

Coronal Splinting (For Ohio Only)

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Related Dental Policies
<ul style="list-style-type: none"> Non-Surgical Periodontal Therapy Surgical Periodontics: Mucogingival Procedures Surgical Periodontics: Resective Procedures Oral Surgery: Miscellaneous Surgical Procedures

Application

This Dental Policy only applies to the state of Ohio. Any requests for services that are stated as unproven or services for which there is a coverage or quantity limit will be evaluated for medical necessity using Ohio Administrative Code 5160-1-01.

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

This policy is not applicable for splinting in the following circumstances:

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

Guidance for the aforementioned scenarios may be found in the policy ““Oral Surgery: Miscellaneous Surgical Procedures””.

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. 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 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.

Policy History/Revision Information

Date	Summary of Changes
12/01/2023	New dental policy

Instructions for Use

This Dental Policy provides assistance in interpreting the UnitedHealthcare Community Plan of Ohio dental benefit plans. When deciding coverage, the member specific benefit plan document must be referenced as the terms of the member specific benefit plans may differ. In the event of a conflict, the member specific benefit plan document governs. Before using this policy, 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 Policy is provided for informational purposes. It does not constitute the practice of medicine or medical advice.

Archived Policy Versions

Effective Date	Guideline Number	Guideline Title
N/A	N/A	N/A