PROVISIONAL SPLINTING

Guideline Number: DCG011.05 **Effective Date**: October 1, 2019

Instructions for Use

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Related Dental Policies

- Non-Surgical Periodontal Therapy
- Surgical Periodontics: Mucogingival Procedures
- Surgical Periodontics: Regenerative Procedures
- Surgical Periodontics: Resective Procedures

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

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

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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

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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). Glossary of Dental Clinical and Administrative Terms.

American Dental Association (ADA) CDT Codebook 2019.

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.

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GUIDELINE HISTORY/REVISION INFORMATION

Date	Action/Description

10/01/2019	**Coverage Rationale**
	• Added language pertaining to coverage *Limitations* to indicate provisional splinting is not to be used to restore vertical dimension or as part of full mouth rehabilitation
	• Added list of coverage *Exclusions* to include:
	  ○ 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
	• Added definition of "Necessary"
	Supporting Information
	• Archived previous policy version DCG011.04

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.

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