

# Medical Coverage Policy



**Blue Cross  
Blue Shield**  
of Rhode Island

## Dental Services for Accidental Injury

Device/Equipment    Drug    Medical    Surgery    Test    Other

<b>Effective Date:</b>	<b>7/19/2007</b>	<b>Policy Last Updated:</b>	<b>09/18/2012</b>
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**Prospective review is recommended/required. Please check the member agreement for preauthorization guidelines.**

**Prospective review is not required.**

### Description:

**This policy addresses only the initial dental care/services provided by dental providers specifically relating to injuries of sound teeth due to trauma or accident.**

Coverage under the medical benefit is typically provided when there is **accidental injury** to the **sound natural teeth**, caused by unexpected and unintentional means. It does not include injury sustained while biting or chewing. Sound natural teeth are defined as teeth that are free of active or chronic clinical decay, have at least 50% bone support, are functional in the arch.

We cover the hospital or emergency room services and the doctor's services. We cover the treatment in an emergency room for an accidental injury to your sound natural teeth or any facial fractures (or both) if the injury itself is the direct cause (independent of disease or bodily injury).

Treatment for an **accidental injury** to sound natural teeth, and/or any facial fractures will be covered in the hospital or emergency room, along with the doctor's services, when the accidental injury is the direct cause for the treatment, independent of other disease or bodily injury.

### Medical criteria:

#### Commercial Products

Treatment of an **accidental injury** to sound natural teeth when received **within seventy-two (72) hours** of the onset of an **accidental injury** is considered medically necessary.

Treatments include the following:

- Extraction of teeth needed to avoid infection of teeth damaged in the injury;
- Suturing;
- Reimplanting and stabilization of dislodged teeth;
- Repositioning and stabilization of partly dislodged teeth;
- Medication administered from the provider;

- Dental ex-rays.

## **BlueCHiP for Medicare**

### **BlueCHiP for Medicare** non-routine dental care:

Covered services are limited to surgery of the jaw or related structures, setting fractures of the jaw or facial bones.

**NOTE:** Medicare policy is developed separately from BCBSRI policy. Medicare policy incorporates scientific evidence with local expert opinion, and consideration of governmental regulations from CMS (Centers for Medicare and Medicaid Services), such as national coverage determinations or local coverage determinations and the US Congress. BCBSRI policy is based upon peer-reviewed, scientifically controlled studies in the literature which demonstrate the superior health outcome of a service or treatment. In addition to benefit differences, CMS may reach different conclusions regarding the scientific evidence than does BCBSRI. BCBSRI and Medicare policies may differ; however, our BlueCHiP for Medicare members must be offered, at least, the same services as Medicare offers. (In some, but not all instances, BCBSRI offers more benefits than does Medicare).

**Note:** Maxillary and Mandibular prostheses (e.g., an obturator to fill an opening in the palate) are not considered dental prostheses when used in the reconstruction of the structures of the jaw as part of medically necessary oral and maxillofacial surgery. In this instance, they are covered under the member's medical benefit. Coverage of a dental implant is not provided if it is required to hold the obturator in place.

Any dental services, other than those listed above, are considered a **contract exclusion**.

### **Policy:**

Treatment of an **accidental injury** to sound natural teeth when received **within seventy-two (72) hours** of the onset of an **accidental injury** is considered medically necessary for commercial products for conditions listed above.

Services for non-routine dental care are limited to surgery of the jaw or related structures, setting fractures of the jaw or facial bones for **BlueCHiP for Medicare**.

### **Coverage:**

Benefits may vary between groups/contracts. Please refer to the appropriate Evidence of Coverage or Subscriber Agreement for applicable Emergency Dental Condition, and Dental Services benefits/coverage.

### **Coding:**

The following dental codes are **covered** for the treatments mentioned above for all **Commercial products** only:

### **X-Rays**

**D0210 D0220 D0230 D0240 D0250 D0260 D0270 D0272 D0273 D0274 D0277**

### **Dental procedures:**

The following is a list of procedure codes typically used by dentists for accidental injury to sound teeth:

**D7210 D7270 D7272 D7530 D7540 D7910 D7911 D7912**

### **Diagnoses:**

The following is a list of ICD-9-CM diagnoses codes typically used by dentists for accidental injury to sound teeth:

**873.62** Open wound of gum (alveolar process), without mention of complication

**873.63** Open wound of tooth (broken) (fractured) (due to trauma), without mention of complication

**873.72** Open wound of gum (alveolar process), complicated

**873.73** Open wound of tooth (broken) (fractured) (due to trauma), complicated

### **ICD-10-CM**

**S01.512A**

**S01.532A**

**S01.552A**

**S02.5xxA**

**S02.5xxB**

**S03.2xxA**

**S01.522A**

**S01.542A**

### **Related Topics:**

Oral Surgeons Filing Anesthesia Services

Oral Surgeons Filing Evaluation and Management Services for Medical Reasons

Dental Service Performed in Outpatient Hospital/Ambulatory Surgical Facility

### **Published:**

Policy Update October 2007

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Provider Update, March 2009

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Blue Cross & Blue Shield of Rhode Island 2012 Subscriber Agreement.

### **Policy History:**

9/18/2012: Annual review.

This medical policy is made available to you for informational purposes only. It is not a guarantee of payment or a substitute for your medical judgment in the treatment of your patients. Benefits and eligibility are determined by the member's subscriber agreement or member certificate and/or

the employer agreement, and those documents will supersede the provisions of this medical policy. For information on member-specific benefits, call the provider call center. If you provide services to a member which are determined to not be medically necessary (or in some cases medically necessary services which are non-covered benefits), you may not charge the member for the services unless you have informed the member and they have agreed in writing in advance to continue with the treatment at their own expense. Please refer to your participation agreement(s) for the applicable provisions. This policy is current at the time of publication; however, medical practices, technology, and knowledge are constantly changing. BCBSRI reserves the right to review and revise this policy for any reason and at any time, with or without notice.