



Dental Clinical Policy

Subject: Removal of Teeth

Guideline #: 07-101

Status: Revised

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Description

This document addresses the removal of teeth, erupted or impacted.

The plan performs review of removal of teeth, erupted or impacted due to contractual requirements that necessitate benefits for dental services meet specific contract requirements. For example, plan contract(s) may require the provision of benefits for services that meet generally accepted standards of dental care at the lowest cost that properly addresses the patient's condition. 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 the dental plan.

Clinical Indications

Indications for the removal (extraction) of teeth include: pain, dental caries, periodontal disease, periapical pathology, split tooth (cracked tooth), tooth mobility, internal or external root resorption, infection, severe anomaly of the crown/root precluding prosthetic/restorative treatment and traumatic injuries to teeth. Additional considerations include loss of pulp vitality typically secondary to infection, ectopic position in the dental arch which may cause damage to other teeth, teeth in the line of fracture, prophylactic removal of teeth made necessary as the result of, but not limited to, organ transplant, chemotherapy, radiation therapy, prosthetic heart valve replacement, joint replacement or for orthodontic purposes for which removal of teeth is considered prophylactic.

Dental review as it applies to accepted standards of care means dental services that a Dentist, exercising prudent clinical judgment, provides to a patient for the purpose of evaluating, diagnosing or treating a dental injury or disease or its symptoms, and that are: in accordance with the generally accepted standards of dental practice; in terms of type, frequency and extent and is considered effective for the patient's dental injury or disease; and is not primarily performed for the convenience of the patient or Dentist, is not cosmetic and is not more costly than an alternative service.

For dental purposes, "generally accepted standards of dental practice" means:

- Standards that are based on credible scientific evidence published in peer-reviewed, dental literature generally recognized by the practicing dental community
- specialty society recommendations/criteria
- the views of recognized dentists practicing in the relevant clinical area

- any other relevant factors from credible sources

Removal of teeth is contractually not benefited if the teeth do not present with one of the indications above, is considered for patient or dentist convenience, or for cosmetic reasons.

Note: Whether a service is covered by the plan, when any service is performed in conjunction with or in preparation for a non-covered or denied service, all related services are also either not covered or denied.

Criteria

1. Appropriate diagnostic periapical or panoramic images must be provided for all extractions.
2. Extraction of a fully erupted tooth may be considered surgical if the position of the tooth or the formation of the root dictates a surgical removal.
3. For an extraction to be considered surgical, the procedure requires a soft tissue incision, flap reflection, removal of soft and/or osseous (bone) tissue, complete removal of the tooth and roots, and closure of the surgical site. When a surgical extraction is not evident from the submitted clinical information, appropriate documentation supporting the procedural code submitted (e.g. – a complete operative report) will be required.
4. A tooth is considered impacted when it cannot fully erupt into function due to an abnormal position or impingement of other anatomic structures which block the normal eruption pathway. An impacted tooth is not considered pathologic unless pathology is associated with it.
5. A soft tissue impaction extraction involves removal of a tooth where the crown is not fully erupted into the oral cavity and is partially or completely covered by soft tissue. Soft tissue impacted teeth are generally located below the level of occlusion. When a soft tissue extraction is not evident from the submitted clinical documentation, appropriate documentation supporting the procedural code submitted (e.g. – a complete operative report, intraoral photos) may be required.
6. A partial bone impaction extraction involves removal of a tooth where the crown is not fully covered by bone. This procedure requires flap elevation and the removal of bone. A partial bone impaction is generally submerged relative to the adjacent teeth where the bone level around the tooth prevents adequate purchase of instruments. When a partial bone extraction is not evident from the submitted clinical documentation, appropriate documentation supporting the procedural code submitted (e.g. – a complete operative report, intraoral photos) may be required.
7. A complete bone impaction extraction involves removal of a tooth where the crown is mostly or fully covered by bone. This procedure requires flap elevation and removal of bone. When a complete bone extraction is not evident from the submitted clinical documentation, appropriate documentation supporting the procedural code submitted (e.g. – a complete operative report, intraoral photos) may be required.

