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DENTAL BENEFIT COVERAGE GUIDELINE – 9.02.502

Periodontics

Effective Date:	Oct. 1, 2024	RELATED DENTAL/MEDICAL POLICIES:
Last Revised:	Sept. 9, 2024	None
Replaces:	N/A	

Select a hyperlink below to be redirected to that section.

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RELATED INFORMATION | EVIDENCE REVIEW | REFERENCES | HISTORY

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Introduction

Periodontics is a branch of dentistry that deals with diseases of the gums and bones that support the teeth. Periodontal disease is commonly called gum disease. Infections or other problems can also impact bone and other tissues around a tooth. Periodontal disease usually starts with gums that are red near where they contact the tooth, swollen, and bleed. Untreated periodontal disease can lead to tooth loss. This policy describes dentally necessary treatments for periodontal disease.

Note: The Introduction section is for your general knowledge and is not to be taken as policy coverage criteria. The rest of the policy uses specific words and concepts familiar to medical professionals. It is intended for providers. A provider can be a person, such as a doctor, nurse, psychologist, or dentist. A provider also can be a place where medical care is given, like a hospital, clinic, or lab. This policy informs them about when a service may be covered.

Policy Coverage Criteria

All medicaments must be approved by the FDA for use and used for their intended purpose.

Procedure	Dental Necessity
X-ray imaging	**This diagnostic procedure may be considered dentally necessary in the diagnosis of periodontal disease.**

Procedure	Dental Necessity
Counseling • **Nutritional** • **Oral hygiene** • **Tobacco**	**This nonsurgical treatment may be considered not dentally necessary in the treatment of periodontal disease.**
Prophylaxis and sealants	**These nonsurgical treatments may be considered dentally necessary in the treatment of periodontal disease.**
Osseous tissue regeneration, soft tissue regeneration, and biologic materials in conjunction with tissue regeneration per quadrant	**These surgical treatments may be considered dentally necessary in the treatment of periodontal disease.** **Note:** Biologic materials used should be appropriate for the clinical findings with specific treatment purposes
Collagen plugs or tape	**This surgical treatment is considered not dentally necessary in the treatment of periodontal disease.** • Collagen plugs or tape are materials that have not demonstrated growth/regenerative factors

Documentation Requirements
Submit periodontal charting and periapical/full mouth x-rays.

Coding

Code	Description
CDT	
D4210	Gingivectomy or gingivoplasty – four or more contiguous teeth or tooth bounded spaces per quadrant
D4211	Gingivectomy or gingivoplasty – one to three contiguous teeth or tooth bounded spaces per quadrant
D4212	Gingivectomy or gingivoplasty to allow access for restorative procedure, per tooth
D4230	Anatomical crown exposure – four or more contiguous teeth or tooth bounded spaces per quadrant
D4231	Anatomical crown exposure – one to three teeth or tooth bounded spaces per quadrant

Code	Description
D4240	Gingival flap procedure, including root planning – four or more contiguous teeth or bounded teeth spaces, per quadrant
D4241	Gingival flap procedure, including root planing – four or more contiguous teeth or tooth bounded spaces per quadrant
D4245	Apically positioned flap
D4249	Clinical crown lengthening – hard tissue
D4260	Osseous surgery (including elevation of a full thickness flap and closure) – four or more contiguous teeth or tooth bounded spaces per quadrant
D4261	Osseous surgery (including flap entry and closure) - one to three contiguous teeth or tooth bounded spaces per quadrant
D4263	Bone replacement graft - retained natural tooth - first site in quadrant
D4264	Bone replacement graft - retained natural tooth - each additional site in quadrant
D4265	Non-autogenous connective tissue graft (including recipient site and donor material) first tooth, implant, or edentulous tooth position in graft
D4266	Guided tissue regeneration – natural teeth resorbable barrier, per site
D4267	Guided tissue regeneration – natural teeth non-resorbable barrier, per site (includes membrane removal)
D4268	Surgical revision procedure, per tooth
D4270	Pedicle soft tissue graft procedure
D4273	Autogenous connective tissue graft procedure (including donor and recipient surgical sites) first tooth, implant or edentulous tooth position
D4274	Mesial/distal wedge procedure, single tooth (when not performed in conjunction with surgical procedures in the same anatomical area)
D4275	Non-autogenous connective tissue graft (including recipient site and donor material) first tooth, implant, or edentulous tooth position in graft
D4276	Combined connective tissue and double pedicle graft, per tooth
D4277	Free soft tissue graft procedure (including donor site surgery), first tooth or edentulous tooth position in graft
D4278	Free soft tissue graft procedure (including recipient and donor surgical sites), each additional coniguous tooth, implant, or edentulous tooth position in same graft site used in conjunction with D4277.
D4283	Autogenous connective tissue graft procedure (including donor and recipient surgical sites) – each additional contiguous tooth, implant or edentulous tooth position in same graft site used in conjunction with D4273.

