

**NO. 91542-R5**

# ORAL SURGERY & DENTAL EXTRACTIONS

**Effective date:** 03/01/2026**Last reviewed:** 02/2026

**Instructions for use:** This document is for informational purposes only. Coverage is subject to member's specific benefits. Group specific policy will supersede this policy when applicable. Eligibility and benefit coverage are determined in accordance with the terms of the member's plan in effect as of the date services are rendered. It is not an authorization, certification, explanation of benefits, or contract. Receipt of benefits is subject to satisfaction of all terms and conditions of coverage. Priority Health's medical policies are developed with the assistance of medical professionals and are based upon a review of published and unpublished information including, but not limited to, current medical literature, guidelines published by public health and health research agencies, and community medical practices in the treatment and diagnosis of disease. Because medical practice, information, and technology are constantly changing, Priority Health reserves the right to review and update its medical policies at its discretion. Priority Health's medical policies are intended to serve as a resource to the plan. They are not intended to limit the plan's ability to interpret plan language as deemed appropriate. Physicians and other providers are solely responsible for all aspects of medical care and treatment, including the type, quality, and levels of care and treatment they choose to provide.

**Policy scope:** This policy addresses when oral surgery and dental extraction procedures may be considered medical treatment/procedures and therefore covered under the medical benefit.

## Related policies:

- Orthognathic Surgery No. 91273
- Biofeedback No. 91002

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## I. MEDICAL NECESSITY CRITERIA

### A. ORAL SURGERY

1. **Inclusions:** The following oral surgery procedures are considered medically necessary. This is not an all-inclusive list.
  - a. Excision and/or biopsy of tumors and cysts of the jaw, cheek, lip, tongue, roof and the floor of the mouth, when such conditions require pathological (histological) examination such as:
    - myeloma
    - osteomyelitis
    - osteosarcoma

- metastatic carcinoma
- median palatal cyst
- globulomaxillary cyst
- giant cell tumor
- chondrosarcoma
- central ossifying fibroma
- traumatic bone cyst

- b. Treatment of fractures – simple and complex
- c. Repair of traumatic wounds
- d. Surgical procedures required to correct accidental injuries of the jaw, cheek, lip, roof and floor of the mouth
- e. Complicated suturing
- f. Removal of midline palatal tori and lingual mandibular tori
- g. Marsupialization of ranula
- h. Treatment of oral and/or facial cancer
- i. Treatment of fractures of facial bones
- j. Treatment to correct congenital abnormalities of oral and or facial bones present from birth i.e. cleft lip and or cleft palate, including Alveolar ridge closure including appliance for palatal expansion in preparation for bone graft surgery of the alveolar cleft
- k. External excision and drainage of abscess (cellulitis)
- l. Surgery of accessory sinuses, salivary glands or ducts
- m. Resection for osteomyelitis
- n. Removal of foreign body which is hazardous to the patient's health, which complicates a primary medical condition
- o. Anesthetic/sedation when administered in conjunction with a medically necessary oral surgery procedure.
- p. Emergency care to stabilize dental structures following an acute injury to sound, natural teeth
- q. Excision of lingual frenum/frenulum may be medically necessary for relief of speech impediment or restricted eating due to constrictive frenulum.

2. **Exclusions:** The following are considered not medically necessary:

- a. Services which are not medically necessary
- b. Orthodontic, periodontic, endodontic, prosthodontic services
- c. Dental services, including but not limited to the following:
  - restorative care to the dentition including crowns, fillings, bridges, partial and full dentures
  - adjustments, selective grinding or occlusal equilibration to the teeth
  - dental applications including bite splints and metal based occlusal appliances
- d. Manual manipulation therapy
- e. Hypnosis, acupuncture\*, biofeedback, trigger point injections
- f. Extraction of unerupted or partially erupted, malpositioned or impacted teeth, with or without the attached follicular tissue
- g. Surgical preparation of the mouth for dentures

- h. Surgery for gum disease
- i. Surgery which is part of an orthodontic treatment (such as a labial or buccal frenulectomy)
- j. Alveolectomy, alveoplasty (area which is part of the bony process containing the tooth sockets)
- k. Frenotomy/Frenectomy/Frenulectomy when performed for dental or orthodontic purposes.
- l. Vestibuloplasty (oral soft tissue modification)
- m. Tooth implants
- n. Services associated with a non-medical oral surgery procedure or treatment, i.e., surgical pathology biopsy reports
- o. Services (e.g., radiology, anesthesia) associated with any non-covered benefit.

