

Exhibit C – Dental Extraction Clinical Criteria

Documentation needed for pre-authorization of procedure.

- A. Panorex, bitewing radiographs or periapical radiographs showing the entire tooth (teeth) to be extracted as well as opposing teeth
- B. Narrative demonstrating medical necessity
 - 1. A decision regarding benefits is made based on the documentation provided.
 - 2. Treatment rendered without necessary pre-authorization is subject to retrospective review.
- C. Codes: DentaQuest adheres to the code definitions as described in the American Dental Association Current Dental Terminology User's Manual.
 - 1. Gingival Irrigation, collection and application of autologous blood concentrate product, Placement of intra-socket biologic dressing to aid in hemostasis or clot stabilization, Bone grafting and exposure of an adjacent unerupted tooth are included in the extraction benefit and are not separately reimbursable.
 - 2. Excision of peri-coronal gingiva is included with extraction of same tooth
- D. Criteria
 - 1. The prophylactic removal of asymptomatic teeth or teeth exhibiting no overt clinical pathology is not a covered benefit except when at least one adjacent tooth is symptomatic
 - 2. In most cases, extractions that render a patient edentulous must be deferred until authorization to construct a denture has been given.
 - 3. Reimbursement for extractions includes removal of tooth, soft tissue associated with the root and curettage of the socket. Periapical granulomas at the apex of teeth will not be separately reimbursed in addition to the extraction. The incidental removal of a cyst or lesion attached to the root(s) of an extraction is considered part of the extraction or surgical fee and is not separately billable.
 - 4. Without documentation of a bleeding disorder, Placement of intra-socket biological dressing to aid in hemostasis or clot stabilization is considered part of the extraction or surgical fee and is not separately billable.
 - 5. Removal of primary teeth whose exfoliation is imminent does not meet criteria for extraction.

- E. Documentation needed for authorization procedure:
1. Diagnostic Quality periapical and/or panoramic radiographs,
 2. Radiographs must be mounted, contain the patient name and the date the radiographs were taken, not the date of submission
 3. Duplicate radiographs must be labeled Right (R) and Left (L), include the patient name and the date the radiograph(s) were taken, not the date of submission.
 4. Extraction of impacted wisdom teeth or surgical removal of residual tooth roots will require a written narrative of medical necessity.
- F. Documentation needed for emergent authorization procedure: In emergency situations when prior authorization is not possible, extractions will require review prior to payment.
- G. Documentation requirements for emergent retrospective review will include:
1. Diagnostic Quality periapical and/or panoramic radiographs.
 2. Radiographs must be mounted, contain the patient name and the date the radiographs were taken, not the date of submission
 3. Duplicated radiographs must be labeled Right (R) and Left (L), include the patient name and the date the radiograph(s) were taken, not the date of submission.
- H. Authorization for extraction of impacted third molars:
1. Benefit review decisions for authorization of the extraction of impacted third molar teeth will be based upon medical necessity and upon appropriate code utilization for the current ADA codes D7220, D7230, D7240, and D7241. All impaction codes are subject to pre-payment review upon submission, preservice or post-service.
 2. The prophylactic removal of disease-free third molars is not covered except when at least one adjacent tooth is symptomatic
 3. Impacted third molars that do not show radiographic evidence of root formation are considered pre-eruptive and will not qualify for an authorization for extraction in the absence of pathology, such as dentigerous cysts, OKCs, Ameloblastomas.
 4. To qualify for the removal of an impacted tooth, the tooth must demonstrate one of the following: Pathology such as pericoronitis, dentigerous cysts, OKCs, Ameloblastomas, or radiographic aberrant tooth position beyond normal variations, or pain beyond normal eruptive pain, as demonstrated by a narrative on a per tooth basis, describing pain that is more than normal eruption pain – for example: a description of duration, intensity, medications, or other factors that are more than normal eruption pain.
 5. Normal eruption discomfort and localized inflammatory conditions will not qualify impactions for an authorization for extraction.
 6. Lack of eruptive space will not qualify for an authorization for extraction of

impacted third molars.

7. Lack of root formation is considered pre-eruptive and will not qualify for benefit.
8. Excision of pericoronal gingiva is included with extraction of same tooth or adjacent tooth
9. Authorization for D7241 will only be authorized during post-service review with a clinical chart note indicating the unusual surgical complication which occurred. Authorization of D7240 will be granted pre-service in-lieu-of D7241, pending post-service review for unusual surgical complications.

I. Authorization for Surgical Extractions

1. Benefit review decisions for authorization of the extraction of teeth will be based upon medical necessity and upon appropriate code utilization for the current ADA codes D7210, D7250.
2. Surgical extractions of erupted teeth are defined as extractions requiring elevation of a mucoperiosteal flap and removal of bone and or section of the tooth and closure to remove the tooth. Authorizations for extractions D7210 will not meet criteria if the tooth is single rooted with remaining clinical crown visible in the mouth except in the presence of a root dilaceration, endodontic treatment, or decay.
3. Authorizations for extractions D7210 will not meet criteria if the tooth is single rooted with remaining clinical crown visible in the mouth except in the presence of a root dilaceration, endodontic treatment, or decay exceeding 75% of the crown.
4. Billed and noted in patient record on a tooth-by-tooth basis.
5. Services that fail to meet clinical criteria due prior treatment will require medical necessity review.

References:

- American Association of Oral Maxillofacial Surgeons
- American Dental Association
- OAC 5160-5-01 Dental Services (Appendix A to rule 5160-5-01 Oral Surgery)