

Exhibit H – Bone Tissue Excision Criteria

In some instances, it may be necessary to remove:

- excess or protruding bone to ensure proper fit of a removable prosthesis.
- bony growths that create functional problems such as trapping food, chronic inflammation, difficulty cleaning as well as may be chronically traumatized, such as lingual tori.

Consideration for alveoloplasty and the removal of tori or exostoses requires documentation demonstrating that the bone removal is critical to the fit of the prosthesis.

A. Medical Necessity

1. Alveoloplasty, tori, and exostoses removal are considered only in conjunction with the construction of a prosthodontic appliance.
2. Alveoloplasty is considered when significant bone removal of multiple adjacent extraction sites is necessary. Minor socket modification of a single tooth is considered part of the extraction procedure and not separately billable.

B. Prior authorization requirements:

1. Appropriate radiographs (bitewings, periapical or panorex) and/or intraoral photographs and bonescans, which clearly identify the exostoses, must be submitted.
2. Treatment plan includes prosthetic plan.
3. Narrative of medical necessity, if appropriate.

References:

Ohio Administrative Code 5160-5-01 Dental Services
Ohio Administrative Code 5160-5-01 Oral Surgery - Appendix A Ohio
Administrative Code 5160-1-01 Medical Necessity

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