\*Note: Acupuncture may be considered medically necessary only with a rider for some commercial plans.

## B. DENTAL EXTRACTIONS

1. **Inclusions:** The extraction of sound\*, natural teeth is considered medically necessary if such is required in preparation for, or as part of, another medically necessary treatment or procedure that is not primarily dental in nature (e.g., patients who have oral cancers including squamous carcinomas of the buccal mucosa or tonsils, need removal of sound, natural teeth to prevent osteoradionecrosis).
2. **Exclusions:** The following are considered not medically necessary:
  - a. Dental extractions of teeth that are not sound\*.
  - b. Tooth restoration procedures, including restoration following medically necessary tooth extraction.
3. **Benefit:** Tooth extractions are subject to Dental benefits.
4. **Claim re-processing:** Upon request, claims for medical teeth extraction will be reviewed against policy and if criteria are met, the claim may be re-processed for payment retrospectively.
5. **MI Medicaid and Healthy Michigan Plan Members:** Dental extractions are not a covered benefit through the health plan.

*\*The definition of a sound tooth is a tooth without evidence of current dental decay or other pathology.*

## II. CENTERS FOR MEDICARE & MEDICAID SERVICES (CMS) COVERAGE DETERMINATION

Any applicable federal or state mandates will take precedence over this medical coverage policy.

Medicare: Refer to the [CMS Online Manual System \(IOMs\)](#) and Transmittals.

For the most current applicable CMS National Coverage Determination (NCD)/Local Coverage Determination (LCD)/Local Coverage Article (LCA) refer to [CMS Medicare Coverage Database](#).

The information below is current as of the review date for this policy. However, the coverage issues and policies maintained by CMS are updated and/or revised periodically. Therefore, the most current CMS information may not be contained in this document. MAC jurisdiction for purposes of local coverage determinations is governed by the geographic service area where the Medicare Advantage plan is contracted to provide the service. Please refer to the Medicare [Coverage Database website](#) for the most current applicable NCD, LCD, LCA, and CMS Online Manual System/Transmittals.

<b>National Coverage Determinations (NCDs)</b>	
None identified	
<b>Local Coverage Determinations (LCDs)</b>	
CGS Administrators, LLC	None identified
First Coast Service Options, Inc.	None identified
National Government Services, Inc.	None identified
Noridian Healthcare Solutions	None identified
Novitas Solutions, Inc.	None identified
Palmetto GBA	None identified
WPS Insurance Corporation	None identified

### III. BACKGROUND

#### ORAL SURGERY

Oral and maxillofacial surgery encompasses the diagnosis, surgical and related management of diseases, injuries and defects of both the functional and aesthetic aspects of the oral and maxillofacial regions. This includes preventive, reconstructive or emergency care for the teeth, mouth, jaws and facial structures.

Oral and maxillofacial surgical procedures can be done for dental as well as medical reasons. Treatments and procedures, which are considered medical, are identified above.

#### DENTAL EXTRACTIONS

While Priority Health does not cover dental care or services, it may cover dental extractions as defined above. Complete descriptions of covered and non-covered dental services are found in the certificate of coverage or plan documents.

### IV. GUIDELINES / POSITION STATEMENTS

Not applicable.

### V. REGULATORY (US FOOD AND DRUG ADMINISTRATION)

Not applicable.

### VI. CODING

Billing and Coding: Dental Services [A59449](#) (Palmetto GBA)  
 Oral Surgery and Maxillofacial Surgery Specialty Codes [A53446](#) (Palmetto GBA)

## ORAL SURGERY

### ICD-10 Codes that may support medical necessity

C01 – C10.9	Malignant neoplasm of oral cavity and pharynx
C41.0	Malignant neoplasm of bones of skull and face
C76.0	Malignant neoplasm of head, face and neck
D00.00 - D00.08	Carcinoma in situ of lip, oral cavity and pharynx
D37.01 – D37.09	Neoplasm of uncertain behavior of lip, oral cavity and pharynx
K09.8	Other cysts of oral region, not elsewhere classified
K09.9	Cyst of oral region, unspecified
K11.6	Mucocele of salivary gland
M27.2	Inflammatory conditions of jaws
M27.3	Alveolitis of jaws
Q35.1 – Q37.9	Cleft lip or palate
Q38.1	Ankyloglossia
S02.400A – S02.42xS	Malar, maxillary or zygomatic fracture
S02.600A - S02.69xS	Fracture of mandible
S02.81xA – S02.82xS	Fractures of other specified skull and facial bones
S02.92xA - S02.92xS	Unspecified fracture of facial bones

