

Accidental Dental Services

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<u>Next Review Date</u>	3/15/2024
<u>Coverage Policy</u>	Surgical 19
<u>Version</u>	4

Member-specific benefits take precedence over medical policy and benefits may vary across plans. Refer to the individual's benefit plan for details ^{*}.

Purpose:

This policy addresses the medical necessity of Accidental Dental Services.

Description & Definitions:

An accident requiring medical and dental services is defined as physical damage caused by purely accidental means from external forces, independent of all other causes. The accident can be a mishap (i.e. an automobile accident, trauma, etc.).

ACCIDENTAL Injury Benefit - LIMITED coverage, NOTE: Consult Specific PLAN document for information on coverage and allowable time frames: Restorative services necessary to repair but not replace sound natural teeth are considered medically necessary if the need for these services results from an accidental injury, where a sound natural tooth is defined as a virgin or unrestored tooth, or a tooth that has none of the following: no decay, no filling on more than two surfaces, no gum disease associated with bone loss, no root canal therapy, is not a dental implant and functions normally in chewing and speech. Previous dental records may be required to make accurate determinations. An accident is defined as physical damage caused by purely accidental means from external forces, independent of all other causes. The accident can be a mishap (i.e. an automobile accident, trauma, etc.).

For accidental dental the initial visit to the dentist or oral surgeon's office does not require an authorization for any product that has the accidental dental benefit. If subsequent services are required, the provider needs pre-authorization for further treatment.

Criteria:

Accidental dental services and/or dental surgery are considered medically necessary for an individual for **1 or more** of the following:

- Individual with accidental dental coverage and care is for **1 or more** of the following:
 - Initial care within 60 days of the accident and services include **All** of the following:
 - An emergency room visit immediately after the traumatic injury and in conjunction with the initial stabilization of the injury
 - Care documented as accidental by a health care professional (nurse, physician, dentist, etc.)
 - Initial care was sought within 60 days from the time of the accident. The plan must cover a member for accidental dental 60 days prior to enrollment

- Any services after the initial stabilization have to be pre-authorized. The Federal member plan will be retrospectively authorized
- Follow-up care is available for 12 months following the initial accident /trauma – as long as the service relates to the initial accident or trauma for **1 or more** of the following:
 - Services would include repairing or restoring the natural tooth or teeth including crowning or capping of the natural tooth or teeth or baby teeth; or the application of the initial temporary or permanent partial or bridge, or denture for stabilization
 - Repair or replacement of an existing cap, crown or veneer is covered as long as the basis for the cap, crown, or veneer is a natural tooth and the indication is from external trauma from an accident

Absolute quantitation of myocardial blood flow (AQMBF) is considered **not medically necessary** for any use other than those indicated in clinical criteria, to include but not limited to:

- Alveoloplasty (surgical preparation for dentures)
- Amalgam restorations (silver fillings)
- Any charges for failure to keep a scheduled appointment
- Any services that are considered strictly cosmetic in nature including, but not limited to, charges for personalization or characterization of prosthetic appliances
- Bone replacement graft, sinus lift surgery, soft tissue graft, and barrier membrane placement as adjunctive procedures to the surgical placement of the dental implant body
- Charges by the provider for completing dental forms
- Charges for copies of your records, charts or x-rays, or any costs associated with forwarding/mailling copies of your records, charts or x-rays
- Charges to remove, repair, replace, restore or reposition teeth lost or damaged in the course of biting or chewing not as a result of an external trauma or accident
- Core buildups, and posts
- Crown lengthening
- Dental care, appliances, xrays, orthodontics or extraction of teeth except as specified in the inclusions and riders
- Dental implants and grafts are not covered under the accidental dental benefit
- Excision of lesion or tumor for periodontal abscess, or endodontic cyst
- Excision of lesion or tumor if being done for removal of tori, exostoses fibrous tuberosity (such as preparation for dentures)
- Excision of torus mandibularis or excision of maxillary torus palatinus when performed in connection with excluded service
- Extractions done for purpose of obtaining dentures
- Extractions that are due to decay or periodontal disease
- Fabrication of athletic mouth guard
- Fillings
- Fluoride supplements: refer to Pharmacy Benefits for preventive care
- Frenectomy when performed for preparation of mouth for dentures
- Full mouth debridement
- Gingivectomy
- Gingivoplasty
- Gold foil restorations
- Grafting procedures
- Inpatient services
- Insertion of metallic implants used for enhancement of structure of jaws in order to support dentures or prosthesis
- Internal bleaching
- Nutritional counseling for dental disease
- Oral hygiene instructions
- Osseous surgery
- Periodontal maintenance
- Procedures related to uncomplicated dental or periodontal abscess
- Professional dentist charges associated with authorized services
- Provisional splinting
- Pulp capping

