



Clinical UM Guideline

Subject: Removal of Teeth

Guideline #: 07 -101

Status: New

Current Effective Date: 03/24/2017

Last Review Date: 02/08/2017

Description

This document addresses the removal of teeth, erupted or impacted.

Note: Please refer to the following documents for additional information concerning related topics:

- Bone Grafts for Dental and Oral Surgical Services #04-201; 07-901
- IV, Inhalation and Local Anesthesia #09-201
- Surgical Placement of Dental Implants #06-001

Clinical Indications

Medically Necessary:

Indications for the removal (extraction) of teeth include: pain, dental caries, periodontal disease, periapical pathology, split tooth (cracked tooth), tooth mobility, internal or external root resorption, infection, severe anomaly of the crown/root precluding prosthetic/restorative treatment and traumatic injuries to teeth. Additional considerations include loss of pulp vitality typically secondary to infection, ectopic position in the dental arch which may cause damage to other teeth, teeth in the line of fracture, prophylactic removal of teeth made necessary as the result of, but not limited to, organ transplant, chemotherapy, radiation therapy, prosthetic heart valve replacement, joint replacement or for orthodontic purposes for which removal of teeth is considered prophylactic.

Medically/Dentally Necessary or Medical/Dental Necessity means Medical/Dental Services that are:

(1) Consistent with the Member's diagnosis or condition;

(2) Is rendered:

- (A) In response to a life-threatening condition or pain; or
- (B) To treat an injury, illness or infection related to the dentition; or
- (C) To achieve a level of function to the dentition consistent with prevailing community standards for the diagnosis or condition.

Not Medically Necessary:

Removal of teeth, which do not present with one of the indications above, is considered for patient convenience or for cosmetic reasons and is considered not medically necessary.

Note: Whether a service is covered by the plan, when any service is performed in conjunction with or in preparation for a non-covered or denied service, all related services are also either not covered or denied.

Note:

A group may define covered dental services under either their dental or medical plan, as well as to define those services that may be subject to dollar caps or other limits. The plan documents outline covered benefits, exclusions and limitations. The health plan advises dentists and enrollees to consult the plan documents to determine if there are exclusions or other benefit limitations applicable to the service request. The conclusion that a particular service is medically or dentally necessary does not constitute an indication or warranty that the service requested is a covered benefit payable by the health plan. Some plans exclude coverage for services that the health plan considers either medically or dentally necessary. When there is a discrepancy between the health plan's clinical policy and the group's plan documents, the health plan will defer to the group's plan documents as to whether the dental service is a covered benefit. In addition, if state or federal regulations mandate coverage then the health plan will adhere to the applicable regulatory requirement.

Criteria

1. Appropriate diagnostic X-ray images must be provided for all extractions.
2. Extraction of a fully erupted tooth may be considered surgical if the position of the tooth or the formation of the root interferes with the simple extraction process.
3. For an extraction to be considered surgical, the procedure requires a soft tissue incision, flap reflection, removal of soft and/or osseous (bone) tissue, complete removal of the tooth and roots, and closure of the surgical site. When a surgical extraction is not evident from the submitted clinical information, appropriate documentation supporting the procedural code submitted (e.g. – a complete operative report) will be required.
4. A tooth is considered impacted when it cannot fully erupt into function due to an abnormal position or impingement of other anatomic structures which block the normal eruption pathway. An impacted tooth is not considered pathologic unless pathology is associated with it.
5. A soft tissue impaction extraction involves removal of a tooth where the crown is not fully erupted into the oral cavity and is partially or completely covered by soft tissue. Soft tissue impacted teeth are generally located below the level of occlusion
6. A partial bone impaction extraction involves removal of a tooth where the crown is not fully covered by bone. This procedure requires flap elevation and the removal of bone. A partial bone impaction is generally submerged relative to the adjacent teeth where the bone level around the tooth prevents adequate purchase of instruments. When a partial bone extraction is not evident from the submitted clinical documentation, appropriate documentation supporting the procedural code submitted (e.g. – a complete operative report) will be required.
7. A complete bone impaction extraction involves removal of a tooth where the crown is mostly or fully covered by bone. This procedure requires flap elevation and removal of bone. When a complete bone extraction is not evident from the submitted clinical documentation, appropriate documentation supporting the procedural code submitted (e.g. – a complete operative report) will be required.
8. Special considerations for the surgical extraction of complete bone impacted mandibular teeth with unusual complications include:
 - a. Intimate involvement of the tooth roots with the mandibular canal
 - b. Intimate involvement of the tooth roots with the roots of the adjacent tooth
 - c. The mandibular ramus obstructs eruption and therefore access for tooth removal
 - d. The tooth is unusually low relative to the adjacent lower molar
 - e. Access and angulation of the tooth complicates removal without injury to the adjacent tooth

