Dental Clinical Policy: Gingivectomy & Gingival Flap Surgery

Reference Number: CP.DP.27 Coding Implications
Last Review Date:11/21 Revision Log

See Important Reminder at the end of this policy for important regulatory and legal information.

Description

Gingivectomy is a surgical procedure involving removal and/or recontouring of soft tissue at the dentogingival complex in order to reduce supra-bony periodontal pockets or provide restorative access to tooth surfaces covered by hypertrophic gingival tissues. Gingival flap is a surgical procedure involving reflection of soft tissue to improve access to infected root surfaces in order to eliminate the local etiology of periodontal disease.

Policy/Criteria

I. It is the policy of Envolve Dental Inc.® that gingivectomy is **medically necessary** when any of the following conditions are met:

- **A.** When there is generalized suprabony pocketing measuring 5 mm or greater and gingival tissue has not responded with measurable reduction in suprabony pockets through dental prophylaxis or full mouth scaling in the presence of generalized moderate to severe gingivitis combined with proper home are;
- **B.** When the above measures combined with proper home care do not result in measurable reduction in suprabony pockets;
- **C.** When drug therapy, hormonal disturbances, or congenital defects have caused gingival hyperplasia or hypertrophy;
- **D.** When gingival hypertrophy (e.g., occlusal operculum) prevents access to and isolation of tooth surfaces requiring restoration
- **E.** When none of the following contraindications are present:
  1. When a member is non-compliant in maintaining recommended oral hygiene;
  2. When a member has general health considerations such as uncontrolled diabetes;
  3. When a member is undergoing or has completed orthodontic treatment within the past six months and tissue irritation or poor oral hygiene leads to a gingival hypertrophic or hyperplastic response;
  4. When the procedure is being completed in order to access and treat class V carious lesions;
  5. When treatment is requested for esthetic purposes only.
- **F.** Required documentation to support medical necessity include the following:
  1. Clinical chart and treatment notes documenting conditions listed in the indications for use of gingivectomy;
  2. Current (less than 6 months) diagnostic quality bite-wing and periapical radiograph(s) showing all teeth involved in the planned procedure;
  3. Current (less than 6 months) periodontal charting;
  4. Intra-oral photographs of the affected site(s).

II. It is the policy of Envolve Dental Inc.® that gingival flap surgery is **medically necessary** when any of the following conditions are met:

- **A.** When direct access to root surfaces and/or alveolar bone is required for debridement of root surfaces and removal of granulation tissue;

B. When moderate to deep probing depths (greater than 5 mm) are present;
C. When loss of clinical attachment greater than 3 mm is present and areas do not respond to nonsurgical intervention;
D. When any of the following contraindications are present:
1. When a member is non-compliant in maintaining recommended oral hygiene;
2. When a member has general health considerations such as uncontrolled diabetes;
3. When more than 75% of the bone is missing around the tooth/teeth and a poor prognosis is determined;
4. When more conservative nonsurgical therapy is indicated.

E. Required documentation to support medical necessity include the following:
1. Clinical chart and treatment notes documenting conditions listed in the indications for use of gingival flap surgery;
2. Current (less than 6 months) diagnostic quality bite-wing and periapical radiograph(s) showing all teeth involved in the planned procedure;
3. Current (less than 6 months) periodontal charting;
4. Diagnostic test results indicating a possible crown or root fracture;
5. Intra-oral photographs may also be required.

Coverage Limitation/Exclusions

I. One D4210, D4211, D4240, or D4241 per quadrant per 36 months, subject to state-specific regulations;
II. One D4212 per tooth per 36 months, subject to state-specific regulations.

Coding Implications

This clinical policy references Current Dental Terminology (CDT®). CDT® is a registered trademark of the American Dental Association. All CDT codes and descriptions are copyrighted 2020, American Dental Association. All rights reserved. CDT codes and CDT descriptions are from the current manuals and those included herein are not intended to be all-inclusive and are included for informational purposes only. Codes referenced in this clinical policy are for informational purposes only. Inclusion or exclusion of any codes does not guarantee coverage. Providers should reference the most up-to-date sources of professional coding guidance prior to the submission of claims for reimbursement of covered services.

