

Dental Clinical Policy: Surgical Extraction

Reference Number: CP.DP.23

Last Review Date: 12/23

[Coding Implications](#)

[Revision Log](#)

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

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.

Policy/Criteria

- I. It is the policy of Envolve Dental Inc.® that a surgical extraction is **medically necessary** when any of the following conditions are met:
 - A. When there are 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;
 - B. When there are erupted teeth with prosthetic crowns or root canal treatment;
 - C. When there are erupted teeth that fracture (crown or root system) during a non-surgical extraction attempt;
 - D. When there are erupted teeth with ankylosed roots (root fused to bone – prevalent in adults over 50 years of age);
 - E. When there are erupted teeth with developmental abnormalities that would make non-surgical extraction unsafe or cause harm to surrounding structures;
 - F. When there are erupted teeth with complicating root morphology (dilacerated roots, curved roots requiring sectioning of the teeth, cementosis, proximity to vital structures requiring invasive access, etc.);
 - G. When there are erupted posterior teeth with roots extending into the maxillary sinus;
 - H. When there are erupted teeth fused to an adjacent tooth;
 - I. When there are erupted teeth in an ectopic position preventing the use of a forceps or elevator to extract the tooth non-surgically.
 - J. When none of the following contraindications are present:
 1. When a conservative non-surgical procedure is possible;
 2. When the tooth can be removed using only a forceps and/or elevator;
 3. When the tooth has less than 50% remaining bone support.
 - K. Required documentation to support medical necessity include the following:
 1. Clinical chart and treatment notes documenting conditions listed in the indications for use of surgical extraction;
 2. Current (less than 6 months) diagnostic quality periapical radiographic image(s) of the tooth or teeth requested for surgical extraction showing the entire tooth including root apices;
 3. Other forms as required per State-specific benefit plan mandates.

Coverage Limitation/Exclusions

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

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 |
| 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 |

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| ICD-10-CM Code | Description |
|----------------|---|
| 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 |
| M27.51 | Perforation of root canal space due to endodontic treatment |
| M27.52 | Endodontic overfill |
| M27.59 | Other periradicular pathology associated with previous endodontic treatment |
| S02.5XXA | Fracture of tooth (traumatic), initial encounter for closed fracture |
| S02.5XXB | Fracture of tooth (traumatic), initial encounter for open fracture |
| S02.5XXD | Fracture of tooth (traumatic), subsequent encounter for fracture with routine healing |
| S02.5XXG | Fracture of tooth (traumatic), subsequent encounter for fracture with delayed healing |
| S02.5XXK | Fracture of tooth (traumatic), subsequent encounter for fracture with nonunion |
| S02.5XXS | Fracture of tooth (traumatic), sequela |
| Z18.32 | Retained tooth |

| Reviews, Revisions, and Approvals | Date | Approval Date |
|-----------------------------------|-------|---------------|
| Policy developed | 6/20 | 6/20 |
| Annual Review | 12/22 | 12/22 |
| Annual Review and Format Change | 12/23 | 12/23 |
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References

1. American Dental Association. CDT 2023: Dental Procedure Codes. American Dental Association, 2023.
2. Blair, C. Coding with Confidence: The “GoTo” Dental Coding Guide, 2020. Fonseca, R., et al. Oral and Maxillofacial Surgery, Volume 1, second edition. 2009. CODING

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

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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.

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.

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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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