

Dental Clinical Policy: Excision of Bone Tissue

Reference Number: CP.DP.31

Last Review Date: 12/24

[Coding Implications](#)[Revision Log](#)

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

Description

Excision of bone tissue is a surgical procedure used to manage bony growths on alveolar ridges, tuberosities, or the hard palate. Removal of exostoses, tori, or enlarged tuberosities is most often performed to eliminate bony undercuts and/or protuberances interfering with proper adaptation of dental prostheses. This procedure can also be done to prevent recurrent soft tissue trauma, discomfort, and to correct functional disturbances related to mastication, speech, swallowing, or oral hygiene. Excision of bone tissue is typically performed by reflecting a soft tissue full thickness flap over areas of excess bone and reducing bone using rotary instruments and hand files to create a uniform and smooth alveolar ridge, tuberosity, or hard palate.

Policy/Criteria

- I. It is the policy of Envolve Dental Inc.® that excision of bone tissue is medically necessary when any of the following conditions are met:
 - A. When excess bone growth on the alveolar ridge, tuberosity, and/or hard palate does not allow for proper adaptation, fit and retention of a dental prosthesis;
 - B. When the presence of excess bone results in continuous soft tissue trauma and discomfort, and all proper prosthetic adjustments have been completed;
 - C. When excess bone results in a functional disturbance related to mastication, swallowing, speech or oral hygiene;
 - D. Does not have any of the following contraindications:
 1. When medically compromised patients are at high risk for uncontrolled bleeding, infection, or compromised healing;
 2. When patients have a history of head and neck radiation treatment;
 3. When patients have a history of bisphosphonate use;
 4. When removal of bone may compromise sinus/nasal function or potentially damage neurovascular structures;
 - 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 excision of bone tissue;
 2. Recent (within the past six months) panoramic radiographic image;
 3. Photographic images of the excess bone tissue;
 4. Consideration should be given for submitting bone for histopathologic review if conditions are suggestive of an aggressive or neoplastic process.
- II. **Coverage Limitation/Exclusions**
 1. One D7471, D7472, D7473, or D7485 per site per lifetime, 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 2024, 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.

Retrospective review/analysis or fraud, waste and abuse initiatives that identify mis-coding (upcoding) resulting in higher reimbursement than allowed for the correctly coded service, or does not provide documentation supporting performing and/or completing claimed services may result in the recoupment of the identified monetary variance by any of the following means: a) from the payment for other claimed services; or b) directly from the provider.

CDT [®] Codes	Description
D7471	Removal of lateral exostosis (maxilla or mandible)
D7472	Removal of torus palatinus
D7473	Removal of torus mandibularis
D7485	Removal of osseous tuberosity

ICD-10-CM Diagnosis Codes that Support Coverage Criteria

ICD-10-CM Code	Description
M26.01	Maxillary hyperplasia
M26.03	Mandibular hyperplasia
M26.07	Excessive tuberosity of jaw
M26.71	Alveolar maxillary hyperplasia
M26.72	Alveolar mandibular hyperplasia
M26.79	Other unspecified alveolar anomalies
M26.81	Anterior soft tissue impingement
M26.82	Posterior soft tissue impingement
K08.199	Complete loss of teeth due to other specified cause, unspecified class
K08.491	Partial loss of teeth due to other specified cause, class I
K08.492	Partial loss of teeth due to other specified cause, class II
K08.493	Partial loss of teeth due to other specified cause, class III
K08.494	Partial loss of teeth due to other specified cause, class IV
K08.499	Partial loss of teeth due to other specified cause, unspecified class
K08.111	Complete loss of teeth due to trauma, class I
K08.112	Complete loss of teeth due to trauma, class II
K08.113	Complete loss of teeth due to trauma, class III
K08.114	Complete loss of teeth due to trauma, class IV
K08.119	Complete loss of teeth due to trauma, unspecified class
K08.411	Partial loss of teeth due to trauma, class I
K08.412	Partial loss of teeth due to trauma, class II
K08.413	Partial loss of teeth due to trauma, class III
K08.414	Partial loss of teeth due to trauma, class IV

ICD-10-CM Code	Description
K08.419	Partial loss of teeth due to trauma, unspecified class
K08.121	Complete loss of teeth due to periodontal disease, class I
K08.122	Complete loss of teeth due to periodontal disease, class II
K08.123	Complete loss of teeth due to periodontal disease, class III
K08.124	Complete loss of teeth due to periodontal disease, class IV
K08.129	Complete loss of teeth due to periodontal disease, unspecified class
K08.421	Partial loss of teeth due to periodontal disease, class I
K08.422	Partial loss of teeth due to periodontal disease, class II
K08.423	Partial loss of teeth due to periodontal disease, class III
K08.424	Partial loss of teeth due to periodontal disease, class IV
K08.429	Partial loss of teeth due to periodontal disease, unspecified class
K08.131	Complete loss of teeth due to caries, class I
K08.132	Complete loss of teeth due to caries, class II
K08.133	Complete loss of teeth due to caries, class III
K08.134	Complete loss of teeth due to caries, class IV
K08.139	Complete loss of teeth due to caries, unspecified class
K08.431	Partial loss of teeth due to caries, class I
K08.432	Partial loss of teeth due to caries, class II
K08.433	Partial loss of teeth due to caries, class III
K08.434	Partial loss of teeth due to caries, class IV
K08.439	Partial loss of teeth due to caries, unspecified class

Reviews, Revisions, and Approvals	Date	Approval Date
Policy developed	10/20	10/20
Annual Review	12/22	12/22
Annual Review and Format Change	12/23	12/23
Annual Review	12/24	12/24

References

1. American Dental Association. CDT 2024: Dental Procedure Codes. American Dental Association, 2024.
2. Hupp, J., Tucker, M., & Ellis, E. (2018). Contemporary Oral and Maxillofacial Surgery. St. Louis, Mo: Mosby Elsevier.
3. Ness G. (2016). Atlas of Oral and Maxillofacial Surgery, 1st ed. St. Louis, Mo: Mosby 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 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.

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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.

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 <https://www.cms.gov> for additional information.

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