United Healthcare | Dental Benefit Providers

UnitedHealthcare® Dental
Clinical Policy

Oral Surgery: Miscellaneous Surgical Procedures

Policy Number: DCP027.12
Effective Date: August 1, 2023

Instructions for Use

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Coverage Rationale

Oroantral Fistula Closure

An Oroantral Fistula will not heal spontaneously and must be surgically repaired.

Primary Closure of a Sinus Perforation

Primary closure of a sinus perforation is indicated for large (≥ 2mm) defects resulting from routine tooth extraction, retrieval of root tips, or implant placement.

Tooth Reimplantation and/or Stabilization of Accidentally Evulsed or Displaced Tooth

Tooth reimplantation and/or stabilization of accidentally evulsed or displaced tooth are indicated for the following:

- Subluxation injuries to permanent teeth
- Lateral Luxation injuries of primary and permanent teeth
- Extrusion injuries of < 3mm in an immature developing primary tooth
- Avulsion of permanent teeth

Tooth reimplantation and/or stabilization of accidentally evulsed or displaced tooth are not indicated for the following, and extraction is recommended:

- Primary teeth if injury is severe or tooth is near exfoliation
- Intrusion injuries to primary teeth when the apex is displaced toward the permanent tooth germ
- Extrusion injuries of a primary tooth that is fully formed, mobile, and near exfoliation, or the child is unable to cope with an emergency situation
- When a tooth has been out of the oral cavity for 60 minutes or more

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- Lack of alveolar integrity
- Risk of ankylosis

Surgical Repositioning of Teeth

Surgical repositioning of teeth is indicated for the following:

- The treatment of displacement injuries to permanent teeth
- Extrusion of teeth with crown/root fractures to prepare for restoration of permanent teeth

Sinus Augmentation Procedures

Sinus Augmentation may be indicated when there is poor bone quality/quantity that would contraindicate implant placement.

Sinus Augmentation is not indicated when conditions blocking the ventilation and clearance of the maxillary sinus are present.

Salivary Gland and Duct Procedures

Procedures include the removal of sialoliths, surgical excision of portions of, or the entire gland, repair of salivary fistulas and defects of salivary ducts, and may be completed intraorally or extraorally.

As with any surgery, these oral surgery procedures may not be indicated for individuals with unmanaged medical conditions that may result in excessive or uncontrolled bleeding, reduced resistance to infection, or poor healing response.

Definitions

Avulsion: Complete displacement of the tooth out of socket; the periodontal ligament is severed, and fracture of the alveolus may occur. (AAPD)

Extrusion: Partial displacement of the tooth axially from the socket; partial Avulsion. The periodontal ligament is usually torn. (AAPD)

Intrusion: Apical displacement of tooth into the alveolar bone. The tooth is driven into the socket, compressing the periodontal ligament and commonly causes a crushing fracture of the alveolar socket. (AAPD)

Lateral Luxation: Displacement of the tooth in a direction other than axially. The periodontal ligament is torn, and contusion or fracture of the supporting alveolar bone occurs. (AAPD)

Oroantral Fistula: An open connection between the maxillary sinus usually caused by extraction of maxillary posterior teeth. (Visscher 2010)

Sinus Augmentation (Sinus Lift Surgery; Sinus Floor Elevation): A surgical procedure in the maxilla when there has been bone loss. The floor of the sinus is elevated, and bone grafts are placed, allowing adequate bone development for the placement of dental implants, or the repair of defects. (Bathla)

Subluxation: Injury to tooth-supporting structures with abnormal loosening but without tooth displacement. (AAPD)

Applicable Codes

The following list(s) of procedure and/or diagnosis codes is provided for reference purposes only and may not be all inclusive. Listing of a code in this policy does not imply that the service described by the code is a covered or non-covered health service. Benefit coverage for health services is determined by the member specific benefit plan document and applicable laws that may require coverage for a specific service. The inclusion of a code does not imply any right to reimbursement or guarantee claim payment. Other Policies and Guidelines may apply.

