

# D7210

## Extraction, Erupted Tooth Requiring Removal of Bone and/or Sectioning of Tooth

ORAL-SURGERY • D7000-D7999

### What This Code Covers

D7210 covers the surgical extraction of a tooth that has erupted into the mouth but cannot be removed with elevators and forceps alone. The procedure requires the dentist to remove surrounding bone, section the tooth into pieces, or both in order to complete the extraction. This code is used when an erupted tooth has curved or divergent roots, dense bone, ankylosis, or other complications that prevent a straightforward removal. D7210 is more complex and reimburses at a higher rate than D7140.

### Billing Guide

#### Bill this code when:

- The erupted tooth requires bone removal (with a handpiece or chisel) to complete the extraction
- The tooth must be sectioned into two or more pieces for removal
- A mucoperiosteal flap is raised to access the tooth and surrounding bone
- Both bone removal and tooth sectioning are needed to extract the tooth

#### Do not bill this code when:

- The tooth comes out with elevators and forceps alone, even if it took longer than expected, so use D7140
- The tooth is impacted beneath soft tissue or bone, so use D7220, D7230, or D7240 instead
- You are removing a root tip that is no longer attached to a tooth, so use D7250
- The extraction was planned as simple but you want to upcode for higher reimbursement

### Claim Submission Checklist

- Tooth number identified on the claim form
- Pre-operative radiograph showing root anatomy, bone density, or other factors requiring a surgical approach
- Operative notes describing the surgical technique used (flap, bone removal, sectioning, or combination)
- Documentation of the specific complication that required a surgical approach rather than simple extraction
- Post-operative instructions provided to the patient

## Insurance and Denial Prevention

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### Key Payer Rules:

- Most plans reimburse D7210 at 50-80% under major or surgical services, depending on the plan tier
- Payers often require a narrative or operative note explaining why a surgical approach was necessary
- Some payers will downgrade D7210 to D7140 if the documentation does not clearly support a surgical extraction
- Pre-authorization is recommended for patients with plans that have low annual maximums

### Common Denials and How to Respond:

- Downgraded to D7140 (simple extraction) ' Appeal with the operative note detailing bone removal or tooth sectioning. Include the pre-operative radiograph showing curved roots, dense bone, or ankylosis. Cite the CDT definition that requires bone removal and/or sectioning for D7210.
- Missing narrative or insufficient documentation ' Resubmit with a detailed operative note. Describe the specific surgical steps taken, including flap elevation, bone removal amount, sectioning technique, and closure method.
- Pre-authorization not obtained ' Check the patient's plan requirements. If pre-auth was required, submit a retroactive authorization request with full clinical documentation. Many payers will still process the claim if medical necessity is clear.

## Frequently Asked Questions

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### How do I decide between D7140 and D7210?

The deciding factor is the technique, not the difficulty. If you used only elevators and forceps, bill D7140 regardless of how long it took. If you had to remove bone, section the tooth, or raise a flap, bill D7210. Document your technique in the operative note so the record supports the code you submit.

### Can I bill D7210 if I only sectioned the tooth but did not remove bone?

Yes. D7210 applies when bone removal and/or tooth sectioning is required. Sectioning the tooth alone qualifies for D7210 as long as it was clinically necessary and you document it in your operative notes.

### Should I get pre-authorization for D7210?

It depends on the patient's plan. Some payers require pre-authorization for surgical extractions, while others do not. Check the patient's benefits before the procedure. Even when pre-auth is not required, having one on file reduces the chance of a post-service denial.



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