

Exhibit C – Dental Extraction Clinical Criteria

Reference: American Association of Oral Maxillofacial

Surgeons and American Dental Association

Documentation needed for 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 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. Alveoloplasty is included in the fee for a surgical extraction or impaction in the same quadrant.
 - 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.
 - 2. The removal of primary teeth whose exfoliation is imminent is not a covered benefit.
 - 3. In most cases, extractions that render a patient edentulous must be deferred until authorization to construct a denture has been given.
 - 4. Alveoloplasty (code D7310) in conjunction with a surgical extraction in the same quadrant is not a covered benefit.
 - 5. 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.
 - 6. 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.
 - 7. Bone replacement graft for ridge preservation at the time of an extraction is considered part of the extraction or surgical fee and is not separately billable.
 - 8. Extractions performed as a part of a course of orthodontics are covered only if the orthodontic case is a covered benefit.
 - 9. The extraction of primary or permanent teeth does not require authorization unless:
 - a. Teeth are impacted wisdom teeth

- b. Residual roots requiring surgical removal
- c. Surgical extraction of erupted teeth.

10. 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.
 - 4. Extraction of impacted wisdom teeth or surgical removal of residual tooth roots will require a written narrative of medical necessity.

- 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..
 - 2. The prophylactic removal of disease-free third molars is not covered.
 - 3. Impacted third molars that do not show radiographic evidence of complete root formation will not qualify for an authorization for extraction.
 - 4. Impacted third molars that do not show pathology will not qualify for an authorization for extraction.
 - 5. Impacted third molars that do not demonstrate radiographic aberrant tooth position beyond normal variations will not qualify for an authorization for extraction.
 - 6. Normal eruption discomfort and localized inflammatory conditions will not qualify for an authorization for extraction.
 - 7. Lack of eruptive space will not qualify for an authorization for extraction of

impacted third molars.

8. Lack of root formation is considered pre-eruptive and will not qualify for benefit.
9. Excision of pericoronal gingiva is included with extraction of same tooth or adjacent tooth

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 removal requiring elevation of a mucoperiosteal flap and removal of bone and or section of the tooth and closure to remove the tooth. Elevation of mucoperiosteal flap and removal of bone and or sectioning of the tooth for the convenience of the provider is not a surgical extraction.
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. Procedures that may meet clinical criteria for approval, may be disallowed due to frequency limitations.
6. Services that fail to meet clinical criteria due prior treatment will be disallowed.

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)