

ORAL SURGERY MAXIMIZER

Get paid for the treatment your patients need with the help of the information presented below. This insurance maximizer is meant to be used as a resourceful guide to help maximize your patient's insurance benefits rather than dictate diagnosis or treatment, nor is it meant to take any position regarding what is considered the "right way" of any carrier's reimbursement strategy. If a carrier will not pay for a specific treatment, your patients may be given the option to pay for a procedure that is not covered out of pocket.

If there is any doubt about what the carrier will pay for oral surgery treatment, pre-authorize the treatment. If a carrier will not authorize payment, which is common for more than two wisdom teeth or multiple extractions in emergency situations, offer patients the option to pay full contracted fees for the procedures that are not covered. This can avoid two surgeries and two sedations (if used). Further, when carriers require symptomatic conditions, narratives indicating the patient is in pain may not ensure payment. Symptoms also should be visible on x-rays and/or intraoral photos. On all 3rd molars or impacted extractions, a panoramic x-ray taken in the past six months is recommended.

As with all treatment, the better radiographs and clinical notes you provide outlining the clinical necessity for and the results of the treatment provided, the better probability you will have of getting paid. Below are the most commonly asked questions on surgical reimbursement.

Do carriers require a patient's medical insurance to be billed first in order to get paid? See Matrix

- Many require it for specific procedures.
- As a rule, all patients should provide medical insurance for all oral surgery treatment since dental may require the medical denial EOB in order to pay for the treatment.
- Request payment from the patient for the treatment that medical is expected to pay. Medical payment will likely be sent to patient.

How do we ensure that the oral surgeon's HMO supplemental is paid when s/he performs an extraction?

- Submit an accurate and complete referral form with the reason why the extractions need to be performed by an oral surgeon.
- This is a straightforward but very often missed requirement.
- Include narrative, x-rays, and intra-orals indicating specifically why it is out of scope for the GP.
- Pre-authorizing cases with multiple extractions provides the best assurance on being paid the surgeon's supplemental.
- Generally, HMO carriers will not pay for asymptomatic extractions.

Under what conditions do carriers consider an erupted extraction surgical (D7210) versus routine (D7140)?

- Surgical extractions performed by a surgeon must still meet surgical requirements in order for the carrier to pay for D7210.
- Many carriers no longer provide an alternate benefit of D7140 for surgical extractions (D7210) and may deny as criteria not met.
- Criteria includes: Removal of bone and/or sectioning of tooth; sutures only does not qualify.

When will carriers pay for a bony extraction (D7230 or D7240) for impacted teeth? See Matrix

- Requires mucoperiosteal flap elevation and bone removal.
- With a strong narrative submitted on initial claim for symptomatic patients under 15 or over 30 years old.
- Asymptomatic extractions for patients under 15 years old or over 30 years old will generally not be paid.
- Some carriers do not pay for any asymptomatic 3rd molars; others will only pay for lower asymptomatic 3rd molars.

To carriers, what justifies payment of a complete bony (D7240) versus a partial bony (D7230)?

- When at least 50% of the crown is covered by bone. This is best supported by intra-oral photos.

What criteria and considerations surround surgically removing residual tooth roots (D7250)?

- When removing residual root fragments in bone from previous extraction; usually for denture prep or infection.
- Not to be used for removing bone or sectioning difficult erupted tooth.
- Not applicable when roots can be removed without cutting of soft tissue or bone; instead, use routine extraction (D7140).
- If placing a new bridge, implant, or partial, confirm any missing tooth clause exclusion that will prevent payment on the restoration.

What criteria do carriers have in order to reimburse for alveoloplasty (D7310/D7311)?

- Routine (D7140) or surgical (D7210) extractions now include "minor smoothing of socket bone" as part of the procedure, so carriers will typically not reimburse alveoloplasty if performed the same date as extractions.
- Carriers will generally only pay for alveoloplasty with narrative and intra-orals that support irregular alveolar process, intermittent extractions, or multiple adjacent teeth (usually three or more) with suturing and significant socket recontouring.
- These procedures are generally considered inclusive to the extraction.

When will carriers pay for bone replacement graft (D7953)? How about a related membrane (D4266/D4267)?

- Payment for bone replacement or membrane placement is limited and plan specific; somewhat related to implant coverage.
- Some carriers require bone graft to be billed with extraction, and others require it to be billed with the implant in order to be paid.
- These procedures are generally considered inclusive to the extraction.

