

PROVISIONAL SPLINTING

Guideline Number: DCG011.03

Effective Date: January 1, 2018

Table of Contents	Page
INSTRUCTIONS FOR USE	1
BENEFIT CONSIDERATIONS	1
COVERAGE RATIONALE	1
DEFINITIONS	2
APPLICABLE CODES	2
DESCRIPTION OF SERVICES	2
REFERENCES	2
GUIDELINE HISTORY/REVISION INFORMATION	2

Related Dental Policies

- [Non-Surgical Periodontal Therapy](#)
- [Surgical Periodontics: Mucogingival Procedures](#)
- [Surgical Periodontics: Regenerative Procedures](#)
- [Surgical Periodontics: Resective Procedures](#)

INSTRUCTIONS FOR USE

This Dental Coverage Guideline provides assistance in interpreting UnitedHealthcare dental benefit plans. When deciding coverage, the member specific benefit plan document must be referenced. The terms of the member specific benefit plan document [e.g., Certificate of Coverage (COC), Schedule of Benefits (SOB), and/or Summary Plan Description (SPD)] may differ greatly from the standard benefit plan upon which this Dental Coverage Guideline is based. In the event of a conflict, the member specific benefit plan document supersedes this Dental Coverage Guideline. All reviewers must first identify member eligibility, any federal or state regulatory requirements, and the member specific benefit plan coverage prior to use of this Dental Coverage Guideline. Other Clinical Policies and Coverage Guidelines may apply. UnitedHealthcare reserves the right, in its sole discretion, to modify its Policies and Guidelines as necessary. This Dental Coverage Guideline is provided for informational purposes. It does not constitute medical advice.

BENEFIT CONSIDERATIONS

Before using this guideline, please check the member specific benefit plan document and any federal or state mandates, if applicable.

Essential Health Benefits for Individual and Small Group

For plan years beginning on or after January 1, 2014, the Affordable Care Act of 2010 (ACA) requires fully insured non-grandfathered individual and small group health plans (inside and outside of Exchanges) to provide coverage for Pediatric Dental Essential Health Benefits ("EHBs"). Large group plans (both self-funded and fully insured), and small group ASO plans, are not subject to the requirement to offer coverage for Pediatric Dental EHBs. However, if such plans choose to provide coverage for benefits which are deemed Pediatric Dental EHBs, the ACA requires all dollar limits on those benefits to be removed on all Grandfathered and Non-Grandfathered plans. The determination of which benefits constitute Pediatric Dental EHBs is made on a state by state basis. As such, when using this guideline, it is important to refer to the member specific benefit plan document to determine benefit coverage.

COVERAGE RATIONALE

Provisional Splinting using these codes 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

Provisional Splinting using these codes 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

Coverage Limitations and Exclusions

- Limited to once per 36 months per same tooth/teeth
- Not to be billed on same day as any restoration, prostheses or implant for same 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 Clinical Policies and Coverage Guidelines may apply.

CDT Code	Description
D4320	provisional splinting – intracoronal
D4321	provisional splinting – extracoronal

CDT® is a registered trademark of the American Dental Association

DESCRIPTION OF SERVICES

Provisional splinting is provided to stabilize mobile teeth 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.

REFERENCES

American Dental Association (ADA) Code on Dental Procedures and Nomenclature (CDT). Glossary of Dental Clinical and Administrative Terms.

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	Action/Description
01/01/2018	<ul style="list-style-type: none">Updated supporting information to reflect the most current references; no change to coverage rationale or list of applicable codesArchived previous policy version DCG011.02