

SURGICAL EXTRACTION OF ERUPTED TEETH AND RETAINED ROOTS

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Related Dental Policy

- [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

Surgical Extraction of an Erupted Tooth

Surgical Extraction of an Erupted Tooth is indicated for any of the following:

- No clinical crown is visible in the mouth
- There is insufficient remaining clinical crown to allow a non-surgical extraction
- The fracture of a tooth or roots during a non-surgical extraction procedure
- Erupted teeth with unusual root morphology (dilacerations, cementosis)
- Erupted teeth with developmental abnormalities that would make non-surgical extraction unsafe or cause harm
- When fused to an adjacent tooth
- In the presence of periapical lesions
- For maxillary posterior teeth whose roots extend into the maxillary sinus
- When severe crowding or ectopic position of the tooth is present

- When tooth has been crowned or been treated endodontically
- Other conditions as deemed necessary by a licensed dentist

Surgical Extraction is not indicated for the following:

- When a conservative non-surgical procedure is possible
- When the Indications for Coverage criteria above are not met

Surgical Removal of Residual Tooth Roots

Surgical Removal of Residual Tooth Roots is indicated for the following:

- When tooth roots or fragments of tooth roots remain in the bone following a previous incomplete tooth extraction
- Extreme tooth decay resulting in the destruction of the dentition to the extent that only root tips remain

DEFINITIONS

Surgical Extraction of an Erupted Tooth: A tooth requiring removal of bone and/or sectioning of tooth, and including elevation of mucoperiosteal flap if indicated. Includes related cutting of gingiva and bone, removal of tooth structure, minor smoothing of socket bone and closure. (ADA, 2017)

Surgical Removal of Residual Tooth Roots: The surgical removal of residual tooth roots (cutting procedure) includes cutting of soft tissue and bone, removal of tooth structure and closure. (ADA, 2017)

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
D7210	Extraction, erupted tooth requiring removal of bone and/or sectioning of tooth, and including elevation of mucoperiosteal flap if indicated
D7250	Removal of residual tooth roots (cutting procedure)

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DESCRIPTION OF SERVICES

Surgical extraction is the removal of a tooth that presents clinically with a condition that does not safely or adequately allow access using a non-surgical approach. Surgical extractions require an incision, elevation, and bone removal when indicated. It may be an entire tooth, or any part of a tooth, including retained roots. All surgical extractions include the administration of local anesthesia, suturing if needed, and routine post-operative care. The procedure and benefit is based on surgical indications, not on the specialty of provider.

REFERENCES

- American Dental Association (ADA), CDT Code Book, 2018.
- American Dental Association (ADA) Glossary of Dental Clinical and Administrative Terms.
- Fragiskos, F. Oral Surgery, 1st ed. Berlin: Springer c2007. Chapter 6, Extraction of Root Tips; p114.

GUIDELINE HISTORY/REVISION INFORMATION

Date	Action/Description
11/01/2018	<ul style="list-style-type: none"> • Updated coverage rationale; replaced language indicating “surgical extraction of an erupted tooth is not <i>proven or</i> indicated for the [listed conditions]” with “surgical extraction of an erupted tooth is not indicated for the [listed conditions]” • Updated supporting information to reflect the most current references • Archived previous policy version DCG005.03