Non-Surgical Extractions (For Ohio Only)

Policy Number: CSDEN432OH.B
Effective Date: December 1, 2026

Table of Contents **Page**

Application....1
Prior Authorization....1
Description of Services....1
Definitions....1
Clinical Indications....2
Applicable Codes....2
References....2
Policy History/Revision Information....3
Instructions for Use....3
Archived Guideline Versions....3

Related References and Policies

- UnitedHealthcare Community Plan of Ohio Medicaid Dental Quick Reference Guide
- Dental Provider Manual: UnitedHealthcare Community Plan of Ohio

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. Early and periodic screening, diagnostic, and treatment (EPSDT) covered dental service considerations are applied to members younger than age 21 years of age pursuant to Ohio Administrative Code 5160-1-14(C)(3).

Prior Authorization

The Ohio Department of Medicaid (ODM) determines coverage of dental services based on medical necessity, alignment with policy criteria, and clinical indications. CDT codes that are designated as covered by ODM are eligible for reimbursement when all applicable guidelines are met. For a comprehensive list of covered CDT codes, refer to the UnitedHealthcare Community Plan of Ohio Medicaid Dental Quick Reference Guide and/or Dental Provider Manual: UnitedHealthcare Community Plan of Ohio.

Non-covered codes may be reimbursable if special justification is submitted to include prior-authorization, clinical narrative of medical necessity, and supporting documentation including but not limited to clinical records, diagnostic imaging, periodontal charting, or any other relevant documentation to support the clinical rationale.

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.

Definitions

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

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Clinical Indications

Covered Codes

CDT Code	Age Limits	Frequency Limits	Authorization Required	Required Documentation
D7140	0-999	1 per tooth per life per member	No	N/A

Non-Surgical Extractions

Non-surgical extractions are indicated for the following:

- For non-restorable teeth
- Failed endodontics
- For 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

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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References

American Dental Association (ADA) CDT Codebook 2025.

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, Revised 2025.

Uppgaard R. Atlas of Oral and Maxillofacial Surgery, Second Edition. Philadelphia: Elsevier c2023. Chapter 10, Routine Extraction of Teeth; p. 85-93.

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Policy History/Revision Information

Date	Summary of Changes

12/01/2026	**Template Updates**
	• Renamed *Related Dental Policy* to *Related References and Policies*
	• Reordered contents of policy
	  ○ Moved *Description of Services* and *Definitions* towards beginning of policy
	• Added *Prior Authorization* section
	• Renamed *Coverage Rationale* to *Clinical Indications*
	  ○ Added Covered Codes
	Supporting Information
	• Updated *References* section to reflect the most current information
	• Archived previous policy version CSDEN432OH.A

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
11/01/2025 – 11/30/2026	CSDEN432OH.A	Non-Surgical Extractions
12/01/2023 – 10/31/2025	CSDEN322OH.A	Non-Surgical Extractions

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