

Surgical Extraction of Erupted Teeth and Retained Roots (For Ohio Only)

Policy Number: CSDEN338OH.A
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[➔ Instructions for Use](#)

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Related Dental Policy
<ul style="list-style-type: none"> • Surgical Extraction of Impacted Teeth

Application

This Dental Policy only applies to the state of Ohio. Any requests for services that are stated as unproven or services for which there is a coverage or quantity limit will be evaluated for medical necessity using Ohio Administrative Code 5160-1-01.

Coverage Rationale

Surgical Extraction of an Erupted Tooth

Surgical Extraction of an Erupted Tooth is indicated for any of the following:

- No clinical crown is visible
- The fracture of a tooth or roots during a non-surgical extraction procedure
- Erupted teeth with unusual root morphology (dilacerations, cementosis)
- Erupted teeth with developmental abnormalities that would make non-surgical extraction unsafe or cause harm
- When fused to an adjacent tooth
- In the presence of periapical lesions
- For maxillary posterior teeth whose roots extend into the maxillary sinus
- When tooth has been crowned or been treated endodontically

Surgical Removal of Residual Tooth Roots

Surgical Removal of Residual Tooth Roots is indicated when tooth roots or fragments of tooth roots remain in the bone following a previous incomplete tooth extraction and are creating pathologic, functional or growth problems.

Definitions

Surgical Extraction of an Erupted Tooth: A tooth requiring removal of bone and/or sectioning of tooth, and including elevation of mucoperiosteal flap if indicated. Includes related cutting of gingiva and bone, removal of tooth structure, minor smoothing of socket bone and closure. (ADA, 2017)

Surgical Removal of Residual Tooth Roots: The surgical removal of residual tooth roots (cutting procedure) includes cutting of soft tissue and bone, removal of tooth structure and closure. (ADA, 2017)

Applicable Codes

The following list(s) of procedure and/or diagnosis codes is provided for reference purposes only and may not be all inclusive. Listing of a code in this guideline does not imply that the service described by the code is a covered or non-covered health service. Benefit coverage for health services is determined by the member specific benefit plan document and applicable laws that may require coverage for a specific service. The inclusion of a code does not imply any right to reimbursement or guarantee claim payment. Other Policies and Guidelines may apply.

CDT Code	Description
D7210	Extraction, erupted tooth requiring removal of bone and/or sectioning of tooth, and including elevation of mucoperiosteal flap if indicated
D7250	Removal of residual tooth roots (cutting procedure)
D7922	Placement of intra-socket biological dressing to aid in hemostasis or clot stabilization, per site

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Description of Services

Surgical extraction is the removal of a tooth that presents clinically with a condition that does not safely or adequately allow access using a non-surgical approach. Surgical extractions require an incision, elevation, and bone removal. It may be an entire tooth, or any part of a tooth, including retained roots.

References

American Dental Association (ADA), CDT Code Book, 2023.

American Dental Association (ADA) Glossary of Dental Clinical and Administrative Terms.

Fragiskos, F. Oral Surgery, 1st ed. Berlin: Springer c2007. Chapter 6, Extraction of Root Tips; p114.

Policy History/Revision Information

Date	Summary of Changes
12/01/2023	New dental policy

Instructions for Use

This Dental Policy provides assistance in interpreting the UnitedHealthcare Community Plan of Ohio dental benefit plans. When deciding coverage, the member specific benefit plan document must be referenced as the terms of the member specific benefit plans may differ. In the event of a conflict, the member specific benefit plan document governs. Before using this policy, please check the member specific benefit plan document and any applicable federal or state mandates. UnitedHealthcare reserves the right to modify its Policies and Guidelines as necessary. This Dental Policy is provided for informational purposes. It does not constitute the practice of medicine or medical advice.

Archived Policy Versions

Effective Date	Guideline Number	Guideline Title
N/A	N/A	N/A