### CPT/HCPCS Codes

21025	Excision of bone (e.g., for osteomyelitis or bone abscess); mandible
21026	Excision of bone (e.g., for osteomyelitis or bone abscess); facial bone(s)
21029	Removal by contouring of benign tumor of facial bone (e.g., fibrous dysplasia)
21030	Excision of benign tumor or cyst of maxilla or zygoma by enucleation and curettage
21031	Excision of torus mandibularis
21032	Excision of maxillary torus palatinus
21034	Excision of malignant tumor of maxilla or zygoma
21040	Excision of benign tumor or cyst of mandible, by enucleation and/or curettage
21044	Excision of malignant tumor of mandible;
21045	Excision of malignant tumor of mandible; radical resection
21046	Excision of benign tumor or cyst of mandible; requiring intra-oral osteotomy (e.g., locally aggressive or destructive lesion(s))
21047	Excision of benign tumor or cyst of mandible; requiring extra-oral osteotomy and partial mandibulectomy (e.g., locally aggressive or destructive lesion(s))
21048	Excision of benign tumor or cyst of maxilla; requiring intra-oral osteotomy (e.g., locally aggressive or destructive lesion(s))
21049	Excision of benign tumor or cyst of maxilla; requiring extra-oral osteotomy and partial maxillectomy (e.g., locally aggressive or destructive lesion(s))
21076	Impression and custom preparation; surgical obturator prosthesis
21077	Impression and custom preparation; orbital prosthesis
21079	Impression and custom preparation; interim obturator prosthesis
21080	Impression and custom preparation; definitive obturator prosthesis
21081	Impression and custom preparation; mandibular resection prosthesis
21082	Impression and custom preparation; palatal augmentation prosthesis
21083	Impression and custom preparation; palatal lift prosthesis

- 21084 Impression and custom preparation; speech aid prosthesis
- 21085 Impression and custom preparation; oral surgical splint
  
- 21100 Application of halo type appliance for maxillofacial fixation, includes removal (separate procedure)
  
- 21345 Closed treatment of nasomaxillary complex fracture (LeFort II type), with interdental wire fixation or fixation of denture or splint
- 21346 Open treatment of nasomaxillary complex fracture (LeFort II type); with wiring and/or local fixation
- 21347 Open treatment of nasomaxillary complex fracture (LeFort II type); requiring multiple open approaches
- 21348 Open treatment of nasomaxillary complex fracture (LeFort II type); with bone grafting (includes obtaining graft)
- 21355 Percutaneous treatment of fracture of malar area, including zygomatic arch and malar tripod, with manipulation
- 21356 Open treatment of depressed zygomatic arch fracture (e.g., Gillies approach)
- 21360 Open treatment of depressed malar fracture, including zygomatic arch and malar tripod
- 21365 Open treatment of complicated (e.g., comminuted or involving cranial nerve foramina) fracture(s) of malar area, including zygomatic arch and malar tripod; with internal fixation and multiple surgical approaches
- 21366 Open treatment of complicated (e.g., comminuted or involving cranial nerve foramina) fracture(s) of malar area, including zygomatic arch and malar tripod; with bone grafting (includes obtaining graft)
- 21385 Open treatment of orbital floor blowout fracture; transantral approach (Caldwell-Luc type operation)
- 21386 Open treatment of orbital floor blowout fracture; periorbital approach
- 21387 Open treatment of orbital floor blowout fracture; combined approach
- 21390 Open treatment of orbital floor blowout fracture; periorbital approach, with alloplastic or other implant
- 21395 Open treatment of orbital floor blowout fracture; periorbital approach with bone graft (includes obtaining graft)
  
