
Delta Dental of Ohio Clinical Criteria for Utilization Management Decisions

Clinical Criteria for Extraction of Teeth

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Introduction

This Delta Dental of Ohio clinical criteria document addresses treatment involving the extraction of teeth. The purpose of this document is to provide written clinical criteria to ensure that Delta Dental of Ohio consistently applies sound and objective clinical evidence when determining the medical necessity and clinical appropriateness of tooth extraction, as well as taking individual patient circumstances and the local delivery system into account.

Extraction of teeth involves the removal of teeth which cannot be maintained in function due to conditions including but not limited to non-restorable caries or fracture, nontreatable endodontic lesions, advanced attachment loss from periodontal disease, infection, pathologic lesions, dentofacial trauma, ectopic position and the requirements of orthodontic, prosthodontic or medical treatment.

Extraction procedures are selected for individual patients based on the clinical condition of the involved teeth and other patient circumstances. The specific extraction technique employed to remove a particular tooth will vary depending on the condition of the tooth and its position within the jaw:

- Erupted teeth with no complicating circumstances that can be removed with a simple extraction by forceps or tooth elevation
- Erupted teeth that must be removed and are severely broken down, extensively restored, embedded in dense bone or have abnormal root structure or other anomalies where removal using forceps or elevation is not feasible and bone relief (alveoloplasty) and/or tooth sectioning is required for extraction
- Impacted teeth that must be removed and have an occlusal surface covered by soft tissue generally require incision and mucoperiosteal flap elevation for extraction
- Impacted teeth that must be removed and have a crown partially or completely covered by bone generally require mucoperiosteal flap elevation and bone removal for extraction
- Impacted teeth that must be removed and have a crown partially or completely covered by bone may present with unusual surgical complications that require more exacting techniques, such as nerve dissection, sinus closure or accessing a difficult tooth position.

Other extraction-related procedures include removal of residual tooth roots requiring tissue incision and bone relief (alveoloplasty). Extraction procedures generally require pain control including the administration of a local anesthetic agent. General anesthesia or intravenous sedation may be utilized with more extensive and/or invasive procedures. Postoperative pain control may include the use of prolonged duration local anesthesia formulations and appropriate oral analgesic drugs.

Tooth extraction may be performed by general dentists, oral and maxillofacial surgeons and other dental specialists in a variety of healthcare facilities.

Applicable Dental Procedure Codes

The following dental procedure codes defined in the current version of the American Dental Association's Code on Dental Procedures and Nomenclature (the CDT® Code) are applicable to this document and are the appropriate codes to use when documenting tooth extraction procedures. Inclusion of these codes here is for informational purposes only and does not imply benefit coverage or noncoverage of a procedure by a member's dental plan. A determination that a dental procedure is medically necessary and clinically appropriate does not guarantee that the procedure is a covered benefit of a member's dental plan. To determine if a tooth extraction procedure is a covered benefit of an individual member's dental plan, please refer to the plan documents in effect on the date of service.

CDT® Procedure Code	Procedure Code Nomenclature
D7111	extraction, coronal remnants – primary tooth
D7140	extraction, erupted tooth or exposed root (elevation and/or forceps removal)
D7210	extraction, erupted tooth requiring removal of bone and/or sectioning of tooth, and including elevation of mucoperiosteal flap if indicated
D7220	removal of impacted tooth - soft tissue
D7230	removal of impacted tooth - partially bony
D7240	removal of impacted tooth - completely bony
D7241	removal of impacted tooth - completely bony, with unusual surgical complications
D7250	removal of residual tooth roots (cutting procedure)

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Clinical Criteria¹

When approval of benefit payment for a tooth extraction procedure by a member's dental plan requires a determination by Delta Dental of Ohio that the procedure is medically necessary and clinically appropriate, the patient's dental record must document a generally accepted indication for performing the procedure. The following conditions are generally considered to be indications for tooth extraction:

Conditions that Preclude Tooth Restoration and Maintenance

- Unrestorable structural deterioration from dental caries or restoration failure
- Untreatable developmental anomaly
- Untreatable coronal or root fracture
- Untreatable internal or external tooth resorption

Conditions that May Require Tooth Extraction for Management

- Pulpal or periapical lesion
- Advanced periodontal disease
- Acute or chronic infection
- Ongoing pain where conservative treatment is documented as ineffective

¹ Government regulations or the provisions of a member's dental plan that define when a dental procedure may be considered medically necessary and clinically appropriate with respect to benefit coverage may take precedence over these clinical criteria.

