



— MEDICAL INSURANCE & ORAL SURGERY

Could Your Medical Insurance Help Pay for Oral Surgery?

A Simple Step-by-Step Guide to Checking Your Medical Benefits for Oral Surgery

FOUR STEPS INSIDE

1 

Check your plan
6-question checklist

2 

Call your insurer
Word-for-word script

3 

Learn about medical necessity
What insurers look for

4 

Record the answers
Fillable worksheet

— BEFORE YOU BEGIN

You May Have Medical Benefits Worth Exploring

Many patients assume their medical insurance has nothing to do with oral surgery. However, some medical insurance plans provide benefits for certain medically necessary procedures. This guide will show you how to check your benefits and learn what questions to ask.

Surgery and new teeth are handled differently



What medical insurance may help with

Surgical services, when they are medically necessary and your plan includes these benefits, such as:

- Surgical tooth extractions
- Bone grafting
- Alveoloplasty (reshaping the jawbone)
- Anesthesia when medically necessary for a procedure the plan covers

Some plans exclude some of these services, such as bone grafting, so ask about each one.



Billed to you separately

Regional Implant Centers bills medical insurance **only for surgical services**. These parts of treatment are billed to you directly:

- Dental implants
- The final teeth (prosthesis)
- Temporary teeth

Our team can talk with you about payment options for these.

What you'll need



Your medical card

Plan type on the front, member services phone on the back.



Your plan documents

Summary of Benefits and Coverage or benefits booklet (ask HR).



The worksheet

Page 8. Print it, or type into it on your phone or computer.



Plans we work with

Regional Implant Centers works with **PPO** medical plans. HMO, POS and EPO plans usually aren't a fit for our office because they often limit care outside their network, but you're still welcome to call us to talk through your options. We are not able to bill **Federal Employee Program (FEP) Blue Cross Blue Shield** plans or **Medicare**.

STEP
1

Could Your Medical Insurance Help Cover Your Oral Surgery?

Check one box per question. Not sure yet? Step 2 shows you how to find out.

1 Do you have medical insurance through an employer?

☐ Yes ☐ No ☐ Not sure

Yours, a spouse's or a parent's. Benefits can differ a lot from one employer to the next.

2 What type of plan is it?

☐ PPO ☐ POS ☐ HMO
☐ EPO ☐ Other

Usually printed on the front of your card. Our office works with PPO plans.

3 Does your plan include out-of-network benefits?

☐ Yes ☐ No ☐ Not sure

Look for an "out-of-network" column in your Summary of Benefits and Coverage.

4 Does your plan list benefits for medically necessary oral or maxillofacial surgery?

☐ Yes ☐ No ☐ Not sure

For example, surgical extractions, bone grafting or alveoloplasty. Search your booklet for "oral surgery."

5 Does your plan list exclusions for dental, jaw, implant or prosthetic work?

☐ Yes ☐ No ☐ Not sure

See the "Exclusions" section of your benefits booklet.

6 Does your plan require prior authorization, a referral or a medical necessity review?

☐ Yes ☐ No ☐ Not sure

This is common for surgery. It is a step in the process, not a decision about payment.

What your answers may mean



Potential benefits identified

PPO with out-of-network and oral surgery benefits.
Contact Regional Implant Centers for further review.



Unsure

Some answers are "Not sure," which is common. **Our team can help you know what to request.**



No benefits identified

Your plan doesn't appear to include them. **You can still contact us about treatment and payment options.**

STEP
2

Call Your Insurance Company

Call the member services number on the back of your medical card. When the phone menu asks, choose **medical benefits**, not dental. Keep your worksheet (page 8) in front of you.

 READ THIS WORD FOR WORD

“Hello, I’m calling to better understand my medical insurance benefits. I may need oral and maxillofacial surgery because of problems with my teeth, gums, or jaw. I would like to find out whether my medical insurance includes benefits for medically necessary oral surgery, including procedures performed by an oral and maxillofacial surgeon. Could you please help me review my coverage?”

