this procedure are typically not covered under the dental plan.	n/a
D7670	Alveolus—closed reduction, may include stabilization of teeth	Benefits for this procedure are typically not covered under the dental plan.	n/a
D7671	Alveolus—open reduction, may include stabilization of teeth	Benefits for this procedure are typically not covered under the dental plan.	n/a
D7680	Facial bones—complicated reduction with fixation and multiple surgical approaches	Benefits for this procedure are typically not covered under the dental plan.	n/a
D7710	Maxilla—open reduction	Benefits for this procedure are typically not covered under the dental plan.	n/a
D7720	Maxilla—closed reduction	Benefits for this procedure are typically not covered under the dental plan.	n/a
D7730	Mandible—open reduction	Benefits for this procedure are typically not covered under the dental plan.	n/a
D7740	Mandible—closed reduction	Benefits for this procedure are typically not covered under the dental plan.	n/a
D7750	Malar and/or zygomatic arch—open reduction	Benefits for this procedure are typically not covered under the dental plan.	n/a
D7760	Malar and/or zygomatic arch—closed reduction	Benefits for this procedure are typically not covered under the dental plan.	n/a
D7770	Alveolus—open reduction stabilization of teeth	Benefits for this procedure are typically not covered under the dental plan.	n/a

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Oral and Maxillofacial Surgery			
Procedure Code	**Description**	**Clinical Criteria and/or Policy***	**Supporting Documentation Requirements**
D7771	Alveolus, closed reduction stabilization of teeth	Benefits for this procedure are typically not covered under the dental plan.	n/a
D7780	Facial bones—complicated reduction with fixation and multiple approaches	Benefits for this procedure are typically not covered under the dental plan.	n/a
D7810	Open reduction of dislocation	Benefits for this procedure are typically not covered under the dental plan.	n/a
D7820	Closed reduction of dislocation	Benefits for this procedure are typically not covered under the dental plan.	n/a
D7830	Manipulation under anesthesia	Benefits for this procedure are typically not covered under the dental plan.	n/a
D7840	Condylectomy	Benefits for this procedure are typically not covered under the dental plan.	n/a
D7850	Surgical discectomy, with/ without implant	Benefits for this procedure are typically not covered under the dental plan.	n/a
D7852	Disc repair	Benefits for this procedure are typically not covered under the dental plan.	n/a
D7854	Synovectomy	Benefits for this procedure are typically not covered under the dental plan.	n/a
D7856	Myotomy	Benefits for this procedure are typically not covered under the dental plan.	n/a
D7858	Joint reconstruction	Benefits for this procedure are typically not covered under the dental plan.	n/a
D7860	Arthrotomy	Benefits for this procedure are typically not covered under the dental plan.	n/a
D7865	Arthroplasty	Benefits for this procedure are typically not covered under the dental plan.	n/a
D7870	Arthrocentesis	Benefits for this procedure are typically not covered under the dental plan.	n/a
D7871	Non-arthroscopic lysis and lavage	Benefits for this procedure are typically not covered under the dental plan.	n/a
D7872	Arthroscopy—diagnosis, with or without biopsy	Benefits for this procedure are typically not covered under the dental plan.	n/a
D7873	Arthroscopy—lavage and lysis of adhesions	Benefits for this procedure are typically not covered under the dental plan.	n/a
D7874	Arthroscopy—disc repositioning and stabilization	Benefits for this procedure are typically not covered under the dental plan.	n/a
D7875	Arthroscopy—synovectomy	Benefits for this procedure are typically not covered under the dental plan.	n/a

*Check patient eligibility including age and frequency limitations for each service.

Oral and Maxillofacial Surgery			
Procedure Code	**Description**	**Clinical Criteria and/or Policy***	**Supporting Documentation Requirements**
D7876	Arthroscopy—discectomy	Benefits for this procedure are typically not covered under the dental plan.	n/a
D7877	Arthroscopy—debridement	Benefits for this procedure are typically not covered under the dental plan.	n/a
D7880	Occlusal orthotic device, by report	Benefits for this procedure are typically not covered under the dental plan.	n/a
D7881	Occlusal orthotic device adjustment	Benefits for this procedure are typically not covered under the dental plan.	n/a
D7899	Unspecified TMD therapy, by report	Benefits for this procedure are typically not covered under the dental plan.	n/a
D7910	Suture of recent small wounds up to 5 cm	Benefits for this procedure are not provided.	n/a
D7911	Complicated suture—up to 5 cm	Benefits for this procedure are not provided.	n/a
D7912	Complicated suture—greater than 5 cm	Benefits for this procedure are not provided.	n/a
D7920	Skin graft (identify defect covered, location and type of graft)	Benefits for this procedure are not provided.	n/a
D7921	Collection and application of autologous blood concentrate product	Benefits for this procedure are typically not covered under the dental plan.	n/a
D7922	Placement of intra-socket biological dressing to aid in hemostasis or clot stabilization, per site	Benefits for this procedure are typically not covered under the dental plan.	n/a
D7939	Indexing for osteotomy using dynamic robotic-assisted or dynamic navigation	Typically not covered.	n/a
D7940	Osteoplasty—for orthognathic deformities	Benefits for this procedure are typically not covered under the dental plan.	n/a
D7941	Osteotomy—mandibular rami	Benefits for this procedure are typically not covered under the dental plan.	n/a
D7943	Osteotomy—mandibular rami with bone graft; includes obtaining the graft	Benefits for this procedure are typically not covered under the dental plan.	n/a
D7944	Osteotomy—segmented or subapical	Benefits for this procedure are typically not covered under the dental plan.	n/a
D7945	Osteotomy—body of mandible	Benefits for this procedure are typically not covered under the dental plan.	n/a

