Dental Clinical Policy: Incision and Drainage

Reference Number: CP.DP.26
Last Review Date: 11/21

Coding Implications
Revision Log

See Important Reminder at the end of this policy for important regulatory and legal information.

Description

Incision and drainage is a surgical procedure used to manage infection that has spread beyond the periapical region to neighboring tissues. Incision and drainage aids in the removal of accumulated pus/exudate and etiologic agents of infection (bacteria) and attempts to prevent spread to deeper tissue sites. An appropriate-sized incision(s) through mucosal and submucosal tissue layers is made over or in proximity to the abscess site for access to pus and etiologic agents. Once access is achieved, dissection/exploration/drainage may be completed and a sterile drain may be placed into the abscess cavity and secured with a suture to allow continued drainage.

Policy/Criteria

I. It is the policy of Envolve Dental Inc.® that excision and drainage is **medically necessary** when any of the following conditions are met:
- **A.** When a soft tissue abscess is present intraorally or extraorally and antibiotic therapy alone has not been effective in resolving the abscess;
- **B.** When an abscess compromises airway structures or vital structures such as the eye/orbit, nasal, or neck structures;
- **C.** Does not have any of the following contraindications:
  1. When adequate drainage through endodontic access or extraction site is possible;
  2. When the abscess is in close proximity to vasculature/nervous structures and treatment poses the risk of permanent damage to nervous/vascular tissues during the incision and drainage process;
  3. When there is a presence of deep foreign bodies;
  4. When a patient is actively anticoagulated;
- **D.** Required documentation to support medical necessity include the following:
  1. Clinical chart and treatment notes documenting conditions listed in the indications for the use of incision and drainage;
  2. Current (within 10 days) radiographic image(s) of the area of abscess;
  3. Photographic images of the abscess, when requested.

Coverage Limitation/Exclusions

I. One D7510 or D7511 per date of service
II. One D7520 or D7521 per date of service
III. Subject to state-specific regulations.

Coding Implications

This clinical policy references Current Dental Terminology (CDT®). CDT® is a registered trademark of the American Dental Association. All CDT codes and descriptions are copyrighted 2020, American Dental Association. All rights reserved. CDT codes and CDT descriptions are from the current manuals and those included herein are not intended to be all-inclusive and are

included for informational purposes only. Codes referenced in this clinical policy are for informational purposes only. Inclusion or exclusion of any codes does not guarantee coverage. Providers should reference the most up-to-date sources of professional coding guidance prior to the submission of claims for reimbursement of covered services.

CDT® Codes	Description
D7510	Incision and drainage of abscess – intraoral soft tissue
D7511	Incision and drainage of abscess – intraoral soft tissue – complicated (includes drainage of multiple fascial spaces)
D7520	Incision and drainage of abscess – extraoral soft tissue
D7521	Incision and drainage of abscess – extraoral soft tissue – complicated (includes drainage of multiple fascial spaces)

ICD-10-CM Diagnosis Codes that Support Coverage Criteria

ICD-10-CM Code	Description
K04.02	Irreversible pulpitis
K04.1	Necrosis of pulp
K04.2	Pulp degeneration
K04.4	Acute apical periodontitis of pulpal origin
K04.5	Chronic apical periodontitis
K04.6	Periapical abscess with sinus
K04.7	Periapical abscess without sinus
K04.8	Radicular cyst
K04.99	Other diseases of pulp and periapical tissues
K05.213	Aggressive periodontitis, localized, severe
K05.223	Aggressive periodontitis, generalized, severe
K05.313	Chronic periodontitis, localized, severe
K05.323	Chronic periodontitis, generalized, severe
K00.6	Disturbances in tooth eruption
K01.1	Impacted teeth
K08.3	Retained root
Z18.32	Retained tooth
K12.2	Cellulitis and abscess of mouth
K12.31	Oral mucositis (ulcerative) due to antineoplastic therapy
K12.32	Oral mucositis (ulcerative) due to other drugs
K12.33	Oral mucositis (ulcerative) due to radiation
K12.39	Other oral mucositis (ulcerative)
M27.51	Perforation of root canal space due to endodontic treatment
M27.52	Endodontic overfill
M27.53	Endodontic underfill
M27.59	Other periradicular pathology associated with previous endodontic treatment

