

Dental Clinical Policy: Extraction of Impacted Teeth

Reference Number: CP.DP.11

[Coding Implications](#)

Last Review Date: 12/23

[Revision Log](#)

See [Important Reminder](#) at the end of this policy for important regulatory and legal information.

Description

Surgical extraction of impacted teeth is required when the tooth is not erupted in the oral cavity and is covered by soft tissue and/or bone as defined by the most current version of the American Dental Association CDT manual. Extraction requires the cutting of tissue and bone. The most commonly affected teeth are third molars and maxillary canines, but impaction can occur with any teeth.

Policy/Criteria

- I.** It is the policy of Envolve Dental Inc.[®] that extraction of an impacted tooth is **medically necessary** when any of the following conditions are met:
 - A.** When the impacted tooth is in the line of a jaw fracture or complicating fracture management;
 - B.** When the impacted tooth has non-restorable caries (radiographically visible);
 - C.** When there is a need to manage or limit the progression of bone loss due to periodontal disease;
 - D.** When there are recurrent episodes of pain due to acute/chronic infection (abscess, cellulitis, pericoronitis) that do not respond to conservative treatment (i.e. pain medication or antibiotics) documented in patient's chart;
 - E.** When there is resorption of an adjacent tooth;
 - F.** When there is a need for a prophylactic procedure for an underlying medical or surgical condition (e.g., organ transplants, chemotherapy, radiation therapy prior to intravenous bisphosphonate therapy for cancer) verified by a physician;
 - G.** When there is a presence of well-defined cystic sequelae or tumors. A well-defined cystic sequelae is meant to describe a pathologic process in which the coronal radiolucency is associated with an impacted tooth;
 - H.** When there is moderate to severe chronic or acute pain and eruption path is blocked due to angular (i.e. mesial, distal, vertical, or horizontal) impaction. Documentation is tooth specific and not a generalized statement;
 - I.** When none of the following contraindications are present:
 1. When a more conservative procedure can be performed;
 2. When performed for pain or discomfort related to normal tooth eruption;
 3. When there is absence of pathology;
 4. When a patient is taking medication for osteoporosis (bisphosphonates);
 5. When a patient has poorly controlled diabetes and remain symptom free;
- II.** It is the policy of Envolve Dental Inc.[®] that coronectomy is **medically necessary** when any of the following conditions are met:
 - A.** When clinical criteria for extraction of impacted teeth is met;
 - B.** When the removal of complete tooth would likely result in damage to the neurovascular bundle;
 - C.** When none of the following contraindications are present:

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1. When the extraction is routine;
 2. When clinical criteria for extraction of impacted teeth are not met;
 3. When performed for prophylactic reasons.
- D.** Required documentation to support medical necessity include the following:
1. Clinical chart and treatment notes documenting conditions listed in the indications for extraction of impacted teeth;
 2. Current (less than 6 months) diagnostic quality periapical radiographic image(s) of the tooth or teeth requested for impaction removal showing the entire tooth including root apices;
 3. Other forms as required per State-specific benefit plan mandates.

Coverage Limitation/Exclusions

One D7220, D7230, D7240, D7241, and D2751 per tooth per lifetime, subject to state-specific regulations.

Coding Implications

This clinical policy references Current Dental Terminology (CDT®). CDT® is a registered trademark of the American Dental Association. All CDT codes and descriptions are copyrighted 2023, American Dental Association. All rights reserved. CDT codes and CDT descriptions are from the current manuals and those included herein are not intended to be all-inclusive and are included for informational purposes only. Codes referenced in this clinical policy are for informational purposes only. Inclusion or exclusion of any codes does not guarantee coverage. Providers should reference the most up-to-date sources of professional coding guidance prior to the submission of claims for reimbursement of covered services.

CDT® Codes	Description
D7220	removal of impacted tooth – soft tissue.
D7230	removal of impacted tooth – partially bony.
D7240	removal of impacted tooth – complete bony.
D7241	removal of impacted tooth – complete bony, with unusual surgical complications.
D7251	coronectomy – intentional partial tooth removal.

ICD-10-CM Diagnosis Codes that Support Coverage Criteria

ICD-10-CM Code	Description
K00.1	Supernumerary teeth
K00.4	Disturbances in tooth formation
K00.5	Hereditary disturbances in tooth structure, not elsewhere classified
K00.6	Disturbances in tooth eruption
K00.8	Other disorders of tooth development
K00.9	Disorder of tooth development, unspecified
K01.0	Embedded teeth
K02.3	Dental caries (decay and cavities)
K02.53	Dental caries on pit and fissure surface penetrating into pulp