Code	Description
D4285	Non-autogenous connective tissue graft procedure (including recipient surgical site and donor material) – each additional contiguous tooth, implant or edentulous tooth position in same graft site used in conjunction with D4275.
D4286	Removal of non-resorbable barrier
D4322	Splint – intra-coronal; natural teeth or prosthetic crowns
D4323	Provisional splinting – extracoronal
D4341	Periodontal scaling and root planing – four or more teeth per quadrant
D4342	Periodontal scaling and root planing – one to three teeth per quadrant
D4346	Scaling in presence of generalized moderate or severe gingival inflammation – full mouth, after oral evaluation
D4355	Full mouth debridement to enable a comprehensive oral evaluation and diagnosis on a subsequent visit
D4381	Localized delivery of antimicrobial agents via controlled release vehicle into diseased crevicular tissue, per tooth, by report
D4910	Periodontal maintenance
D4920	Unscheduled dressing change (by someone other than treating dentist or their staff)
D4921	Gingival irrigation – per quadrant
D4999	Unspecified periodontal procedure, by report

Related Information

N/A

Evidence Review

This Dental Benefit Coverage Guideline has been developed through consideration of generally accepted standards of dental practice, review of dental literature, dental necessity, and as appropriate, government approval.

Periodontitis is an inflammatory disease of the supporting tissues of teeth and is a major cause of tooth loss in adults. The onset and progression of periodontal disease is attributed to the presence of elevated levels of a consortium of pathogenic bacteria.

- Adjunctive regenerative therapy utilizing biologic materials is to be used for the treatment of periodontal disease defects of natural teeth only
- Surgical treatment of periodontal disease should be considered after:
    - History of conservative, non-surgical therapy,
    - Periodontal charting documenting the presence of pocket depths to 5+ mm of at least 4 teeth

References

1. Cristina C. Villar, DDS, MS, PhD, David L. Cochran, DDS, MS, PhD, MMSc, Department of Periodontics, The University of Texas, Health Science Center at San Antonio, 7703 Floyd Curl Drive, MSC 7894, San Antonio, TX 78229-3900, USA
2. Dent Clin N Am 54 (2010) 73-92, doi:10.1016/j.cden.2009.08.011, 0011-8532/09/$ - Published by Elsevier Inc

History

Date	Comments
10/13/14	New Benefit Coverage Guideline, add to Dental section. Services are considered medically necessary when criteria as specified are met.
07/14/15	Annual Review. Guideline reviewed; no change to policy content.
10/13/15	Interim update. Policy statements changed to “dentally” necessary/not “dentally” necessary to align with purview of Dental Review. CDT codes expanded to list individual codes; ranges removed.
02/18/16	Coding update. Add D4283 and D4285. Modify descriptors for D4273, D4275, D4277, D4278.

Date	Comments
11/01/16	Annual Review, approved October 11, 2016. Code revisions made; new code D4346 added. No changes to coverage guidelines. Policy moved into new format.
07/01/17	Annual Review, approved June 22, 2017. No changes to coverage statement.
05/01/18	Annual Review, approved April 3, 2018. No changes to coverage statement.
04/01/19	Annual Review, approved March 5, 2019. No changes to coverage statement.
06/01/20	Annual Review, approved May 5, 2020. No changes to coverage statement.
08/01/21	Annual Review, approved July 9, 2021. No changes to coverage statement.
11/01/22	Annual Review, approved October 24, 2022. No changes to coverage statement. Added term date to CDT codes D4320 & D4321 effective 1/1/2022. Updated coding descriptions for CDT codes D4230, D4231, D4240, D4241, D4261, D4265, D4273, D4274, D4275, D4277, D4278, D4283, D4285, D4355, D4381, & D4920.
09/01/23	Annual Review, approved August 21, 2023. No changes to coverage statement.
10/01/24	Annual Review, approved September 9, 2024. No changes to coverage statement. Added new CDT codes D4286, D4322 and D4323. Several revised codes throughout policy.

Scope: Medical policies are systematically developed guidelines that serve as a resource for Company staff when determining coverage for specific medical procedures, drugs or devices. Coverage for medical services is subject to the limits and conditions of the member benefit plan. Members and their providers should consult the member benefit booklet or contact a customer service representative to determine whether there are any benefit limitations applicable to this service or supply. This medical policy does not apply to Medicare Advantage.