8. Special considerations, supported by clinical notes and/or narrative, for the surgical extraction of complete bone impacted mandibular teeth with unusual complications include:
 - a. Intimate involvement of the tooth roots with the mandibular canal
 - b. Intimate involvement of the tooth roots with the roots of the adjacent tooth
 - c. The mandibular ramus obstructs eruption and therefore access for tooth removal
 - d. The tooth is unusually low relative to the adjacent lower molar
 - e. Access and angulation of the tooth complicates removal without injury to the adjacent tooth
9. Special considerations, supported by clinical notes and/or narrative, for the surgical extraction of complete bone impacted maxillary teeth with unusual complications include:
 - a. Proximity to the maxillary sinus
 - b. The impacted tooth is located above the roots of the adjacent tooth and is angular
10. Erupted third molar teeth do not automatically qualify as surgical extractions and most do not require special surgical techniques. Without documented clinical evidence of either root dilacerations/abnormality or a totally carious tooth not allowing for a purchase point for root removal necessitating a soft tissue incision, flap reflection, removal of soft and/or osseous (bone) tissue to access the tooth roots to create purchase points with complete removal of the tooth and roots, and closure of the surgical site, the surgical procedure will be considered elective.
11. Surgical extraction of residual tooth roots requires incision of soft tissue, flap reflection and removal of bone to allow access to the root/s to create purchase points. The tooth roots were retained at the time of the prior extraction or as a result of carious degradation of a tooth where the only remaining tooth structure is the retained root. To qualify as a surgical removal, the root must be partially encased in bone. Root tips lacking boney support should be reported as D7140.
12. Most dental plans cover the removal of symptomatic and/or pathologic erupted or bone impacted teeth. Some plans, by contract, require bone impacted third molar teeth to be either symptomatic or pathologic to qualify for benefits. Dependent upon plan design, when a single third molar is symptomatic or pathologic, benefits might be available to remove the opposing, asymptomatic, non-pathologic third molar on the same date of service.
13. The coronectomy procedure is generally performed on lower third molars, but can occasionally be performed on lower second molars. It is offered when there is a moderate to high risk of damage to the inferior alveolar nerve documented by panoramic examination possibly supplemented by cone beam CT. Coronectomy of bone impacted lower third molars is more appropriate with older individuals as older individuals do not tolerate nerve damage as well as younger individuals.
14. Updated
15. Updated

Coding

The following codes for treatments and procedures applicable to this document are included below for informational purposes. Inclusion or exclusion of a procedure, diagnosis or device code(s) does not

constitute or imply member coverage or provider reimbursement policy. Please refer to the member's contract benefits in effect at the time of service to determine coverage or non-coverage of these services as it applies to an individual member.

CDT Including, but not limited to, the following:

D7111	Extraction, coronal remnants – deciduous tooth
D7140	Extraction, erupted tooth or exposed root (elevation and/or forceps removal)
D7210	Surgical removal of erupted tooth requiring removal of bone and/or sectioning of tooth, and including elevation of mucoperiosteal flap, if indicated
D7220	Removal of impacted tooth, soft tissue
D7230	Removal of impacted tooth, partially bony
D7240	Removal of impacted tooth, completely bony
D7241	Removal of impacted tooth, completely bony, with unusual surgical complications
D7250	Surgical removal of residual tooth roots (cutting procedure)
D7251	Coronectomy – intentional partial tooth removal

IDC-10 CM Diagnoses for Dental Diseases and Conditions: See the current CDT code book for details

References

1. American Association of Oral and Maxillofacial Surgeons Journal of Oral and Maxillofacial Surgery: AAOMS ParCare 2012: Volume 70: Number 11: Supplement 3; November 2012
2. Oral and Maxillofacial Surgery Clinics of North America: Dentoalveolar Surgery: Coronectomy – Partial Odontectomy or Intentional Root Retention; August 2015: Volume 27: Number 3; M. Anthony Pogrel, DDS, MD, FRCS
3. American Dental Association. 2011-2012 CDT. The ADA Practical Guide to Dental Procedure Codes: 216. (©ADA2010)

History

Revision History	Version	Date	Nature of Change	SME
	initial	9/21/15		Koumaras and Kahn
	Revision	2/8/17	Criteria, Coding, definitions	M Kahn
	Revision	1/17/18	criteria	M Kahn
	Revision	2/6/18	Related Dental Policies, Appropriateness and medical necessity	M Kahn
	Revision	10/07/2020	Annual Review	Committee

	Revised	12/05/2020	Annual Review	Committee
	Revised	10/30/2021	Annual Review	Committee

Federal and State law, as well as contract language, and Dental Policy take precedence over Clinical UM Guidelines. We reserve the right to review and update Clinical UM Guidelines periodically. Clinical guidelines approved by the Clinical Policy Committee are available for general adoption by plans or lines of business for consistent review of the medical or dental necessity of services related to the clinical guideline when the plan performs utilization review for the subject. Due to variances in utilization patterns, each plan may choose whether to implement a particular Clinical UM Guideline. To determine if review is required for this Clinical UM Guideline, please contact the customer service number on the member's card.

Alternatively, commercial or FEP plans or lines of business which determine there is not a need to adopt the guideline to review services generally across all providers delivering services to Plan's or line of business's members may instead use the clinical guideline for provider education and/or to review the medical or dental necessity of services for any provider who has been notified that his/her/its claims will be reviewed for medical or dental necessity due to billing practices or claims that are not consistent with other providers, in terms of frequency or in some other manner.

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