

THIRD MOLAR EXTRACTIONS REFERRAL
South Dakota Medicaid / Affordable Care Act (ACA)

Patient Name: _____ DOB: _____

Recipient/Insurance ID: _____

Parent or Guardian (for minors): _____

Home Phone: _____ Work Phone: _____ Cell Phone: _____

Referring Office Name: _____

Referring Dentist: _____

Date of Referral: _____

REASON FOR REFERRAL

Code Diagnosis

- A: Cellulitis (pericoronitis) or abscess, may be associated with tooth in oral communication lacking space for normal eruption.
- B: Non-treatable (or not covered) severe caries, pulpal pathology, fractured tooth.
- C: Severe periodontitis or periapical pathology.
- D: Associated cysts or neoplasms or other radiographic pathology
- E: Internal or external resorption of tooth or adjacent teeth.
- F: Misaligned tooth causing acute or chronic inflammation, or impaired orofacial function.
- G: Prophylactic measure (which alone does not constitute medical necessity)
- H: Presence of severe pain or swelling
- J: Other (must describe)

Indicate the teeth to be extracted along with the diagnostic code reason to remove the tooth. Each tooth must be listed separately based on each individual diagnosis.

Extract #1: _____ Additional Diagnosis: _____
(code)

Extract #16: _____ Additional Diagnosis: _____
(code)

Extract: #17: _____ Additional Diagnosis: _____
(code)

Extract: #32: _____ Additional Diagnosis: _____
(code)

****Referral does not guarantee coverage. Extraction of third molars must be medically necessary.****