- Pulpal therapy, and apicoectomy
- Pulpotomy
- Removal of benign growth or radicular cyst in mouth, or from structures directly supporting teeth (means the periodontium, which includes gingivae, dentogingival junction, periodontal membrane, cementum, and alveolar process)
- Removal of teeth at risk of infection, periodontal therapies, and subsequent oral rehabilitation reconstruction (i.e., the replacement of teeth) even where these services are medically necessary prior to major surgical procedures such as open heart surgery, organ transplantation, joint reconstructive surgery or other types of surgery
- Removal or replacement of impacted teeth
- Repair of damaged orthodontic appliances
- Repair or replacement of an existing partial, bridge, or denture
- Replacement of lost or missing appliance
- Resin restorations (white fillings)
- Root canals, crowns and caps except as provided under the provisions of the accidental dental benefit
- Routine checkups, cleanings
- Scaling and root planing
- Services and treatment resulting from your failure to comply with professionally prescribed treatment
- Services and treatment which are experimental or investigational
- Services or treatment provided as a result of injuries suffered while committing or attempting to commit a felony, engaging in an illegal occupation, or participating in a riot, rebellion or insurrection
- Services related to chronic dental disease (ie, gingivectomy)
- Services to alter vertical dimension and/or restore or maintain the occlusion. Such procedures include, but are not limited to, equilibration, periodontal splinting, full mouth rehabilitation, and restoration for misalignment of teeth
- Telephone consultations
- Tobacco counseling for oral disease
- Vestibuloplasty (surgery to increase alveolar ridge height)

Coding:

Medically necessary with criteria:

Coding	Description
41899	Unlisted procedure, dentoalveolar structures
D7270	Tooth reimplantation and/or stabilization of accidentally evulsed or displaced tooth

Considered Not Medically Necessary:

Coding	Description
40840	Vestibuloplasty; anterior
40842	Vestibuloplasty; posterior, unilateral
84083	Vestibuloplasty; posterior, bilateral
40844	Vestibuloplasty; entire arch
40845	Vestibuloplasty; complex (including ridge extension, muscle repositioning)
41820	Gingivectomy, excision gingiva, each quadrant
41870	Periodontal mucosal grafting
41872	Gingivoplasty, each quadrant (specify)
41874	Alveoloplasty, each quadrant (specify)

U.S. Food and Drug Administration (FDA) - approved only products only.

Document History:

Revised Dates:

- 2022: March
- 2020: February
- 2015: February, May
- 2014: February, July
- 2013: January, August
- 2012: November
- 2011: September
- 2010: August
- 2000: June, November
- 1999: October
- 1996: August

Reviewed Dates:

- 2023: March
- 2020: April
- 2018: December
- 2015: November
- 2012: August
- 2011: August
- 2009: August
- 2008: August
- 2007: December
- 1998: October
- 1994: February

Effective Date:

- April 1992

References:

Specialty Association Guidelines; Government Regulations; Winifred S. Hayes, Inc; UpToDate; Literature Review; Specialty Advisors; National Coverage Determination (NCD); Local Coverage Determination (LCD).

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Special Notes: *

Medical policies can be highly technical and complex and are provided here for informational purposes. These medical policies are intended for use by health care professionals. The medical policies do not constitute medical advice or medical care. Treating health care professionals are solely responsible for diagnosis, treatment, and medical advice. Sentara Health Plan members should discuss the information in the medical policies with their treating health care professionals. Medical technology is constantly evolving, and these medical policies are subject to change without notice, although Sentara Health Plan will notify providers as required in advance of changes that could have a negative impact on benefits.

Services mean both medical and behavioral health (mental health) services and supplies unless We specifically tell You otherwise. We do not cover any services that are not listed in the Covered Services section unless required to be covered under state or federal laws and regulations. We do not cover any services that are not Medically Necessary. We sometimes give examples of specific services that are not covered but that does not mean that other similar services are covered. Some services are covered only if We authorize them. When We say You or Your We mean You and any of Your family members covered under the Plan. Call Member Services if You have questions.

Keywords:

SHP Medical Dental Services and Dental Surgery, SHP Surgical 19, teeth, natural tooth, crowning, capping, baby teeth, cleft lip, cleft palate, ectodermal dysplasia, fluoride, intensive restorations, caries, bridge, denture, cap, crown, veneer, jaw, radiation, oral cancer, head cancer, neck cancer, facial bones, ridge reconstruction