- 21400 Closed treatment of fracture of orbit, except blowout; without manipulation
- 21401 Closed treatment of fracture of orbit, except blowout; with manipulation
- 21406 Open treatment of fracture of orbit, except blowout; without implant
- 21407 Open treatment of fracture of orbit, except blowout; with implant
- 21408 Open treatment of fracture of orbit, except blowout; with bone grafting (includes obtaining graft)
- 21421 Closed treatment of palatal or maxillary fracture (LeFort I type), with interdental wire fixation or fixation of denture or splint
- 21422 Open treatment of palatal or maxillary fracture (LeFort I type);
- 21423 Open treatment of palatal or maxillary fracture (LeFort I type); complicated (comminuted or involving cranial nerve foramina), multiple approaches
- 21431 Closed treatment of craniofacial separation (LeFort III type) using interdental wire fixation of denture or splint
- 21432 Open treatment of craniofacial separation (LeFort III type); with wiring and/or internal fixation
- 21433 Open treatment of craniofacial separation (LeFort III type); complicated (e.g., comminuted or involving cranial nerve foramina), multiple surgical approaches

- 21435 Open treatment of craniofacial separation (LeFort III type); complicated, utilizing internal and/or external fixation techniques (e.g., head cap, halo device, and/or intermaxillary fixation)
- 21436 Open treatment of craniofacial separation (LeFort III type); complicated, multiple surgical approaches, internal fixation, with bone grafting (includes obtaining graft)
- 21440 Closed treatment of mandibular or maxillary alveolar ridge fracture (separate procedure)
- 21445 Open treatment of mandibular or maxillary alveolar ridge fracture (separate procedure)
- 21450 Closed treatment of mandibular fracture; without manipulation
- 21451 Closed treatment of mandibular fracture; with manipulation
- 21452 Percutaneous treatment of mandibular fracture, with external fixation
- 21453 Closed treatment of mandibular fracture with interdental fixation
- 21454 Open treatment of mandibular fracture with external fixation
- 21461 Open treatment of mandibular fracture; without interdental fixation
- 21462 Open treatment of mandibular fracture; with interdental fixation
- 21465 Open treatment of mandibular condylar fracture
- 21470 Open treatment of complicated mandibular fracture by multiple surgical approaches including internal fixation, interdental fixation, and/or wiring of dentures or splints
- 21480 Closed treatment of temporomandibular dislocation; initial or subsequent
- 21485 Closed treatment of temporomandibular dislocation; complicated (e.g., recurrent requiring intermaxillary fixation or splinting), initial or subsequent
- 21490 Open treatment of temporomandibular dislocation
- 21497 Interdental wiring, for condition other than fracture  
(Not covered for Medicaid)
  
- 30545 Repair choanal atresia; transpalatine
- 30560 Lysis intranasal synechia
- 30580 Repair fistula; oromaxillary (combine with 31030 if antrotomy is included)
  
- 30600 Repair fistula; oronasal
  
- 40700 Plastic repair of cleft lip/nasal deformity; primary, partial or complete, unilateral
- 40701 Plastic repair of cleft lip/nasal deformity; primary bilateral, 1-stage procedure
- 40702 Plastic repair of cleft lip/nasal deformity; primary bilateral, 1 of 2 stages
- 40720 Plastic repair of cleft lip/nasal deformity; secondary, by recreation of defect and reclosure
- 40761 Plastic repair of cleft lip/nasal deformity; with cross lip pedicle flap (Abbe-Estlander type), including sectioning and inserting of pedicle
  
- 40800 Drainage of abscess, cyst, hematoma, vestibule of mouth; simple
- 40801 Drainage of abscess, cyst, hematoma, vestibule of mouth; complicated
- 40804 Removal of embedded foreign body, vestibule of mouth; simple
- 40805 Removal of embedded foreign body, vestibule of mouth; complicated
- 40808 Biopsy, vestibule of mouth
- 40810 Excision of lesion of mucosa and submucosa, vestibule of mouth; without repair
- 40812 Excision of lesion of mucosa and submucosa, vestibule of mouth; with simple repair
- 40814 Excision of lesion of mucosa and submucosa, vestibule of mouth; with complex repair