When will a carrier pay for deep sedation (D9223), conscious sedation (D9243), or nitrous oxide (D9230)? See Matrix

- Most carriers will pay for deep and conscious sedation based on individual requirements and limitations.
- Must be medically/dentally necessary for documented handicapped, uncontrollable, or justifiable conditions.
- Most carriers will not pay for nitrous oxide. Instead, charge the patient for it. Some carriers pay for certain pediatric patients.
- To avoid any delays in payment from the insurance, there should be clear documentation of the GA/IV start and stop times.

As with previous guidelines, there will be exceptions to the recommendations provided. Carriers often will change their positions on when they will or will not pay for treatment. Please contact me with any information you may have on existing or new discrepancies you find. Together, we will maximize your patient's benefits for the treatment he or she needs.

ORAL SURGERY INSURANCE CARRIER REIMBURSEMENT MATRIX

PPO								
Carrier	Can do extractions and consult (D9310) or exam (D0140) same day	Medical has to be billed first (D7210, D7220, D7230, D7240, D7241, D7250)	Will pay for asymptomatic 3 rd molars	If asymptomatic extraction for ortho purposes, will carrier pay from ortho or GP benefit?	When will carriers pay for deep sedation / GA (D9223)? - *, **	When will carriers pay for conscious sedation (D9243)? - *, **	Will carriers pay for Nitrous Oxide (9230)? Will carrier pay for it with D9223 or D9243?	What is maximum amount of time a carrier will pay for D9223/D9243?
AETNA	No, D9310; Yes, D0140	Yes, D7230 or greater w/ D9223	Yes	GP	Five D7140s or two D7210s or one D7220 or greater	Same as D9223 or under 18 for anxiety	No	1 hour
AETNA (AZ)	No, D9310; Yes, D0140	Yes, D7230 or greater w/ D9223	Yes	GP	Five D7140s or two D7210s or one D7220 or greater	Same as D9223 or under 18 for anxiety	No	1 hour
AMERTIAS	No	No	Yes	GP	D7220 or greater	Same as D9223	No	1 hour
ASSURANT BENEFIT	No	No	Yes	GP	D7220 or greater	Same as D9223	No	45 minutes
BLUE CROSS/BLUE SHIELD	Yes	No	No	GP w/ ortho narrative	Medically necessary	Same as D9223	No	1 hour
BLUE SHIELD OF CA	Yes	No	No	GP w/ ortho narrative	Medically necessary	Same as D9223	Yes. Yes w/ D9223 or D9243	1 hour
CCPOA	Yes	No	Yes	GP	Covered with eligible oral surgery codes	Same as D9223	No	1 hour; > 1 hour must have narrative
CIGNA	Yes	No	Yes	GP	Six D7140s; two D7210s or greater	Same as D9223 or under 12 for anxiety	No	1 hour
DENTAL DENTAL OF AR	No	No	Yes	GP	One D7210 or greater for 6 and above; or one D7140 for children under 6	Same as D9223	No	1 hour
DELTA DENTAL OF AZ	No	No	Yes	GP	One D7210 or greater or seven D7140s	Same as D9223	Yes. No w/ D9223 or D9243	1 hour
DELTA DENTAL OF CA	No	No	Yes	GP	19 or older - three D7140s, two D7210s or greater; 18 or under - two D7140s, one D7120s or greater	Same as D9223	No	1 hour; > 1 hour must have narrative
DELTA DENTAL OF CO	Yes	No	Yes	GP	Plan specific on D7140s; D7210s or greater	Same as D9223	No	1 hour
DELTA DENTAL OF GA & FL	No	No	Yes	GP	Plan specific on D7140s; D7210s or greater	Same as D9223	No	1 hour; > 1 hour must have narrative
DELTA DENTAL OF ID	Yes	No	Yes	GP	Covered with eligible oral surgery codes	Same as D9223	No	1 hour
DELTA DENTAL IL	No	Yes, D7230 or greater w/D9223	Yes	GP	Seven D7140s; D7210s or greater	Same as D9223	No	45 minutes
DELTA DENTAL OF KS	No, D9310; Yes, D0140	No	Yes	GP	D7210s or greater	Same as D9223	No	1 hour
DELTA DENTAL OF LA	No	No	Yes	GP	19 or older – three D7140,; two D7210s or greater; 18 or under – two D7140s, one D7210s or greater	Same as D9223	No	1 hour; > 1 hour must have narrative
DELTA DENTAL OF MA	Yes	No	Yes	GP	D7220 or greater	Same as D9223	No	1 hour
DELTA DENTAL OF MI	No	No	Yes	GP	Plan specific on D7140s; D7210s or greater	Same as D9223	No	1 hour

