

Dental Clinical Policy: Removal of Foreign Body

Reference Number: CP.DP.32

Last Review Date: 11/21

[Coding Implications](#)

[Revision Log](#)

See [Important Reminder](#) at the end of this policy for important regulatory and legal information.

Description

Removal of a foreign body (e.g., broken instrument, displaced restorative material, etc.) or non-vital tissue (e.g., bone/tooth fragment) from mucosa, skin, subcutaneous alveolar tissue, tongue, the musculoskeletal system, or the maxillary sinus.

Policy/Criteria

- I. It is the policy of Envolve Dental Inc.[®] that removal of a foreign body is **medically necessary** when any of the following conditions are met:
 - A. When a dental procedure or trauma introduces an impacted or displaced foreign body into soft tissue or the maxillary sinus;
 - B. When a foreign body of dental or non-dental nature present in soft tissue causes delayed wound healing, infection, or discomfort;
 - C. When a foreign body near a neurovascular structure is producing detrimental effects;
 - D. Does not have any of the following contraindications:
 1. When the foreign body is in close proximity to vasculature/nervous structures has no untoward risks and treatment poses the risk of permanent damage to nervous/vascular tissues during the incision and drainage process and has no untoward effects;
 - E. Required documentation to support medical necessity include the following:
 1. Clinical chart and treatment notes documenting conditions listed in the indications for the use of foreign body removal;
 2. Current (within one month) radiographic image for radiopaque foreign body findings;
 3. Photographic images showing the location of the foreign body, when requested.

Coverage Limitation/Exclusions

- I. One D7530, D7540, D7550, or D7560 per date of service
- II. Subject to state-specific regulations.

Coding Implications

This clinical policy references Current Dental Terminology (CDT[®]). CDT[®] is a registered trademark of the American Dental Association. All CDT codes and descriptions are copyrighted 2020, American Dental Association. All rights reserved. CDT codes and CDT descriptions are from the current manuals and those included herein are not intended to be all-inclusive and are included for informational purposes only. Codes referenced in this clinical policy are for informational purposes only. Inclusion or exclusion of any codes does not guarantee coverage. Providers should reference the most up-to-date sources of professional coding guidance prior to the submission of claims for reimbursement of covered services.

CDT [®] Codes	Description
D7530	Removal of foreign body from mucosa, skin, or subcutaneous alveolar tissue

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CDT® Codes	Description
D7540	Removal of reaction producing foreign bodies, musculoskeletal system
D7550	Partial ostectomy/sequestrectomy for removal of non-vital tissue
D7560	Maxillary sinusotomy for removal of tooth fragment or foreign body

ICD-10-CM Diagnosis Codes that Support Coverage Criteria

ICD-10-CM Code	Description
T17.0XX	Foreign body in nasal sinus
S00.551	Superficial foreign body of lip
S00.552	Superficial foreign body of oral cavity
S01.521	Laceration with foreign body of lip
S01.522	Laceration with foreign body of oral cavity
S01.541	Puncture wound with foreign body of lip
S01.542	Puncture wound with foreign body of oral cavity
M27.2	Inflammatory conditions of jaws
Z91.843	Risk for dental caries, high

Reviews, Revisions, and Approvals	Date	Approval Date
Policy developed	10/20	10/20
Annual Review	11/21	11/21

References

1. American Dental Association. CDT 2020: Dental Procedure Codes. American Dental Association, 2020.
2. Hupp, J., Tucker, M., & Ellis, E. (2018). Contemporary Oral and Maxillofacial Surgery. St. Louis, Mo: Mosby Elsevier.
3. Lindhe, J., Lang, N. P., & Karring, T. (2015). Clinical periodontology and implant dentistry. Oxford: Blackwell Munksgaard.
4. Ness G. (2016). Atlas of Oral and Maxillofacial Surgery, 1st ed. St. Louis, Mo: Mosby Elsevier.
5. Newman, M. G., Takei, H. H., Klokkevold, P. R., & Carranza, F. A. (2012). Carranza's clinical periodontology. St. Louis, MO: Saunders Elsevier.

Important Reminder

This clinical policy has been developed by appropriately experienced and licensed health care professionals based on a review and consideration of currently available generally accepted standards of dental practice; peer-reviewed dental/medical literature; government agency/program approval status; evidence-based guidelines and positions of leading national dental and health professional organizations; views of dentists practicing in relevant clinical

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areas affected by this clinical policy; and other available clinical information. Envolve Dental makes no representations and accepts no liability with respect to the content of any external information used or relied upon in developing this clinical policy. This clinical policy is consistent with standards of dental practice current at the time that this clinical policy was approved. “Envolve Dental” means a dental plan that has adopted this clinical policy and that is operated or administered, in whole or in part, by Envolve Benefit Options, Inc, or any of such health plan’s affiliates, as applicable.

The purpose of this clinical policy is to provide a guide to dental and medical necessity, which is a component of the guidelines used to assist in making coverage decisions and administering benefits. It does not constitute a contract or guarantee regarding payment or results. Coverage decisions and the administration of benefits are subject to all terms, conditions, exclusions and limitations of the coverage documents (e.g., evidence of coverage, certificate of coverage, policy, contract of insurance, etc.), as well as to state and federal requirements and applicable Envolve Dental administrative policies and procedures.

This clinical policy is effective as of the date determined by Envolve Dental. The date of posting may not be the effective date of this clinical policy. This clinical policy may be subject to applicable legal and regulatory requirements relating to provider notification. If there is a discrepancy between the effective date of this clinical policy and any applicable legal or regulatory requirement, the requirements of law and regulation shall govern. Envolve Dental retains the right to change, amend or withdraw this clinical policy, and additional clinical policies may be developed and adopted as needed, at any time.

This clinical policy does not constitute dental or medical advice, dental treatment or dental care. It is not intended to dictate to providers how to practice dentistry. Providers are expected to exercise professional dental and medical judgment in providing the most appropriate care, and are solely responsible for the dental and medical advice and treatment of members. This clinical policy is not intended to recommend treatment for members. Members should consult with their treating dentist in connection with diagnosis and treatment decisions.

Providers referred to in this clinical policy are independent contractors who exercise independent judgment and over whom Envolve Dental has no control or right of control. Providers are not agents or employees of Envolve Dental.

This clinical policy is the property of Envolve Dental. Unauthorized copying, use, and distribution of this clinical policy or any information contained herein are strictly prohibited. Providers, members and their representatives are bound to the terms and conditions expressed herein through the terms of their contracts. Where no such contract exists, providers, members and their representatives agree to be bound by such terms and conditions by providing services to members and/or submitting claims for payment for such services.

Note: For Medicaid members, when state Medicaid coverage provisions conflict with the coverage provisions in this clinical policy, state Medicaid coverage provisions take precedence. Please refer to the state Medicaid manual for any coverage provisions pertaining to this clinical policy.

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Note: For Medicare members, to ensure consistency with the Medicare National Coverage Determinations (NCD) and Local Coverage Determinations (LCD), all applicable NCDs, LCDs, and Medicare Coverage Articles should be reviewed prior to applying the criteria set forth in this clinical policy. Refer to the CMS website at <http://www.cms.gov> for additional information.

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