



Dental Clinical Policy

Subject: Removal of Teeth

Guideline #: 07-101

Status: Revised

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Description

This policy addresses the removal of erupted or impacted teeth from the oral cavity. 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 and/or appropriate does not constitute an indication and/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.

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.

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| Criteria |
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1. Current (within 12 months), dated, diagnostic, pretreatment periapical or panoramic images must be provided for all extractions.
2. **D7140- Extraction, erupted tooth or exposed root (elevation and/or forceps removal).** This procedure includes removal of tooth structure, minor smoothing of socket bone, and closure, as necessary.
3. **D7210- Extraction, erupted tooth requiring removal of bone and/ or sectioning of tooth and including elevation of mucoperiosteal flap if indicated.** This procedure includes related cutting of gingiva and bone, removal of tooth structure, minor smoothing of socket bone and closure.
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 removal may not be benefited unless there is associated pathology.
5. **D7220- Removal of impacted tooth- soft tissue.** This procedure includes occlusal surface of tooth covered by soft tissue; requires mucoperiosteal flap elevation.
6. **D7230- Removal of impacted tooth- partially bony.** This procedure includes part of crown covered by bone; requires mucoperiosteal flap elevation and bone removal.
7. **D7240- Removal of impacted tooth- completely bony.** This procedure includes most or all of crown covered by bone; requires mucoperiosteal flap elevation and bone removal.

8. **D7241- removal of impacted tooth- completely bony, with unusual surgical complications.** Special considerations may be made for the removal of a completely bony impacted mandibular tooth with unusual complications if supported by clinical notes and/or narrative that 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. **D7241- removal of impacted tooth- completely bony, with unusual surgical complications.** Special considerations may be made for the removal of a completely bony impacted maxillary tooth with unusual complications if supported by clinical notes and/or narrative that 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 require special surgical techniques such as mucoperiosteal flap elevation or bone removal. Appropriate coding should be based on how the tooth is positioned in the oral cavity and current condition.
11. **D7250-Removal of residual tooth roots (cutting procedure).** This procedure includes cutting of soft tissue and bone, removal of tooth structure, and closure.
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 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. **D7251-Coronectomy- intentional partial tooth removal, impacted teeth only.** This procedure includes intentional partial tooth removal is performed when a neurovascular complication is likely if the impacted tooth is removed.
14. Updated
15. Updated
16. Extraction of fully erupted primary teeth that are not submitted with codes D7111 or D7140 will require supporting documentation for benefit determination.

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:

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| 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 |

ICD-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)
4. CDT 2024 Current Dental Terminology, American Dental Association

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, | M Kahn |

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| | | | Appropriateness and medical necessity | |
| | Revision | 10/07/2020 | Annual Review | Committee |
| | Revised | 12/05/2020 | Annual Review | Committee |
| | Revised | 10/30/2021 | Annual Review | Committee |
| | Revised | 11/11/2022 | Annual Review and integrated 07-201 | Committee |
| | Revised | 11/01/2023 | Annual Review | Committee |

Federal and State law, as well as contract language, takes precedence over Dental Clinical Policy. Dental Clinical Policy provides guidance in interpreting dental benefit application. The Plan reserves the right to modify its Dental Clinical Policies and guidelines periodically and as necessary. Dental Clinical Policy is provided for informational purposes and does not constitute medical advice. These Policies are available for general adoption by any lines of business for consistent review of the medical or dental necessity and/or appropriateness of care of dental services. To determine if a review is required, please contact the customer service number on the member's card.

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