



# Dental Clinical Criteria

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*Last Revised: 1/2024*

# Periodontics

## *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 techniques).
- 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 gingivectomy or osseous surgery procedures.

## *Osseous surgery (D4260—D4261)*

- Should be preceded by scaling and root planing by at least four to six 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.
- Gingivectomies and/or flap surgeries may be considered inclusive to osseous surgery 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.
- Do not use this code when placing implants on the same date of service. The appropriate codes for that are D6103 and D6104.

- Do not use this code when performing periradicular surgery on the same date of service. The appropriate code for that is 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.
- This code should be used for any site adjacent to the primary bone graft site.
- May be considered inclusive when used in conjunction with bone grafting and/or GTR.
- Do not use this code when placing implants on the same date of service. The appropriate codes for that are D6103 and D6104.
- Do not use this code when performing periradicular surgery on the same date of service. The appropriate code for that is D3428.

## *Biologic materials to aid in soft and osseous tissue regeneration (D4265)*

- May be considered inclusive when used in conjunction with bone grafting and/or GTR.
- 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.
- This code is not to be used for resorbable or non-resorbable membranes, allogenic grafting materials or other extra charges. The grafting codes include the material unless otherwise indicated.
- CareFirst will consider allowing a benefit for this service when traditional regenerative procedures alone are unlikely to provide resolution of the tissue defect.

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- A narrative detailing the necessity of the material is required in determining this additional regenerative benefit.
- Do not use this code in conjunction with periradicular surgery.

### *Guided tissue regeneration (GTR)—resorbable or nonresorbable barrier, per site (D4266, D4267)*

- 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 required in determining this additional regenerative benefit.
- Do not use this code in conjunction with periradicular surgery.

### *Removal of non-resorbable barrier (D4286)*

- Procedure to remove the barrier membrane that does not resorb over time on its own.
- Although it is in the periodontal category, this code can be used when removing nonresorbable barrier membranes after endodontic or oral surgery bone graft procedures.

### *Connective tissue graft procedures (pedicle, subepithelial connective tissue and free soft tissue graft procedures)*

- A minimum amount of attached gingiva 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 gingiva, 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 inclusive to frenulectomy or frenuloplasty by CareFirst

### *Soft tissue allograft (D4270)*

- 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), each additional contiguous tooth or edentulous tooth position in the same graft site (D4277, D4278)*

- A minimum amount of attached gingiva 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 gingiva, and/or to thicken the gingival housing at a prospective implant site.
- Procedure includes both recipient bed preparation and obtaining donor tissue, including use allograft material such as Alloderm.
- Not to be reported in conjunction with frenulectomy or frenuloplasty.

### *Autogenous connective tissue graft procedure (including donor and recipient surgical sites) (D4283)*

- Use D4273 for the first site in the quadrant and D4283 for each additional contiguous site in that quadrant.
- Includes donor and graft site.

### *Non-autogenous connective tissue graft (including recipient surgical site and donor material) (D4275, D4285)*

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- Use D4275 for the first site in the quadrant and D4285 for each additional site in that quadrant.
- Includes donor material and recipient surgical site.

### *Periodontal scaling and root planing (D4341, D4342)*

- Gingival pockets  $\geq$  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 preceded by an oral evaluation (D0120, D0150, D0180).
- May be performed on the same day as an oral evaluation.
- Full mouth procedure.
- Patient must be 14 years or older. There are exceptions with adequate clinical documentation.
- This procedure 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

### *Periodontal maintenance (D4910)*

- Is a benefit under most dental plans when preceded by a definitive periodontal procedure (not D4346 or D4355 only) by no more than two (2) years and no fewer than 90 days.
- Allowed up to twice per contract year beginning 4–6 weeks post definitive periodontal procedure. May be allowed up to four times per year for members with identified chronic illnesses.
- Includes selective SRP, if required and polishing teeth.

### *Gingival irrigation (D4921)*

- Not a covered benefit as there is insufficient scientific evidence regarding clinical efficacy.