

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

DEPARTMENT: Utilization Management	<b>DOCUMENT NAME:</b> Extraction (Surgical), Erupted Tooth Requiring Removal of Bone and/or Sectioning of Tooth, and Including Elevation of Mucoperiosteal Flap if Indicated
<b>PAGE: 1 of 5</b>	<b>REFERENCE NUMBER: ENVD.UM.CP.0023</b>
<b>EFFECTIVE DATE: 06/30/2020</b>	<b>REPLACES DOCUMENT:</b>
<b>RETIRED: N/A</b>	<b>REVIEWED: 11/2021</b>
<b>SPECIALIST REVIEWED: Yes</b>	<b>REVISED:</b>
<b>PRODUCT TYPE: All</b>	<b>APPROVED DATE: 06/30/2020</b>

**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 dental practice, peer-reviewed dental/medical literature, government agency/program approval status, and other indicia of dental/medical necessity.

The purpose of this Clinical Policy is to provide a guide to dental/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, 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 dentistry, nor does it constitute a contract or guarantee regarding results. Providers are expected to exercise professional dental judgment in providing the most appropriate care, and are solely responsible for the dental/medical advice and treatment of members.

**SUBJECT:**

Medical necessity guidelines for the surgical extraction of erupted teeth.

**DESCRIPTION:**

Extraction of an erupted tooth requiring removal of bone and/or sectioning of the tooth, including elevation of a mucoperiosteal flap if indicated, is often referred to as a Surgical Extraction. It includes incision and removal of gingiva and bone, removal of tooth structure, minor smoothing of socket bone, and closure (sutures). This may involve an entire tooth, a fractured tooth, or any part of a tooth not completely encased in bone. This procedure/service includes administration of local anesthesia, suturing (if required), and routine post-operative care.

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**POLICY/CRITERIA:**

**Indications for Surgical Extraction include the following:**

- Erupted teeth with insufficient remaining clinical crown resulting from large existing restorations, gross decay or fracture, inhibiting non-surgical extraction using forceps and/or elevators;
- Erupted teeth with prosthetic crowns or root canal treatment;
- Erupted teeth that fracture (crown or root system) during a non-surgical extraction attempt;
- Erupted teeth with ankylosed roots (root fused to bone – prevalent in adults over 50 years of age);
- Erupted teeth with developmental abnormalities that would make non-surgical extraction unsafe or cause harm to surrounding structures;
- Erupted teeth with complicating root morphology (dilacerated roots, curved roots requiring sectioning of the teeth, cementosis, proximity to vital structures requiring invasive access, etc.);
- Erupted posterior teeth with roots extending into the maxillary sinus;
- Erupted teeth fused to an adjacent tooth; and,
- Erupted teeth in an ectopic position preventing the use of a forceps or elevator to extract the tooth non-surgically.

**Contraindications for Surgical Extraction include the following:**

- When a conservative non-surgical procedure is possible; and
- When the tooth has less than 50% remaining bone support.

**REQUIRED DOCUMENTATION:**

- Patient chart and treatment notes describing medical necessity for the surgical extraction;

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- A current (within 12 months) diagnostic-quality periapical radiographic image(s) of the tooth or teeth requested for surgical extraction showing the entire tooth including root apices; and,
- Other forms as required per State-specific benefit plan mandates.

**COVERAGE LIMITATIONS/EXCLUSIONS (Subject to State Regulations):**

- One D7210 per member per tooth per lifetime, subject to state regulations

**REFERENCES:**

American Dental Association. CDT 2020: Dental Procedure Codes. American Dental Association, 2020.

Blair, C. Coding with Confidence: The “GoTo” Dental Coding Guide, 2020.

Fonsesca, R., et al. Oral and Maxillofacial Surgery, Volume 1, second edition. 2009.

**CODING IMPLICATIONS:**

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

The following code for surgical extraction is recognized by Envolve Dental.

- **D7210:** Extraction (Surgical), erupted tooth requiring removal of bone and/or sectioning of tooth, and including elevation of mucoperiosteal flap if indicated.

Envolve Dental complies with the coding guidelines of the health plan and/or State in which the client resides. When billing D7210, the need for surgical extraction must be documented in the record. Abnormal comparative utilization of surgical extraction of erupted teeth coding is subject to retrospective review and chart audit. Envolve Dental requires servicing providers to submit one or more of the following ICD-10 codes with surgical extraction of erupted teeth (Box 34 and 34a of the ADA American Dental Association Dental Claim Form):

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<b>ICD-10 Code</b>	<b>ICD-10 Code Description</b>
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
K02.63	Dental caries on smooth surface penetrating into pulp
K02.7	Dental root caries
K02.9	Dental caries, unspecified
K03.0	Excessive attrition of teeth
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

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<b>K05.329</b>	<b>Chronic periodontitis, generalized, unspecified severity</b>
<b>M27.51</b>	<b>Perforation of root canal space due to endodontic treatment</b>
<b>M27.52</b>	<b>Endodontic overfill</b>
<b>M27.59</b>	<b>Other periradicular pathology associated with previous endodontic treatment</b>
<b>S02.5XXA</b>	<b>Fracture of tooth (traumatic), initial encounter for closed fracture</b>
<b>S02.5XXB</b>	<b>Fracture of tooth (traumatic), initial encounter for open fracture</b>
<b>S02.5XXD</b>	<b>Fracture of tooth (traumatic), subsequent encounter for fracture with routine healing</b>
<b>S02.5XXG</b>	<b>Fracture of tooth (traumatic), subsequent encounter for fracture with delayed healing</b>
<b>S02.5XXK</b>	<b>Fracture of tooth (traumatic), subsequent encounter for fracture with nonunion</b>
<b>S02.5XXS</b>	<b>Fracture of tooth (traumatic), sequela</b>
<b>Z18.32</b>	<b>Retained tooth</b>

**REVISION LOG**

<b>REVISION</b>	<b>DATE</b>
Annual Review	11/21