Reviews, Revisions, and Approvals	Date	Approval Date
Policy developed	10/20	10/20
Annual Review	11/21	11/21

References

1. American Dental Association. CDT 2020: Dental Procedure Codes. American Dental Association, 2020.
2. Hupp, J., Tucker, M., & Ellis, E. (2018). Contemporary Oral and Maxillofacial Surgery. St. Louis, Mo: Mosby Elsevier.
3. Lindhe, J., Lang, N. P., & Karring, T. (2015). Clinical periodontology and implant dentistry. Oxford: Blackwell Munksgaard.
4. Ness G. (2016). Atlas of Oral and Maxillofacial Surgery, 1st ed. St. Louis, Mo: Mosby Elsevier.
5. Newman, M. G., Takei, H. H., Klokkevold, P. R., & Carranza, F. A. (2012). Carranza's clinical periodontology. St. Louis, MO: Saunders Elsevier.

Important Reminder

This clinical policy has been developed by appropriately experienced and licensed health care professionals based on a review and consideration of currently available generally accepted standards of dental practice; peer-reviewed dental/medical literature; government agency/program approval status; evidence-based guidelines and positions of leading national dental and health professional organizations; views of dentists practicing in relevant clinical areas affected by this clinical policy; and other available clinical information. Envolve Dental makes no representations and accepts no liability with respect to the content of any external information used or relied upon in developing this clinical policy. This clinical policy is consistent with standards of dental practice current at the time that this clinical policy was approved. “Envolve Dental” means a dental plan that has adopted this clinical policy and that is operated or administered, in whole or in part, by Envolve Benefit Options, Inc, or any of such health plan’s affiliates, as applicable.

The purpose of this clinical policy is to provide a guide to dental and medical necessity, which is a component of the guidelines used to assist in making coverage decisions and administering benefits. It does not constitute a contract or guarantee regarding payment or results. Coverage decisions and the administration of benefits are subject to all terms, conditions, exclusions and limitations of the coverage documents (e.g., evidence of coverage, certificate of coverage, policy, contract of insurance, etc.), as well as to state and federal requirements and applicable Envolve Dental administrative policies and procedures.

This clinical policy is effective as of the date determined by Envolve Dental. The date of posting may not be the effective date of this clinical policy. This clinical policy may be subject to applicable legal and regulatory requirements relating to provider notification. If there is a discrepancy between the effective date of this clinical policy and any applicable legal or

regulatory requirement, the requirements of law and regulation shall govern. Envolve Dental retains the right to change, amend or withdraw this clinical policy, and additional clinical policies may be developed and adopted as needed, at any time.

This clinical policy does not constitute dental or medical advice, dental treatment or dental care. It is not intended to dictate to providers how to practice dentistry. Providers are expected to exercise professional dental and medical judgment in providing the most appropriate care, and are solely responsible for the dental and medical advice and treatment of members. This clinical policy is not intended to recommend treatment for members. Members should consult with their treating dentist in connection with diagnosis and treatment decisions.

Providers referred to in this clinical policy are independent contractors who exercise independent judgment and over whom Envolve Dental has no control or right of control. Providers are not agents or employees of Envolve Dental.

This clinical policy is the property of Envolve Dental. Unauthorized copying, use, and distribution of this clinical policy or any information contained herein are strictly prohibited. Providers, members and their representatives are bound to the terms and conditions expressed herein through the terms of their contracts. Where no such contract exists, providers, members and their representatives agree to be bound by such terms and conditions by providing services to members and/or submitting claims for payment for such services.

Note: For Medicaid members, when state Medicaid coverage provisions conflict with the coverage provisions in this clinical policy, state Medicaid coverage provisions take precedence. Please refer to the state Medicaid manual for any coverage provisions pertaining to this clinical policy.

Note: For Medicare members, to ensure consistency with the Medicare National Coverage Determinations (NCD) and Local Coverage Determinations (LCD), all applicable NCDs, LCDs, and Medicare Coverage Articles should be reviewed prior to applying the criteria set forth in this clinical policy. Refer to the CMS website at http://www.cms.gov for additional information.