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CDT Code	Description
D7260	Oroantral fistula closure
D7261	Primary closure of a sinus perforation
D7270	Tooth reimplantation and/or stabilization of accidentally evulsed or displaced tooth
D7272	Tooth transplantation (includes reimplantation from one site to another and splinting and/or stabilization)
D7290	Surgical repositioning of teeth
D7295	Harvest of bone for use in autogenous grafting procedure
D7951	Sinus augmentation with bone or bone substitutes via a lateral open approach
D7952	Sinus augmentation via a vertical approach
D7979	Surgical sialolithotomy
D7980	Surgical sialolithotomy
D7981	Excision of salivary gland, by report
D7982	Sialodochoplasty
D7983	Closure of salivary fistula
D7999	Unspecified oral surgery procedure, by report

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CPT Code	Description
21210	Graft, bone; nasal, maxillary or malar areas (includes obtaining graft)
21215	Graft, bone; mandible (includes obtaining graft)
30580	Repair fistula; oromaxillary (combine with 31030 if antrotomy is included)
41899	Unlisted procedure, dentoalveolar structures
42699	Unlisted procedure, salivary glands or ducts

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Description of Services

These procedures involve the treatment of conditions that may be inherent, or related to infections, radiation therapy, trauma or tooth extractions. Some procedures may be covered under the member's medical benefit when determined to be medical in nature. Refer to the member's Certificate of Coverage and/or health plan documentation for specific coverage guidelines.

Pursuant to CA AB2585: While not common in dentistry, nonpharmacological pain management strategies should be encouraged if appropriate.

Clinical Evidence

Sinus Augmentation Procedures

Raghoebar et al. (2019) conducted a systematic review and meta-analysis on the long-term effectiveness (≥ 5 years) of maxillary sinus floor augmentation (MSFA) procedures applying the lateral window technique and to determine possible differences in outcome between simultaneous and delayed implant placement, partially and fully edentulous patients and grafting procedures. Eleven studies met the Inclusion criteria of prospective studies with follow-up ≥ 5 years and a residual bone height ≤ 6 mm. Outcome measures were implant loss, peri-implant bone level change, suprastructure survival, patient-reported outcome measures and overall complications. The results showed the overall 5-year survival rate of implants ranged from 88.6% to 100% and there was no significant difference between fully or partially edentulous patients, or between one or two stage surgery. The authors concluded that MSFA leads to high implant survival rates in both partially and fully edentulous patients Irrespective of the grafting materials used and shows high implant survival, limited peri-implant marginal bone loss and few overall complications. The studies used various healing periods prior to the start of prosthetic loading, and this makes

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generalization of results not feasible. However, considering the more favorable survival rates after longer graft healing times, a prolonged healing period before implant placement seems advisable if BS or a mixture of BS and AB is used.

Clinical Practice Guidelines

International Association of Dental Traumatology (IADT)

In the 2020 evidence-based treatment guidelines, endorsed by the American Academy of Pediatric Dentistry, the IADT (Bourguignon et al.) makes the following recommendations:

- Subluxation injuries:
  - Normally no treatment is needed. If there is excessive mobility or tenderness, a flexible, passive splint may be used for up to 2 weeks.
  - Follow up at 2 and 12 weeks and after 6 months and one year.
- Extrusive luxation injuries:
  - Reposition the tooth and stabilize for 2 weeks using a flexible, passive splint. If there is breakdown or fracture of marginal bone, splint for an additional 4 weeks.
  - Monitor pulp
  - Follow up at 2,4,8,12 weeks, 6 months and one year, and annually for at least 5 years
- Displacement into the alveolar bone:
  - Teeth with incomplete root formation:
    - Allow re-eruption with no intervention. If no re-eruption within 4 weeks, initiate orthodontic repositioning
    - Monitor pulp
  - Teeth with complete root formation:
    - If intrusion is less than 3 mm, allow re-eruption without intervention. If no re-eruption within 8 weeks, surgically reposition and splint using a flexible, passive splint for 4 weeks or reposition orthodontically
    - If intrusion is 3-7mm, reposition surgically or orthodontically
    - If intrusion is beyond 7mm, reposition surgically
  - For both conditions, follow up after 2 ,4, 8, 12 weeks and 6 months and one year, and annually for at least 5 years

References

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Policy History/Revision Information

Date	Summary of Changes
02/01/2024	**Template Update** • Updated *Instructions for Use* to clarify this policy applies to both Commercial and Medicare Advantage plans

08/01/2023	**Coverage Rationale**
	• Removed content addressing coverage limitations and exclusions
	Definitions
	• Removed definition of:
	  ○ Experimental, Investigational, or Unproven Services
	  ○ Necessary
	Supporting Information
	• Updated *Description of Services* and *References* sections to reflect the most current information
	• Archived previous policy version DCP027.11

Instructions for Use

This Dental Clinical Policy provides assistance in interpreting UnitedHealthcare standard and Medicare Advantage dental plans. When deciding coverage, the member specific benefit plan document must be referenced as the terms of the member specific benefit plan may differ from the standard dental plan. In the event of a conflict, the member specific benefit plan document governs. Before using this policy, please check the member specific benefit plan document and any applicable federal or state mandates. UnitedHealthcare reserves the right to modify its Policies and Guidelines as necessary. This Dental Clinical Policy is provided for informational purposes. It does not constitute medical advice.

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