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Oral and Maxillofacial Surgery			
Procedure Code	**Description**	**Clinical Criteria and/or Policy***	**Supporting Documentation Requirements**
D7946	Lefort I—maxilla (total)	Benefits for this procedure are typically not covered under the dental plan.	n/a
D7947	Lefort I—maxilla (segmented)	Benefits for this procedure are typically not covered under the dental plan.	n/a
D7948	Lefort II or Lefort III—osteoplasty of facial bones for midface hypoplasia or retrusion—without bone graft	Benefits for this procedure are typically not covered under the dental plan.	n/a
D7949	Lefort II or Lefort III—with bone graft	Benefits for this procedure are typically not covered under the dental plan.	n/a
D7950	Osseous, osteoperiosteal, or cartilage graft of the mandible or maxilla—autogenous or nonautogenous, by report	This 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 the 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.	**Requires clinical review; pre-treatment estimate recommended.** Panoramic, full-mouth series and periapical radiographs are acceptable if they show the complete site, statement of medical necessity and rationale.
D7951	Sinus augmentation with bone or bone substitutes via a lateral open approach	This procedure is considered necessary and appropriate when: ▪ The area must be edentulous. ▪ Must be done for implant site preparation. ▪ It may be appropriate at the time of implant placement when implant stability is not 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.	**Requires clinical review; pre-treatment estimate recommended.** Panoramic, full-mouth series and periapical radiographs are acceptable if they show the complete site, statement of medical necessity and rationale.
D7952	Sinus augmentation via a vertical approach	This procedure is considered necessary and appropriate when: ▪ The area must be edentulous. ▪ Must be done for implant site preparation. ▪ It may be appropriate at the time of implant placement when implant stability is not 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.	**Requires clinical review; pre-treatment estimate recommended.** Panoramic or full-mouth series radiographs and periapical radiographs are acceptable if they show a complete site, statement of medical necessity and rationale.

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Oral and Maxillofacial Surgery			
Procedure Code	**Description**	**Clinical Criteria and/or Policy***	**Supporting Documentation Requirements**

D7953	Bone replacement graft for ridge preservation—per site	This procedure is considered necessary and appropriate when:
		▪ 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.
		▪ 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.
			Requires clinical review; pre-treatment estimate recommended. Panoramic or full-mouth series radiographs and periapical radiographs are acceptable if they show a complete site, statement of medical necessity and rationale.

D7955	Repair of maxillofacial soft and/or hard tissue defect	Benefits for this procedure are typically not covered under the dental plan.	n/a
D7956	Guided tissue regeneration, edentulous area—resorbable barrier, per site	This procedure is typically covered once every five years and must be submitted with osseous surgery codes D7950-7955.	**Requires clinical review; pre-treatment estimate recommended.** Statement of medical necessity, prior history, pre-operative periapical or panoramic radiograph.
D7957	Guided tissue regeneration, edentulous area—non-resorbable barrier, per site	This procedure is typically covered once every five years and must be submitted with osseous surgery codes D7950-7955.	**Requires clinical review; pre-treatment estimate recommended.** Statement of medical necessity, prior history, pre-operative periapical or panoramic radiograph.
D7961	Buccal/labial frenectomy (frenulectomy)	This procedure is typically covered once per lifetime per arch. A frenectomy is considered inclusive if a soft tissue graft is performed on the same service date. This procedure is considered necessary and appropriate when: ▪ The child is a young infant and has difficulty "latching" or cannot latch for feeding. ▪ Excessive lingual attachment is impeding speech or swallowing. ▪ High labial attachment prevents the eruption of teeth. ▪ High labial attachment creates a diastema or causes tooth rotation. ▪ Necessary to avoid or proceed with orthodontic treatment.	**Requires clinical review; pre-treatment estimate recommended.** Statement of medical necessity, a referral letter from a physician requesting frenulectomy if a child is younger than three years of age and intraoral photos

