

# Coronal Splinting

**Guideline Number:** DCG011.10  
**Effective Date:** June 1, 2023

[➔ 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

## Limitations

- Not to be used to restore vertical dimension or as part of full mouth rehabilitation

## Exclusions

- Laboratory based crowns or bridges for the purposes of provisional splinting
- Any dental procedure performed solely for cosmetic/aesthetic reasons
- Procedures that are considered to be experimental, investigational or unproven
- Any dental procedure not directly associated with dental disease
- Dental services that are not Necessary
- Reconstructive surgery, regardless of whether or not the surgery is incidental to a dental disease, injury, or congenital anomaly, when the primary purpose is to improve physiological functioning of the involved part of the body

## Definitions

**Necessary:** Dental Care Services and supplies which are determined through case-by-case assessments of care based on accepted dental practices to be appropriate; and

- Needed to meet basic dental needs; and
- Rendered in the most cost-efficient manner and type of setting appropriate for the delivery of the dental care service; and

- Consistent in type, frequency and duration of treatment with scientifically based guidelines of national clinical, research, or health care coverage organizations or governmental agencies that are accepted by us; and
- Consistent with the diagnosis of the condition; and
- Required for reasons other than the convenience of the member, or dental provider; and
- Demonstrated through prevailing peer-reviewed dental literature to be either:
  - Safe and effective for treating or diagnosing the condition or sickness for which its use is proposed; or
  - Safe with promising efficacy:
    - For treating a life-threatening dental disease or condition; and
    - In a clinically controlled research setting; and
    - Using a specific research protocol that meets standards equivalent to those defined by the National Institutes of Health

**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. These codes are not indicated for the stabilization of teeth displaced or fractured due to trauma.

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 2023.

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
06/01/2023	<b>Supporting Information</b> <ul style="list-style-type: none"><li>Updated <i>Description of Services</i>; added language pursuant to CA AB2585 to indicate “while not common in dentistry, nonpharmacological pain management strategies should be encouraged if appropriate”</li><li>Archived previous policy version DCG011.09</li></ul>

## Instructions for Use

This Dental Coverage Guideline provides assistance in interpreting UnitedHealthcare standard dental benefit 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.