

Delta Dental of Virginia Clinical Policy # 704

Subject Biopsy and Surgical Excision of Soft and Hard Tissue Lesions	Originating Department Clinical Professional Services
	Signature Authority Dental Director

Type: New Replacement Revision Clarification

Date: 11/15/2011 **Revision Date:**

Preamble:	<p>The Clinical Policy Bulletin is an expression of Delta Dental of Virginia's (DDVA) determination regarding whether certain services or supplies are medically or dentally necessary. DDVA bases its conclusions on a review of currently available clinical literature. This includes, but is not limited to, clinical outcome studies published in the peer-reviewed medical and dental literature, regulatory status of the technology, evidence-based guidelines of public health and health research agencies, evidence-based guidelines and positions of leading national health professional organizations, views of physicians and dentists practicing in relevant clinical areas, and other relevant factors. DDVA reserves the right to revise these policies as new clinical information is available and we welcome submission of further relevant information.</p> <p>A group may define covered dental services under their dental plan, as well as those services that may be subject to dollar caps or other limits. The plan documents outline covered benefits, exclusions and limitations. DDVA advises dentists and enrollees to consult the plan documents to determine if there are exclusions or other benefit limitations applicable to the service request. The conclusion that a particular service is medically or dentally necessary does not constitute an indication or warranty that the service requested is a covered benefit payable by DDVA. Some plans exclude coverage for services that DDVA considers either medically or dentally necessary. When there is a discrepancy between DDVA's clinical policy and the group's plan documents, DDVA is to defer to the group's plan documents as to whether the dental service is a covered benefit. In addition, if state or federal regulations mandate coverage then DDVA will adhere to the applicable regulatory requirement.</p>
History:	<p>A biopsy is a medical procedure involving the removal of soft or hard (bone) tissue for microscopic examination to determine the presence or extent of a disease. The tissue is generally examined by a pathologist. When an entire lump or suspicious area is removed, the procedure is called an excisional biopsy. When only a sample of tissue is removed with preservation of the histological architecture of the tissue's cells, the procedure is called an incisional biopsy or core biopsy.</p> <p>Biopsies are utilized to either confirm or establish a diagnosis of a lesion so that appropriate treatment modalities may be applied. Biopsies may also be used to determine the extent of a lesion for which a diagnosis has been established. It may be appropriate to have follow-up biopsies of areas that are clinically suspicious but are not initially diagnosed as pathologic(2). Biopsy is appropriate if there are inadequate clinical signs and symptoms to make an accurate diagnosis.</p> <p>Indications for biopsy include the following(2):</p> <ol style="list-style-type: none"> 1. Soft tissue lesions with no identifiable etiology that persist for more than 10

	<p>to 14 days and that do resolve after local therapy</p> <ol style="list-style-type: none"> 2. An enlarging intrabony lesion 3. Any lesion with malignant or premalignant characteristics 4. A lesion that has enlarged for no reason 5. Red, white, pigmented or mixed mucosal (oral soft tissue) lesions with no obvious etiology 6. A lesion firmly attached to adjacent structures 7. A lesion in an oral area at high risk for malignancy, e.g. floor of mouth, lateral border of the tongue, etc. 8. A lesion that does not respond to routine clinical management, e.g. endodontic therapy, antibiotic therapy, etc. 9. A lesion about which a patient has a particular concern <p>Additional indications for biopsy include(3):</p> <ol style="list-style-type: none"> 1. Pain associated with a specific identifiable area of pathology 2. Tissue deformity 3. Altered sensation, e.g. parasthesia (numbness) 4. Altered function 5. Induration (unusual hardness or firmness) 6. Ulceration <p>The gold standard for biopsy remains surgical accession and microscopic examination of suspected pathologic tissue. Non-surgical and non-invasive screening procedures including cytopathologic smears and scrapings, brush biopsy, toluidine blue staining, and visualization or autofluorescence and chemiluminescence techniques, have been shown to have variable sensitivity and specificity rates(4,5,6).</p>
<p>Policy:</p>	<p>DDVA Treatment Guidelines:</p> <ol style="list-style-type: none"> 1. Biopsies will be considered only for oral structures. 2. Biopsies will not be considered if performed in conjunction with any other surgical procedure in the same site or area on the same date of service by the same dentist/dental office. 3. A pathology laboratory report must be submitted with biopsies and/or surgical excision of soft and hard tissue lesions. <p>Biopsy and surgical excision of soft and hard tissue lesions are for surgical removal only and are not considered in conjunction with apicoectomy/periradicular surgery.</p>

Codes(1):	D7285 – Biopsy of oral tissue - hard (bone) D7286 – Biopsy of oral tissue - soft D7410-7412 – Excision of benign lesions D7413-7415 – Excision of malignant lesions D7440-7441 – Surgical excision of intra-osseous malignant tumors D7450-7451 – Surgical excision of intra-osseous benign odontogenic cyst or tumor
References:	<ol style="list-style-type: none">1. American Dental Association. <i>Current Dental Terminology. CDT 2011-2012</i>;59. (©ADA 2010).2. Alexander RE, Wright JM and Thiebaud S. Evaluating, documenting and following up oral pathological conditions. <i>J Amer Dent Assoc</i> 2001;132:329-335.3. American Assoc of Oral and Maxillofacial Surgeons. Parameters of Care: Clinical Guidelines for Oral and Maxillofacial Surgery. AAMOS ParCare07. Interactive PDF.4. Patton LL, Epstein JB, Kerr AR. Adjunctive techniques for oral cancer examination and lesion diagnosis. <i>J Amer Dent Assoc</i> 2008;139:896-905.5. Mehrotra R, Singh M, et al. A cross-sectional study evaluating chemiluminescence and autofluorescence in the detection of clinically innocuous precancerous and cancerous oral lesions. <i>J Amer Dent Assoc</i> 2010; 141:151-156.6. Potter TJ, Summerlin DJ and Campbell JH. Oral malignancies associated with negative transepithelial brush biopsy. <i>J Oral Maxillofac Surg</i> 2003;61:674-677.