

Oral surgery

We provide coverage for this procedure for adult and pediatric members who meet medical necessity criteria. Submit authorization requests through the e-referral system.

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 we cannot authorize it, we will contact the provider for additional clinical information. Authorization is not a guarantee of payment.

Payment is based on established claim edits. We may retrospectively monitor compliance with authorization requirements.

Applicable procedure codes: *40525, *40527, *40700, *40701, *40702, *40720, *40761, *40808, *40810, *40812, *40816, *40818, *40840, *40842, *40843, *40844, *40845, *40899, *41800, *41805, *41806, *41820, *41821, *41822, *41823, *41825, *41826, *41827, *41828, *41830, *41850, *41870, *41872, *41874, *42200, *42210, *42215, *42220, *42225

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See below for the questions you'll encounter in the e-referral system.

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

Possible answers: 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

Possible answers: 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

Possible answers: Yes No N/A

Q 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?

A

Possible answers: Yes No N/A

Q Is the surgery being performed to correct accidental injuries of the jaws, cheeks, lips, tongue, roof and floor of the mouth?

A

Possible answers: Yes No N/A

Q Is the surgery being performed an EXTRA-ORAL incision (outside of the mouth) to drain an abscess or cellulitis?

A

Possible answers: Yes No N/A

Q Is the surgery being performed to address complications related to radiation therapy of the head and neck (for example, bone loss, infection)?

A

Possible answers: Yes No N/A

Q 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.

A

Possible answers: Yes No N/A



**Blue Care
Network**
of Michigan

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Preview questionnaire

Oral surgery

For Blue Care Network commercial and BCN AdvantageSM

Effective May 29, 2022

Q 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).

A

Possible answers: Yes No