- Traumatic injury to teeth and/or face
- Associated pathologic lesion
- An ectopic position that may cause damage to other teeth including supraeruption or traumatic occlusion
- Interference with the eruption of an adjacent tooth

Other Conditions Where Tooth Extraction May be Indicated

- An impacted tooth (other than a third molar) that cannot erupt into a functional position and presents with a generally accepted indication for removal
- An impacted third molar with incomplete root development that is not expected to erupt by the middle of the third decade and presents with a generally accepted indication for removal
- A nonbeneficial supernumerary tooth
- Tooth extraction required for orthognathic or rehabilitative surgery, orthodontic treatment, prosthodontic rehabilitation or as a preventive measure for a medical condition or medical treatment

For patients who do not meet the published qualifying criteria for tooth extraction, Delta Dental of Ohio will consider documentation from relevant clinicians that explains the necessity of covering extraction for conditions not included in the criteria.

Depending on the clinical circumstances, the performance of tooth extraction under the following conditions may be considered not medically necessary, inadvisable or deficient in clinical quality and may result in disapproval of benefits based on a professional determination that treatment is not medically necessary or not clinically appropriate:

- A tooth erupted into a functional position with no generally accepted indication for removal
- Eruption pain and inflammation caused by a tooth that is expected to erupt into a functional position
- An unerupted tooth (other than a third molar) that is expected to erupt into a functional position
- An unerupted third molar that is expected to erupt into a functional position by the middle of the third decade
- An impacted third molar with completed root formation that is totally covered by bone in a patient beyond the third decade with no generally accepted indication for removal (should be monitored for change in position and/or development of disease)
- Conditions where more conservative treatment can manage a patient's condition and render tooth extraction unnecessary
- A patient with a compromised systemic status where tooth extraction would present a serious health risk
- An optional extraction for a patient at risk due to antiresorptive agent therapy or head and neck radiotherapy
- Incomplete extraction where part of the tooth or bone fragment is unintentionally left in the extraction site
- Improper extraction technique resulting in:
 - Incomplete extraction
 - Damage to adjacent teeth, tissues and/or restorations
 - Damage to adjacent neurovascular structures
 - Displacement of a tooth or other extraction-related material into the maxillary sinus, throat or other anatomic space

- Fracture of the maxilla or mandible
- Injury to the temporomandibular joint

Depending on an individual patient's condition and circumstances, the following additional criteria for tooth extraction may be applied for coverage determinations:

- An extraction submitted with the D7210 dental procedure code is considered for coverage only when supported by documentation that the involved tooth was erupted and presented with a condition that required bone relief (alveoloplasty) and/or tooth sectioning for removal.
- An extraction submitted with the D7220 dental procedure code is considered for coverage only when supported by documentation that the involved tooth presented with a soft tissue impaction that required incision and mucoperiosteal flap elevation for tooth removal.
- An extraction submitted with the D7230 or D7240 dental procedure code is considered for coverage only when supported by documentation that the involved tooth presented with a partial or complete bony impaction that required mucoperiosteal flap elevation and bone relief (alveoloplasty) for tooth removal.
- An extraction submitted with the D7241 dental procedure code is considered for coverage only when supported by documentation that the involved tooth presented with a complete bony impaction with unusual surgical complications, such as a position with difficult access, a requirement for nerve dissection or a need for sinus closure.
- Extraction of primary teeth is not covered if tooth exfoliation is imminent.
- Removal of residual tooth roots submitted with the D7250 dental procedure code is considered for coverage only when the treatment is performed separately from a previous incomplete tooth extraction and is supported by documentation that the involved root structure was encased in bone to a degree that soft tissue incision and bone relief (alveoloplasty) was required for removal.
- Prior to performing extractions on pediatric patients, a thorough preoperative medical and dental evaluation should be performed including age-appropriate clinical and radiographic examination to assess the condition of individual crown and root development and ensure the avoidance of damage to the developing dentition. The relationship of primary tooth roots to developing permanent successors should be considered, as well as the potential impact of tooth extraction on the positioning of adjacent teeth and future occlusion. Any concerns that arise from the evaluation should be communicated with the parent or legal guardian as part of the process of obtaining informed consent.
- Some dental benefit programs have established program-specific criteria that define when tooth extraction is considered medically necessary and eligible for benefit coverage. These proprietary criteria may include an exclusion of coverage for prophylactic removal of asymptomatic impacted teeth or impacted teeth that are not associated with a defined pathological condition or teeth being removed to facilitate orthodontic treatment. If required, Delta Dental of Ohio will apply program-specific criteria when there is a need to evaluate an extraction procedure for medical necessity.