9. Special considerations for the surgical extraction of complete bone impacted maxillary teeth with unusual complications include:
 - a. Proximity to the maxillary sinus
 - b. The impacted tooth is located above the roots of the adjacent tooth and is angular
 - c. Difficulty in locating the tooth because of its size or position
10. Erupted third molar teeth do not automatically qualify as surgical extractions and most do not require special surgical techniques. Without documented clinical evidence of either root dilacerations/abnormality or a totally carious tooth not allowing for a purchase point for root removal necessitating a soft tissue incision, flap reflection, removal of soft and/or osseous (bone) tissue to access the tooth roots to create purchase points with complete removal of the tooth and roots, and closure of the surgical site, the surgical procedure will be considered elective.
11. Surgical extraction of residual tooth roots requires incision of soft tissue, flap reflection and removal of bone to allow access to the root/s to create purchase points. The tooth roots were retained at the time of the prior extraction or as a result of carious degradation of a tooth where the only remaining tooth structure is the retained root. To qualify as a surgical removal, the tooth must be fully encased in bone except for the occlusal surface.
12. Most Anthem dental plans cover the removal of symptomatic and/or pathologic erupted or bone impacted teeth. With Anthem plans that, by contract, require bone impacted third molar teeth to be either symptomatic or pathologic, only teeth with these symptoms will be a covered benefit. Dependent upon plan design, when a single third molar is symptomatic or pathologic, it is appropriate to remove the opposing, asymptomatic, non-pathologic third molar on the same date of service.
13. The coronectomy procedure is generally performed on lower third molars, but can occasionally be performed on lower second molars. It is offered when there is a moderate to high risk of damage to the inferior alveolar nerve documented by panoramic examination possibly supplemented by cone beam CT. Coronectomy of bone impacted lower third molars is more appropriate with older individuals as older individuals do not tolerate nerve damage as well as younger individuals.

Coding

The following codes for treatments and procedures applicable to this document are included below for informational purposes. Inclusion or exclusion of a procedure, diagnosis or device code(s) does not constitute or imply member coverage or provider reimbursement policy. Please refer to the member's contract benefits in effect at the time of service to determine coverage or non-coverage of these services as it applies to an individual member.

CDT

Including, but not limited to, the following:

D7111	Extraction, coronal remnants – deciduous tooth
D7140	Extraction, erupted tooth or exposed root (elevation and/or forceps removal)
D7210	Surgical removal of erupted tooth requiring removal of bone and/or sectioning of tooth, and including elevation of mucoperiosteal flap, if indicated
D7220	Removal of impacted tooth, soft tissue
D7230	Removal of impacted tooth, partially bony
D7240	Removal of impacted tooth, completely bony
D7241	Removal of impacted tooth, completely bony, with unusual surgical complications
D7250	Surgical removal of residual tooth roots (cutting procedure)
D7251	Coronectomy – intentional partial tooth removal

CPT

41899	Unlisted dentoalveolar procedure
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ICD-10 Diagnosis

K00.1	Supernumerary teeth
K00.2	Abnormalities of size and form of teeth
K00/4	Disturbances in tooth formation
K00.5	Hereditary disturbances in tooth eruption, not elsewhere classified
K00.6	Disturbances in tooth eruption
K00.8	Other disturbances of tooth development
K00.9	Disorder of tooth development, unspecified
K01.0	Embedded teeth
K01.1	Impacted teeth
K02.53	Dental caries on pit and fissure surface penetrating into pulp
K02.7	Dental root caries
K02.9	Dental caries, unspecified
K03.2	Erosion of teeth
K03.3	Pathological resorption of teeth
K03.5	Ankylosis of teeth
K04.0	Pulpitis
K04.1	Necrosis of pulp
K04.2	Pulp degeneration
K04.4	Acute periapical periodontitis of pulpal origin
K04.5	Chronic apical periodontitis
K04.6	Periapical abscess with sinus
K04.7	Periapical abscess without sinus
K04.8	Radicular cyst
K04.90	Unspecified diseases of pulp and periapical tissues
K04.99	Other diseases of pulp and periapical tissues
K08.3	Retained dental root

