Periodontics

Requests for services must meet the following basic criteria:

**Gingival flap procedure, including root planing D4240, D4241**
- Gingival pockets must be moderately deep (5 – 8 mm) with loss of attachment. Tissue flap must be necessary to access root calculus (modified Kirkland or Widman surgery).
- May be required to access or determine the presence of a cracked tooth, fractured root or external root resorption.
- No additional benefit is allowed for the use of a laser.
- Code may not be used in conjunction with D4210, D4211, D4260 and D4261.

**Osseous surgery D4260, D4261**
- Should be preceded by scaling and root planing by four to six (4 – 6) weeks to reduce gingival and osseous inflammation prior to surgery.
- In cases where pockets are not expected to be resolved with scaling and root planing (SRP) due to their depth (7 + mm) and plaque control is adequate, it may be more therapeutic to go directly to surgery. A detailed narrative should accompany these requests.
- Post SRP evaluation should be a factor in determining the need for surgical intervention.
- Includes reshaping the alveolar process to achieve a more physiologic form.
- D4210, 4211, D4240 and D4241 are considered incidental to D4260 and D4261 by CareFirst.

**Bone replacement graft – first site in quadrant D4263**
- This procedure involves the use of autografts, allografts or non-osseous grafts to stimulate periodontal regeneration when the disease process has resulted in bone deformity.
- Bone grafts are frequently performed in conjunction with osseous surgery but may be billed as unique procedures.
- CareFirst considers two (2) contiguous sites to be one site and allows benefits accordingly.
- Do not use this code with implants (see codes D6103 – D6104).
- Do not use this code in conjunction with periradicular surgery (see codes D3428).

**Bone replacement graft – each additional site in quadrant D4264**
- This procedure involves the use of autografts, allografts or non-osseous grafts to stimulate periodontal regeneration when the disease process has resulted in bone deformity.
- Bone grafts are frequently performed in conjunction with osseous surgery but may be billed as unique procedures.
- CareFirst considers two (2) contiguous sites to be one (1) site and allows benefits accordingly.
This code will be considered when three (3) or more teeth in the quadrant are directly involved in the grafting procedure.
- May be considered incidental when used in conjunction with bone grafting and/or GTR.
- Do not use this code with implants (D6103, D6104).
- Do not use this code in conjunction with periradicular surgery.

**Biologic materials to aid in soft and osseous tissue regeneration D4265**
- These materials may be used alone or with other regenerative materials such as bone and barrier membranes.
- This procedure does not include surgical entry and closure, debridement, osseous contouring or placement of graft materials and membranes.
- CareFirst will consider allowing a benefit for this service when traditional regenerative procedures alone are unlikely to provide resolution of the tissue defect.
- A narrative detailing the necessity of the material is helpful in determining this additional regenerative benefit.
- Do not use this code in conjunction with periradicular surgery (D3432).

**Guided tissue regeneration (GTR) – resorbable barrier, per site D4266**
- This procedure may be used as appropriate following surgical exposure and debridement to help close and protect the wound before approximation of the mucoperiosteal flap.
- GTR is appropriate when the surrounding soft and hard tissue is insufficient to retain the graft material.
- A narrative detailing the necessity of the membrane material is helpful in determining this additional regenerative benefit.
- Do not use this code in conjunction with periradicular surgery.

**Guided tissue regeneration (GTR) – non-resorbable barrier, per site D4267**
- This procedure is used to regenerate lost or injured periodontal tissue by directing differential tissue responses.
- The membrane is placed to exclude epithelium and gingival connective tissue from the healing site.
- GTR is appropriate when the surrounding soft and hard tissue is insufficient to retain the graft material.
- A narrative detailing the necessity of the membrane material is helpful in determining this additional regenerative benefit.

**Pedicle soft tissue graft procedure D4270**
- A minimum amount of attached gingival remains, i.e., < 2mm.
- Procedure is required for reasons other than cosmetics, i.e., mucogingival defect, root sensitivity treated unsuccessfully by desensitizing techniques or placement of restoration, to increase the band of keratinized/attached gingival, and/or to thicken the gingival housing at a prospective implant site.
- Procedure includes both recipient bed preparation and obtaining donor tissue, including use of allograft material such as Alloderm.
- Considered incidental to frenulectomy (D7960) or frenuloplasty (D7963) by CareFirst.
Subepithelial connective tissue graft procedures, per tooth D4273

