

**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: 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.\*\***