

Guidance for the Management of Dental Emergency within Insurance Sector

1- Purpose:

In line with the Health Insurance Council's strategy to enhance the quality and efficiency of health services and apply best practices, the Council has issued this guide to clarify dental emergencies cases, which is one of the types of medical emergencies that must be covered by insurance according to the essential benefit package.

2- CHI essential benefit package emergency definition:

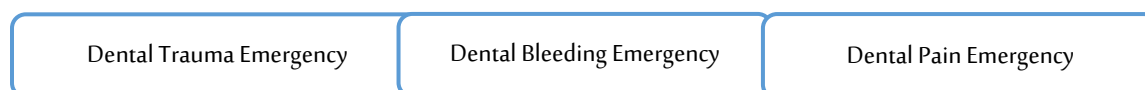
Urgent medical treatment required by the medical condition of the insured as a result of an accident or a case requiring prompt medical attention, depending on the following levels of urgent medical care (1. Resuscitation, 2. Emergency, 3. Urgent condition that may be resulting in death, loss of one or more organs, or the occurrence of an accidental or permanent disability situation) as described by the Private Health Institutions Law issued by Royal Decree No. (M/40) dated 3/11/1423 AH and its executive regulations, which determines how to triage emergency cases.

3- Dental emergency classification:

- Emergency care: cases that need immediate medical intervention and any delay in diagnosis, treatment or health care that leads to an aggravation of the condition or the patient's permanent disability and is likely to be life-threatening and requires immediate treatment.
- Urgent care: Not an emergency but requires immediate treatment that alleviates the patient's discomfort who is not at risk.
- Regular care: Conditions that are not emergencies/urgent and require scheduled visit or regular follow up.

From the perspective of providing curative services in dentistry the following services constitute emergency treatment

4- Types and classification of dental emergencies



4.1 Oral Trauma:

Case	Definition	Classification & Guidance	ICD-10-AM Dx
Dental Avulsion	Tooth is completely displaced from the alveolar socket	Emergency care- Patients should be seen by a dentist within 60 minutes	S03.2
Dental luxation	Extrusive luxation	The tooth has come out of the tooth-bearing bone, the tooth appears to be longer than the teeth adjacent to it and is moving from its place with a clear dislocation.	Emergency care- Patients should be seen by a dentist within 60 minutes
	Intrusive luxation	The immersion of the tooth into the tooth-bearing bone, the tooth appears shorter than its counterpart.	Emergency care- Patients should be seen by a dentist within 60 minutes
	Lateral luxation	The tooth moves in any direction other than the axial direction displaced, without loosening.	Emergency care- Patients should be seen by a dentist within 60 minutes
	Concussion & Subluxation	It is an injury to the teeth, sometimes accompanied by an increase in the movement of the teeth and pain spontaneously or associated with touching the teeth. There is no change in the position of the tooth in the jaw or the alveolar bone.	Urgent Care - Patients will be referred to a dentist and seen within 24 hours, provided with pain relievers until the time they visit the dentist.
Dental fracture	Injury to the tooth, often the front, with a fracture in the crown or the root or both, and it may be accompanied by the loss of part of the tooth as a result of exposure to trauma , including, but not limited to, receiving a strong blow to the face, falling, chewing solid foods, and rarely breaking the tooth during sleep It can also occur naturally with age. They can be classified according to the affected part of the tooth: crown and root, crown only, and root only.	Urgent Care - Referral to dentist and patient management takes place within 24 hours.	S02.5 K08.81

4.2 Dental Bleeding Emergency

Case	Definition	Classification & Guidance	ICD-10-AM Dx
Definition	Uncontrollable dental hemorrhage as a result of trauma, tooth extraction, etc.		
Oral tissue bleeding	It is the flow of blood from the mouth in a way that the patient cannot control by himself by pressing on the source of the bleeding.	Emergency care - if the injury is life-threatening, proceed immediately, but if it is not life-threatening, referral is made to the dentist/maxillofacial surgeon	K08.1 R58 S01.81 T81.0

4.3 Dental Pain Emergency

Case	Definition	Classification & Guidance	ICD-10-AM Dx
<p>Definition</p> <p>Severe dental and facial pain cannot be controlled by painkillers and often the source is bacterial infection. The pain may be odontogenic, pain originating from the tissues surrounding the tooth, or non-odontogenic pain.</p>			
Dental Abscess	It is the result of a bacterial infection that affects the tissues surrounding the teeth. The infection may be transmitted through the periodontal pocket or through the tooth as a result of tooth decay or a crack in the tooth. They result in localized swelling with sometimes systemic symptoms.	Emergency care - if associated with systemic symptoms, referral to dentist and immediate patient should be made within 60 minutes. If it is not associated with systemic symptoms, then the referral to the dentist is made and the patient is treated within 24 hours, while providing them with pain relievers until the time of visiting the dentist.	K04.6 K04.7
Pulpal pain	Inflammation of the pulp of the tooth (the connective tissue inside the tooth), as a result of a bacterial infection, which causes severe spontaneous pain for the patient that may prevent him from sleeping and practicing his normal life, as this connective tissue is surrounded by hard tissues (dentine) that does not allow expansion to contain the swelling associated with the inflammation process.	Urgent Care - Patients will be referred to a dentist and seen within 24 hours, provided with pain relievers until the time they visit the dentist.	K02.5 K04.0
Periapical periodontitis pain	Periodontitis is the result of an exacerbation of pulpitis caused by a bacterial infection, which damages the soft tissues surrounding the tooth and can destroy the bone that supports the tooth if left untreated.	Urgent Care - Patients will be referred to a dentist and seen within 24 hours, provided with pain relievers until the time they visit the dentist.	K04.4 K04.5
Dry Socket	It is a painful dental condition that sometimes occurs after the extraction of a permanent tooth. A dry socket occurs when a blood clot at the site of a tooth extraction stops developing or moves or dissolves before the wound heals, as the formation of a blood clot in the place of tooth extraction is an important part of wound healing.	Urgent Care - Patients will be referred to a dentist and seen within 24 hours, provided with pain relievers until the time they visit the dentist.	K10.3

Appendix 1: ICD-10-AM Dx Codes

ICD-10-AM Dx Code	Long Description	Includes
K02.5	Caries with pulp exposure	
K04.0	Pulpitis	<ul style="list-style-type: none"> • Acute, • Chronic(hyperplastic)(ulcerative) • Irreversible NOS • Reversible
K04.5	Chronic apical periodontitis	<ul style="list-style-type: none"> • Apical or periapical granuloma • Apical periodontitis NOS
K04.6	Periapical abscess with sinus	<ul style="list-style-type: none"> • Dental abscess without sinus • Dentalalveolar abscess with sinus
K04.7	Periapical abscess without sinus	<ul style="list-style-type: none"> • Dental abscess NOS • Dentalveolar abscess NOS • Periapical abscess NOS
K08.1	Loss of teeth due to accident, extraction or local periodontal disease	
K08.81	Pathological fracture of tooth	<i>Code also any predisposing dental disease (K00-K10)</i>
K10.3	Alveolitis of jaws	<ul style="list-style-type: none"> • Alveolar osteitis • Dry socket
R58	Haemorrhage, not elsewhere classified	
S02.5	Fracture of tooth	<ul style="list-style-type: none"> • Broken tooth • Excludes: Pathological fracture of tooth
S03.2	Dislocation of tooth	
T81.0	Haemorrhage and haematoma complicating a procedure, not elsewhere classified	Haemorrhage and haematoma at any site resulting from a procedure
T81.3	Disruption of operation wound, not elsewhere classified	Dehiscence of operation wound. Rupture of operation wound