- 40816 Excision of lesion of mucosa and submucosa, vestibule of mouth; complex, with excision of underlying muscle
- 40818 Excision of mucosa of vestibule of mouth as donor graft
- 40820 Destruction of lesion or scar of vestibule of mouth by physical methods (e.g., laser, thermal, cryo, chemical)
- 40830 Closure of laceration, vestibule of mouth; 2.5 cm or less
- 40831 Closure of laceration, vestibule of mouth; over 2.5 cm or complex
- 40840 Vestibuloplasty; anterior
- 40842 Vestibuloplasty; posterior, unilateral
- 40843 Vestibuloplasty; posterior, bilateral
- 40844 Vestibuloplasty; entire arch
- 40845 Vestibuloplasty; complex (including ridge extension, muscle repositioning)
  
- 41000 Intraoral incision and drainage of abscess, cyst, or hematoma of tongue or floor of mouth; lingual
- 41005 Intraoral incision and drainage of abscess, cyst, or hematoma of tongue or floor of mouth; sublingual, superficial
- 41006 Intraoral incision and drainage of abscess, cyst, or hematoma of tongue or floor of mouth; sublingual, deep, supramylohyoid
- 41007 Intraoral incision and drainage of abscess, cyst, or hematoma of tongue or floor of mouth; submental space
- 41008 Intraoral incision and drainage of abscess, cyst, or hematoma of tongue or floor of mouth; submandibular space
- 41009 Intraoral incision and drainage of abscess, cyst, or hematoma of tongue or floor of mouth; masticator space
- 41010 Incision of lingual frenum (frenotomy)
- 41015 Extraoral incision and drainage of abscess, cyst, or hematoma of floor of mouth; sublingual
- 41016 Extraoral incision and drainage of abscess, cyst, or hematoma of floor of mouth; submental
- 41017 Extraoral incision and drainage of abscess, cyst, or hematoma of floor of mouth; submandibular
- 41018 Extraoral incision and drainage of abscess, cyst, or hematoma of floor of mouth; masticator space
  
- 41100 Biopsy of tongue; anterior two-thirds
- 41105 Biopsy of tongue; posterior one-third
- 41108 Biopsy of floor of mouth
- 41110 Excision of lesion of tongue without closure
- 41112 Excision of lesion of tongue with closure; anterior two-thirds
- 41113 Excision of lesion of tongue with closure; posterior one-third
- 41114 Excision of lesion of tongue with closure; with local tongue flap
- 41115 Excision of lingual frenum (frenectomy)
- 41116 Excision, lesion of floor of mouth
  
- 41250 Repair of laceration 2.5 cm or less; floor of mouth and/or anterior two-thirds of tongue
- 41251 Repair of laceration 2.5 cm or less; posterior one-third of tongue
- 41252 Repair of laceration of tongue, floor of mouth, over 2.6 cm or complex
  
- 41510 Suture of tongue to lip for micrognathia (Douglas type procedure)

41520 Frenoplasty (surgical revision of frenum, e.g., with Z-plasty)

41800 Drainage of abscess, cyst, hematoma from dentoalveolar structures

41805 Removal of embedded foreign body from dentoalveolar structures; soft tissues

41806 Removal of embedded foreign body from dentoalveolar structures; bone

41820 Gingivectomy, excision gingiva, each quadrant

41821 Operculectomy, excision pericoronal tissues

41822 Excision of fibrous tuberosities, dentoalveolar structures

41823 Excision of osseous tuberosities, dentoalveolar structures

41825 Excision of lesion or tumor (except listed above), dentoalveolar structures; without repair

41826 Excision of lesion or tumor (except listed above), dentoalveolar structures; with simple repair

41827 Excision of lesion or tumor (except listed above), dentoalveolar structures; with complex repair

41828 Excision of hyperplastic alveolar mucosa, each quadrant (specify)

41830 Alveolectomy, including curettage of osteitis or sequestrectomy

41850 Destruction of lesion (except excision), dentoalveolar structures

41870 Periodontal mucosal grafting

41872 Gingivoplasty, each quadrant (specify)

41874 Alveoloplasty, each quadrant (specify)

42000 Drainage of abscess of palate, uvula

42100 Biopsy of palate, uvula

42104 Excision, lesion of palate, uvula; without closure

42106 Excision, lesion of palate, uvula; with simple primary closure

42107 Excision, lesion of palate, uvula; with local flap closure

42120 Resection of palate or extensive resection of lesion

42160\* Destruction of lesion, palate or uvula (thermal, cryo or chemical)  
*(\*Procedure requires prior authorization under cosmetic, reconstructive surgery rules.)*

