Blue Care Network provides coverage for this procedure for pediatric and adult members who meet medical necessity criteria. Submit authorization requests through e-referral. The submitter will receive a prompt to complete a questionnaire to determine the appropriateness of the requested service. The questions are listed below.

If all questions are answered, e-referral will either approve or pend the case. If the case pends and BCN cannot authorize it, BCN will contact the provider for additional clinical information. Authorization is not a guarantee of payment.

Payment is based on established claim edits. Compliance with this prior authorization requirement will be monitored retrospectively.

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See below for the questions you’ll encounter for this procedure in the e-referral system.

You must answer each question by choosing either Yes, No, Not Applicable or another appropriate option.

**Q** Is the surgery being performed for ONE of the following reasons (A-F)?
A. Remove an oral neoplasm (new and abnormal growth of tissue)
B. Biopsy an oral lesion (sore)
C. Reduce a dislocation of the jaw
D. Treat osteomyelitis (infection of the bone) in the mouth
E. Remove a foreign body in the mouth
F. Correct a cleft lip or palate

**A** □ Yes □ No □ N/A

**Q** Is the surgery being performed to biopsy a cyst (an abnormal sac or pocket that may contain fluid) that is primarily a medical issue with no underlying dental problem?

**A** □ Yes □ No □ N/A

**Q** Is the surgery being performed to cut open a salivary gland cyst (an abnormal sac or pocket that may contain fluid) located under the tongue, so it can drain?

**A** □ Yes □ No □ N/A
See below for the questions you'll encounter for this procedure in the e-referral system. (continued)

You must answer each question by choosing either Yes, No, Not Applicable or another appropriate option.

<table>
<thead>
<tr>
<th>Question</th>
<th>Possible answers:</th>
<th>□ Yes</th>
<th>□ No</th>
<th>□ N/A</th>
</tr>
</thead>
<tbody>
<tr>
<td>Is the surgery being performed to remove a bony outgrowth (tori) from the midline palate or lingual (side toward the tongue) mandible (jaw bone) areas of the mouth and is NOT in preparation for dentures?</td>
<td>Possible answers:</td>
<td>□ Yes</td>
<td>□ No</td>
<td>□ N/A</td>
</tr>
<tr>
<td>Is the surgery being performed to correct accidental injuries of the jaws, cheeks, lips, tongue, roof and floor of the mouth?</td>
<td>Possible answers:</td>
<td>□ Yes</td>
<td>□ No</td>
<td>□ N/A</td>
</tr>
<tr>
<td>Is the surgery being performed an EXTRA-ORAL incision (outside of the mouth) to drain an abscess or cellulitis?</td>
<td>Possible answers:</td>
<td>□ Yes</td>
<td>□ No</td>
<td>□ N/A</td>
</tr>
<tr>
<td>Is the surgery being performed to address complications related to radiation therapy of the head and neck (for example, bone loss, infection)?</td>
<td>Possible answers:</td>
<td>□ Yes</td>
<td>□ No</td>
<td>□ N/A</td>
</tr>
<tr>
<td>Is this surgery for prophylactic teeth extraction prior to ANY ONE of the following (A-D)? A. Radiation therapy for cancer of the head and neck B. Organ transplant surgery C. Impending cardiac surgery, such as artificial cardiac valve replacement D. Beginning intravenous bisphosphonate therapy (treatment used to slow down or stop the process of bone loss) for treatment of solid organ cancer, cancer that has spread, hypercalcemia (elevated levels of calcium) due to cancer or multiple myeloma (blood cancer) MUST provide details in provider communication section.</td>
<td>Possible answers:</td>
<td>□ Yes</td>
<td>□ No</td>
<td>□ N/A</td>
</tr>
</tbody>
</table>
See below for the questions you’ll encounter for this procedure in the e-referral system. (continued)

You must answer each question by choosing either Yes, No, Not Applicable or another appropriate option.

Is the surgery required for ONE of the following (A-F): A. As part of routine dental procedures (for example, teeth extraction, gingivectomy (gum surgery)); B. In preparation for dentures; C. To excise alveolar ridge (the bumpy border of the upper and lower jaws) irregularities or multiple bony growths of the jaw alveolus (socket in the jaw for a tooth); D. To biopsy an oral neoplasm associated with extractions, endodontic (soft inner tissue of the teeth) or periodontal (gum) treatment; E. An INTRA-ORAL incision to drain an abscess or cellulitis; F. For placement of an implant (endosteal implant, prefabricated and custom abutment)

Possible answers: ☐ Yes ☐ No ☐ N/A