



Covered Benefit: Oral Surgery

CMP Published: Yes No

CPG Published: Yes No

Definition: Neighborhood covers a limited range of oral surgery procedures as dictated by the EOHHS contract. Oral surgery includes the diagnosis, and surgical treatment of diseases, injuries and defects of the hard and soft tissues of the mouth and jaw.

Benefit Packages: Rite Care, Children with Special Health Care Needs, Substitute Care, Rhody Health Partners and Rhody Health Options Phase One.

Coverage Limitations:

- Prior authorization is required for oral surgery.
- Prior authorization is not required for dental clinic services. Dental clinic services are defined as room and anesthesia charges billed by a hospital when non-covered dental services are rendered to a Neighborhood member in an institutional outpatient setting.
- Mandibular prosthesis and occlusal orthotic devices are limited to once in a lifetime per member.

Exclusions:

Extended Family Planning (EFP) members have a restricted benefit package with limited services. For a comprehensive list of EFP covered services see the EFP Benefit Coverage Summary.

Coverage Includes:

- Oral Surgery
- Anesthesia services related to dental treatment rendered in an inpatient or outpatient hospital setting

Notes:

Anesthesia and related expenses are covered for in plan dental procedures requiring an oral surgeon.

Some covered services may not be reflected on this covered code list. For codes not listed, Medical Management will work with Benefits Management regarding coverage clarification, and determine medical necessity on a case by case basis, once the clinical documentation and descriptions of the planned procedures is received from the referring provider.

Refer to the [Non-Covered Benefit Coverage Summary](#) for details regarding non-covered codes.

VERSION HISTORY:

Create Date: 06/01/10

Revision Dates: 9/28/10, 07/25/11

CMC Review Date: 11/12/12

PEC Revised: 10/3/13