

# NON-SURGICAL EXTRACTIONS

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## Related Dental Policies

- [Surgical Extraction of Erupted Teeth and Retained Roots](#)
- [Surgical Extraction of Impacted Teeth](#)

## INSTRUCTIONS FOR USE

This Dental Coverage Guideline provides assistance in interpreting UnitedHealthcare dental benefit plans. When deciding coverage, the member specific benefit plan document must be referenced. The terms of the member specific benefit plan document [e.g., Certificate of Coverage (COC), Schedule of Benefits (SOB), and/or Summary Plan Description (SPD)] may differ greatly from the standard benefit plan upon which this Dental Coverage Guideline is based. In the event of a conflict, the member specific benefit plan document supersedes this Dental Coverage Guideline. All reviewers must first identify member eligibility, any federal or state regulatory requirements, and the member specific benefit plan coverage prior to use of this Dental Coverage Guideline. Other Clinical Policies and Coverage Guidelines may apply. UnitedHealthcare reserves the right, in its sole discretion, to modify its Policies and Guidelines as necessary. This Dental Coverage Guideline is provided for informational purposes. It does not constitute medical advice.

## BENEFIT CONSIDERATIONS

Before using this guideline, please check the member specific benefit plan document and any federal or state mandates, if applicable.

### **Essential Health Benefits for Individual and Small Group**

For plan years beginning on or after January 1, 2014, the Affordable Care Act of 2010 (ACA) requires fully insured non-grandfathered individual and small group health plans (inside and outside of Exchanges) to provide coverage for Pediatric Dental Essential Health Benefits ("EHBs"). Large group plans (both self-funded and fully insured), and small group ASO plans, are not subject to the requirement to offer coverage for Pediatric Dental EHBs. However, if such plans choose to provide coverage for benefits which are deemed Pediatric Dental EHBs, the ACA requires all dollar limits on those benefits to be removed on all Grandfathered and Non-Grandfathered plans. The determination of which benefits constitute Pediatric Dental EHBs is made on a state by state basis. As such, when using this guideline, it is important to refer to the member specific benefit plan document to determine benefit coverage.

## COVERAGE RATIONALE

### **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.

CDT Code	Description
D7111	Extraction, coronal remnants – primary tooth
D7140	Extraction, erupted tooth or exposed root (elevation and/or forceps removal)

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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.

Clinical Affairs Committee, American Academy of Pediatric Dentistry. Guideline on Management Considerations for Pediatric Oral Surgery and Oral Pathology. Pediatric Dentistry 2015 Sep-Oct; 37(5):85-94.

Hall K., Klene C. Atlas of Oral and Maxillofacial Surgery. St. Louis: Mosby c2016. Chapter 10, Routine Extraction of Teeth; p. 83-84.

**GUIDELINE HISTORY/REVISION INFORMATION**

Date	Action/Description
05/01/2018	<ul style="list-style-type: none"><li>• Updated supporting information to reflect the most current references; no change to coverage rationale or list of applicable codes</li><li>• Archived previous policy version DCG022.03</li></ul>