

Oral Surgery Payment Policy

Applies to the following Tufts Health Plan products:

- Tufts Health Plan Commercial (including Tufts Health Freedom Plan)¹
- Tufts Medicare Preferred HMO (a Medicare Advantage product)²
- Tufts Health Plan Senior Care Options (SCO) (a dual-eligible product)²

Applies to the following Tufts Health Public Plans products:

- Tufts Health Direct (a Massachusetts Qualified Health Plan [QHP]; a commercial product)
- Tufts Health Together (a MassHealth MCO Plan and Accountable Care Partnership Plans)
- Tufts Health RITogether (a Rhode Island Medicaid Plan)
- Tufts Health Unify (OneCare Plan; a dual-eligible product)

The following payment policy applies to Tufts Health Plan contracting oral surgery providers.

In addition to the specific information contained in this policy, providers must adhere to the information outlined in the [Professional Services and Facilities Payment Policy](#).

Note: Audit and disclaimer information is located at the end of this document.

POLICY

Tufts Health Plan covers medically necessary oral surgery services, in accordance with the member's benefits.

GENERAL BENEFIT INFORMATION

Services and subsequent payment are pursuant to the member's benefit plan document. Member eligibility and benefit specifics should be verified prior to initiating services by logging on to the secure Provider [website](#) or by contacting [Commercial Provider Services](#).

Commercial Products

Impacted Tooth Removal

Effective for dates of service on or after January 1, 2020, members are covered for the surgical removal of impacted or unerupted teeth embedded in bone when performed by an oral surgeon in an office setting.

The expansion of coverage includes removal of up to four impacted or unerupted teeth per visit, x-rays, and the use of anesthesia without prior authorization in an office setting. Members who require this procedure to be performed in an inpatient or surgical day care (SDC) setting must follow existing prior authorization and review processes. Refer to the following medical necessity guidelines for more information:

- [Dental Procedures Requiring Hospitalization](#)
- [Dental Procedures Requiring Hospitalization, Surgical Day Care or Requiring Anesthesia in the Office Setting: New Hampshire Products](#)

Note: These procedures are covered under the member's medical benefit. Tufts Health Plan will coordinate benefits payable for covered services with benefits payable by other plans, consistent with existing policies.

Massachusetts and Rhode Island fully insured groups: Except as noted above, coverage for services related to teeth is limited to the emergency treatment of accidental injury to sound and natural

¹ Commercial products include HMO, POS, PPO, Tufts Health Freedom Plan, and CareLinkSM when Tufts Health Plan is the primary administrator.

² Tufts Medicare Preferred and Tufts Health Plan SCO are collectively referred to in this payment policy as Senior Products.

teeth by a source external to the mouth. Treatment must be rendered within 48 hours of the injury and is limited to x-rays and emergency oral surgery to temporarily stabilize tissue and/or repositioning of the fractured teeth. Restorative services including crowns, fillings, and root canals are not covered.

New Hampshire fully insured groups: Except as noted above, coverage is provided for medically necessary dental services resulting from an accidental injury to sound natural teeth and gums. Treatment required due to injury to the jaw and oral structures other than teeth is not subject to a time limit.³

REFERRAL/PRIOR AUTHORIZATION/NOTIFICATION REQUIREMENTS

Certain procedures, items and/or services may require referral and/or prior authorization. While you may not be the provider responsible for obtaining prior authorization, as a condition of payment you must confirm that prior authorization has been obtained. For more information refer to the [Referral, Authorization and Notification Policy](#).

If a member is in need of inpatient services, an inpatient notification should be submitted in accordance with the requirements outlined in the Referrals, Authorizations, and Notifications chapter of the [Commercial, Senior Products](#) and [Tufts Health Public Plans](#) Provider Manuals.

Prior authorization is required for the following procedures:

Commercial and Tufts Health Public Plans products

- [Temporomandibular Joint \(TMJ\) Disorder Treatment](#)
- [Orthognathic Surgery for Severe Oral-Maxillofacial Functional Disorders](#)

Commercial products

- [Dental Procedures Requiring Hospitalization](#)
- [Dental Procedures Requiring Hospitalization, Surgical Day Care or Requiring Anesthesia in the Office Setting: NH Products](#)
- [Dental Implants](#)

Refer to the [medical necessity guidelines](#) for more information.

Tufts Health Plan SCO

Dental implants require prior authorization through DentaQuest. Refer to the [Tufts Health Plan SCO Prior Authorization List](#) for more information.

