

Comprehensive Medical and Dental Program Authorization Guidelines

Subject: Guideline for the Extraction of Third Molars

Unit: Health Services

Legal Basis

A.R.S. § 8-512 directs the Department of Child Safety to provide comprehensive medical and dental care for children in out-of-home care, to ensure medically necessary services are identified and provided.

A.A.C., DES – Social Services, Article 60. Comprehensive Medical/Dental Program for Foster Children R6-5-6001 - The goal of the Comprehensive Medical/Dental Program (CMDP) for children in out-of-home care is to provide, in the most cost effective manner, full coverage for those medical and dental services which are necessary to the achievement and maintenance of an optimal level of physical and mental health for children in out-of-home care.

9 A.A.C. 22, Article 2 - Services or items furnished solely for cosmetic purposes are excluded from Arizona Health Care Cost Containment System (AHCCCS) coverage.

A.A.C. R9-22-101.B. Definition of Medical Necessity: AHCCCS covers those services provided by a physician or other licensed practitioner of the healing arts within the scope of their practice under State law to:

- a. Prevent death, treat/cure disease, and ameliorate disabilities or other adverse health conditions; and/or
- b. Prolong life.

American Dental Association, Definition of Medical Necessity: Care is medically necessary for the purpose of: controlling or eliminating infection, pain, and disease; and restoring facial configuration or function necessary for speech, swallowing or chewing.

Purpose

This guideline is used in the prior authorization decision-making process regarding all requests for extraction of third molars.

This guideline does not represent a standard of care, nor is it intended to dictate an exclusive course of management. Since medical and dental research, physician and dentist practice patterns, and health care technology are continuously evolving, please note that the information contained in this guideline may be updated.

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Third molar extractions

Medically necessary third molar removal is a covered service for CMDP eligible members. The procedure requires prior authorization (PA) by CMDP when performed by a dentist or oral surgeon.

The member's healthcare provider must submit appropriate documentation to substantiate medical necessity. The provider request should include narrative statement, periapical or panoramic x-ray and the identification of the symptomatic tooth/teeth.

According to the American Association of Oral and Maxillofacial Surgeons "Predicated on the best evidence-based data, third molar teeth that are associated with disease, or are at high risk of developing disease, should be surgically managed. In the absence of disease or significant risk of disease, active clinical and radiographic surveillance is indicated" (p. 1). Therefore, CMDP requires such as part of the needed medical documentation for approval of third molar extractions.

All cases of third molar extractions should be individually assessed and the choice of therapy selected based upon the existence of patient pain, local or systemic infection, pathology/cyst, caries or root involvement.

Considerations for Treatment:

- Recurrent pain or discomfort
- Partially erupted tooth where infection is present now or in the recent past
- Partially erupted tooth that will likely not erupt into proper alignment
- second or subsequent pericoronitis
- Unrestorable caries
- Caries in adjacent tooth
- Abscess/Cellulitis
- Disease of follicle including cyst/tumor
- Internal or external resorption of tooth or adjacent tooth
- Periodontal disease
- Chronic cheek biting
- Facilitation of restorative treatment including provision for prosthesis
- Patients with a medical condition when the risk of retention outweighs the potential complications associated with removal (osteoradionecrosis, endocarditis, chemotherapy, organ transplants)

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Where a general anesthetic is administered for removal of at least one third molar, consideration can be given for the simultaneous removal of the opposing or contralateral third molar when the risk of retention and a further general anesthetic outweighs the risks associated with removal.

Reference: “The Management of Impacted Third Molar Teeth,” Statement by the American Association of Oral and Maxillofacial Surgeons Concerning the Management of Selected Clinical Conditions and Associated Clinical Procedures, March 2010.

Citation:

White Papers | AAOMS. (2016). Retrieved from <http://www.aaoms.org/practice-resources/aaoms-advocacy-and-position-statements/white-papers>

Signature on file
Medical Director

8/22/2017
Date