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Oral and Maxillofacial Surgery			
Procedure Code	**Description**	**Clinical Criteria and/or Policy***	**Supporting Documentation Requirements**
D7962	Lingual frenectomy (frenulectomy)	This procedure is typically covered once per lifetime per arch. A frenectomy is considered inclusive if a soft tissue graft is performed on the same service date. This procedure is considered necessary and appropriate when: ▪ The child is a young infant and is having difficulty "latching" or cannot latch for feeding. ▪ Excessive lingual attachment is impeding speech or swallowing. ▪ High labial attachment prevents the eruption of teeth. ▪ High labial attachment creates a diastema or causes tooth rotation. ▪ Necessary to avoid or proceed with orthodontic treatment.	**Requires clinical review; pre-treatment estimate recommended.** Statement of medical necessity, a referral letter from a physician requesting frenulectomy if a child is younger than three years of age and intraoral photos
D7963	Frenuloplasty	This procedure is typically covered once per lifetime per arch. A frenectomy is considered inclusive if a soft tissue graft is performed on the same service date. This procedure is considered necessary and appropriate when: ▪ The child is a young infant and is having difficulty "latching" or cannot latch for feeding. ▪ Excessive lingual attachment is impeding speech or swallowing. ▪ High labial attachment prevents the eruption of teeth. ▪ High labial attachment creates a diastema or causes tooth rotation. ▪ Necessary to avoid or proceed with orthodontic treatment.	**Requires clinical review; pre-treatment estimate recommended.** Statement of medical necessity, a referral letter from a physician requesting frenulectomy if a child is younger than three years of age and intraoral photos
D7970	Excision of hyperplastic tissue—per arch	Benefits for this procedure are allowed as needed. General anesthesia is covered with this procedure.	No documentation is required.
D7971	Excision of pericoronal gingiva	Benefits for this procedure are allowed as needed, but if another periodontal or oral surgical procedure (D4210–D4261, D4268–D4278, D7111–D7251, D7280, D7282, D7292–D7294, D7970–D7972) is performed on the same dates of service, no benefits for the excision will be allowed. General anesthesia is covered with this procedure.	No documentation is required.
D7972	Surgical reduction of fibrous tuberosity	Benefits are allowed for this procedure if soft tissue is hypertrophied and interferes with occlusion, the restorative space for a prosthetic restoration or the excess tissue interferes with appropriate denture flange extension.	**Requires clinical review; pre-treatment estimate recommended.** Statement of medical necessity, intraoral photograph (recommended) and panoramic radiograph.
D7979	Non-surgical sialolithotomy	This procedure is typically not covered. A sialolith is removed from the gland or ductal portion without surgical incision into the gland or the gland's duct, for example, via manual manipulation, ductal dilation, or any other non-surgical method.	n/a
D7980	Surgical sialolithotomy	This procedure is typically not covered under the dental plan.	Supporting documentation is required if submitted to the medical plan.

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Oral and Maxillofacial Surgery			
Procedure Code	**Description**	**Clinical Criteria and/or Policy***	**Supporting Documentation Requirements**
D7981	Excision of salivary gland, by report	This procedure is typically not covered under the dental plan.	n/a
D7982	Sialodochoplasty	This procedure is typically not covered under the dental plan.	n/a
D7983	Closure of salivary fistula	This procedure is typically not covered under the dental plan.	n/a
D7990	Emergency tracheotomy	This procedure is typically not covered under the dental plan.	n/a
D7991	Coronoidectomy	This procedure is typically not covered under the dental plan.	n/a
D7994	Surgical placement—zygomatic implant	This procedure is typically not covered under the dental plan.	n/a
D7995	Synthetic graft—mandible or facial bones, by report	This procedure is typically not covered under the dental plan.	n/a
D7996	Implant—mandible for augmentation purposes (excluding alveolar ridge), by report	This procedure is typically not covered under the dental plan.	n/a
D7997	Appliance removal not performed by the dentist who placed the appliance, includes removal of arch bar	This procedure is typically not covered under the dental plan.	n/a
D7998	Intraoral placement of a fixation device not in conjunction with a fracture	This procedure is typically not covered under the dental plan.	n/a
D7999	Unspecified oral surgery procedure, by report	This submission requires a detailed description of services not adequately described by an existing oral surgery CDT code.	**Requires clinical review; pre-treatment estimate recommended.** Statement of medical necessity, operative notes, diagnostic images and description of the specific procedure.

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