Dental Policy

Subject:	**Accidental Dental Injury**		
Guideline #:	**Clinical Policy-02**	**Publish Date:**	**03/15/2018**
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Description

This document addresses the clinical aspects of [initial and/or definitive] treatment of accident dental injury.

Accident – An injury that results in physical damage or injury to a sound natural tooth/teeth and/or the supporting hard and soft tissue structures resulting from an unexpected and unintentional extra-oral blunt force, trauma or accident related. Trauma cannot be due to chewing or biting forces. Sound natural teeth are those in good repair that were stable, functional and free from decay, fracture and advanced periodontal disease (at least 50% bone support) at the time of the accident.

Note: Please refer to the following documents for additional information concerning related topics:

Restorative Services (02-701, 02-901)
Endodontic Services (03-001)
Prosthetic services, fixed (06-701) and removable
Periodontal Services, tissue grafts, see below (04-201, 04-203, 04-204, 04-206)
Oral Surgical Services, Removal of Teeth - 07-101, 07-901,
Implant Services (06-101, 06-002)
Bone Grafts (07-901)
Clinical-01 Teeth with w Guarded or Poor Prognosis

Clinical Indications

Dental services treating accidental dental injury/ies may be considered medically or dentally necessary as a result of physical damage or injury from extra-oral blunt force trauma to sound natural teeth and/or the supporting hard and soft tissue structures not due to chewing or biting forces. Sound natural teeth are those in good repair that were stable, functional, free from decay, fracture and advanced periodontal disease at the time of the accident.

As it applies to appropriateness of care, dental services are:

- provided by a Dentist, exercising prudent clinical judgment
- provided to a patient for the purpose of evaluating, diagnosing and/or treating a dental injury or disease or its symptoms
- in accordance with the generally accepted standards of dental practice which means:
    - standards that are based on credible scientific evidence published in peer-reviewed, dental literature generally recognized by the practicing dental community
    - specialty society recommendations/criteria
    - any other relevant factors
- clinically appropriate, in terms of type, frequency and extent
- considered effective for the patient's dental injury or disease

- not primarily performed for the convenience of the patient or Dentist
- not more costly than an alternative service.
- dependent on group contract provisions, cosmetic services may not qualify for benefit coverage even though the services may be clinically appropriate.

Dental Services are not considered appropriate(unless specified by group contract) in treating accidental dental injuries when the services rendered treat pre-existing/pre-accident dental conditions.

Note: Whether a service is covered by the plan, when any service is performed in conjunction with or in preparation for a non-covered or denied service, all related services are also either not covered or denied.

Note:
A group may define covered dental services under either their dental or medical plan, as well as to define those services that may be subject to dollar caps or other limits. The plan documents outline covered benefits, exclusions and limitations. The health plan advises dentists and enrollees to consult the plan documents to determine if there are exclusions or other benefit limitations applicable to the service request. The conclusion that a particular service is medically or dentally necessary does not constitute an indication or warranty that the service requested is a covered benefit payable by the health plan.
Some plans exclude coverage for services that the health plan considers either medically or dentally necessary. When there is a discrepancy between the health plan's clinical policy and the group's plan documents, the health plan will defer to the group's plan documents as to whether the dental service is a covered benefit. In addition, if state or federal regulations mandate coverage then the health plan will adhere to the applicable regulatory requirement.

General Criteria

Treatment of an accidental dental injury to sound, natural teeth and the soft and hard tissues of the oral cavity are considered medically necessary when treatment is rendered within seventy-two (72) hours of the onset of the injury. Exceptions to this timeframe include injuries requiring hospitalization for accident related injuries to other areas of the body that may delay the repair of the dento-alveolar complex.

Prospective treatment review is not required for initial/emergency/palliative services. Retrospective review will be conducted after dental care services have been provided. A claim review includes, but is not limited to, an evaluation of reimbursement levels, accuracy of documentation, accuracy of coding and adjudication of payment. Evaluation of appropriateness and medical or dental necessity will be based on prevailing standards or current practice in the dental community.