42180 Repair, laceration of palate; up to 2 cm

42182 Repair, laceration of palate; over 2 cm or complex

42200 Palatoplasty for cleft palate, soft and/or hard palate only

42205 Palatoplasty for cleft palate, with closure of alveolar ridge; soft tissue only

42210 Palatoplasty for cleft palate, with closure of alveolar ridge; with bone graft to alveolar ridge (includes obtaining graft)

42215 Palatoplasty for cleft palate; major revision

42220 Palatoplasty for cleft palate; secondary lengthening procedure

42225 Palatoplasty for cleft palate; attachment pharyngeal flap

42227 Lengthening of palate, with island flap

42235 Repair of anterior palate, including vomer flap

42260 Repair of nasolabial fistula

42280 Maxillary impression for palatal prosthesis

42281 Insertion of pin-retained palatal prosthesis

42299 Unlisted procedure, palate, uvula

42300 Drainage of abscess; parotid, simple

42305 Drainage of abscess; parotid, complicated  
 42310 Drainage of abscess; submaxillary or sublingual, intraoral  
 42320 Drainage of abscess; submaxillary, external  
 42330 Sialolithotomy; submandibular (submaxillary), sublingual or parotid, uncomplicated, intraoral  
 42335 Sialolithotomy; submandibular (submaxillary), complicated, intraoral  
 42340 Sialolithotomy; parotid, extraoral or complicated intraoral  
  
 42400 Biopsy of salivary gland; needle  
 42405 Biopsy of salivary gland; incisional  
 42408 Excision of sublingual salivary cyst (ranula)  
 42409 Marsupialization of sublingual salivary cyst (ranula)  
 42410 Excision of parotid tumor or parotid gland; lateral lobe, without nerve dissection  
 42415 Excision of parotid tumor or parotid gland; lateral lobe, with dissection and preservation of facial nerve  
 42420 Excision of parotid tumor or parotid gland; total, with dissection and preservation of facial nerve  
 42425 Excision of parotid tumor or parotid gland; total, en bloc removal with sacrifice of facial nerve  
 42426 Excision of parotid tumor or parotid gland; total, with unilateral radical neck dissection  
 42440 Excision of submandibular (submaxillary) gland  
 42450 Excision of sublingual gland  
  
 42700 Incision and drainage abscess; peritonsillar

**NOT COVERED:**

**ICD-10 DENTAL Dx Codes** that apply to this policy:

E08.630	Diabetes mellitus due to underlying condition with periodontal disease
E09.630	Drug or chemical induced diabetes mellitus with periodontal disease
E10.630	Type 1 diabetes mellitus with periodontal disease
E11.630	Type 2 diabetes mellitus with periodontal disease
E13.630	Other specified diabetes mellitus with periodontal disease
G47.63	Sleep related bruxism
K00.0 – K08.59	Disorders of teeth and supporting structures
K08.8– K08.9	Disorders of teeth and supporting structures
M26.20 – M26.4	Anomalies of dental arch and tooth position
M26.70 – M26.9	Dental alveolar or facial anomalies
F59	Unspecified behavioral syndromes associated with physiological disturbances and physical factors
Z46.4	Encounter for fitting and adjustment of orthodontic device
Z97.2	Presence of dental prosthetic device (complete) (partial)
Z98.810	Dental sealant status ( <i>Medicare only</i> )
Z98.811	Dental restoration status
Z98.818	Other dental procedure status

**Procedures:**

- Dental Services billed with codes D0120 through D9999 are not covered under medical plan.

- Medical services billed with the dental diagnosis (above) are not covered services.

**Not Covered Services for any diagnosis:**

- 40806 Incision of labial frenum (frenotomy)
- 40819 Excision of frenum, labial or buccal (frenulectomy, frenulectomy, frenectomy)
- 90880 Hypnotherapy
- 90901 Biofeedback training by any modality (*see Policy 91002 Biofeedback*)
- 97810 Acupuncture, one or more needles; without electrical stimulation, initial 15 minutes of personal one-on-one contact with the patient
- 97811 Acupuncture, 1 or more needles; without electrical stimulation, each additional 15 minutes of personal one-on-one contact with the patient, with insertion of needles(s) (List separately in addition to code for primary procedure)
- 97813 Acupuncture, one or more needles; with electrical stimulation, initial 15 minutes of personal one-on-one contact with the patient
- 97814 Acupuncture, 1 or more needles; with electrical stimulation, each additional 15 minutes of personal one-on-one contact with the patient, with insertion of needles(s) (List separately in addition to code for primary procedure)

