

Accidental Injury to Natural Teeth – Basic Plan

Benefit Coverage

Hospital and professional services provided for treatment of damage to the natural teeth, gums, and jaws caused directly (solely) by accidental injury is limited to the immediate, medically necessary services for the initial, emergency palliative stabilization of the member. Definitive dental treatment to restore the teeth, dental bridges, dental implants, root canal treatment, denture repair or replacement, gum surgery, removal of fractured teeth or tooth roots following the immediate, initial, palliative medical stabilization of the dentition or mouth are not a covered benefit under the medical policy. This benefit does not include services for damage to the natural teeth that is not accidental (e.g., damage to teeth from chewing, clenching, grinding, natural attrition, or biting).

Treatment of accidental injury to the natural teeth covered under the Basic Plan must be reviewed and authorized.

Note: For the purposes of this policy, the definition of “emergency palliative” is the immediate and initial treatment to dentally or medically stabilize the teeth or oral structures and/or to manage or treat acute, intractable (severe) oral pain to prevent a more serious medical condition from occurring; it is not necessarily the definitive restoration of the teeth or oral structures. Covered services are limited to the immediate, medically necessary services for the initial, palliative medical stabilization (“first aid”) of the teeth and associated oral structures. Submission of pre- and post-accident radiographs of the site and medical quality photographs of the mouth and teeth will be required when requesting services.

Copayment

See the member's *Evidence of Coverage* (EOC) and *Summary of Benefits and Coverage* for member copayments for:

Physician-Outpatient

Office Visits/Consultations/Surgery

Inpatient Hospital Services

Outpatient Hospital Services

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Benefit Exclusions

The following services are excluded:

- Routine dental care including bridges, dentures, oral orthotics, periodontal treatment, and cosmetic treatment (e.g., bleaching of darkened tooth).
- Replacement, repair or restoration of dentures, fixed dental bridges, crowns, fillings, dental implants, removable oral appliances, dental retainers, dental veneers, etc. as the result of accidents, lost, thief, or damage following a medical or dental clinic visit, a hospital visit, visit to an urgent care or emergency room, or the use of an ambulance service.
- Replacement, repair or restoration of dentures, fixed dental bridges, crowns, fillings, dental implants, removable oral appliances, dental retainers, dental veneers, etc. as the result of accidents or trauma.
- Services customarily provided by dentists and oral surgeons, including hospitalization incidental to routine dental care and services.
- Orthodontia (dental services to correct irregularities or malocclusion of the teeth) for any reason, including treatment to alleviate symptoms as a result of TMJ conditions or abnormalities or because of an accident or trauma. Any dental or medical emergency treatment as a result of loose orthodontic arch wires, broken orthodontic brackets, and broken or lost orthodontic retainers.
- Any procedure (e.g., vestibuloplasty) intended to prepare the mouth for dentures or for the more comfortable use of dentures.
- Replacement, repair, to dental implants (endosteal, subperiosteal, or transosteal) to include the implant abutment, implant crowns, implanted supported dentures, or etc. as the result of accident, injury or trauma.
- Treatment for damage to the natural teeth that is not accidental or from trauma (e.g., damage to teeth resulting from chewing, biting, bruxing, clenching, natural erosion or attrition).
- Replacement of existing prosthesis, bridge or partial removable denture in case of accident or trauma.
- All dental services provided **after** the emergency, initial, palliative, stabilizing medical treatment for the injury.
- Cosmetic dental services to include replacement of dental veneers.

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Benefit Exclusions *(cont'd.)*

- Amalgam restorations, resin-based restorations, cement restorations, or full coverage cast (crowns) restorations to include fillings that fall out as a result of accidents or trauma.
- Periodontal or gingival services not caused by accident or trauma (e.g., “acute necrotizing ulcerative gingivitis,” diabetic gingivitis, “pregnancy gingivitis,” gingivitis and periodontal disease caused by poor oral hygiene, dental neglect, etc. are not a benefit of this Plan).
- Tooth/teeth pain or oral swelling not caused by trauma or accident (e.g., tooth decay or from an unerupted tooth).
- Teeth or oral structures not directly associated with the accident or injury (for example, a front tooth is chipped due to a fall, but the dentist also repairs the teeth adjacent to the injured tooth because they need “fillings”).
- Dental appliances constructed to stop certain parafunctional habits (e.g., thumb-sucking or lip biting appliances) to include the training on the proper use of the appliance.
- Removing dental implants and any associated procedures required to treat the dental or oral structures as the result of a failing implant(s) or the resultant of an accident or trauma.
- The services of dental pathologists, dental anesthesiologists, oral-facial pain specialists, dental radiologists, and dental medicine specialists.

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Examples of Covered Services

- X-rays and other imaging studies of injured teeth, jawbones and/or affected area **immediately** following an accident.
- Services in the Emergency Room to medically stabilize the acute-immediate dental or oral emergency.
- Limited problem focused oral-dental evaluation of the oral-dental injury (accidental injury).
- Immediate palliative treatment of dental pain when related to accidental injury.
- Immediate tooth removal, treatment for the avulsion of tooth/teeth, reimplantation of tooth/teeth, stabilization of teeth with closed reduction splinting, removal of foreign body, treatment of jaw fractures, treatment of alveolar fractures, reduction of dislocation of the jaw joints, and repair of traumatic wounds involving jaws or gum tissue.
- *Note:* Excluded are root canal treatments due to tooth pulp problems vicariously or directly caused by or following an accident or trauma.
- Removing or re-shaping sharp edges around a fractured tooth caused by an accident or trauma to the tooth/teeth immediately following the accident.
- General anesthesia, when supporting above listed procedures (if medically required). General anesthesia is not a benefit if the dental emergency is normally treated with a local anesthetic and not simply because the patient is uncooperative or hysterical from the accident or trauma to the mouth or oral structures.
- *Note:* General anesthesia for dental treatment is a benefit when all the criteria outlined in the Blue Shield Medical Policy on “Dental Anesthesia” are met to include the dental office or facility possessing a general anesthesia or intravenous sedation permit from the Medical or Dental Board of California to provide general anesthesia or deep intravenous sedation. For the purpose of this policy, mobile anesthesia services do not meet these criteria.

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Examples of Non-Covered Services

- Orthodontia.
- Periodontal services (gum services).
- Restorative dentistry (fillings, dental veneers, etc.).
- Endodontic services (root canal treatment).
- Prosthodontic services (dentures, fixed dental bridges, removable dental bridges, dental implants, crowns, etc.).
- Oral medicine, oral pathology, oral radiology services.
- Cosmetic dental services.
- Preventive dental care.
- Treatment for damage resulting from chewing, teeth grinding, teeth clenching, or biting.
- Replacement of existing prosthesis, fixed bridge or partial removable denture in case of accident.
- Prosthetic replacement of natural tooth/teeth (only) lost due to accidental injury to include the placement of implants or implant supported dentures.
- Mobile dental anesthesia services provided in a dental office.
- Removing a failing dental implant and treating the surrounding tissues for residual infection from the implant.
- The placement of dental implants.
- Any definitive dental treatment vicariously caused by an accident or after weeks, months or years following the accident or trauma to the mouth.

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References

Evidence of Coverage

IFP Evidence of Coverage and Health Service Agreement

Health & Safety Code Section 1367.71

HMO Benefit Guidelines for:

Teeth, Jaws, and Jawbones

Blue Shield HMO IPA/Medical Group Procedures Manual