

## PROVIDER BULLETIN

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### Oral Surgery in Outpatient Hospital Bulletin

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#### Oral Surgery in Outpatient Hospital – Billing Update for Fee-for-Service (FFS) Claims

The MO HealthNet Division (MHD) implemented a new reimbursement policy to pay certain surgical procedures from a fee schedule (see the [MHD Provider Bulletin Volume 41 Number 31](#), dated December 26, 2018). The change in reimbursement is for dates of service on or after January 1, 2019.

The MHD has subsequently identified outpatient claims that have been billed with surgical revenue codes and the claims do not include an oral surgery procedure code. Current Dental Terminology<sup>®</sup> (CDT) codes define surgical procedures that should be billed with surgical revenue codes on outpatient hospital claims. Hospitals should only use surgical revenue codes when billing for procedures that are recognized as CDT<sup>®</sup> surgical codes.

If one or more of the surgical revenue codes listed below are billed on an outpatient claim, an oral surgery procedure code **must** also be listed on the claim.

- 360, 361, 369, 370, 379, 490, 499

Effective with dates of service on and after January 1, 2019, providers **must** bill for an oral surgery service using the appropriate oral surgery CDT<sup>®</sup> procedure code and one of the above-listed surgical revenue codes. Please see [Appendix A](#) for a list of the oral surgery codes.

Oral surgery procedure codes are limited to one per provider per date of service. The codes listed on Appendix A will *not* be reimbursed from a fee schedule. They will continue to be reimbursed based on the percentage of billed charges.

Outpatient claims billed with surgical revenue codes that do not include the surgical procedure codes may be subject to recoupment.

**Managed Care**

Managed Care enrolled providers should contact their Managed Care Organization(s) for questions regarding Outpatient Oral Surgery billing.

**Provider Bulletins** are available on the MO HealthNet Division (MHD) Web site at <http://dss.mo.gov/mhd/providers/pages/bulletins.htm>. Bulletins will remain on the Provider Bulletins page only until incorporated into the [provider manuals](#) as appropriate, then moved to the Archived Bulletin page.

**MO HealthNet News:** Providers and other interested parties are urged to go to the MHD Web site at <http://dss.mo.gov/mhd/> to subscribe to the electronic mailing list to receive automatic notifications of provider bulletins, provider manual updates, and other official MO HealthNet communications via E-mail.

The information contained in this bulletin applies to coverage for:

- MO HealthNet Fee-for-Service

Questions regarding MO HealthNet Managed Care benefits should be directed to the patient's MO HealthNet Managed Care health plan. Before delivering a service, please check the patient's eligibility status by swiping the MO HealthNet card or by calling the Provider Communications Interactive Voice Response (IVR) System at 573-751-2896 and using Option One for the MO HealthNet ID card.

**Provider Communications Hotline  
573-751-2896**

**APPENDIX A****Oral Surgery Codes**

<b>CDT Procedure Code</b>	<b>Procedure Code Description</b>
D6010	Surgical placement of implant body: endosteal implant
D6040	Surgical placement: eposteal implant
D6050	Surgical placement: transosteal implant
D7260	Oroantral fistula closure
D7261	Primary closure of a sinus perforation
D7285	Incisional biopsy of oral tissue - hard (bone, tooth)
D7286	Incisional biopsy of oral tissue - soft
D7340	Vestibuloplasty - ridge extension (secondary epithelialization)
D7350	Vestibuloplasty - ridge extension (including soft tissue grafts, muscle reattachment, revision of soft tissue attachment and management of hypertrophied and hyperplastic tissue)
D7410	Excision of benign lesion up to 1.25 cm
D7411	Excision of benign lesion greater than 1.25 cm
D7412	Excision of benign lesion, complicated
D7413	Excision of malignant lesion up to 1.25 cm
D7414	Excision of malignant lesion greater than 1.25 cm
D7415	Excision of malignant lesion, complicated
D7440	Excision of malignant tumor - lesion diameter up to 1.25 cm
D7441	Excision of malignant tumor - lesion diameter greater than 1.25 cm
D7450	Removal of benign odontogenic cyst or tumor - lesion diameter up to 1.25 cm
D7451	Removal of benign odontogenic cyst or tumor - lesion diameter greater than 1.25 cm
D7460	Removal of benign nonodontogenic cyst or tumor - lesion up to 1.25 cm
D7461	Removal of benign nonodontogenic cyst or tumor - lesion diameter greater than 1.25 cm
D7465	Destruction of lesion(s) by physical or chemical method, by report
D7471	Removal of lateral exostosis (maxilla or mandible)
D7472	Removal of torus palatinus
D7473	Removal of torus mandibularis
D7485	Reduction of osseous tuberosity
D7490	Radical resection of maxilla or mandible
D7510	Incision and drainage of abscess - intraoral soft tissue
D7511	Incision and drainage of abscess - intraoral soft tissue - complicated
D7520	Incision and drainage of abscess - extraoral soft tissue

