Non-Surgical Extractions

Non-surgical Extractions are indicated for the following:
- For non-restorable teeth
- For teeth in which previous restorative, endodontic or periodontal treatment has failed
- Teeth with periapical pathology evident
- Supernumerary teeth
- Crowding/nonfunctional teeth
- Orthodontic considerations
- For primary teeth with roots retained in bone or soft tissue that is interfering with eruption of permanent teeth
- For primary canines to correct eruption pattern of a permanent canine that is palatally displaced
- Interference with prosthodontic needs

Non-surgical Extractions are not indicated when the clinical condition requires a surgical procedure (e.g., tooth impaction).

Please refer to the Dental Policies titled Surgical Extraction of Impacted Teeth and Surgical Extraction of Erupted Teeth and Retained Roots.

Coverage Limitations
- Limited to one extraction per tooth, per lifetime

Definitions

Extraction: The process or act of removing a tooth or tooth parts. (ADA)

Applicable Codes

The following list(s) of procedure and/or diagnosis codes is provided for reference purposes only and may not be all inclusive. Listing of a code in this guideline does not imply that the service described by the code is a covered or non-covered health service. Benefit coverage for health services is determined by the member specific benefit plan document and applicable laws that may require coverage for a specific service. The inclusion of a code does not imply any right to reimbursement or guarantee claim payment. Other Clinical Policies and Coverage Guidelines may apply.

<table>
<thead>
<tr>
<th>CDT Code</th>
<th>Description</th>
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<tbody>
<tr>
<td>D7111</td>
<td>Extraction, coronal remnants – primary tooth</td>
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<tr>
<td>D7140</td>
<td>Extraction, erupted tooth or exposed root (elevation and/or forceps removal)</td>
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DESCRIPTION OF SERVICES

Non-surgical extractions are performed for erupted teeth. Instruments are used to separate the periodontium from the tooth to remove it from its position in the jaw. This procedure includes routine removal of tooth structure, minor smoothing of the socket, and sutures if indicated.

REFERENCES

American Dental Association (ADA) CDT Codebook 2018.
American Dental Association (ADA). Glossary of Dental Clinical and Administration Terms.

GUIDELINE HISTORY/REVISION INFORMATION

<table>
<thead>
<tr>
<th>Date</th>
<th>Action/Description</th>
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<tbody>
<tr>
<td>02/01/2019</td>
<td>• Reorganized policy template:</td>
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<tr>
<td></td>
<td>o Simplified and relocated Instructions for Use</td>
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<td>o Removed Benefit Considerations section</td>
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<td>05/01/2018</td>
<td>• Updated supporting information to reflect the most current references; no change to coverage rationale or list of applicable codes</td>
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INSTRUCTIONS FOR USE

This Dental Coverage Guideline provides assistance in interpreting UnitedHealthcare standard dental benefit plans. When deciding coverage, the member specific benefit plan document must be referenced as the terms of the member specific benefit plan may differ from the standard dental plan. In the event of a conflict, the member specific benefit plan document governs. Before using this guideline, please check the member specific benefit plan document and any applicable federal or state mandates. UnitedHealthcare reserves the right to modify its Policies and Guidelines as necessary. This Dental Coverage Guideline is provided for informational purposes. It does not constitute medical advice.