Clinical documentation required includes diagnostic pre and post trauma radiographs (properly oriented, labeled, and dated). This includes full mouth, panoramic, and/or other appropriate radiographic images that allows for the evaluation of the affected teeth and bone. Radiographic images must reveal all existing and missing teeth in both upper and lower arches. Other required clinical documentation includes chart notes, intra-oral and facial photographs (when appropriate), an accident or emergency room report and letter from the treating dentist describing the accident, dental/oral injuries, and the proposed treatment plan.
Initial/Emergency treatments may include the following:

Exam and diagnosis
Radiographic exam
Extraction
Suturing
Splinting
Re-implantation, repositioning, and stabilization of dislodged teeth

Restorative services
Endodontic services
Interim prosthetic services
Medication administered by the provider

Definitive Restorative and Reconstructive Treatment, when performed within 12 months of the date of the accidental dental injury may include:

Extraction
Endodontic Services
Periodontic Services – soft tissue grafting
Restorative Services
Implant Services
Fixed and removable prosthodontic Services
Bone grafting

Coding

The following codes for treatments and procedures applicable to this document are included below for informational purposes. Inclusion or exclusion of a procedure, diagnosis or device code(s) does not constitute or imply member coverage or provider reimbursement policy. Please refer to the member's contract benefits in effect at the time of service to determine coverage or non-coverage of these services as it applies to an individual member.

CDT Codes Emergency Treatment
Intermediate/Definitive Treatment includes

Oral surgical Services may include Extraction and bone grafting
Endodontic Services
Restorative Services
Periodontic Services – soft tissue grafting
Implant Services
Fixed and removable prosthodontic Services

CPT Codes	*Including but not limited to*
99201 – 99205	new patient
99211 – 99215	established patient
99241 – 99245	Consultation
70300	Radiologic exam, teeth, single view
70310	Radiologic exam, less than full mouth
70355	Panoramic radiologic exam

ICD-10 Diagnosis	*Including but not limited to*
S00.	Superficial injury to head
S01	Open wound of head
S02	Fracture of skull and facial bones
S01.512A	
S01.532A	
S01.552A	
S02.5XXA	
S02.5XXB	
S03.2XA	
S01.522A	
S01.542A	

K08.11	complete loss of teeth due to trauma (note subcategories)
K08.19	complete loss of teeth due to unspecified causes (note subcategories)
K08.4	partial loss of teeth
K08.40	partial loss of teeth (note subcategories)
K08.41	partial loss of teeth due to trauma
K08.49	partial loss of teeth due to unspecified causes (note subcategories)

Discussion/General Information

The oral region comprises 1% of the total body area, yet it accounts for 5% of all bodily injuries. In preschool children, oral injuries make up as much as 17% of all bodily injuries. The incidence of traumatic dental injuries is 1%–3%, and the prevalence is steady at 20%–30%. The annual cost of treatment is US $2–$5 million per 1 million inhabitants. Etiologic factors vary between countries and with age groups.

Based on the American Association of Pediatric Dentist's guidelines, "To efficiently determine the extent of injury and correctly diagnose injuries to the teeth, periodontium, and associated structures, a systematic approach is essential. Assessment includes a thorough medical and dental history, clinical and radiographic examination, and additional tests such as palpation, percussion, sensitivity, and mobility evaluation. Intra-oral radiography is useful for the evaluation of dentoalveolar trauma. If the area of concern extends beyond the dentoalveolar complex, extra-oral imaging may be indicated. Treatment planning takes into account the patient's health status, oral condition, as well as extent of injuries. All relevant diagnostic information, treatment, and recommended follow-up care should be documented in the patient's record."

Crown fractures and luxations occur most frequently of all dental injuries. An appropriate treatment plan after an injury is important for a good prognosis. Guidelines are useful for delivering the best care possible in an efficient manner. The International Association of Dental Traumatology (IADT) has developed a consensus statement after a review of the dental literature and group discussions article of three, the IADT Guidelines for management of fractures and luxations of permanent teeth will be presented.

Permanent Teeth

- Treatment of uncomplicated crown fracture, no pulpal exposure, may include bonding of tooth fragment, covering of exposed dentin or definitive restoration with accepted dental material.
- Treatment of complicated crown fracture, pulp exposure, may include:
    - Young patients with immature still developing teeth: pulp capping, partial pulpotomy, or apexogenesis.
    - Older patient's with fully developed teeth: root canal therapy and definitive restoration with accepted dental materials or tooth extraction and replacement.
- Crown and root fractures may be treated the same as complicated crown fracture
- Treatment of Root fracture may include repositioning, stabilization and observation or extraction dependent upon severity
- Treatment of Alveolar bone fracture may include repositioning of displaced tooth segment/s with fixed splinting.

Primary Teeth

- Treatment of uncomplicated crown fracture with no pulpal exposure may include exposed dentin with definitive restoration using accepted dental material.
- With immature, developing roots, treatment of complicated crown fracture and pulp exposure, may include: pulp capping, partial pulpotomy or tooth extraction.
- Treatment of root fracture may include removal of coronal fragments leaving the apical fragment to allow for resorption.
- Treatment of Alveolar bone fracture may include repositioning of displaced segment/s and fixed or removable splinting.

