

## MOLINA-OH-D | Utilization Review Criteria – Oral Surgery Services

### **Purpose**

To ensure consistent and equitable determination of coverage for Oral Surgical dental services, following ODM Appendix A to rule 5160 and Molina Healthcare of Ohio Dental Provider Manual Clinical Criteria.

### **Policy**

It is expected that procedures performed will comply with these guidelines and exceptions are minimal. SKYGEN USA, LLC utilizes Ohio 5160-5-01, Molina Ohio Clinical Criteria, and EPSDT standards for members under 21.

### **Oral Surgery**

- A tooth should be removed only if it cannot be saved because it is too deteriorated, is too poorly supported by alveolar bone, or is subject to some pathological condition.
- Except in an emergency, an extraction that renders a patient toothless must be deferred until authorization to construct a denture has been granted.
- The extraction of an impacted tooth is authorized only when conditions arising from such an impaction warrant removal. The prophylactic removal of an asymptomatic tooth is covered only when at least one adjacent tooth is symptomatic.
- Payment for extraction includes necessary local anesthesia, suturing, and routine postoperative care.
- Unless specific codes are required, surgery procedure codes from either the CPT or the CDT may be reported on claims for oral surgery services. Regardless of the procedure code used, all claims must be submitted in the appropriate format.

#### **Extraction, erupted tooth or exposed root (elevation, forceps removal, or both)**

- 1 per tooth No separate payment is made for multiple roots.

#### **Extraction, erupted tooth removal of bone and/or sectioning of tooth including elevation of flap if indicated**

- 1 per tooth No separate payment is made for multiple roots.

#### **Surgical removal of impacted tooth, soft tissue, surgical removal of impacted tooth, partially bony**

- 1 per tooth
- No prior authorization for removal of an impacted third molar, soft tissue
- No prior authorization for partially bony impaction

#### **Surgical removal of impacted tooth, completely bony; surgical removal of impacted tooth, completely bony, with complications**

- 1 per tooth, prior authorization required
- An image of the impaction must be maintained in the patient's clinical record.

#### **Surgical removal of a residual tooth root (cutting procedure)**

- 1 per tooth

### **Surgical removal of a supernumerary tooth**

- 1 per tooth
- The appropriate CDT extraction code and Universal/National Tooth Number must be reported on the claim.
- Prior authorization required if the particular extraction performed requires prior authorization, otherwise no prior authorization required.
  
- **Clinical Criteria: Surgical extraction**
  - Documentation supporting need for surgical removal (dense bone, curved roots, minimal clinical crown remaining, etc.)
  - Procedure will require elevation of mucoperiosteal flap, removal of bone and/or sectioning of the tooth and suturing
  - Surgical removal of residual tooth roots
  - Tooth root is completely covered by tissue on x-ray
  - Documentation describes pain, swelling, etc. around tooth (must be symptomatic) and documentation noted in patient record
  - Procedure would require removal of bone to extract the residual root

### **Tooth reimplantation or stabilization of accidentally avulsed or displaced tooth or alveolus**

- Images of the area and a detailed explanation of the findings and treatment must be maintained in the patient's clinical record.
- **Clinical Criteria: Tooth reimplantation and/or stabilization**
  - Documentation describes accident and Medical Necessity

### **Alveoplasty, in conjunction with extraction, four or more teeth per quadrant; alveoplasty, in conjunction with extraction, one to three teeth per quadrant; alveoplasty, not in conjunction with extraction, per quadrant**

- 1 per quadrant
- Alveoplasty is covered only in conjunction with the construction of a prosthodontic appliance.

### **Removal of benign odontogenic cyst or tumor, lesion diameter up to 1.25 cm, removal of benign odontogenic cyst or tumor, lesion diameter greater than 1.25 cm, removal of benign nonodontogenic cyst or tumor, lesion diameter up to 1.25 cm, removal of benign nonodontogenic cyst or tumor, lesion diameter greater than 1.25 cm**

- Images of the area and a detailed explanation of the findings and treatment must be maintained in the patient's clinical record.

### **Removal of lateral exostosis (maxilla or mandible), removal of torus palatinus, removal of torus mandibularis**

- A diagnostic cast or photograph of the mouth with the area of surgery outlined must be maintained in the patient's clinical record.

### **Incision and drainage of abscess, intraoral, soft tissue, incision and drainage of abscess, extraoral soft tissue**

- Images of the area, if applicable, and a detailed explanation of the findings and treatment must be maintained in the patient's clinical record.

### **Treatment of fracture in the alveolus, closed reduction, with or without stabilization of teeth, treatment of fracture in the alveolus, open reduction, with or without stabilization of teeth**

- Images of the area, if applicable, and a detailed explanation of the findings and treatment must be maintained in patient's clinical record.

**Additional Clinical Criteria:**

- Documentation describes accident, operative report and Medical Necessity

**Frenulectomy (frenectomy/frenotomy) buccal/ labial, frenulectomy (frenectomy/frenotomy) lingual**

- A diagnostic cast or photograph of the mouth with the area of surgery outlined must be maintained in the patient's clinical record.
- Frenulectomy (PA not required)
- Documentation describes tongue tied, diastema or tissue pull condition
- Images of the mouth with the area of surgery outlined must be maintained in the patient's clinical record

**Excision of hyperplastic tissue, per arch**

- A diagnostic cast or photograph of the mouth with the area of surgery outlined must be maintained in the patient's clinical record.

**Additional Clinical Criteria:**

- Documentation describes Medical Necessity due to ill-fitting denture
- Images of the mouth with the area of surgery outlined must be maintained in the patient's clinical record

**Additional Procedures Clinical Criteria:**

- Surgical access of an unerupted tooth
  - Documentation supports impacted/unerupted tooth
  - Tooth is beyond one year of normal eruption pattern
- Biopsy
  - Copy of pathology report must be maintained in the patient's clinical records
- Excision of bone tissue
  - Necessary for fabrication of a prosthesis

**Additional Clinical Criteria:**

- Impacted teeth (asymptomatic impactions will not be approved)
- Documentation describes pain, swelling, etc. around tooth (must be symptomatic) and documentation noted in patient record for at least one impaction
- Tooth impinges on the root of an adjacent tooth, is horizontally impacted or is tilted such that 50% of the occlusal surface is in bone, or shows a documented enlarged tooth follicle or potential cystic formation and documentation noted in patient record for at least one impaction.
- X-rays match type of impaction code described