ORAL SURGERY INSURANCE CARRIER REIMBURSEMENT MATRIX

PPO (Cont.)								
Carrier	Can do extractions and consult (D9310) or exam (D0140) same day	Medical has to be billed first (D7210, D7220, D7230, D7240, D7241, D7250)	Will pay for asymptomatic 3 rd molars	If asymptomatic extraction for ortho purposes, will carrier pay from ortho or GP benefit?	When will carriers pay for deep sedation / GA (D9223)? - *, **	When will carriers pay for conscious sedation (D9243)? - *, **	Will carriers pay for Nitrous Oxide (9230)? Will carrier pay for it with D9223 or D9243?	What is maximum amount of time a carrier will pay for D9223/D9243?
DELTA DENTAL OF MN	No	No	Yes	GP	D7210s or greater; pt under five yrs. old; or medically necessity	Same as D9223	No	1 hour
DELTA DENTAL OF MO	No	No	Yes	GP	Plan specific on D7140s; D7210s or greater	Same as D9223	Yes. No w/D9223 or D9243	1 hour
DELTA DENTAL OF NJ	No	Yes, D7230 or greater w/D9223	Yes	GP	Seven D7140s; D7210s or greater	Same as D9223	No	1 hour
DELTA DENTAL OF NM	Yes	No	Yes	GP	Plan specific on D7140s; D7210s or greater	Same as D9223	No	1 hour
DELTA DENTAL OF OR (MODA)	Yes	No	Yes	GP	Covered with eligible oral surgery codes	Same as D9223	Yes. No w/D9223 or D9243	1 hour; > 1 hour must have narrative
DELTA DENTAL OF PA	No	Yes, D7230 or greater w/D9223	Yes	GP	Seven D7140s; D7210s or greater	Same as D9223	No	1 hour; > 1 hour must have narrative
DELTA DENTAL OF TN	No	No	Yes	GP	D7220 or greater	Same as D9223	No	1 hour
DELTA DENTAL OF TX	No	No	Yes	GP	19 or older – three D7140,; two D7210s or greater; 18 or under two D7140s, one D7210s or greater	Same as D9223	No	1 hour; > 1 hour must have narrative
DELTA DENTAL OF VA	Yes	Plan specific, but if required usually with D7220 or greater	No on uppers	No on uppers unless for medical “bite” necessity	Medically necessary	Same as D9223 or under 12 for anxiety	No	1 hour
DELTA DENTAL OF WA	Yes	No	No on uppers	No on uppers unless for medical “bite” necessity	Medically necessary	Same as D9223 or under 12 for anxiety	No	1 hour
DELTA DENTAL WI	Yes	No	Yes	Ortho	Plan specific on D7140s; D7210s or greater	Same as D9223	No	1 hour
DELTA DENTAL OF TRICARE	No	No	Yes	GP	Seven D7140s; D7210s or greater	Same as D9223 or under 7 for anxiety	No	1 hour; > 1 hour must have narrative
GEHA CONNECTION DENTAL	No	Yes, D7220 or greater	Yes	GP	D7220 or greater	Same as D9223	No	1 hour
GUARDIAN	No	No	Yes	GP	Three D7140s; D7210 or greater	Same as D9223 or under 18 for anxiety	Yes. No w/D9223 or D9243	1 hour
HPN	No	No	No	Yes pt over 15 or under 30	Not covered	Same as D9223	No	Not covered
HUMANA DENTAL	No	No	Yes	GP	Medically necessary	Same as D9223	No	1 hour
LIBERTY DENTAL	No	Yes, w/D9223	No	Yes pt over 15 or under 30	Five D7140s; D7210 or greater	Same as D9223	No	1 hour