Other Considerations

When the payment of benefits for a dental procedure by a member's dental plan depends on the application of clinical criteria to determine whether the procedure is medically necessary or clinically appropriate, the following additional information will be taken into consideration, if applicable:

- Individual patient characteristics including age, comorbidities, complications, progress of treatment, psychosocial situation and home environment
- Available services in the local dental delivery system and their ability to meet the member's specific dental care needs when clinical criteria are applied

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Required Documentation

The decision to perform tooth extraction on a patient should be based on a thorough clinical and radiographic examination that facilitates the formulation of an appropriate treatment plan. When the payment of benefits for an extraction procedure by a member's dental plan depends on a review of the procedure's medical necessity and clinical appropriateness, the treating practitioner should submit with the claim the following information as applicable from the patient's dental record. If the practitioner is unable to provide this information, benefit payment may be disapproved.

- Preoperative diagnostic quality radiographs must be submitted of both the teeth to be extracted and the opposing dentition. Submitted radiographs must allow evaluation of the entire tooth from crown to root tip.
- If the submitted radiographs do not clearly support the decision that the extraction of a tooth was medically necessary, documentation consistent with the patient record should be submitted that explains the preoperative rationale for treatment planning an extraction procedure.

Additional Information

The provision of dental advice and clinical treatment of patients is the sole responsibility of treating dentists, and these clinical criteria are not intended to restrict dentists from carrying out that responsibility or recommend treatment to their patients.

Delta Dental of Ohio's clinical criteria are developed and annually updated by a panel of licensed dental general practitioners and specialists serving on Delta Dental of Ohio's Utilization Management (UM) Committee, including the Dental Director and Utilization Management Director. The criteria are developed in alignment with evidence-based clinical recommendations, guidelines and parameters of care of leading nationally recognized dental public health organizations, health research agencies and professional organizations, credible scientific evidence published in peer-reviewed medical and dental literature, the curriculum of accredited dental schools, the regulatory status of relevant dental technologies, the rules and requirements of the Centers for Medicare and Medicaid Services, Delta Dental of Ohio national processing policies and input from practicing dentists. New and revised clinical criteria must be approved by the Dental Director and adopted by the UM Committee prior to release.

Federal or state statutes or regulations, dental plan contract provisions, local or national claim processing policies or other mandated requirements may take precedence over these clinical criteria.

Delta Dental of Ohio reserves the right to modify or replace this document at any time as appropriate to ensure the soundness, accuracy and objectivity of Delta Dental of Ohio's clinical criteria.

Appendix A

Extractions

General Guidelines:

- A tooth may be removed only if it cannot be saved because it is broken down, poorly supported by the alveolar bone and/or affected by a pathological condition.
- The extraction of an impacted tooth will be authorized only when the impaction makes removal necessary.
- Prophylactic removal of asymptomatic teeth or teeth exhibiting no overt clinical pathology is covered only when at least one tooth is symptomatic.
- Extractions that render a patient edentulous must be deferred until prior authorization to construct a denture has been given, except in an absolute emergency.
 - Documentation must be provided to support the absolute emergency removal of teeth.
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- The removal of primary teeth whose exfoliation is imminent does not meet criteria.
- Local anesthesia, suturing and routine postoperative care are included in the fee for extractions.
- Not all procedures require prior authorization.
 - If prior authorization is required, documentation necessary includes:
 - Appropriate radiographs clearly showing the adjacent and opposing teeth should be submitted for authorization review: bitewings, periapicals or panorex.
 - If treatment was rendered under emergency conditions, when authorization is not possible, requires that appropriate radiographs clearly showing the adjacent and opposing teeth be submitted with the claim for review for payment.
 - Narrative demonstrating medical necessity.
 - Evidence of diagnosed pathology or demonstrable need rather than anticipated future pathology.
 - Provider must submit narrative and x-rays or photos describing pathology.
 - Each tooth must show pathology. Symptomology or impactions without pathology may not be enough, but will be reviewed with consideration to all documentation submitted.
 - Examples of demonstrable need:
 - Pathology
 - Non-restorable Decay
 - Tooth erupting on an angle and impinging on 2nd molars
 - Recurrent Pericoronitis
 - Dentigerous Cyst or other growth
 - Internal or External Root Resorption
 - Third molar has over-erupted due to lack of opposing tooth contact