BILLING INSTRUCTIONS

Unless otherwise stated, Tufts Health Plan follows industry-standard coding guidelines. Refer to current industry-standard coding guidelines for a complete list of ICD, CPT/HCPCS, revenue codes, modifiers and their usage. Providers may only bill the procedure code(s) in accordance with the applicable financial exhibits of their provider agreements and applicable fee schedules. For more information, refer to the [Professional Services and Facilities Payment Policy](#).

Office Consultations (Commercial and Tufts Health Direct)

Office consultations are included in the member's coverage and are subject to global periods and other payment edits. Refer to the [Evaluation and Management Payment Policy](#) for additional information.

Commercial Products

Impacted Tooth Removal Codes⁴

Code	Description
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

Anesthesia Codes⁴

The following may be used in an office setting, in conjunction with the impacted tooth removal codes above and in accordance with providers' contracts or applicable fee schedules.

Note: this is not an all-inclusive list.

³ In accordance with NH RSA [420-G:5](#).

⁴ Effective for dates of service on or after January 1, 2020.

Code	Description
D9210	Local anesthesia not in conjunction with operative or surgical procedures
D9211	Regional block anesthesia
D9212	Trigeminal division block anesthesia
D9215	Local anesthesia in conjunction with operative or surgical procedures
D9219	Evaluation for moderate sedation, deep sedation or general anesthesia
D9222	Deep sedation/general anesthesia, initial 15 minutes
D9223	Deep sedation/general anesthesia, each addl 15 minutes
D9230	Analgesia, anxiolysis, inhalation of nitrous oxide
D9239	Intravenous moderate (conscious) sedation/analgesia, initial 15 minutes
D9243	Intravenous moderate (conscious) sedation/analgesia, each addl 15 minutes

Tufts Health Public Plans

Emergency oral surgery claims should be submitted to Tufts Health Plan.

COMPENSATION/REIMBURSEMENT INFORMATION

Providers are compensated according to the applicable contracted rates and applicable fee schedules, regardless of the address where the service is rendered. For more information, refer to the [Professional Services and Facilities Payment Policy](#).

ADDITIONAL RESOURCES

- [Surgery Professional Payment Policy](#)
- [Outpatient Surgery Facility Payment Policy](#)
- [Oral Appliances for Treatment of Obstructive Sleep Apnea](#)

DOCUMENT HISTORY

- July 2020: Policy reviewed by committee; added Tufts Health Public Plans content
- November 2019: Added expanded impacted tooth removal coverage for Commercial members, effective for dates of service on or after January 1, 2020
- August 2019: Updated MNG titles for dental procedures requiring hospitalization
- November 2018: Added link to existing Tufts Health Freedom Plan-specific medical necessity guidelines for dental procedures requiring hospitalization or anesthesia in an office setting; clarified coverage for Tufts Health Freedom Plan members
- June 2018: Template updates
- May 2017: Policy reviewed by committee; reworded anesthesia language for clarity
- January 2017: Template updates
- September 2015: Template conversion, template updates

AUDIT AND DISCLAIMER INFORMATION

Tufts Health Plan reserves the right to conduct audits on any provider and/or facility to ensure compliance with the guidelines stated in this payment policy. If such an audit determines that a provider/facility did not comply with this payment policy, Tufts Health Plan will expect the provider/facility to refund all payments related to noncompliance. For more information about Tufts Health Plan's [audit policies](#), refer to the Provider website.

This policy provides information on Tufts Health Plan claims adjudication processes. As every claim is unique, this policy is neither a guarantee of payment, nor a final indication of how specific claim(s) will be adjudicated. Claims payment is subject to member eligibility and benefits on the date of service, coordination of benefits, referral/authorization and utilization management requirements (when applicable), adherence to plan policies and procedures, and claims editing logic. An authorization is not a guarantee of payment. Claims for services subject to authorization may be reviewed for accuracy and compliance with payment policies.

This policy applies to the Tufts Health Plan products, as identified in the checkboxes on the first page, and to CareLinkSM for providers in Massachusetts and Rhode Island service areas. Providers in the New Hampshire service area are subject to Cigna's provider agreements with respect to CareLink members. This policy does not apply to the Private Health Care Systems (PHCS) network (also known as Multiplan). Tufts Health Plan reserves the right to amend a payment policy at its discretion.