**DENTAL EXTRACTIONS**

*Tooth extractions are subject to Dental benefits. Upon request, claims for medical teeth extraction will be reviewed against policy and if criteria are met, the claim may be re-processed for payment retrospectively.*

**ICD-10 Codes** that may apply:

- C01 – C10.9 Malignant neoplasm of oral cavity and pharynx
- C41.0 Malignant neoplasm of bones of skull and face
- C76.0 Malignant neoplasm of head, face and neck
  
- D00.00 – D00.08 Carcinoma in situ of oral cavity
- D37.02 – D37.09 Neoplasm of uncertain behavior of oral cavity
- Z51.0 Encounter for antineoplastic radiation therapy

**CPT/HCPCS Codes**

- D7140 Extraction, erupted tooth or exposed root (elevation and/or forceps removal)
- D7210 Surgical removal of erupted tooth requiring elevation of mucoperiosteal flap and removal of bone and/or section of tooth
- D7220 Removal of impacted tooth - soft tissue
- D7230 Removal of impacted tooth - partially bony
- D7240 Removal of impacted tooth - completely bony
- D7241 Removal of impacted tooth - completely bony, with unusual surgical complications

**VII. MEDICAL NECESSITY REVIEW**

Prior authorization for certain drugs, devices, services and procedures may or may not be required. In cases where prior authorization is required, providers will submit a request demonstrating that a drug, service or procedure is medically necessary. For more information, refer to the [Priority Health Provider Manual](#).

Individual case review may allow coverage for care or treatment that is investigational yet promising for the conditions described. Requests for individual consideration require

prior plan approval. All determinations of coverage for experimental, investigational, or unproven treatment will be made by a Priority Health medical director or clinical pharmacist. The exclusion of coverage for experimental, investigational, or unproven treatment may be reviewed for exception if the condition is either a terminal illness, or a chronic, life threatening, severely disabling disease that is causing serious clinical deterioration.

## VIII. APPLICATION TO PRODUCTS

Coverage is subject to the member's specific benefits. Group-specific policy will supersede this policy when applicable.

- **HMO/EPO:** This policy applies to insured HMO/EPO plans.
- **POS:** This policy applies to insured POS plans.
- **PPO:** This policy applies to insured PPO plans. Consult individual plan documents as state mandated benefits may apply. If there is a conflict between this policy and a plan document, the provisions of the plan document will govern.
- **ASO:** For self-funded plans, consult individual plan documents. If there is a conflict between this policy and a self-funded plan document, the provisions of the plan document will govern.
- **INDIVIDUAL:** For individual policies, consult the individual insurance policy. If there is a conflict between this medical policy and the individual insurance policy document, the provisions of the individual insurance policy will govern.
- **MEDICARE:** Coverage is determined by the Centers for Medicare and Medicaid Services (CMS); if a coverage determination has not been adopted by CMS, this policy applies.
- **MEDICAID/HEALTHY MICHIGAN PLAN:** For Medicaid/Healthy Michigan Plan members, this policy will apply. Coverage is based on medical necessity criteria being met and the appropriate code(s) from the coding section of this policy being included on the [Michigan Medicaid Fee Schedule](#). If there is a discrepancy between this policy and the [Michigan Medicaid Provider Manual](#), the Michigan Medicaid Provider Manual will govern. If there is a discrepancy or lack of guidance in the Michigan Medicaid Provider Manual, the Priority Health contract with Michigan Medicaid will govern. For Medical Supplies/DME/Prosthetics and Orthotics, please refer to the Michigan Medicaid Fee Schedule to verify coverage.

## IX. REFERENCES

Not applicable.

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**Past review dates:** 08/2007, 02/2008, 02/2009, 02/2010, 08/2010, 02/2011, 02/2012, 02/2013, 02/2014, 02/2015, 02/2016, 02/2017, 02/2018, 02/2019, 02/2020, 02/2021, 02/2022, 02/2023, 02/2024, 02/2025, 02/2026

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