Medical Policy Reference Manual
Medical Policy

7.01.136 Oral-Facial Trauma/Accidental Injury

Original MPC Approval: 06/01/2020
Last Review: 01/01/2023
Last Revision: 09/01/2023

Description

The diagnosis and treatment of oral-facial trauma includes those procedures which are performed on teeth and supporting structures, lips, tongue, roof and floor of the mouth, accessory sinuses, salivary glands or ducts, jaws (mandible and maxilla, facial bones, including orthognathic services), to correct accidental injury to these structures that require services to reduce a dislocation or repair a fracture of bone or teeth. For oral facial trauma incidents that include necessity for orthognathic surgery (diagnosis and treatment) see Oral-Facial Pathology (Medical Policy 7.01.137).

An accidental injury is defined as an unexpected, unintended, and unavoidable injury sustained as a result of an external force. This excludes any injury to the teeth or jaw resulting from chewing or eating. Trauma is defined as an injury caused by an extrinsic agent or external force. Sound natural or restored teeth are teeth that are stable, functional and free from decay and periodontal disease or significant bone loss and are in good repair at the time of the accident/trauma. Existing dentures (full and partial) that are in good repair prior to the time of the accident are also covered. A tooth that had a questionable prognosis prior to the accident may not be considered to be covered under this policy.

Policy

These policy statements relate only to the services or supplies described herein. Coverage will vary from contract to contract and by line of business and should be verified before applying the terms of this medical policy.

The following procedures are considered **medically necessary** in the diagnosis of oral-facial trauma when indicated and appropriate as determined by CareFirst:

- Intra-oral radiographs (periapical, occlusal and bitewing);
- Extra-oral radiographs (panoramic, cephalometric);
- CT scan, cone-beam CT, or MRI;
- Pulp vitality tests;
- Facial image (front and profile photographic views);

The following oral surgery procedures are considered **medically necessary** in the treatment of oral- facial trauma:

- Repair of lacerations (example, facial injuries);
- Repair of intraoral traumatic injuries/lacerations including oral mucosa, tongue, palate, and gingiva (gums);
- Reduction, repair, or treatment of facial bone fractures, such as fractures of the mandible, maxilla, zygoma, condyle, orbital floor;
- Manipulation of jaw when dislocated (open/closed);
- Other services including stomatoplasty, vestibuloplasty, tooth extractions, root canal therapy, dental implants, and dental prostheses when necessitated as the result of accidental/traumatic injury;
- Excision of exostosis of the jaws and hard palate, when related to the fitting of dentures or the placement of dental implants which cause functional impairment;
- Revisions of scars of the mouth or lips, stomatoplasty, and vestibuloplasty related to facial trauma, accidental injury or medically necessary surgery (example: tumor excision);

- Injections of the trigeminal nerve with neurolytic agents to relieve chronic, severe pain and spasm;
- Orthognathic surgery meeting the criteria set forth in the Policy Guidelines;
- Surgical correction of temporomandibular joint (TMJ), as outlined in the Policy Guidelines (also see Medical Policy 2.01.021); **Refer to member's specific contract benefit for surgical correction of TMJ.**
- External (extra-oral) incision and drainage of abscess associated with facial or deep neck space cellulitis;
- Tooth extractions, root canal therapy and dental implants when necessitated by the trauma to dental structures;
- Oral rehabilitation necessitated by traumatic injury including dental restorations, removable and fixed restorative appliances required for rehabilitation to a pre- accident functional state. This does not include replacement of the prosthesis or eligibility for replacement due to an earlier accident.

For Anesthesia Services, see Medical Policy 9.01.001A.

Services not specifically identified by this Policy for the treatment of oral-facial trauma are not considered related to this policy. Other services or procedures may be reviewed for medical necessity to determine benefit applicability.

Policy Guidelines

There are no Policy Guidelines for this medical policy.

Benefit Applications

Unless specifically excluded in the contract, benefits **are provided** for medically necessary services in the diagnosis and treatment of oral-facial trauma.

Benefits **are provided** to repair teeth and existing restorations in good repair as a result of traumatic injury only when the traumatic injury is not related to chewing or eating; and the teeth are sound, natural, or restored teeth that are in good repair, as described above.