CDT® Codes	Description
D4210	Gingivectomy or gingivoplasty – four or more contiguous tooth bounded spaces per quadrant
D4211	Gingivectomy or gingivoplasty – one to three contiguous tooth bounded spaces per quadrant
D4212	Gingivectomy or gingivoplasty to allow access for restorative procedure, per tooth
D4240	Gingival flap procedure, including root planing – four or more contiguous tooth bounded spaces per quadrant
D4241	Gingival flap procedure, including root planing – four or more contiguous tooth bounded spaces per quadrant

ICD-10-CM Diagnosis Codes that Support Coverage Criteria

ICD-10-CM Code	Description
K05.00	Acute gingivitis, plaque induced
K05.01	Acute gingivitis, non-plaque induced
K05.10	Chronic gingivitis, plaque induced
K05.11	Chronic gingivitis, non-plaque induced
K05.5	Other periodontal disease
K06.1	Gingival enlargement
E08.630	Diabetes mellitus due to underlying condition with periodontal disease
E08.638	Diabetes mellitus due to underlying condition with other oral complications
E09.630	Drug or chemical induced diabetes mellitus with periodontal disease
E09.638	Drug or chemical induced diabetes mellitus with other oral complications
E10.630	Type 1 diabetes mellitus with periodontal disease
E10.638	Type 1 diabetes mellitus with other oral complications
E10.9	Type 1 diabetes mellitus without complications
E11.630	Type 2 diabetes mellitus with periodontal disease
E11.638	Type 2 diabetes mellitus with other oral complications
E11.9	Type 2 diabetes mellitus without complications
E13.630	Other specified diabetes mellitus with periodontal disease
E13.638	Other specified diabetes mellitus with other oral complications
R73.03	Prediabetes
R73.9	Hyperglycemia, unspecified

Reviews, Revisions, and Approvals	Date	Approval Date
Policy developed	09/20	09/20
Annual Review	11/21	11/21

References

1. American Association of Endodontists: Guide to Clinical Endodontics; 6th edition. 2013.
2. Lindhe, J., Lang, N. P., & Karring, T. (2015). Clinical periodontology and implant dentistry. Oxford: Blackwell Munksgaard.Ritter.
3. Ritter, A.V., Boushell, L.W. & Walter, R. Sturdevant's: Art and science of operative dentistry, 7th Edition, Chapter 13, St. Louis: Elsevier, 2018.

Important Reminder

This clinical policy has been developed by appropriately experienced and licensed health care professionals based on a review and consideration of currently available generally accepted standards of dental practice; peer-reviewed dental/medical literature; government

agency/program approval status; evidence-based guidelines and positions of leading national dental and health professional organizations; views of dentists practicing in relevant clinical areas affected by this clinical policy; and other available clinical information. Envolve Dental makes no representations and accepts no liability with respect to the content of any external information used or relied upon in developing this clinical policy. This clinical policy is consistent with standards of dental practice current at the time that this clinical policy was approved. "Envolve Dental" means a dental plan that has adopted this clinical policy and that is operated or administered, in whole or in part, by Envolve Benefit Options, Inc, or any of such health plan's affiliates, as applicable.

The purpose of this clinical policy is to provide a guide to dental and medical necessity, which is a component of the guidelines used to assist in making coverage decisions and administering benefits. It does not constitute a contract or guarantee regarding payment or results. Coverage decisions and the administration of benefits are subject to all terms, conditions, exclusions and limitations of the coverage documents (e.g., evidence of coverage, certificate of coverage, policy, contract of insurance, etc.), as well as to state and federal requirements and applicable Envolve Dental administrative policies and procedures.

This clinical policy is effective as of the date determined by Envolve Dental. The date of posting may not be the effective date of this clinical policy. This clinical policy may be subject to applicable legal and regulatory requirements relating to provider notification. If there is a discrepancy between the effective date of this clinical policy and any applicable legal or regulatory requirement, the requirements of law and regulation shall govern. Envolve Dental retains the right to change, amend or withdraw this clinical policy, and additional clinical policies may be developed and adopted as needed, at any time.

This clinical policy does not constitute dental or medical advice, dental treatment or dental care. It is not intended to dictate to providers how to practice dentistry. Providers are expected to exercise professional dental and medical judgment in providing the most appropriate care, and are solely responsible for the dental and medical advice and treatment of members. This clinical policy is not intended to recommend treatment for members. Members should consult with their treating dentist in connection with diagnosis and treatment decisions.

Providers referred to in this clinical policy are independent contractors who exercise independent judgment and over whom Envolve Dental has no control or right of control. Providers are not agents or employees of Envolve Dental.

 Providers, members and their representatives are bound to the terms and conditions expressed herein through the terms of their contracts. Where no such contract exists, providers, members and their representatives agree to be bound by such terms and conditions by providing services to members and/or submitting claims for payment for such services.

Note: For Medicaid members, when state Medicaid coverage provisions conflict with the coverage provisions in this clinical policy, state Medicaid coverage provisions take precedence.

Please refer to the state Medicaid manual for any coverage provisions pertaining to this clinical policy.

Note: For Medicare members, to ensure consistency with the Medicare National Coverage Determinations (NCD) and Local Coverage Determinations (LCD), all applicable NCDs, LCDs, and Medicare Coverage Articles should be reviewed prior to applying the criteria set forth in this clinical policy. Refer to the CMS website at http://www.cms.gov for additional information.