#

The two codes to ask about

Read each code to the representative and ask: **Does my medical plan have benefits for this code, in network and out of network? Is prior authorization needed?**

21210

Bone graft: upper jaw, cheekbone or nose area

Includes taking (harvesting) the graft bone.

21215

Bone graft: lower jaw

Includes taking (harvesting) the graft bone.



A plan’s answer is **not a guarantee**. Your actual codes depend on your exam and treatment plan.



Before you hang up

- ☒ Write down the rep’s **name or ID**
- ☒ Ask for a **call reference number**
- ☒ Ask for **written confirmation**
- ☒ Note the **date and time** of your call



They may also ask for

- **Diagnosis codes** for your condition
 - **Provider information** for our office
 - **Records** such as exam notes and imaging
- These come from your evaluation.

— STEP 2, CONTINUED

Nine Questions to Ask

Ask each question in order and record the answers on your worksheet. It's fine to ask the representative to repeat or spell anything.

1 Does my plan cover medically necessary oral and maxillofacial surgery?

Ask whether these benefits fall under your medical plan, your dental plan, or both.

2 Do I have out-of-network benefits for these services?

Having a PPO does not by itself mean these services have out-of-network benefits.

3 Are surgical extractions, bone grafting and alveoloplasty covered under my medical benefits when they are medically necessary?

Ask about each one separately. Some plans treat tooth removal as dental or exclude bone grafting.

4 Are there exclusions for dental-related surgery, dental implants or full-mouth reconstruction?

Write down the exact wording of any exclusion they read to you.

5 Can covered oral surgery be performed in an office-based surgical setting?

Some plans pay differently depending on where the surgery takes place.

6 Is prior authorization or a medical necessity review required?

Ask who submits it and what it needs. Prior authorization is not a guarantee of payment.

7 What are my deductible, coinsurance and out-of-pocket maximum for covered out-of-network services?

Also ask: "Do out-of-network costs count toward my out-of-pocket maximum?" In some plans, they don't.

8 Is anesthesia covered when it is medically necessary for a covered procedure?

Anesthesia is often reviewed under its own rules.

9 What documentation or procedure codes do you need to make a determination?

Write the list down exactly. The two codes to ask about are on page 4.



About out-of-network bills: you may owe the difference between a provider's charge and what your plan allows. Federal surprise-billing protections generally don't apply to planned care in an out-of-network doctor's office.

STEP
3

Why Medical Necessity Matters

Medical plans review oral surgery when it is needed to diagnose or treat an illness, injury or disease, follows accepted standards of care, and isn't mainly for convenience or appearance.

Examples insurers may consider



Infection

Serious infection involving the jaw or surrounding tissues that requires surgical treatment.



Trauma

Injury to the jaw, facial bones, mouth or teeth from an accident. Plans often exclude damage from biting or chewing.



Pathology

Cysts, tumors or other diseased tissue that needs removal and laboratory examination.



Reconstructive conditions

Rebuilding after tumor removal or bone loss from certain treatments, or correcting a congenital condition such as cleft palate.



An oral surgeon must evaluate you

Only an exam and imaging by an oral and maxillofacial surgeon can identify your condition and the documentation an insurer may need.



A diagnosis alone isn't enough

Your insurer still reviews your plan's terms, exclusions and records. A condition on its own doesn't establish coverage.



Always be accurate

Describe your symptoms and history honestly. Never exaggerate or leave things out to try to obtain benefits.

Good to know

- ✓ Having a PPO doesn't guarantee out-of-network benefits.
- ✓ Self-funded employer plans set their own benefits. Some include oral surgery benefits and many don't.
- ✓ Benefits quoted on the phone are not a guarantee of coverage or payment.
- ✓ Prior authorization is not a guarantee of payment.
- ✓ Some out-of-network costs may not count toward your out-of-pocket maximum.
- ✓ At our office, implants and new teeth are billed to you, not to medical insurance.