Discussion/General Information

Extraction of teeth may be performed by a general dentist or by a dental specialist. The majority of teeth are removed by oral and maxillofacial surgeons. The extraction of teeth may be necessary for a variety of reasons that include, but are not limited to, infection, severe, non-restorable decay, as a result of a pathologic condition, necessity as part of a different procedure, traumatic injury, or for orthodontic purposes.

Both surgical and non-surgical extractions typically include administration of a local anesthetic. Dependent upon the diagnosis for removal or for patient comfort or convenience, an anesthetic may be recommended which can be administered either orally, through inhalation or through intravenous routes for deep or conscious sedation/general anesthesia. The anesthetic is typically provided by a certified practitioner (e.g. – nurse anesthetist, dental anesthesiologist, oral and maxillofacial surgeon).

Most erupted teeth can be routinely removed by forceps. At times, the dentist or oral and maxillofacial surgeon may recommend that a tooth be electively surgically removed rather than by forceps. An elective surgical tooth removal will only be considered when the tooth roots are either dilacerated or the tooth is so carious that a purchase point cannot be obtained which would require an incision, surgical flap elevation, minor bone removal and suturing of soft tissue. Otherwise, the removal will be considered as a routine removal upon UM review.

When teeth are surgically removed, complications may occur. Complications are managed by the treating dentist/oral and maxillofacial surgeon. Suturing of the soft tissue will be necessary as a result of flap development. Post-operative care and follow-up treatment is typically scheduled for all extractions. Appropriate post-operative analgesics are considered where indicated. Routine use of post-operative antibiotics to prevent post-extraction infections or localized osteitis (dry socket) is contra-indicated.

Definitions

Coronectomy – a partial odontectomy or partial tooth removal otherwise known as intentional root retention

Dilaceration - a developmental disturbance in shape of teeth. It refers to an angulation, or a sharp bend or curve, in the **root** or crown of a formed tooth

Extraction – the action of taking something out or removing something

Odontectomy – forcible removal or partial removal of a tooth

References

Peer Reviewed Publications:

1. American Association of Oral and Maxillofacial Surgeons Journal of Oral and Maxillofacial Surgery: AAOMS ParCare 2012: Volume 70: Number 11: Supplement 3; November 2012
2. Oral and Maxillofacial Surgery Clinics of North America: Dentoalveolar Surgery: Coronectomy – Partial Odontectomy or Intentional Root Retention; August 2015: Volume 27: Number 3; M. Anthony Pogrel, DDS, MD, FRCS

Government Agency, Medical Society, and Other Authoritative Publications:

1. American Dental Association. 2011-2012 CDT. The ADA Practical Guide to Dental Procedure Codes: 216. (©ADA2010)
2. American Dental Association. CDT 2016. Dental Procedure Codes; 65-66. (©2015 American Dental Association).

History

Status	Date	Action
Reviewed	xx./xx/xxxx Xx/xx/xxxx	.

Federal and State law, as well as contract language, and Dental Policy take precedence over Clinical UM Guidelines. We reserve the right to review and update Clinical UM Guidelines periodically. Clinical guidelines approved by the Clinical Policy Committee are available for general adoption by plans or lines of business for consistent review of the medical or dental necessity of services related to the clinical guideline when the plan performs utilization review for the subject. Due to variances in utilization patterns, each plan may choose whether to implement a particular Clinical UM Guideline. To determine if review is required for this Clinical UM Guideline, please contact the customer service number on the member's card.

Alternatively, commercial or FEP plans or lines of business which determine there is not a need to adopt the guideline to review services generally across all providers delivering services to Plan's or line of business's members may instead use the clinical guideline for provider education and/or to review the medical or dental necessity of services for any provider who has been notified that his/her/its claims will be reviewed for medical or dental necessity due to billing practices or claims that are not consistent with other providers, in terms of frequency or in some other manner.

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