Avulsion of permanent teeth is the most serious and most common of all dental injuries. The prognosis depends on the measures taken at the place of accident or the time immediately after the avulsion. Reimplantation of the tooth is the treatment of choice, but cannot always be carried out immediately. An appropriate emergency management and treatment plan is important for a good prognosis.

- Treatment of an avulsed tooth with a closed apex where the tooth was stored in an appropriate medium for less than 60 minutes such as under the tongue includes: cleansing of the tooth, replacement of the tooth, suture of lacerations, verification of tooth position, and fixed splinting, and root canal therapy immediately or within 7 to 10 days after reimplantation. If the apex is open, delay root canal therapy to allow for revascularization.
- Treatment of an avulsed tooth where extra-oral dry time is longer than 60 minutes includes immediate root canal therapy prior to reimplantation and flexible splint.

Luxation Injuries of Primary Teeth

- Concussion – observation
- Subluxation – observation
- Extrusive luxation – minor extrusion of <3 mm careful repositioning. For severe extrusion, removal is the

treatment of choice.

- Lateral luxation – allow for tooth to reposition naturally with occlusal, lip and cheek guidance. In severe cases removal is the treatment of choice.
- Intrusive luxation – if root of a deciduous tooth is displaced into the developing tooth germ, removal of the deciduous tooth is the treatment of choice.
- Avulsion – reimplantation is not recommended. A space maintenance device may be recommended after primary treatment of the injury/ies.

Facial, Oral, and Periodontal Soft Tissue Injuries

Reposition of tissue laceration and suturing. Dental benefits are available for repair of intra-oral tissue including but not limited to gingival, lip, tongue, and palatal lacerations.

Alveolar Fractures

Open or closed reduction may include stabilization of teeth (teeth may be wired, banded or splinted) and internal fixation of bone.

Maxillary, Mandibular, or Other Facial Bone Fractures

Medical benefits are generally applicable.

Definitions

Alveolar bone (process) - the thickened ridge of **bone** that contains the tooth sockets (dental **alveoli**) that hold teeth.

Dentoalveolar complex – teeth and their socket

Periodontium - the specialized tissues that both surround and support the teeth, maintaining them in the maxillary and mandibular bones.

Sound and Natural Teeth - Sound natural teeth are those in good repair that were stable, functional and free from decay, fracture and advanced periodontal disease (50% bone support) prior to the accident.

Subluxation - tooth mobility has increased but the tooth has not been displaced.

Tooth Displacement

Avulsion – complete displacement from the socket

Extrusion - partial displacement axially from the socket

Intrusion – apical displacement of tooth

Luxation – abnormal loosening with or without displacement,

Tooth Fracture – a break located in the crown and/or root portion of a tooth

References

Peer Reviewed Publications:

Andersoson, Lars DDS PhD; Journal of Endodontics, Epidemiology of Traumatic Dental Injuries; V 39 Issue 3; March 2013; pgs S2 – S5

AAPD Council on Clinical Affairs, Reference Manual; 2011 V 34 No 6; Guideline on Management of Acute Dental Trauma; pgs 12 – 21,

Current Procedural Terminology- CPT® 2017 Professional Edition -American Medical Association. All rights reserved.

Current Dental Terminology- CDT © 2017 American Dental Association. All rights reserved. ICD-1G-CM 2017: The Complete Official Codebook. All rights reserved.

Glendor, Ulf; Dental Traumatology 2008: 24: 603 – 611

Guidelines for the Management of Traumatic Dental Injuries; I, II, and III.

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History

Revision History	Version	Date	Nature of Change	SME
	Initial	6/13/17		Kahn
	Revision	11/13/17	Criteria, Coding, Discussion	Kahn
	Revision	2/6/18	Appropriateness and medical necessity	Kahn

Federal and State law, as well as contract language, and Dental Policy take precedence over Clinical UM Guidelines. We reserve the right to review and update Clinical UM Guidelines periodically. Clinical guidelines approved by the Clinical Policy Committee are available for general adoption by plans or lines of business for consistent review of the medical or dental necessity of services related to the clinical guideline when the plan performs utilization review for the subject. Due to variances in utilization patterns, each plan may choose whether to implement a particular Clinical UM Guideline. To determine if review is required for this Clinical UM Guideline, please contact the customer service number on the member's card.

Alternatively, commercial or FED plans or lines of business which determine there is not a need to adopt the guideline to review services generally across all providers delivering services to Plan's or line of business's members may instead use the clinical guideline for provider education and/or to review the medical or dental necessity of services for any provider who has been notified that his/her/its claims will be reviewed for medical dental necessity due to billing practices or claims that are not consistent with other providers in terms of frequency or in some other manner.