



An Anthem Company

# Dental Clinical Policy

**Subject:** Mucogingival Surgery and Soft Tissue Grafting  
**Guideline #:** 04 -204 **Publish Date:** 01/01/2023  
**Status:** Revised **Last Review Date:** 10/26/2022

## Description

This document addresses mucogingival surgery and soft tissue grafting.

The plan performs review of mucogingival surgery and soft tissue grafting due to contractual requirements that necessitate benefits for dental services meet specific contract requirements. For example, plan contract(s) may require the provision of benefits for services that meet generally accepted standards of dental care at the lowest cost that properly addresses the patient's condition. The conclusion that a particular service is medically or dentally necessary and/or appropriate does not constitute an indication and/or warranty that the service requested is a covered benefit payable by the dental plan.

## Clinical Indications

Mucogingival conditions that may require corrective surgery include progressive gingival recession with the loss of attached gingiva with concomitant root exposure, absence of and/or reduced amounts of keratinized attached gingiva, periodontal pocket depth probing extending beyond the mucogingival junction, high frenum attachments and/or inadequate vestibular depth. Other clinical conditions which may influence the need for treatment include chronic marginal inflammation and root sensitivity.

Clinical and experimental studies have demonstrated where plaque control is maintained, no minimum width of keratinized gingiva would be necessary to prevent the development of periodontal disease. Therefore, in the presence of good oral health where no plaque buildup is evident, mucogingival surgery and grafting are inappropriate.

Note: Whether a service is covered by the plan, when any service is performed in conjunction with or in preparation for a non-covered or denied service, all related services are also either not covered or denied.

Dental review as it applies to accepted standards of care means dental services that a Dentist, exercising prudent clinical judgment, provides to a patient for the purpose of evaluating, diagnosing or treating a dental injury or disease or its symptoms, and that are: in accordance with the generally accepted standards of dental practice; in terms of type, frequency and extent and is considered effective for the

patient's dental injury or disease; and is not primarily performed for the convenience of the patient or Dentist, is not cosmetic and is not more costly than an alternative service.

For dental purposes, "generally accepted standards of dental practice" means:

- Standards that are based on credible scientific evidence published in peer-reviewed, dental literature generally recognized by the practicing dental community
- specialty society recommendations/criteria
- the views of recognized dentists practicing in the relevant clinical area
- any other relevant factors from credible sources

<b>Criteria</b>
-----------------

1. The following must be specifically documented prior to mucogingival surgery:
  - a. Current (within 12 months), dated, pretreatment periodontal chart documenting:
    - Millimeters of recession (CEJ to gingival margin)
    - Millimeters of attached gingiva
    - Pocket depth measurements (6-points/tooth)
  - b. History of progressive recession within 12 months prior to treatment.
  - c. Notation related to the presence of high frenum attachments
  - d. Number of teeth affected
  - e. Photographic documentation of areas demonstrating recession may be required.
  - f. Current (within 12 months), dated, pretreatment radiographs may be required dependent on prior dental history.
  - g. Indication of root sensitivity
  - h. Relationship to cervical caries/existing restorations.
  - i. A narrative stating the rationale for the procedure, status of keratinized attached gingiva, root coverage, sensitivity, and/or cosmetics.
2. In the absence of extraordinary circumstances (e.g. - frenum involvement, chronic inflammation), mucogingival surgery for correction of recession defects will only be considered when periodontal charting indicates a minimum of 2 millimeters of gingival recession and 1 millimeter or less of keratinized attached gingiva.
3. Mucogingival surgical procedures include all evaluation and post-operative care for three months and any surgical re-entry for three years.
4. Mucogingival surgery will be considered for treatment of periodontal defects on natural teeth only.
5. Benefits are group contract dependent but generally limited to one (1) periodontal surgical procedure in a [36/60] month period per single tooth or multiple teeth in the same quadrant.
6. In the presence of good oral health, mucogingival surgery and grafting may not be necessary.
7. Frenectomy or frenuloplasty is considered inclusive when performed in the same area on the same date as a soft tissue graft.
8. Pedicle soft tissue grafts code D4270, subepithelial connective tissue grafts code D4273, D4275-D4278 and combined connective tissue and double pedicle grafts code D4276 may be benefited for graft procedures encompassing a single tooth dependent on group contract provisions.

9. Biological materials, such as dermal matrix materials, are not benefitted when submitted in conjunction with soft tissue grafting.
10. If the implant(s) is/are approved as necessary and appropriate, then the additional procedures should be assessed based upon submitted diagnostics; narrative/rationale and photographs for necessity and appropriateness.

<b>Coding</b>
---------------

*The following codes for treatments and procedures applicable to this document are included below for informational purposes. Inclusion or exclusion of a procedure, diagnosis or device code(s) does not constitute or imply member coverage or provider reimbursement policy. Please refer to the member's contract benefits in effect at the time of service to determine coverage or non-coverage of these services as it applies to an individual member.*

Procedures for claims reporting and adjudicating are categorized by quadrant, site or individual tooth for standard benefits determination and claims processing as defined by ADA CDT (see introduction to the periodontics section).

