

Non-Surgical Extractions (For Ohio Only)

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[➔ Instructions for Use](#)

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Related Dental Policies
<ul style="list-style-type: none"> Surgical Extraction of Erupted Teeth and Retained Roots Surgical Extraction of Impacted Teeth

Application

This Dental Policy only applies to the state of Ohio. Any requests for services that are stated as unproven or services for which there is a coverage or quantity limit will be evaluated for medical necessity using Ohio Administrative Code 5160-1-01.

Coverage Rationale

Non-Surgical Extractions

Non-surgical Extractions are indicated for the following:

- Non-restorable teeth
- Teeth with a poor prognosis
- Supernumerary teeth
- Crowding/nonfunctional teeth
- Orthodontic considerations
- Primary teeth that are interfering with the eruption of permanent teeth
- When a tooth is interfering with planned prosthodontics

Definitions

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

Necessary: Dental care services and supplies which are determined through case-by-case assessments of care based on accepted dental practices to be appropriate; and

- Needed to meet basic dental needs; and
- Rendered in the most cost-efficient manner and type of setting appropriate for the delivery of the dental care service; and

- Consistent in type, frequency and duration of treatment with scientifically based guidelines of national clinical, research, or health care coverage organizations or governmental agencies that are accepted by us; and
- Consistent with the diagnosis of the condition; and
- Required for reasons other than the convenience of the member, or dental provider; and
- Demonstrated through prevailing peer-reviewed dental literature to be either:
 - Safe and effective for treating or diagnosing the condition or sickness for which its use is proposed; or
 - Safe with promising efficacy:
 - For treating a life threatening dental disease or condition; and
 - In a clinically controlled research setting; and
 - Using a specific research protocol that meets standards equivalent to those defined by the National Institutes of Health

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 Policies and 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 2023.

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.

Policy History/Revision Information

Date	Summary of Changes
12/01/2023	New dental policy

Instructions for Use

This Dental Policy provides assistance in interpreting the UnitedHealthcare Community Plan of Ohio dental benefit plans. When deciding coverage, the member specific benefit plan document must be referenced as the terms of the member specific benefit plans may differ. In the event of a conflict, the member specific benefit plan document governs. Before using this policy, 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 Policy is provided for informational purposes. It does not constitute the practice of medicine or medical advice.

Archived Guideline Versions

Effective Date	Guideline Number	Guideline Title
N/A	N/A	N/A