ORAL SURGERY INSURANCE CARRIER REIMBURSEMENT MATRIX

PPO (Cont.)								
Carrier	Can do extractions and consult (D9310) or exam (D0140) same day	Medical has to be billed first (D7210, D7220, D7230, D7240, D7241, D7250)	Will pay for asymptomatic 3 rd molars	If asymptomatic extraction for ortho purposes, will carrier pay from ortho or GP benefit?	When will carriers pay for deep sedation / GA (D9223)? - *, **	When will carriers pay for conscious sedation (D9243)? - *, **	Will carriers pay for Nitrous Oxide (9230)? Will carrier pay for it with D9223 or D9243?	What is maximum amount of time a carrier will pay for D9223/D9243?
METLIFE	No	No	Yes	Ortho	Three D7140s; two D7210s or greater; D7140 and D7210 if in different quads.	Same as D9223 or under 19 for anxiety	Yes. No w/D9223 or D9243	1 hour
OPERATING ENGINEERS (Oral surgery requires pre-authorization)	No	No	Yes	GP	Medically necessary (requires pre-authorization)	Same as D9223	Yes. No w/D9223 or D9243	30 minutes; will review additional time with narrative based on necessity
PREMIER ACCESS	No	No	Yes	GP	D7210 or greater	Same as D9223 or under 7 for anxiety	No	1 hour
PRINCIPAL FINANCIAL GRP	No	No	Yes	GP	Plan specific on D7140s; D7210s or greater	Same as D9223 or under 5 for anxiety	No	1 hour
STANDARD	No	No	Yes	GP	Plan specific on D7140s; D7210s or greater	Same as D9223	No	1 hour
SUNLIFE DENTAL BENEFITS	No	No	Yes	GP	Two D7210s or one D7220 or greater	Same as D9223 or under 18 for anxiety with MD letter stating anxiety	No	1 hour
UFCW TRUST FUND	No	No	Yes	GP	D7230 or greater	Same as D9223 or under 7 for anxiety	No	30 minutes
UMR	No	No	No on uppers	No on uppers unless for medical "bite" necessity	Medically necessary	Same as D9223 or under 12 for anxiety	No	1 hour
UNITED CONCORDIA	No	Yes, D7230 or greater w/D9223	Yes	GP	Medically necessary	Same as D9223 or under 12 for anxiety	Yes. Yes w/D9223 or D9243; Age limit 13 yrs old	1 hour
UNITED CONCORDIA (AZ)	No	Yes, D7230 or greater w/D9223	Yes	GP	Medically necessary	Same as D9223 or under 12 for anxiety	Yes. Yes w/D9223 or D9243; Age limit 13 yrs old	1 hour
UNITED HEALTH CARE	No	No	Yes	GP	Medically necessary	Same as D9223	Yes. Yes w/ D9223 or D9243	1 hour

ORAL SURGERY INSURANCE CARRIER REIMBURSEMENT MATRIX

HMO							
Carrier	Pre-Authorization ?	Can do extractions and consult (D9310) or exam (D0140) same day	Medical has to be billed first (D7210, D7220, D7230, D7240, D7241, D7250)	When will carriers pay for deep sedation/GA (D9223)? - *, **	When will carriers pay for conscious sedation (D9243) - *, **	Will carriers pay for nitrous oxide (D9230)? Will carrier pay for it with D9223 or D9243?	What is maximum amount of time a carrier will pay for D9223/D9243?
AETNA HMO	Direct referral	Yes	No	Five D7140's or two D7210's or one D7220 or greater	Same as D9223 or under 18 for anxiety	No	1 hour
AETNA HMO (AZ)	Direct referral	Yes	No	Five D7140's or two D7210's or one D7220 or greater	Same as D9223 or under 18 for anxiety	No	1 hour
BLUE CROSS HMO	Direct referral	Yes	No	No covered	Not covered	No	Not covered
CIGNA HMO	Direct referral	Yes	No	Six D7140's; two D7210's or greater	Same as D9223	No	1 hour
DBP/BS	Direct referral	Yes	No	Plan specific	Same as D9223	No	Plan specific
DELTACARE	Direct referral	Yes	No	Not covered, but plan-specific exceptions may pay a supplemental.***	Same as D9223	No	Not covered, but plan specific exceptions may pay a supplemental up to an hour
LIBERTY	Yes	No	No	No supplemental payment	No supplemental payment	No	No supplemental payment
MDG	Direct referral	Yes	No	Not covered	Not covered	No	Not covered
PACIFICARE	Yes	Yes	No	Plan specific	Plan specific	No	Plan specific
PUD/BS	Yes	Yes	No	D7230 or greater; plan specific coverage	Same as D9223	No	1-2 D7230 or greater extractions 45 minutes; 3-4 D7230 or greater extractions 1.5 hours
SAFEGUARD/METLIFE HMO	No	Yes	No	Plan specific	Same as D9223	No	Plan specific
UNITED CONCORDIA HMO	Direct referral	Yes	No	Medically necessary	Same as D9223 or under 12 for anxiety	No	1 hour
UNITED CONCORDIA HMO AZ	Direct referral	Yes	No	Medically necessary	Same as D9223 or under 12 for anxiety	No	1 hour

* Medical insurance may pay sedation when extractions do not meet dental requirements to pay for deep sedation. Still recommend patient to pay for deep sedation when it does not meet dental requirements. Then refund if medical pays.

** Medically justifiable conditions including: removal of bony impacted third molars; six or more teeth in various quads extracted on same date; patients allergic to local anesthetic; high-risk medical patients requiring surgical or multiple extractions; patients with cerebral palsy, epilepsy, down syndrome, hyperactivity, severe anxiety; patients under six years of age who require multiple extractions and/or restorations; alveoloplasty; severe gag reflex.

*** Deltacare requires pre-authorization, not a direct referral, for anesthesia if cover under the plan.