

**ENVOLVE DENTAL, INC.
INCLUDING ALL ASSOCIATED SUBSIDIARIES
CLINICAL POLICY AND PROCEDURE**

DEPARTMENT: Utilization Management	DOCUMENT NAME: Extraction of Impacted Teeth
PAGE: 1 of 6	REFERENCE NUMBER: ENVD.CP.0011
EFFECTIVE DATE: 09/13/2019	REPLACES DOCUMENT: N/A
RETIRED: N/A	REVIEWED: 11/2021
SPECIALIST REVIEWED: Yes	REVISED:
PRODUCT TYPE: All	APPROVED DATE: 09/13/2019

IMPORTANT REMINDER:

This Clinical Policy has been developed by appropriately experienced and licensed health care professionals based on a thorough review and consideration of generally accepted standards of medical practice, peer-reviewed medical literature, government agency/program approval status, and other indicia of medical necessity.

The purpose of this Clinical Policy is to provide a guide to medical necessity. Benefit determinations should be based in all cases on the applicable contract provisions governing plan benefits (“Benefit Plan Contract”) and applicable state and federal requirements including Local Coverage Determinations (LCDs), as well as applicable plan-level administrative policies and procedures. To the extent there are any conflicts between this Clinical Policy and the Benefit Plan Contract provisions, the Benefit Plan Contract provisions will control.

Clinical policies are intended to be reflective of current scientific research and clinical thinking. This Clinical Policy is not intended to dictate to providers how to practice medicine, nor does it constitute a contract or guarantee regarding results. Providers are expected to exercise professional medical judgment in providing the most appropriate care, and are solely responsible for the medical advice and treatment of members.

SUBJECT: Medically necessary guidelines for extraction of impacted teeth.

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:

The prophylactic extraction of impacted third molars that are asymptomatic and disease free remains controversial. In the absence of strong clinical evidence to support or refute prophylactic extractions of asymptomatic and pathology free

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impacted teeth, it is Envolve Dental policy that the following clinical criteria be used when evaluating the extraction of impacted teeth:

- Tooth/teeth in the line of a jaw fracture or complicating fracture management; or
- Non-restorable caries (radiographically visible); or
- Management of, or limiting progression of bone loss due to periodontal disease; or
- 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; or
- Resorption of adjacent tooth; or
- As 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; or
- 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; or
- 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.

The extraction of impacted teeth is not indicated for the following:

- When a more conservative procedure can be performed
- For pain or discomfort related to normal tooth eruption
- The absence of pathology
- In a patient 45 years of age or older, an impacted tooth that is asymptomatic should not be removed
- Patients taking medication for osteoporosis (bisphosphonates)
- Patient with poorly controlled diabetes who remain symptom free

In some cases there may be a need to intentionally remove the crown of the impacted tooth when a nerve or other anatomical complication arises. This procedure is called a coronectomy.

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Coronectomy is indicated for the following:

- When clinical criteria for extraction of impacted teeth is met
- When the removal of complete tooth would likely result in damage to the neurovascular bundle

Coronectomy is not indicated for the following:

- For routine extractions
- When clinical criteria for extraction of impacted teeth is not met
- For prophylactic reasons

PROCEDURE:

1. Authorization requests for removal of impacted teeth are triaged to ensure all the necessary documentation is included with the authorization request. Necessary documentation includes:
All of the following documentation must be received:
 - a. Panoramic radiographic imaging (must be of diagnostic quality). Periapical radiographs cannot depict nearby structures that may affect surgical decision making and planning. Periapical images may be used in conjunction with panoramic images, but not in place of panoramic images.
 - b. Medical necessity narrative that is tooth specific (not a generalized statement)
 - c. Other forms as required per the State-specific benefit plan mandates
2. An Envolve Dental Consultant reviews for medical necessity of the requested procedures using the information received and the Envolve Dental Workflow (attached).
3. Dental Consultant will deny those procedures not meeting clinical criteria for that dental procedure in the Enterprise system. The Notice of Adverse Benefit Determination (Denial Notice) is issued by Envolve Dental.

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4. If dental procedure(s) is approved dental consultant will enter approval in the Enterprise system. Envolve Dental will send an automated fax approval letter and/or mail an approval letter to the requesting dentist.

AUTHORIZATION PROTOCOLS:

Please refer to your State contract and Provider Manual for exact coverage information. All services are subject to retrospective review.

Professional services provided by duly licensed providers must be within the scope of licensure as defined by applicable State guidelines.

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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.

CODING IMPLICATIONS:

Please refer to your State contract and Provider Manual for exact coverage implications.

CDT Code	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.

ATTACHMENTS:



3rd Molar Eruption
Coronectomy



Impaction
Algorithm - 031218.pdf

DEFINITIONS:

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Angular Impaction: An unerupted or partially erupted tooth that is positioned against another tooth, bone, or soft tissue so that complete eruption is unlikely.

Completely Bony Impaction with Unusual Surgical Complications: Most or all of a crown covered by bone; usually difficult or complicated due to factors such as nerve dissection required, separate closure of maxillary sinus required, or aberrant tooth position.

Completely Bony Impaction: Most or all of a tooth crown is covered by bone; requires mucoperiosteal flap, elevation and bone removal.

Coronectomy: Intentional partial tooth removal performed when a neurovascular complication is likely if the entire impacted tooth is removed.

Impacted Tooth: An unerupted or partially erupted tooth.

Partially Bony Impaction: Part of tooth crown covered by bone; requires mucoperiosteal flap elevation and bone removal.

Soft Tissue Impaction: Occlusal surface of tooth covered by soft tissue; requires mucoperiosteal flap elevation.

REVISION LOG

REVISION	DATE
Annual Review	11/2021