



# Dental Clinical Policy

**Subject:** Accidental Dental Injury

**Guideline #:** Clinical Policy - 02

**Status:** Revised

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## Description

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

## 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 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 generally 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:

- Evaluation and diagnosis
- Radiographic evaluation
- 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 Accidental dental injury Treatment Intermediate/Definitive Treatment includes:**

D9110	Palliative treatment of dental pain- per visit
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Accidental dental injuries may be treated by a variety of services provided that have distinct procedure codes. The provider is responsible for reporting the appropriate code for the specific dental service rendered. The codes may fall within the following categories:

- 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

The service rendered may be appropriately reported to the member's medical plan, coverage dependent. Appropriate medical codes would be reported using ICD 10.

**ICD-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
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Revision History	Version	Date	Nature of Change	SME
	Initial	06/13/17		Kahn
	Revision	11/13/17	Criteria, Coding, Discussion	Kahn
	Revision	02/06/18	Appropriateness and medical necessity	Kahn
	Revision	10/07/2020	Annual Review	Committee
	Revised	12/06/2020	Annual Review	Committee
	Revised	10/30/2021	Annual Review	Committee
	Revised	11/11/2022	Annual Review	Committee
	Revised	11/01/2023	Annual Review	Committee
	Revised	11/05/2024	Minor editorial refinements to description and clinical indications; intent unchanged.	Committee

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