

Delta Dental of Virginia Clinical Policy # 705
Subject

Prophylactic Removal of Third Molar Teeth

Originating Department

Clinical Professional Services

Signature Authority

Dental Director

Type: New Replacement Revision Clarification

Date: 11.15.2011 **Revision Date:**
Preamble:

The Clinical Policy Bulletin is an expression of Delta Dental of Virginia's (DDVA) determination regarding whether certain services or supplies are medically or dentally necessary. DDVA bases its conclusions on a review of currently available clinical literature. This includes, but is not limited to, clinical outcome studies published in the peer-reviewed medical and dental literature, regulatory status of the technology, evidence-based guidelines of public health and health research agencies, evidence-based guidelines and positions of leading national health professional organizations, views of physicians and dentists practicing in pertinent clinical areas, and other applicable information. DDVA reserves the right to revise these policies as new clinical information is available and we welcome submission of further relevant information.

A group may define covered dental services under their dental plan, as well as those services that may be subject to dollar caps or other limits. The plan documents outline covered benefits, exclusions and limitations. DDVA advises dentists and subscribers to consult the plan documents to determine if there are exclusions or other benefit limitations applicable to the service request. The conclusion that a particular service is medically or dentally necessary does not constitute an indication or warranty that the service requested is a covered benefit payable by DDVA. Some plans exclude coverage for services that DDVA considers either medically or dentally necessary. When there is a discrepancy between DDVA's clinical policy and the group's plan documents, DDVA is to defer to the group's plan documents as to whether the dental service is a covered benefit. In addition, if state or federal regulations mandate coverage then DDVA will adhere to the applicable regulatory requirement.

History:

Removal of third molar teeth at an early stage of development is a common recommendation by orthodontists for adolescents undergoing orthodontic treatment. While some may be indicated in young adolescents, providers should be aware that the prophylactic removal of third molars may be a non-covered benefit, as these extractions do not meet the definition of dental necessity or the specific parameter of certain dental plans, which benefit the removal of symptomatic or diseased teeth only.

Systematic reviews of the literature do not support prophylactic removal of unerupted third molar teeth that are not associated with a specific pathologic process warranting removal(1,2,3,4,5).

For benefits to be considered, third molar removals must meet the criteria for the treatment of impacted teeth as defined by the ADA CDT manual(6). The ADA CDT manual defines an impaction as: "An unerupted or partially erupted tooth that is positioned against another tooth, bone, or soft tissue so that complete eruption is unlikely." To qualify for removal as an impaction, a tooth must exhibit an impediment to a normal eruptive pattern such as horizontal orientation, significant

	<p>mesial or distal angular inclination, or some other abnormal anatomic position, such as a partially erupted tooth with little space to accommodate adequate occlusion. Of note is the fact that the position of unerupted third molar teeth can change through the middle of the third decade(7). Documentation of the need for removal is required. Therefore, providers must submit diagnostic X-rays and a narrative/treatment rationale documenting the dental or medical necessity for removal.</p> <p>Otherwise, if the teeth do not meet the definition of a true impaction and are unerupted, the teeth must be associated with the presence of some localized pathologic process, such as infection/pericoronitis resulting from food impaction causing multiple episodes of purulent exudate, inflammation; adjacent tooth resorption; bone loss of the adjacent tooth; pathologic cyst formation; traumatic occlusion from an opposing tooth; or pain associated with a localized, identifiable causative factor.</p> <p>Removal of teeth for relief of non-specific symptoms, such as “headaches,” “jaw pain,” and discomfort associated with temporomandibular joint dysfunction (TMJ/TMD), do not meet criteria for treatment.</p> <p>Additionally, removal of third molar teeth to “prevent crowding” or post-orthodontic “relapse” does not meet the criteria for treatment. The role of third molar teeth relative to crowding may or may not be significant(2,3,8,9) and research has shown the etiology of tooth crowding to be nonspecific and multifactorial(10,11). The removal of third molar teeth has been shown to have no effect on late lower incisor crowding(12). No available research specifically isolates the presence of third molar teeth as a causative factor in crowding(13). The American Association of Oral and Maxillofacial Surgeons has issued the following statements: “Despite good intentions, we are not able to explain, predict, or prevent crowding, no matter what the cause. While it is likely that third molars play at least some role in the etiology of crowding, they are only one factor to consider in making a clinical decision about third molar management”(14).</p> <p>Arch length discrepancies are often cited by practitioners as an indication for removal of unerupted third molar teeth. However, the age of the patient relative to continued growth of the maxilla and mandible must be taken into consideration. Research shows significant growth between the ages of eleven and seventeen(15), with mandibular growth approximately twice that of the maxilla(16). Facial growth is approximately 98% completed by age 17-18 in adolescent males and by age 15 in adolescent females(17). Facial growth may continue past these ages, and in particular, late mandibular growth is often observed in post-pubertal teens(18).</p>
Policy:	DDVA recommends that, prior to removal of bone/soft tissue impacted, unerupted teeth not associated with a localized pathologic process, providers submit a predetermination of benefits. Providers may refer to treatment guidelines on tooth extraction at www.deltadentalva.com ; see Clinical Policy #700.
Codes(19):	D7220, D7230, D7240, D7241
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