

United Dental Benefit Healthcare[®] Providers[®]

Coronal Splinting

Guideline Number: DCG011.11 Effective Date: February 1, 2024

Instructions for Use

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Related Dental Policies

- Non-Surgical Periodontal Therapy •
- Surgical Periodontics: Mucogingival Procedures .
- Surgical Periodontics: Resective Procedures

Coverage Rationale

Intra and extra coronal splinting of natural teeth or prosthetic crowns using the codes listed below is indicated for the following:

- Multiple teeth that have become mobile due to loss of alveolar bone loss and periodontium •
- During surgical and healing phases of regenerative periodontal therapy

Intra and extra coronal splinting of natural teeth or prosthetic crowns using the codes listed below is not indicated for the following:

- Tooth transplantation .
- Trauma resulting in the reimplantation of completely avulsed tooth/teeth
- Trauma resulting in displacement or fracture of tooth/teeth

Definitions

Splint: A device used to support, protect, or immobilize oral structures that have been loosened, replanted, fractured or traumatized. Also refers to devices used in the treatment of temporomandibular joint disorders. (ADA)

Applicable Codes

The following list(s) of procedure and/or diagnosis codes is provided for reference purposes only and may not be all inclusive. Listing of a code in this guideline does not imply that the service described by the code is a covered or non-covered health service. Benefit coverage for health services is determined by the member specific benefit plan document and applicable laws that may require coverage for a specific service. The inclusion of a code does not imply any right to reimbursement or guarantee claim payment. Other Policies and Guidelines may apply.

CDT Code	Description
D4322	Splint-intra-coronal; natural teeth or prosthetic crowns
D4323	Splint-extra-coronal; natural teeth or prosthetic crowns

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Description of Services

Splinting is provided to stabilize mobile natural teeth or those with prosthetic crowns due to loss of alveolar bone and periodontal tissues. It may be accomplished with a variety of materials and may be fixed or removable.

Pursuant to CA AB2585: While not common in dentistry, nonpharmacological pain management strategies should be encouraged if appropriate.

References

American Dental Association (ADA). Glossary of Dental Clinical and Administrative Terms.

American Dental Association (ADA) CDT Codebook 2024.

Kathariya R, et al. To splint or not to splint: The current status of periodontal splinting. J Int Acad Periodontol. 2016 Apr 8;18(2):45-56.

Parameter on occlusal traumatism in patients with chronic periodontitis. American Academy of Periodontology. J Periodontol. 2000 May;71(5 Suppl):873-5.

Guideline History/Revision Information

Date	Summary of Changes
02/01/2024	Template Update
	Updated <i>Instructions for Use</i> to clarify this policy applies to both Commercial and Medicare Advantage plans
	Coverage Rationale
	Removed content addressing coverage limitations and exclusions
	Definitions
	Removed definition of "Necessary"
	Supporting Information
	• Updated Description of Services and References sections to reflect the most current information
	Archived previous policy version DCG011.10

Instructions for Use

This Dental Coverage Guideline provides assistance in interpreting UnitedHealthcare standard and Medicare Advantage dental plans. When deciding coverage, the member specific benefit plan document must be referenced as the terms of the member specific benefit plan may differ from the standard dental plan. In the event of a conflict, the member specific benefit plan document governs. Before using this guideline, please check the member specific benefit plan document and any applicable federal or state mandates. UnitedHealthcare reserves the right to modify its Policies and Guidelines as necessary. This Dental Coverage Guideline is provided for informational purposes. It does not constitute medical advice.