

# Non-Surgical Extractions

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[Instructions for Use](#)

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## Related Dental Policies

- [Surgical and Partial Extractions of Erupted Teeth and Removal of Retained Roots](#)
- [Surgical Extraction of Impacted Teeth](#)

## Coverage Rationale

### Non-Surgical Extractions

Non-surgical [Extractions](#) are indicated for the following:

- For non-restorable teeth
- Failed endodontics
- For teeth with a poor prognosis
- Supernumerary teeth
- Crowding/nonfunctional teeth
- Orthodontic considerations
- For primary teeth that are interfering with the eruption of permanent teeth
- When a tooth is interfering with planned prosthodontics

## Definitions

**Extraction:** The process or act of removing a tooth or tooth parts. (ADA)

## 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
D7111	Extraction, coronal remnants – primary tooth
D7140	Extraction, erupted tooth or exposed root (elevation and/or forceps removal)

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## Description of Services

Non-surgical Extractions are performed for erupted teeth. Instruments are used to separate the periodontium from the tooth to remove it from its position in the jaw. This procedure includes routine removal of tooth structure, minor smoothing of the socket, and sutures if indicated.

Pursuant to CA AB2585: While not common in dentistry, nonpharmacological pain management strategies should be encouraged if appropriate.

## References

American Dental Association (ADA) CDT Codebook 2025.

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

Clinical Affairs Committee, American Academy of Pediatric Dentistry. Guideline on Management Considerations for Pediatric Oral Surgery and Oral Pathology. Pediatric Dentistry 2015 Sep-Oct; 37(5):85-94.

Uppgaard R. Atlas of Oral and Maxillofacial Surgery, Second Edition. Philadelphia: Elsevier c2023. Chapter 10, Routine Extraction of Teeth; p. 85-93.

## Policy History/Revision Information

Date	Summary of Changes
06/01/2025	<b>Template Update</b> <ul style="list-style-type: none"><li>Changed policy type classification from “Coverage Guideline” to “Clinical Policy” (no content updates)</li></ul> <b>Supporting Information</b> <ul style="list-style-type: none"><li>Archived previous policy version DCG022.11</li></ul>

## Instructions for Use

This Dental Clinical Policy provides assistance in interpreting UnitedHealthcare standard and Medicare Advantage dental plans. When deciding coverage, the member specific benefit plan document must be referenced as the terms of the member specific benefit plan may differ from the standard dental plan. 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 Clinical Policy is provided for informational purposes. It does not constitute medical advice.