**CDT** *Including, but not limited to, the following:*

D4270	Pedicle soft tissue graft procedure
D4273	Autogenous connective tissue graft procedure (including donor and recipient surgical sites) – 1st tooth, implant or edentulous tooth position in graft
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
D4274	Mesial/distal wedge procedure, single tooth
D4275	Non - autogenous connective tissue graft procedure (including recipient site and donor material) first tooth, implant or edentulous tooth position in graft
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
D4276	Combined connective tissue and pedicle graft, per tooth

D4277	Free soft tissue graft procedure (including recipient and donor surgical sites) first tooth, implant or edentulous tooth position in graft
-------	--

D4278	Free soft tissue graft procedure (including recipient and donor surgical sites) each additional contiguous tooth, implant or edentulous tooth position in same graft site
D7340	Vestibuloplasty – ridge extension (secondary epithelialization)
D7350	Vestibuloplasty – ridge extension (including soft tissue grafts, muscle reattachment, revision of soft tissue attachment and management of hypertrophied and hyperplastic tissue)

**ICD-10 CM** Diagnoses for Dental Diseases and Conditions: See the current CDT code book for details

#### References

1. Longitudinal evaluation of free autogenous gingival grafts. Dorfman HS, Kennedy JE, Bird WC. J Clin Perio 1980; 7: 316.
2. Marginal soft tissue recession with and without attached gingiva. Schoo WH and van der Velden, U. J Perio Res 1985; 20:209-211.
3. Alterations in Location of the Mucogingival Junction 5 Years After Coronally Repositioned Flap Surgery Dr. Cem A. Gürgan, A. Murat Oruç and Murat Akkaya; Journal of Periodontology Jun 2004, Vol. 75, No. 6, Pages 893-901.
4. A 10-year longitudinal study of untreated mucogingival defects. Freedman AL, Salkin LM, et al. J Perio 1992; 63:71-72.
5. Lack of association between width of attached gingiva and development of soft tissue recession. A 5-year longitudinal study. Wennstrom JL. J Clin Perio 1987; 14:181-184.
6. When not to perform root coverage procedures. Gray JL. J Perio 2000; 71:1048-1050.
7. Longitudinal evaluation of free autogenous gingival grafts. A four year report. Dorfman HS, Kennedy JE, Bird WC. J Perio 1982; 53:349-352.
8. Proceedings of the World Workshop in Clinical Periodontics: Gingival augmentation/mucogingival surgery. Amer Acad Perio 1989; VII-1 to VII-21.
9. Guided Tissue Regeneration in Mucogingival Surgery; Carlo Tinti, Giampaolo Vincenzi and Roberto Cocchetto; Journal of Periodontology Nov 1993, Vol. 64, No. 11s, Pages 1184-1191.
10. Kennedy JE, Bird WC, et al. A longitudinal evaluation of varying widths of attached gingiva. J Clin Perio 1985; 12:667-675.
11. An 18-year longitudinal study of untreated mucogingival defects Freedman AL, Green K, et al... J Perio 1999; 70:1174-1176.
12. A clinical study comparing width of attached gingiva and the prevalence of gingival recession Tennenbaum H. J Clin Perio 1982; 9:86-92.
13. A Comparative Study of Root Coverage Using Two Different Acellular Dermal Matrix Products

Thomas S. Barker, Marco A. Cueva, Francisco Rivera-Hidalgo, M. Miles Beach, Jeffrey A. Rossmann, David G. Kerns, T. Bradley Crump and Jay D. Shulman; Journal of Periodontology Nov 2010, Vol. 81, No. 11, Pages 1596-1603.

14. Parameters of Soft Tissue Grafting: Position Statement; American Association of Dental Consultants; AADC Positions Committee; @2014 American Association of Dental Consultants.
15. Acellular Dermal Matrix for Mucogingival Surgery: A Meta-Analysis Ricardo Gapski, Christopher Allen Parks and Hom-Lay Wang Journal of Periodontology Nov 2005, Vol. 76, No. 11, Pages 1814-1822.
16. CDT 2023 Current Dental Terminology, American Dental Association.

History

Revision History	Version	Date	Nature of Change	SME
	initial	7/10/17	creation	Rosen
	Revision	2/5/18	Related dental policies, criteria	M Kahn
	Revision	2/6/18	Appropriateness and medical necessity	Committee
	Revision	10/08/2020	Annual Review	Committee
	Revised	12/4/2020	Annual Review	Committee
	Revised	08/19/2021	Annual Review	Committee
	Revised	10/26/2022	Annual Review	Committee

Federal and State law, as well as contract language, takes precedence over Dental Clinical Policy. Dental Clinical Policy provides guidance in interpreting dental benefit application. The Plan reserves the right to modify its Dental Clinical Policies and guidelines periodically and as necessary. Dental Clinical Policy is provided for informational purposes and does not constitute medical advice. These Policies are available for general adoption by any lines of business for consistent review of the medical or dental necessity and/or appropriateness of care of dental services. To determine if a review is required, please contact the customer service number on the member's card.

No part of this publication may be reproduced, stored in a retrieval system or transmitted, in any form or by any means, electronic, mechanical, photocopying, or otherwise, without permission from the Plan.  
 Current Dental Terminology - CDT © 2023 American Dental Association. All rights reserved.