<b>CDT Procedure Code</b>	<b>Procedure Code Description</b>
D7530	Removal of foreign body from mucosa, skin, or subcutaneous alveolar tissue
D7540	Removal of reaction producing foreign bodies, musculoskeletal system
D7610	Maxilla - open reduction (teeth immobilized, if present)
D7620	Maxilla - closed reduction (teeth immobilized, if present)
D7630	Mandible - open reduction (teeth immobilized, if present)
D7640	Mandible - closed reduction (teeth immobilized, if present)
D7650	Malar and/or zygomatic arch - open reduction
D7660	Malar and/or zygomatic arch - closed reduction
D7670	Alveolus - closed reduction, may include stabilization of teeth
D7671	Alveolus - open reduction, may include stabilization of teeth
D7680	Facial bones - complicated reduction with fixation and multiple surgical approaches
D7710	Maxilla - open reduction
D7720	Maxilla - closed reduction
D7730	Mandible - open reduction
D7740	Mandible - closed reduction
D7750	Malar and/or zygomatic arch - open reduction
D7760	Malar and/or zygomatic arch - closed reduction
D7770	Alveolus - open reduction stabilization of teeth
D7771	Alveolus - closed reduction stabilization of teeth
D7780	Facial bones - complicated reduction with fixation and multiple approaches
D7810	Open reduction of dislocation
D7820	Closed reduction of dislocation
D7830	Manipulation under anesthesia
D7840	Condylectomy
D7850	Surgical discectomy, with/without implant
D7860	Arthrotomy
D7865	Arthroplasty
D7870	Arthrocentesis
D7872	Arthroscopy - diagnosis, with or without biopsy
D7873	Arthroscopy: lavage and lysis of adhesions
D7874	Arthroscopy: disc repositioning and stabilization
D7875	Arthroscopy: synovectomy
D7876	Arthroscopy: discectomy
D7877	Arthroscopy: debridement
D7910	Suture of recent small wounds up to 5 cm
D7911	Complicated suture - up to 5 cm
D7912	Complicated suture - greater than 5 cm
D7940	Osteoplasty - for orthognathic deformities
D7941	Osteotomy - mandibular rami

<b>CDT Procedure Code</b>	<b>Procedure Code Description</b>
D7943	Osteotomy - mandibular rami with bone graft; includes obtaining the graft
D7944	Osteotomy - segmented or subapical
D7945	Osteotomy - body of mandible
D7946	LeFort 1 (maxilla - total)
D7947	LeFort 1 (maxilla - segmented)
D7948	LeFort II or Lefort III (osteoplasty of facial bones for midface hypoplasie or retrusion) - without bone graft
D7949	LeFort II or LeFort III - with bone graft
D7950	Osseous, osteoperiosteal, or cartilage graft of the mandible or maxilla - autogenous or nonautogenous, by report
D7960	Frenulectomy - also known as frenectomy or frenotomy - separate procedure not incidental to another procedure
D7970	Excision of hyper plastic tissue - per arch
D7971	Excision of pericoronal gingiva
D7972	Surgical reduction of fibrous tuberosity
D7980	Surgical sialolithotomy
D7982	Sialodochoplasty
D7983	Closure of salivary fistula
D7990	Emergency tracheotomy
D7991	Coronoidectomy
D7996	Implant-mandible for augmentation purposes (excluding alveolar ridge), by report
D9212	Trigeminal division block anesthesia
D9222	Deep sedation/general anesthesia - first 15 minutes
D9223	Deep sedation/general anesthesia - each subsequent 15 minute increment
D9239	Intravenous moderate (conscious) sedation/analgesia - first 15 minutes
D9243	Intravenous moderate (conscious) sedation/analgesia - each subsequent 15 minute increment
D9310	Consultation - diagnostic service provided by dentist or physician other than requesting dentist or physician