



Emergent Dental Services

Dental Wellness Plan (DWP), DWP Kids and Hawki members are eligible for emergent dental services and emergent services do not apply to the member’s annual benefit maximum (ABM).

What is a dental emergency?

Emergent services are dental conditions of sudden onset and severity which would lead a layperson to conclude the condition needs immediate dental services necessary to control excessive bleeding, relieve pain and/or eliminate acute infection. Detailed clinical information related to the emergent services must be maintained in the member’s clinical record.

Some examples outlined by the American Dental Associate include:

- Severe dental pain from pulpal inflammation
- Pericoronitis of third-molar pain
- Surgical post-operative osteitis, dry socket dressing changes
- Abscess, or localized bacterial infection resulting in localized pain and swelling
- Tooth fracture resulting in pain or causing soft tissue trauma
- Dental trauma with vulsion/luxation
- Dental treatment required prior to critical medical procedures
- Final crown/bridge cementation if the temporary restoration is lost, broke or causing gingival irritation
- Biopsy of abnormal tissue

For additional criteria for emergent services and definitions from the American Dental Association (ADA) read their online article titled, [“What Constitutes a Dental Emergency?”](#).

Member Claims

When submitting a claim, “emergent” must be included in the remarks field (box 35) on the ADA claim form or clinical documentation demonstrating emergent services have been provided need to be submitted with the claim.

Claims that do not indicate services as emergent as outlined above may cause the services to be counted towards the member’s ABM. Emergent services do not require a prior authorization. However, post-treatment clinical documentation is needed with claim submission. If the claim is being submitted on the Dentist Connection, please include “emergent” in the comments section.

The image shows a detailed view of the ADA dental claim form. Box 35, labeled 'Remarks', is highlighted with a thick orange border. Below this, the form is divided into two main sections: 'AUTHORIZATIONS' and 'ANCILLARY CLAIM/TREATMENT INFORMATION'. The 'AUTHORIZATIONS' section contains a statement for the patient/guardian to sign, indicating they understand the treatment plan and associated fees. The 'ANCILLARY CLAIM/TREATMENT INFORMATION' section includes fields for 'Place of Treatment', 'Enclosures (Y or N)', 'Is Treatment for Orthodontics?', 'Months of Treatment', 'Replacement of Prosthesis', and 'Date of Prior Placement'. The form also includes a table for 'Missing Teeth Information' and a 'Diagnosis Code List Qualifier' section.

Emergent Processing

The provider MUST submit “emergent” on the claim form (box 35) or provide treatment records with the claim indicating the services were needed based on emergent/urgent issue.