

Blue Cross and Blue Shield of Illinois Provider Manual

HMO Scope of Benefits Section

Blue Cross and Blue Shield of Illinois, a Division of Health Care Service Corporation, a Mutual Legal Reserve Company,
an Independent Licensee of the Blue Cross and Blue Shield Association

Oral Surgery

Benefit

Surgical procedures to address certain conditions of the jaws, cheeks, lips, tongue, roof or floor of the mouth. These include congenital deformities and conditions resulting from injury, tumors or cysts, disease, or previous therapeutic processes. A PCP referral is required for all services.

Interpretation

Benefits include:

- Consultation by an oral surgeon or appropriate specialist. Included with this would be the cost of X-rays or other diagnostic tests performed in conjunction with given evaluation.
- Covered procedures include:
 - Surgical removal of completely-bony-impacted teeth.
 - Excision of tumors or cysts from the jaws, cheeks, lips, tongue, roof or floor of the mouth.
 - Excision of exostoses of the jaws and hard palate (provided that this procedure is not done in preparation for dentures or other prostheses).
 - Treatment of fractures of the facial bones.
 - External incision and drainage of abscesses or cellulitis.
 - Incision or excision of accessory sinuses, salivary glands or ducts;
 - Surgical procedures to address congenital deformities and conditions resulting from disease or previous therapeutic processes affecting the jaws, cheeks, lips, tongue, roof or floor of the mouth.
 - Surgical procedures to correct accidental injuries of the jaws, cheeks, lips, tongue, roof or floor of the mouth.
 - Surgical treatment of accidental injuries to any teeth which had an intact root or were part of a permanent bridge, prior to the injury. This particular benefit covers complete restoration of the injured teeth.
- Implants to support a dental prosthesis when an integral part of treatment for conditions as described above. Any abutment or dental prosthesis resting on these implants is not covered, except to replace a tooth that had originally been injured, as described above.
- Facility and anesthesia fees, for treatment of conditions described above.
- Durable medical equipment or prosthetic appliances such as obturators or surgical splints are covered, when an integral part of treatment for conditions described above.

Exclusions

- With the exception of accidental injury of the teeth, services for conditions that are of dental origin. Conditions of dental origin include, but are not limited to, those resulting from tooth decay or inflammation of the gums.
- Services for conditions resulting from misadventures while eating (i.e. tooth breaks while biting into a hard substance).
- Services for conditions resulting from injuries that are not substantiated with concurrent medical or dental records.
- Oral surgery performed for cosmetic purposes. This does not include reconstructive surgery. (See benefit Guideline on Cosmetic/Reconstructive Surgery.)
- Repair or replacement of damaged removable appliances.
- Services for conditions resultant from atrophy of the jaw or maxilla.
- Pre-prosthetic surgery, to prepare the mouth and jaw for dentures or other appliances, is not covered unless it is part of an otherwise covered service.
- Dentures and related services.
- Implants, oral durable medical equipment, prosthetic appliances, and related services and supplies, except as described above.

Paid by	All oral surgery procedures except extraction of completely-bony-impacted teeth	
	Professional Charges	IPA
	Professional Charges for covered dental implant(s)	HMO
	Professional Charges for non-covered dental implant(s)	Member
	Inpatient and/or Outpatient Surgical Facility Charges (related to covered dental/oral surgery services)	HMO

Paid by	Outpatient Facility Charges	See Outpatient Surgery
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Paid by	Extraction of completely-bony-impacted teeth	
	Professional Charges	HMO
	Inpatient and/or Outpatient Surgical Facility Charges	HMO
	Outpatient Facility Charges	HMO
	Anesthesia (IV sedation or general) when determined to be medically necessary	HMO

Note: See related benefit Guideline on Cosmetic/Reconstructive Surgery, Dental, Orthognathic Surgery, Temporomandibular Joint Disorder, and Orthodontics

Note: All DME exception requests must be submitted prospectively to the CAU. See the instructions located on the Introduction page of this section of the Provider Manual. It is the intent of the CAU to respond to your requests within two business days.

Note: Benefit coverage and/or exclusions may vary for certain employer groups. To ensure current member benefit determination, please refer to the BCBS Benefit Matrix and/or contact customer service to confirm member coverage.

Note: Blue Precision HMOSM and BlueCare DirectSM have a separate contracted provider list for Durable Medical Equipment (DME) and Orthotic and Prosthetic devices.

Note: Effective July 1, 2013, Medicare Primary members must use a Medicare Contracted Provider to ensure coverage by Medicare. If submitting the claim to the HMO for coordination of benefits and the provider is not an HMO contracted provider – stamp the claim group approved and indicate in writing “Medicare Contracted Billing.”