# Delta Dental of New Jersey Clinical Policy #2015-07000-00007

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<th>Subject</th>
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**Type:** ☑ New  ☐ Replacement  ☐ Revision  ☐ Clarification

**Date:** 5/29/2014  **Revision Date:**

**Preamble:**

The Clinical Policy Bulletin is an expression of Delta Dental of New Jersey’s (DDNJ) determination regarding whether certain services or supplies are medically or dentally necessary. Its dental consultants also consider their training and experience in determining medical/clinical necessary. Although each source is not necessarily applied in the development of each and every criterion the clinical policies consider the following sources:

- Appropriate peer review dental literature
- Published standards of professional organizations
- Input from dentists and Delta Dental dental directors and dental consultants
- Input from the DeltaUSA Scientific Advisory Committee
- Changes to the CDT (updated annually)
- The DeltaUSA Dental Consultant Manual

The enrollee’s Certificate of Coverage defines covered services as well as other limits. DDNJ advises dentists and enrollees to consult the plan documents to determine if there are exclusions or other benefit limitations applicable to the service request. The conclusion that a particular service is medically or dentally necessary does not constitute an indication or warranty that the service requested is a covered benefit payable by DDNJ. Some plans exclude coverage for services that DDNJ considers either medically or dentally necessary. When there is a discrepancy between DDNJ’s clinical policy and the enrollee’s plan documents, DDNJ will defer to the enrollee’s plan documents as to whether the dental service is a covered benefit.
**Policy Therapy/Guidelines:**

Incision & Drainage is indicated:

- a. When a pathway is needed in soft tissue with localized fluctuant swelling that can reasonably be expected to provide necessary drainage.
- b. When pain is caused by accumulation of exudate within soft tissues.
- c. When necessary to collect bacteriologic samples.

In the case of localized and diffuse abscesses, drainage should be started as soon as possible. This may include non-surgical endodontic treatment (root canal therapy), incision and drainage, or extraction, depending upon the clinician’s judgment and taking into account the patient’s preferences.¹

Incision and drainage will frequently be associated with treatment of the tooth associated with the abscess. This may involve extirpation of the necrotic pulpal tissue, attempting to get drainage through the affected tooth, and possible use of antibiotics.²

Trephination of hard tissues is indicated in any of the following clinical situation:³

- a. If a pathway is needed from hard tissue that can reasonably be expected to provide necessary drainage.
- b. When pain is caused by accumulation of exudate within the alveolar bone.
- c. When necessary to collect samples for bacteriologic analysis.

**References:**

1. Clinical practice guideline on emergency management of acute apical periodontitis (AAP) in adults. Evid Based Dentistry 2004