

D7140

Extraction, Erupted Tooth or Exposed Root

ORAL-SURGERY • D7000-D7999

What This Code Covers

D7140 is the standard code for a simple extraction of a tooth that has fully erupted through the gum line or has an exposed root. The dentist uses elevators and/or forceps to remove the tooth without needing to cut into bone or reflect a tissue flap. This is the most commonly billed extraction code in general dentistry. It applies regardless of the reason for extraction, whether the tooth is decayed, fractured at the gum line, or being removed for orthodontic purposes.

Billing Guide

Bill this code when:

- The tooth is visible in the mouth and can be removed with elevators and/or forceps alone
- No bone removal or sectioning of the tooth is required to complete the extraction
- The root is exposed and accessible without a surgical approach
- The extraction is routine and does not require a tissue flap, bone removal, or tooth sectioning

Do not bill this code when:

- Bone removal is needed to extract the tooth, so use D7210 instead
- The tooth must be sectioned (split into pieces) for removal, so use D7210 instead
- The tooth is impacted under soft tissue or bone, so use D7220, D7230, or D7240
- You are removing only the coronal remnants of a deciduous tooth, so use D7111

Claim Submission Checklist

- Tooth number clearly identified on the claim form
- Pre-operative radiograph showing the tooth and root structure
- Clinical notes documenting the reason for extraction (decay, fracture, periodontal disease, etc.)
- Documentation that the procedure was completed with elevation and/or forceps only
- Any applicable narrative if the payer requires medical necessity documentation

Insurance and Denial Prevention

Key Payer Rules:

- Most dental plans cover D7140 at 70-80% under major services, though some plans classify it under basic services
- Many payers require a pre-operative radiograph to process the claim
- Some plans have a waiting period for extractions, commonly 6 to 12 months after coverage begins
- Medicaid coverage varies by state but generally covers medically necessary extractions

Common Denials and How to Respond:

- Frequency limitation or benefit maximum reached ' Verify the patient's remaining annual maximum. If benefits are exhausted, inform the patient of their out-of-pocket cost before proceeding.
- Missing tooth clause applied ' This denial is not valid for extractions. Appeal with a letter clarifying that D7140 is a procedure code, not a replacement code, and does not fall under missing tooth provisions.
- Insufficient documentation or missing radiograph ' Resubmit with the pre-operative radiograph and clinical notes that support medical necessity for the extraction.

Frequently Asked Questions

What is the difference between D7140 and D7210?

D7140 is a simple extraction where the tooth comes out with elevators and forceps alone. D7210 is a surgical extraction where the dentist must remove bone and/or section the tooth into pieces to get it out. If you start with a simple approach but end up needing to cut bone or split the tooth, bill D7210 instead of D7140.

Can D7140 be billed for a root tip removal?

Yes, if the root tip is exposed and accessible and can be removed with elevators or forceps without cutting bone. If the root tip is buried under bone and requires a surgical approach, use D7250 (removal of residual roots) instead.

Is a pre-operative radiograph required to bill D7140?

Most payers require a pre-operative radiograph to process an extraction claim. Even when not strictly required, having a current radiograph on file protects the practice in case of an audit or appeal. Always document the radiograph in the patient record before performing the extraction.



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