

**Title 23: Division of Medicaid**

**Part 204: Dental Services**

**Chapter 2: Oral Surgery**

*Rule 2.3: Surgical Extractions*

- A. The Division of Medicaid defines an impacted tooth as one where its eruption is partially or wholly obstructed by bone, soft tissue or other teeth.
- B. The Division of Medicaid covers surgical extractions and removal of impacted teeth.
- C. The Division of Medicaid does not cover for the extraction of an unerupted third molar unless medically necessary including, but not limited to:
  - 1. Radiographic evidence that a third molar will be severely impacted, or
  - 2. Evidence of infection.
- D. The fee for all surgical extractions and removal of impacted teeth includes:
  - 1. Local anesthesia,
  - 2. Smoothing the socket site,
  - 3. Suturing, and
  - 4. Routine post-operative care.

Source: Miss. Code Ann. § 43-13-121.

History: Revised eff. 12/01/15.