OVERVIEW
This policy addresses the initial dental care/services provided by dental providers specifically relating to injuries of sound natural teeth due to trauma or accident that are covered under the member's medical benefit.

PRIOR AUTHORIZATION
Prior authorization is not required.

POLICY STATEMENT
BlueCHiP for Medicare
Non-routine dental care required to treat illness or injury may be covered as inpatient or outpatient care. Covered services are limited to surgery of the jaw or related structures and setting fractures of the jaw or facial bones.

Medicare policy is developed separately from BCBSRI policy. Medicare policy incorporates consideration of governmental regulations from CMS (Centers for Medicare and Medicaid Services), such as national coverage determinations or local coverage determinations. In addition to benefit differences, CMS may reach different conclusions regarding the scientific evidence than does BCBSRI. Medicare and BCBSRI policies may differ; however, BlueCHiP for Medicare members must be offered, at least, the same services as Medicare offers.

Commercial
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 the diagnosis codes listed below.

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;
- Dental x-rays.

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

MEDICAL CRITERIA
Not applicable.

BACKGROUND
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 and are functional in the arch.
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 or dentist's services, when the accidental injury is the direct cause for the treatment, independent of other disease or bodily injury.

If dentally necessary services are received in a doctor's or dentist's office due to an accidental injury to sound natural teeth, the member is responsible for any applicable office visit copayment.

Because services for treatment of accidental injury to sound natural teeth are covered under the medical benefit, the provider should file the claim using the CMS 1500 form.

### 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

**Commercial**

The following dental codes are **covered** for the treatments mentioned above.

- X-Rays
  - D0210, D0220, D0230, D0240, D0250, D0260, D0270, D0272, D0273, D0274, D0277

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

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

- 873.62
- 873.63
- 873.72
- 873.73

The following is a list of ICD-10-CM diagnoses codes **typically** used by dentists for accidental injury to sound teeth:

- S01.532A
- S01.542A
- S01.552A
- S02.5xxA
- S02.5xxB
- S03.2xxA

### RELATED POLICIES

- Oral Surgeons Filing Anesthesia Services
- Dental Providers Filing Evaluation and Management Services for Medical Reasons
- Dental Services Rendered in the Outpatient Setting

### PUBLISHED

- Provider Update: Aug 2014
- Provider Update: Dec 2012
- Provider Update: Mar 2012
- Provider Update: Mar 2009
- Policy Update: Dec 2007
- Policy Update: Oct 2007
REFERENCES

1. Blue Cross & Blue Shield of Rhode Island 2014 Subscriber Agreement.

2. Centers for Medicare and Medicaid Services (CMS) National Coverage Determination (NCD) for DENTAL Examination Prior to Kidney Transplantation (260.6)

3. Medicare Dental Coverage - Centers for Medicare & Medicaid Services
   http://cms.hhs.gov/Medicare/Coverage/MedicareDentalCoverage/index.html

4. Medicare Benefit Policy Manual Chapter 15 – Covered Medical and Other Health Services 150 - Dental Services

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. Blue Cross & Blue Shield of Rhode Island is an independent licensee of the Blue Cross and Blue Shield Association.