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ICD-10-CM Code	Description
K02.63	Dental caries on smooth surface penetrating into pulp
K00.2	Abnormalities of size and form of tooth
K00.4	Disturbances in tooth formation
K00.5	Hereditary disturbances in tooth structure, not elsewhere classified
K00.8	Other disorders of tooth development
K00.6	Disturbances in tooth eruption
K01.0	Embedded teeth
K01.1	Impacted teeth
K02.9	Dental caries, unspecified
K03.1	Ankylosis of teeth
K03.81	Cracked tooth
K03.89	Other specified diseases of hard tissues of teeth
K03.9	Diseases of hard tissues of teeth, unspecified
K04.4	Acute apical 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
K05.20	Aggressive periodontitis, unspecified
K05.213	Aggressive periodontitis, localized, severe
K05.219	Aggressive periodontitis, localized, unspecified severity
K05.30	Chronic periodontitis, unspecified
K05.313	Chronic periodontitis, localized, severe
K05.319	Chronic periodontitis, localized, unspecified severity
K05.323	Chronic periodontitis, generalized, severe
K05.329	Chronic periodontitis, generalized, unspecified severity

Reviews, Revisions, and Approvals	Date	Approval Date
Policy developed	9/19	9/19
Annual Review	12/22	12/22
Annual Review and Format Change	12/23	12/23

References

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5. American Association of Oral and Maxillofacial Surgeons (AAOMS) Clinical Paper. The Management of Impacted Third Molar Teeth, 2017.
6. American Association of Oral and Maxillofacial Surgeons (AAOMS) White Paper on the Management of Third Molar Teeth, 2016.
7. American Dental Association (ADA). Glossary of Clinical and Administrative Terms.
8. Ghaeminia H, Perry J, Nienhuijs ME, et al. Surgical removal versus retention for the management of asymptomatic disease-free impacted wisdom teeth. *Cochrane Database Syst Rev*. 2016 Aug 31.
9. Long H., Zhou .Y, Liao L., et al. Coronectomy vs. total removal for third molar extraction: a systematic review. *J Dent Res*. 2012 Jul; 91(7):659-65.
10. Mukherjee S, Vikraman B, Sankar D, et al. Evaluation of Outcome Following Coronectomy for the Management of Mandibular Third Molars in Close Proximity to Inferior Alveolar Nerve. *J Clin Diagn Res*. 2016 Aug; 10(8):ZC57-62.

Important Reminder

This clinical policy has been developed by appropriately experienced and licensed health care professionals based on a review and consideration of currently available generally accepted standards of dental practice; peer-reviewed dental/medical literature; government agency/program approval status; evidence-based guidelines and positions of leading national dental and health professional organizations; views of dentists practicing in relevant clinical areas affected by this clinical policy; and other available clinical information. Envolve Dental makes no representations and accepts no liability with respect to the content of any external information used or relied upon in developing this clinical policy. This clinical policy is consistent with standards of dental practice current at the time that this clinical policy was approved. “Envolve Dental” means a dental plan that has adopted this clinical policy and that is operated or administered, in whole or in part, by Envolve Benefit Options, Inc, or any of such health plan’s affiliates, as applicable.

The purpose of this clinical policy is to provide a guide to dental and medical necessity, which is a component of the guidelines used to assist in making coverage decisions and administering benefits. It does not constitute a contract or guarantee regarding payment or results. Coverage decisions and the administration of benefits are subject to all terms, conditions, exclusions and limitations of the coverage documents (e.g., evidence of coverage, certificate of coverage, policy, contract of insurance, etc.), as well as to state and federal requirements and applicable Envolve Dental administrative policies and procedures.

This clinical policy is effective as of the date determined by Envolve Dental. The date of posting may not be the effective date of this clinical policy. This clinical policy may be subject to applicable legal and regulatory requirements relating to provider notification. If there is a discrepancy between the effective date of this clinical policy and any applicable legal or regulatory requirement, the requirements of law and regulation shall govern. Envolve Dental retains the right to change, amend or withdraw this clinical policy, and additional clinical policies may be developed and adopted as needed, at any time.

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This clinical policy does not constitute dental or medical advice, dental treatment or dental care. It is not intended to dictate to providers how to practice dentistry. Providers are expected to exercise professional dental and medical judgment in providing the most appropriate care, and are solely responsible for the dental and medical advice and treatment of members. This clinical policy is not intended to recommend treatment for members. Members should consult with their treating dentist in connection with diagnosis and treatment decisions.

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Note: For Medicaid members, when state Medicaid coverage provisions conflict with the coverage provisions in this clinical policy, state Medicaid coverage provisions take precedence. Please refer to the state Medicaid manual for any coverage provisions pertaining to this clinical policy.

Note: For Medicare members, to ensure consistency with the Medicare National Coverage Determinations (NCD) and Local Coverage Determinations (LCD), all applicable NCDs, LCDs, and Medicare Coverage Articles should be reviewed prior to applying the criteria set forth in this clinical policy. Refer to the CMS website at <http://www.cms.gov> for additional information.

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