D7140 Extraction – erupted tooth or exposed root (elevation and/or forceps removal)

- This includes routine removal of tooth, structure, minor smoothing of socket bone, and closure, as necessary.
- This code may be billed once per tooth and not in combination with another extraction or root recovery code.

D7210 - Surgical removal of erupted tooth requiring elevation of mucoperiosteal flap and removal of bone and/or section of tooth

- This includes related cutting of gingiva and bone, removal of tooth structure, minor smoothing of socket bone and closure.
- This code cannot be billed with any other extraction or root recovery code for the same tooth.

D7220 Removal of impacted tooth – soft tissue

- A soft-tissue impaction occurs when a tooth requires an incision of overlying soft tissue and removal of the tooth without necessity of removing bone.
- Partial eruption of a tooth with portions of the crown at or above the occlusal plane does not disqualify the tooth as a soft-tissue impaction if the tooth's position is such that soft tissue covers portions of the occlusal surface, for example, a distoangular position.
- Third molars do not require prior authorization (teeth 1, 16, 17, 32).
 - **Removal of all other teeth using this code requires prior authorization.

D7230 Removal of impacted tooth – partially bony teeth

- A partial bony impaction occurs when the crown of the tooth is partially covered by bone. This tooth may or may not be partially erupted. This type of impaction requires an incision of overlying soft tissue, elevation of a flap, removal of bone and removal of the tooth.
- Partial eruption of a tooth with portions of the crown at or above the occlusal plane does not disqualify this tooth from being classified a partial bony impaction if bone covers the greatest convexity of the distal portion of the crown.

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- For example, a distoangular position within the ramus of the mandible.
- A radiograph of the impaction must be maintained in the patient's clinical record.
- Third molars do not require prior authorization (teeth 1, 16, 17, 32).
 - **Removal of all other teeth using this code requires prior authorization.

D7240 Removal of impacted tooth – complete bony

- A complete bony impaction occurs when the crown of the tooth is completely covered by bone, or a substantial part of the tooth above the greatest convexity of the crown is covered by bone on both the mesial and distal sides, as demonstrated radiographically.
- For a horizontally impacted lower third molar to be classified as a complete bony impaction, the central groove of the crown must not be above the occlusal plane.
- This type of impaction requires an incision of overlying soft tissue, elevation of a flap, removal of bone, and sectioning of the tooth, if necessary, for removal.
- A radiograph of the impaction must be maintained in the patient's clinical record.
- Third molars do not require prior authorization (teeth 1, 16, 17, 32).
 - **Removal of all other teeth using this code requires prior authorization.

D7241 Removal of impacted tooth – complete bony with unusual surgical complications

- Prior authorization is required for this procedure.
 - A radiograph of the impaction must be submitted with the request. Providers must submit the full mouth series or panoramic film for review.

D7250 Surgical removal of a residual tooth root (cutting procedure)

- This procedure involves surgical removal of a residual tooth root.
- Prior authorization is required for this procedure.
 - A full mouth radiographic series or panoramic film must be submitted with the prior authorization request for review.
 - Authorization will be granted only in cases when remnants of a tooth root remain as a result of an incomplete prior extraction.
 - Authorization will not be granted for the same provider or dental group who was reimbursed for the dental extraction.
 - Authorization will not be granted for root remnants of a tooth root due to decay or trauma.

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