- A minimum amount of attached gingival remains, i.e., < 2mm.
- Procedure is required for reasons other than cosmetics, i.e., mucogingival defect, root sensitivity treated unsuccessfully by desensitizing techniques or placement of restoration, to increase the band of keratinized/attached gingival, and/or to thicken the gingival housing at a prospective implant site.
- Procedure includes both recipient bed preparation and obtaining donor tissue, including use of allograft material such as Alloderm.
- Considered incidental to frenulectomy (D7960) or frenuloplasty (D7963) by CareFirst.
Soft tissue allograft D4275
- Must meet same criteria as other soft tissue grafts.
- No donor site is required.
- Allograft material is inclusive. No additional charge for the graft material is allowed.

Combined connective tissue and double pedicle graft D4276
- Must meet same criteria as other soft tissue grafts.
- Appropriate to correct advanced gingival recession.

Free soft tissue graft procedure (including donor site surgery), first tooth or edentulous tooth position in graft D4277
- A minimum amount of attached gingival remains i.e., < 2mm.
- Procedure is required for reasons other than cosmetics, i.e., mucogingival defect, root sensitivity treated unsuccessfully by desensitizing techniques or placement of restoration to increase the band of keratinized/attached gingival, and/or to thicken the gingival housing at a prospective implant site.
- Procedure includes both recipient bed preparation and obtaining donor tissue, including use of allograft material such as Alloderm.
- Considered incidental to frenulectomy (D7960) or frenuloplasty (D7963) by CareFirst.

Free soft tissue graft procedure (including donor site surgery), each additional contiguous tooth or edentulous tooth position in the same graft site D4278
- A minimum amount of attached gingival remains i.e., < 2mm.
- Procedure is required for reasons other than cosmetics i.e., mucogingival defect, root sensitivity treated unsuccessfully by desensitizing techniques or placement of restoration to increase the band of keratinized/attached gingival, and/or to thicken the gingival housing at a prospective implant site.
- Procedure includes both recipient bed preparation and obtaining donor tissue, including use of allograft material such as Alloderm.
- Not to be reported in conjunction with frenulectomy (D7960) or frenuloplasty (D7963).

Autogenous connective tissue graft procedure (including donor and recipient surgical sites) D4283
- Code D4283 is used in conjunction with D4273 when more than one tooth position in the same graft site is involved.
- Includes donor and graft site.
- CareFirst considers two contiguous grafts as a single site.

Non-autogenous connective tissue graft (including recipient surgical site and donor material) D4285
- Code D4285 is used in conjunction with D4275 when more than one tooth position in the same graft site is involved.
- Includes donor material and recipient surgical site.
- CareFirst considers two continuous grafts as a single site.
**Periodontal scaling and root planing D4341, D4342**
- Gingival pockets > 4mm.
- Radiographic evidence of active horizontal and/or vertical bone loss must be apparent.
- There must be loss of attachment or apical migration of the attachment.
- SRP of four (4) quadrants in same appointment must be accompanied by rationale for doing four (4) quadrants in the same visit, anesthesia used, length of appointment and degree of provider (DDS, DMD, RDH).
- May be repeated every two (2) years, only if medically necessary.
- May be necessary as a pre-surgical or definitive therapy.
- Contraindicated as a definitive therapy in cases where the bone loss is so severe that there would be little to no therapeutic effect.

**Scaling in presence of generalized moderate or severe gingival inflammation – full mouth, after oral evaluation D4346**
- Must be proceeded by an oral evaluation (D0120, D0150, D0180).
- May be performed on the same day as an oral evaluation.
- Full mouth procedure.
- Patient should be 14 years or older.
- D4346 is necessary when:
  - Oral exam and periodontal charting indicate the patient presents with:
    - Generalized moderate to severe gingival inflammation involving ten (10) or more teeth
    - Moderate to heavy plaque and/or calculus
    - 2-4 mm pocketing. There may be pseudopocketing.
    - Bleeding points
    - No vertical or horizontal bone loss
    - No loss of attachment

**Gingival irrigation D4921**
- Not a covered benefit as there is insufficient scientific evidence regarding clinical efficacy.

**Periodontal maintenance D4910**
- Is a benefit under most dental plans when preceded by a definitive periodontal procedure (D4240, D4260 and D4341) by no more than two (2) years.
- Allowed up to twice per contract year beginning twelve (12) weeks post definitive periodontal procedure.
- Includes SRP, if required and polishing teeth.