Oral Surgery: Miscellaneous Surgical Procedures (For Ohio Only)

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Related References and Policies

- UnitedHealthcare Community Plan of Ohio Medicaid Dental Quick Reference Guide
- Dental Provider Manual: UnitedHealthcare Community Plan of Ohio

Application

This Dental Policy only applies to the state of Ohio. Any requests for services that are stated as unproven or services for which there is a coverage or quantity limit will be evaluated for medical necessity using Ohio Administrative Code 5160-1-01. Early and periodic screening, diagnostic, and treatment (EPSDT) covered dental service considerations are applied to members younger than age 21 years of age pursuant to Ohio Administrative Code 5160-1-14(C)(3).

Prior Authorization

The Ohio Department of Medicaid (ODM) determines coverage of dental services based on medical necessity, alignment with policy criteria, and clinical indications. CDT codes that are designated as covered by ODM are eligible for reimbursement when all applicable guidelines are met. For a comprehensive list of covered CDT codes, refer to the UnitedHealthcare Community Plan of Ohio Medicaid Dental Quick Reference Guide and/or Dental Provider Manual: UnitedHealthcare Community Plan of Ohio.

Non-covered codes may be reimbursable if special justification is submitted to include prior-authorization, clinical narrative of medical necessity, and supporting documentation including but not limited to clinical records, diagnostic imaging, periodontal charting, or any other relevant documentation to support the clinical rationale.

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.

Sinus augmentation, also known as a sinus lift is a procedure in which the floor of the sinus is raised allowing new bone to form which creates adequate bone for the placement of dental implants.

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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)

Clinical Indications

Covered Codes

CDT Code	Age Limits	Frequency Limits	Authorization Required	Required Documentation
D7260	0-999	1 per 1 lifetime per member	No	N/A
D7270	0-999	N/A	No	N/A
D7979	0-999	N/A	Yes	Narrative of Medical Necessity

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

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- When a tooth has been out of the oral cavity for 60 minutes or more
- 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.

The procedures above may not be indicated for the following:

- Individuals with an unmanaged medical condition; these conditions include, but are not limited to metabolic, cardiovascular, and autoimmune/inflammatory, as well as genetic conditions that affect collagen synthesis.
- Individuals taking medications that negatively affects the healing response; these include, but are not limited to immunosuppressive agents, corticosteroids, anticoagulants, NSAIDS, and nicotine.

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.

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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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 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

American Academy of Pediatric Dentistry (AAPD). Guideline on Management of Acute Dental Trauma. Revised 2010.

American Association of Orthodontists (AAO) AAO Glossary.

Bathla SC, Fry RR, Majumdar K. Maxillary sinus augmentation. *J Indian Soc Periodontol*. 2018;22(6):468-473.

Bourguignon C, Cohenca N, Lauridsen E, et al. International Association of Dental Traumatology guidelines for the management of traumatic dental injuries: 1. Fractures and luxations. Dent Traumatol 2020;36(4):314-330. Available at: https://www.aapd.org/media/policies_guidelines/e_fractures.pdf. Accessed April 29, 2025.

Chambers M, Chung W. Operative Otolaryngology Head and Neck Surgery, 3rd ed. Elsevier c2018. Chapter 105, Oroantral Fistulas; p700-704.

Louis P. Atlas of Oral and Maxillofacial Surgery, 2nd ed. St. Louis: Mosby c2023. Chapter 27, The Maxillary Sinus Lift; p. 253-63.

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Raghoebar GM, Onclin P, Boven GC, et al. Long-term effectiveness of maxillary sinus floor augmentation: A systematic review and meta-analysis. J Clin Periodontol. 2019 Jun;46 Suppl 21:307-318.

Visscher SH, van Minnen B, Bos RR. Closure of oroantral communications: a review of the literature. J Oral Maxillofac Surg. 2010 Jun; 68(6):1384-91.

Policy History/Revision Information

Date	Summary of Changes

12/01/2026	**Template Updates**
	• Renamed *Related Dental Policy* to *Related References and Policies*
	• Reordered contents of policy
	  ○ Moved *Description of Services* and *Definitions* towards beginning of policy
	• Added *Prior Authorization* section
	• Renamed *Coverage Rationale* to *Clinical Indications*
	  ○ Added *Covered Codes*
	Supporting Information
	• Updated *References* and *Description of Services* section to reflect the most current information
	• Archived previous policy version CSDEN43**5**OH.A

Instructions for Use

This Dental Policy provides assistance in interpreting the UnitedHealthcare Community Plan of Ohio dental benefit plans. When deciding coverage, the member specific benefit plan document must be referenced as the terms of the member specific benefit plans may differ. 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 Policy is provided for informational purposes. It does not constitute the practice of medicine or medical advice.

Archived Policy Versions

Effective Date	Guideline Number	Guideline Title
11/01/2025 – 11/30/2026	CSDEN435OH.A	Oral Surgery: Miscellaneous Surgical Procedures
12/01/2023 – 10/31/2025	CSDEN326OH.A	Oral Surgery: Miscellaneous Surgical Procedures

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