— PLANNING AHEAD

Choosing a Plan at Open Enrollment

If your plan doesn't include the benefits you're looking for, open enrollment is a chance to compare.



Employer open enrollment

Usually once a year, typically in the fall. **Dates vary by employer**, so ask HR when yours is.



After a life event

Losing other coverage, marriage, a birth or an adoption can open special enrollment. Job-based plans generally give you **30 days** to ask.



HealthCare.gov

Open Enrollment for 2027 plans runs **Nov. 1, 2026 to Jan. 15, 2027**. Enroll by **Dec. 15** for coverage starting Jan. 1.



What to look for when choosing a plan

Features that may give you a better chance of having benefits worth exploring. Please verify with your plan.



A PPO plan type

Our office works with PPO medical plans.



Out-of-network medical benefits

Check the out-of-network column in the plan summary.



Benefits for medically necessary oral and maxillofacial surgery

Including surgical extractions, bone grafting and alveoloplasty.



Anesthesia benefits

Ask how anesthesia is handled for oral surgery.



The exclusions list

Check for dental, implant or prosthetic exclusions.



Deductible and out-of-pocket maximum

Ask whether out-of-network costs count toward the maximum.



Prior authorization rules

Find out which services need review before surgery.



The SBC and the plan document

Ask HR for the Summary of Benefits and Coverage and the full plan document.



No plan feature guarantees coverage or payment. Please note that our office is not able to bill **Federal Employee Program (FEP) Blue Cross Blue Shield** plans or **Medicare**.

**STEP
4**

My Insurance Call Worksheet

Print and write by hand, or click any field to type on a phone or computer.

Insurance information

Insurance company _____ Plan name _____
 Plan type ☐ PPO ☐ POS ☐ HMO ☐ EPO ☐ Other _____
 Employer _____ Member services phone _____

☒ Benefits

Benefit	Yes	No	Unsure	Notes
Out-of-network benefits	☐	☐	☐	_____
Oral surgery benefits	☐	☐	☐	_____
Surgical extractions	☐	☐	☐	_____
Bone grafting / alveoloplasty	☐	☐	☐	_____
Implants (usually not covered by medical)	☐	☐	☐	_____
Anesthesia	☐	☐	☐	_____
Prior authorization required	☐	☐	☐	_____

Deductible _____ Coinsurance _____ Out-of-pocket max _____

Exclusions or limitations

Codes I asked about

Code	Benefits	Prior auth needed	Notes
21210	☐ Yes ☐ No ☐ Unsure	☐ Yes ☐ No ☐ Unsure	_____
21215	☐ Yes ☐ No ☐ Unsure	☐ Yes ☐ No ☐ Unsure	_____

Call details

Date _____ Rep name / ID _____ Reference # _____

Additional information requested

— YOUR NEXT STEP

Ready to Explore Your Options?

Once you've checked your insurance benefits, our team at Regional Implant Centers can help you take the next step. We provide advanced dental implant and full-mouth rehabilitation solutions and can help you understand the information needed to investigate potential medical insurance benefits. Schedule your consultation to learn about your treatment options.

**CALL NOW****(832) 632-7037**

Our patient care coordinators are available 24/7, 365 days a year.



Regional Implant Centers

 Katy (Houston area) · Hutto (Austin area),
Texas

 **Phone** (832) 632-7037

 www.regionalimplantcenters.com

 admin@regionalimplantcenters.com

Important

Insurance coverage varies by individual plan, medical condition, procedure, provider, and applicable policy exclusions. Information obtained during a benefits inquiry is not a guarantee of coverage or payment. A formal review, authorization, or claim determination may be required. Regional Implant Centers cannot guarantee insurance reimbursement.

This guide is general education, not legal, medical or insurance advice. It was prepared using publicly available medical policies from Aetna, Cigna, UnitedHealthcare and Blue Cross and Blue Shield of Texas, and information from HealthCare.gov, CMS, Medicare.gov, the Texas Department of Insurance and the U.S. Department of Labor, reviewed October 2026. Your plan documents always control.