

**ENVOLVE DENTAL, INC.
INCLUDING ALL ASSOCIATED SUBSIDIARIES
CLINICAL POLICY AND PROCEDURE**

DEPARTMENT: Utilization Management	DOCUMENT NAME: Vestibuloplasty
PAGE: 1 of 5	REFERENCE NUMBER: ENVD.UM.CP.0035
EFFECTIVE DATE: 06/30/2020	REPLACES DOCUMENT:
RETIRED: N/A	REVIEWED: 11/2021
SPECIALIST REVIEWED: Yes	REVISED:
PRODUCT TYPE: All	APPROVED DATE: 06/30/2020

IMPORTANT REMINDER:

This Clinical Policy has been developed by appropriately experienced and licensed health care professionals based on a thorough review and consideration of generally accepted standards of dental practice, peer-reviewed dental/medical literature, government agency/program approval status, and other indicia of dental/medical necessity.

The purpose of this Clinical Policy is to provide a guide to dental/medical necessity. Benefit determinations should be based in all cases on the applicable contract provisions governing plan benefits (“Benefit Plan Contract”) and applicable state and federal requirements including Local Coverage Determinations (LCDs), as well as applicable plan-level administrative policies and procedures. To the extent there are any conflicts between this Clinical Policy and the Benefit Plan Contract provisions, the Benefit Plan Contract provisions will control.

Clinical policies are intended to be reflective of current scientific research and clinical thinking. This Clinical Policy is not intended to dictate to providers how to practice dentistry, nor does it constitute a contract or guarantee regarding results. Providers are expected to exercise professional dental judgment in providing the most appropriate care, and are solely responsible for the dental advice and treatment of members.

SUBJECT:

Medical necessity guidelines for vestibuloplasty.

DESCRIPTION:

Vestibuloplasty is a term representing numerous procedures with a common goal: increased alveolar ridge or bone height relative to movable soft tissue. While typical surgeries achieve this aim through secondary epithelialization, procedures may also include soft tissue grafting, muscle reattachment, and management of hyperplastic and hypertrophied tissue. Most often, vestibuloplasty aims to increase retention of prosthetic devices relying on fixed tissue for retention, such as partial and complete dentures.

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POLICY/CRITERIA:

Indications for Vestibuloplasty include the following:

- When ridge extension is necessary or a need exists to lower mandibular/raise maxillary attachments or alter muscle or soft tissue attachments prior to fabrication of a prosthetic device;
- When reconstruction of edentulous bone requires a corresponding soft tissue or muscle attachment revision;
- When a resection has been previously performed and a new prosthetic restoration requires soft tissue revision therapy;
- When it is necessary to provide stability for dental implant placement if implants are covered benefits under state-specific regulations;
- When certain congenital conditions or dentofacial anomalies require vestibuloplasty procedures.

Contraindications for Vestibuloplasty include the following:

- When the patient has already undergone aggressive/high dose radiation therapy to the head and neck, especially in the area of concern;
- When the alveolar ridge has diminished to a minimal height;
- When unmanaged medical conditions such as uncontrolled diabetes or poor resistance to infection are present;
- When bleeding disorders are present or at times when certain medications affecting bone metabolism or soft tissue healing have been employed (e.g., bisphosphonates, retinoids, etc.).

REQUIRED DOCUMENTATION:

- Clinical chart and treatment notes documenting conditions/diagnoses listed in the indications for performing vestibuloplasty;

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PAGE: 3 of 5	REFERENCE NUMBER: ENVD.UM.CP.0035
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- Dental/medical history notes documenting planned radiation therapy or transplant surgery, if applicable;
- Diagnostic-quality panoramic radiographic image, or alternatively, sufficient periapical radiographic images demonstrating alveolar bone conditions;
- Diagnostic-quality photographic images demonstrating soft tissue and muscle conditions.

COVERAGE LIMITATIONS/EXCLUSIONS (Subject to State Regulations):

- One D7340 or D7350 per quadrant per lifetime

REFERENCES:

American Dental Association. CDT 2020: Dental Procedure Codes. American Dental Association, 2020.

Fragiskos, F.D. Preprosthetic Surgery. In: Fragiskos, F.D. (eds) Oral Surgery. Springer, Berlin, Heidelberg. 2007, Chapter 10.

Perciaccante, V.J. and Farish, S.E. Atlas of Oral and Maxillofacial Surgery. Elsevier, Inc. 2016. Chapter 18, Vestibuloplasty; pp. 153-169.

CODING IMPLICATIONS:

Please refer to your State contract and Provider Manual for exact coverage implications.

The following codes for vestibuloplasty are recognized by Envolve Dental.

- **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)

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Envolve Dental complies with the coding guidelines of the health plan and/or State in which the client resides. When billing D7340 or D7350, the need for vestibuloplasty must be documented in the record. Abnormal comparative utilization of comprehensive examination coding is subject to retrospective review and chart audit. Envolve Dental recommends servicing providers to submit one or more of the following ICD-10 codes with vestibuloplasty (Box 34 and 34a of the ADA American Dental Association Dental Claim Form):

ICD-10 Code	ICD-10 Code Description
K06.3	Horizontal alveolar bone loss
K06.8	Other specified disorders of gingiva and edentulous alveolar ridge
K06.9	Disorder of gingiva and edentulous alveolar ridge, unspecified
K08.101	Complete loss of teeth, unspecified cause, class I
K08.102	Complete loss of teeth, unspecified cause, class II
K08.103	Complete loss of teeth, unspecified cause, class III
K08.104	Complete loss of teeth, unspecified cause, class IV
K08.401	Partial loss of teeth, unspecified cause, class I
K08.402	Partial loss of teeth, unspecified cause, class II
K08.403	Partial loss of teeth, unspecified cause, class III
K08.404	Partial loss of teeth, unspecified cause, class IV
K08.191	Complete loss of teeth due to other specified cause, class I
K08.192	Complete loss of teeth due to other specified cause, class II
K08.193	Complete loss of teeth due to other specified cause, class III
K08.194	Complete loss of teeth due to other specified cause, class IV
K08.491	Partial loss of teeth due to other specified cause, class I
K08.492	Partial loss of teeth due to other specified cause, class II
K08.493	Partial loss of teeth due to other specified cause, class III
K08.494	Partial loss of teeth due to other specified cause, class IV
K08.20	Unspecified atrophy of edentulous alveolar ridge
K08.21	Minimal atrophy of the mandible
K08.22	Moderate atrophy of the mandible
K08.23	Severe atrophy of the mandible
K08.24	Minimal atrophy of the maxilla

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K08.25	Moderate atrophy of the maxilla
K08.26	Severe atrophy of the maxilla
M26.70	Unspecified alveolar anomaly
M26.71	Alveolar maxillary hyperplasia
M26.72	Alveolar mandibular hyperplasia
M26.73	Alveolar maxillary hypoplasia
M26.74	Alveolar mandibular hypoplasia
M26.79	Other specified alveolar anomalies
M26.9	Acquired or congenital deformities of maxilla or mandible
M27.61	Osseointegration failure of dental implant
M27.62	Post-osseointegration biological failure of dental implant
M27.63	Post-osseointegration mechanical failure of dental implant
M27.69	Other endosseous dental implant failure
Z92.3	Personal history of irradiation (therapeutic radiation)

REVISION LOG

REVISION	DATE
Annual Review	11/2021