



An Anthem Company

Dental Clinical Policy

Subject: Accidental Dental Injury

Guideline #: Clinical Policy - 02

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Description

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

The plan performs review of accidental dental injury due to contractual requirements that necessitate benefits for dental services meet specific contract requirements. For example, plan contract(s) may require the provision of benefits for services that meet generally accepted standards of dental care at the lowest cost that properly addresses the patient's condition. 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 dental plan.

Clinical Indications

Dental services treating accidental dental injury/injuries 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, and free from decay, fracture and advanced periodontal disease at the time of the accident.

Dental review as it applies to accepted standards of care means dental services that a Dentist, exercising prudent clinical judgment, provides to a patient for the purpose of evaluating, diagnosing or treating a dental injury or disease or its symptoms, and that are: in accordance with the generally accepted standards of dental practice; in terms of type, frequency and extent and is considered effective for the patient's dental injury or disease; and is not primarily performed for the convenience of the patient or Dentist, is not cosmetic and is not more costly than an alternative service.

For dental purposes, "generally accepted standards of dental practice" 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
- the views of recognized dentists practicing in the relevant clinical area
- any other relevant factors from credible sources

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.

Criteria

Treatment of accidental dental injury/injuries 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 are of diagnostic quality and that allow 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

IDC-10 CM Diagnoses for Dental Diseases and Conditions: See the current CDT code book for details

References

1. Andersson, Lars DDS PhD; Journal of Endodontics, Epidemiology of Traumatic Dental Injuries; V 39 Issue 3; March 2013; pgs S2 – S5
2. AAPD Council on Clinical Affairs, Reference Manual; 2011 V 34 No 6; Guideline on Management of Acute Dental Trauma; pgs 12 – 21,
3. Current Procedural Terminology- CPT® 2017 Professional Edition -American Medical Association. All rights reserved.
4. Glendor, Ulf; Dental Traumatology 2008: 24: 603 – 611
5. Guidelines for the Management of Traumatic Dental Injuries; I, II, and III.
6. <http://onlinelibrary.wiley.com/doi/10.1111/j.1600-9657.2007.00592.x/full>
7. <http://onlinelibrary.wiley.com/doi/10.1111/j.1600-9657.2007.00605.x/full>
8. <http://onlinelibrary.wiley.com/doi/10.1111/j.1600-9657.2007.00627.x/full>

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
	Revision	10/07/2020	Annual Review	Committee
	Revised	12/06/2020	Annual Review	Committee

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.

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