



**Covered Benefit: Oral Surgery**

CMP Published: Yes  No

CPG Published: Yes  No

Definition: Neighborhood covers a limited range of oral surgery procedures as dictated by the DHS contract. Oral surgery includes the diagnosis, and surgical treatment of diseases, injuries and defects of the hard and soft tissues of the mouth and jaw.<sup>1</sup>

Benefit Packages: RIte Care, Children with Special Health Care Needs, Substitute Care, Rhody Health Partners.

Coverage Limitations:

- Prior authorization is required for oral surgery.
- Prior authorization is not required for dental clinic services. Dental clinic services are defined as room and anesthesia charges billed by a hospital when non-covered dental services are rendered to a Neighborhood member in an institutional outpatient setting.
- Mandibular prosthesis and occlusal orthotic devices are limited to once in a lifetime per member.

Exclusions:

Extended Family Planning (EFP) members have a restricted benefit package with limited services. For a comprehensive list of EFP covered services see the EFP Benefit Coverage Summary.

Coverage Includes:

- Oral Surgery

Anesthesia services related to dental treatment for RIte Care members rendered in an inpatient or outpatient hospital setting.

Episodes of care can occur across multiple settings; the following are included in the detailed benefit service category criteria:

Office (POS 11)

Inpatient (POS 21)

Outpatient (POS 22)

Ambulatory Surgical Center (POS 24)

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<sup>1</sup> American Association of Oral and Maxillofacial Surgeons



Non Covered Dental Services

| Description | ICD-9<br>Diagnosis<br>Codes | ICD-9 Procedure<br>Codes | CPT Code | HCPCS   | Comments |
|-------------|-----------------------------|--------------------------|----------|---|----------|
|             |                             |                          |          | D0120 to D0310,<br>D0322 to D1204,<br>D1310 to D5933,,<br>D5936 to D7251,<br>D7261, D7272 to<br>D7283, D7287 to<br>D7350, D7412 to<br>D7415, D7465,<br>D7472 to D7485,<br>D7511, D7521,<br>D7771, D7871,<br>D7951, D7953,<br>D7963, D7971,<br>D7972, D7991 to<br>D9215, D9248 to<br>D9999 |          |

Notes:

Anesthesia and related expenses are covered for in plan dental procedures requiring an oral surgeon.

Some covered services may not be reflected on this covered code list. For codes not listed, Medical Management will work with Benefits Management regarding coverage clarification, and determine medical necessity on a case by case basis, once the clinical documentation and descriptions of the planned procedures is received from the referring provider.

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