Benefits **are provided** for procedures to treat the effects of oral-facial trauma:

- Tooth extractions;
- Root canal therapy;
- Periodontal surgery;
- Internal (intra-oral) incision and drainage of an abscess (usually secondary to an abscessed tooth);
- Surgery to place and remove implants for treatment of tooth loss;
- Limited Orthodontics to realign traumatized/displaced teeth;
- Fillings, veneers, onlays, drowns, bridges, implant abutments and restorations, partial and complete dentures to restore the dentition to the pre-trauma functional state.

Traumatic accidents must be reported within 6 months of the incident. Claims for traumatic accident benefits must include a comprehensive treatment plan with accompanying imaging, and progress notes must accompany any rehabilitative services with a narrative that may describe future procedures based on healing or outcomes of initial treatment. Traumatic accident benefits are available up to 36 months following the initial traumatic incident unless additional treatment is clearly indicated in the treatment plan.

Provider Guidelines

Precertification is strongly encouraged for all procedures for treating oral-facial trauma. The following diagnostic information should be provided for review as appropriate for each case:

- Case report to include history, diagnosis and treatment plan
- Documentation of any functional problems, symptoms, or impairment
- Panoramic radiograph or FMX
- Intra-oral photos
- Frontal and occlusal views of each dental arch or specific affected teeth

Limited Orthodontic to realign traumatized teeth requires photographs.

Cross References to Related Policies and Procedures

2.01.018	Sleep Disorders, Policy
2.01.021	Temporomandibular Joint (TMJ) Dysfunction, Policy

6.01.032 Positron Emission Tomography (PET), Policy
7.01.017 Cosmetic and Reconstructive Surgery, Policy

References

The following were among the resources reviewed and considered in developing this policy. By reviewing and considering the resources, CareFirst does not in any way endorse the contents thereof nor assume any liability or responsibility in connection therewith. The opinions and conclusions of the authors of these resources are their own and may or may not be in agreement with those of CareFirst.

American Association of Oral and Maxillofacial Surgeons. (1999, November). Criteria for Orthognathic Surgery. Rosemont, IL: Author.

American Association of Oral and Maxillofacial Surgeons. (2001). Parameters and Pathways, Clinical Practice Guidelines for Oral and Maxillofacial Surgery (AAOMS ParPath 01) (Version 3.0): Author.

Blue Cross and Blue Shield of Maryland. (1995, January 1). *Endosseous implants* (Policy 5.02). Owings Mills: Author.

Blue Cross and Blue Shield of Maryland. (1995, January 1). *Services rendered by oral surgeons* (Policy 0.56). Owings Mills: Author.

Blue Cross and Blue Shield of the National Capital Area. (1988, December). *Oral surgery* (Medical Policy Manual, Section IV [Surgery], p.381). Washington DC: Author.

Blue Cross and Blue Shield of the National Capital Area. (1989, August). *Surgical implantation, augmentation and similar procedures related to the insertion or fixation of dental prostheses (titanium, vitalium, hydroxylapetite, autogenous grafts),* (Medical Policy Manual, Section IV [Surgery], p.299). Washington DC: Author.

Bourguignon C, Cohenca N, Lauridsen E, et al. International Association of Dental Traumatology guidelines for the management of traumatic dental injuries: 1. Fractures and luxations. Dent Traumatol 2020;36(4):314-330. https://doi.org/10.1111/ edt.12578.

Dubner, R. (2016, August). Emerging research on orofacial pain. *Journal of Dental Research.* doi.10.1177/0022034516661704

Gremillion HA. (2002). Multidisciplinary diagnosis and management of orofacial pain. *General Dentistry,* Mar-Apr;50(2):178-86.

Israel HA, Ward JD, Horrell B, Scrivani SJ. (2003). Oral and maxillofacial surgery in patients with chronic orofacial pain. *Journal of Oral and Maxillofacial Surgery,* Jun; 61(6):662-7.

Moenning JE, Bussard DA, Montefalco PM, Lapp TH, Garrison BT. (1997). Medical necessity of orthognathic surgery for the treatment of dentofacial deformities associated with temporomandibular disorders. *International Journal of Adult Orthodontic and Orthognathic Surgery*; 12(2):153-61.

Oral Complications of Cancer Therapies: Diagnosis, Prevention, and Treatment. NIH Consensus Statement 1989 Apr 17-19; 7(7):1-11.

This policy statement relates only to the services or supplies described herein. Coverage will vary from contract to contract and by line of business and should be verified before applying the terms of the policy.