

Dental Clinical Policy: Osseous Surgery

Reference Number: CP.DP.28

Last Review Date: 11/21

[Coding Implications](#)

[Revision Log](#)

See [Important Reminder](#) at the end of this policy for important regulatory and legal information.

Description

Osseous surgery is a periodontal surgical procedure involving flap access to instrument the infected root surface and remove calculus, coupled with ostectomy and osteoplasty of the bone surrounding the involved teeth to promote periodontal pocket elimination and proper access for oral hygiene. The goal of osseous surgery is to eliminate the local etiology of inflammation and create a positive architecture of tissues to encourage proper oral hygiene and continued disease prevention.

Policy/Criteria

- I. It is the policy of Envolve Dental Inc.® that osseous surgery is **medically necessary** when any of the following conditions are met:
 - A. When there is generalized infrabony pocketing measuring 6 mm or greater and pocket depths have not responded to periodontal scaling and root planing;
 - B. When there is generalized clinical loss of attachment measuring 6 mm or greater and tissues have not responded to periodontal scaling and root planing;
 - C. When Class III furcation is present in the affected quadrant and other periodontal treatments have failed to eliminate etiologic factors;
 - D. When access for proper root debridement requires bone contouring;
 - E. When necessary to establish a dento-gingival morphology conducive to plaque control;
 - F. Does not have any of the following contraindications:
 1. When a member is non-compliant in maintaining appropriate oral hygiene;
 2. When a member has general health considerations such as uncontrolled diabetes;
 3. When a member has history of Bisphosphonate treatment or chemotherapeutic/radiation therapy of the head and neck;
 4. When the dentition being treated presents with less than 25 percent or more than 75 percent bone loss or has signs of at least Class III mobility or instability within the arch;
 5. When nonsurgical periodontal therapy procedures can achieve periodontal stability.
 - G. Required documentation to support medical necessity include the following:
 1. Clinical chart and treatment notes documenting conditions listed in the indications for use of osseous surgery;
 2. Current (less than 6 months) diagnostic quality bite-wing and periapical radiographs showing all teeth involved in the planned procedure;
 3. Current (less than 6 months) periodontal charting;
 4. Intra-oral photographs may also be required.

Coverage Limitation/Exclusions

- I. One D4260, or D4261 per quadrant 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
D4260	Osseous surgery (including elevation of a full thickness flap and closure) – four or more contiguous tooth bounded spaces per quadrant
D4261	Osseous surgery (including elevation of a full thickness flap and closure) – one to three contiguous tooth bounded spaces per quadrant

ICD-10-CM Diagnosis Codes that Support Coverage Criteria

ICD-10-CM Code	Description
K05.213	Aggressive periodontitis, localized, severe
K05.223	Aggressive periodontitis, generalized, severe
K05.313	Chronic periodontitis, localized, severe
K05.323	Chronic periodontitis, generalized, severe
K05.4	Periodontosis
K05.5	Other periodontal diseases
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

Reviews, Revisions, and Approvals	Date	Approval Date
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. 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.

DENTAL CLINICAL POLICY

Osseous Surgery

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.

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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.

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