

## Dental Clinical Policy: Vestibuloplasty

Reference Number: CP.DP.35

Last Review Date: 12/24

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### 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.

### Policy/Criteria

- I. It is the policy of Envolve Dental Inc.® that vestibuloplasty is medically necessary when any of the following conditions are met:
  - A. 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;
  - B. When reconstruction of edentulous bone requires a corresponding soft tissue or muscle attachment revision;
  - C. When a resection has been previously performed and a new prosthetic restoration requires soft tissue revision therapy;
  - D. When it is necessary to provide stability for dental implant placement if implants are covered benefits under state-specific regulations;
  - E. When certain congenital conditions or dentofacial anomalies require vestibuloplasty procedures;
  - F. When none of the following contraindications are present:
    1. When the patient has already undergone aggressive/high dose radiation therapy to the head and neck, especially in the area of concern;
    2. When the alveolar ridge has diminished to a minimal height;
    3. When unmanaged medical conditions such as uncontrolled diabetes or poor resistance to infection are present;
    4. 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.).
  - G. Required documentation to support medical necessity include the following:
    1. Clinical chart and treatment notes documenting conditions/diagnoses listed in the indications for performing vestibuloplasty;
    2. Dental/medical history notes documenting planned radiation therapy or transplant surgery, if applicable;
    3. Diagnostic-quality panoramic radiographic image, or alternatively, sufficient periapical radiographic images demonstrating alveolar bone conditions;
    4. Diagnostic-quality photographic images demonstrating soft tissue and muscle conditions.
- II. Coverage Limitation/Exclusions
  1. One D7340 or D7350 per quadrant per lifetime

2. Subject to state-specific regulations.

**Coding Implications**

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Retrospective review/analysis or fraud, waste and abuse initiatives that identify mis-coding (upcoding) resulting in higher reimbursement than allowed for the correctly coded service, or does not provide documentation supporting performing and/or completing claimed services may result in the recoupment of the identified monetary variance by any of the following means: a) from the payment for other claimed services; or b) directly from the provider.

CDT® Codes	Description
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)

**ICD-10-CM Diagnosis Codes that Support Coverage Criteria**

ICD-10-CM 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
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)

Reviews, Revisions, and Approvals	Date	Approval Date
Policy developed	6/20	6/20
Annual Review	12/22	12/22
Annual Review and Format Change	12/23	12/23
Annual Review	12/24	12/24

**References**

1. American Dental Association. CDT 2024: Dental Procedure Codes. American Dental Association, 2024.
2. Fragiskos, F.D. Preprosthetic Surgery. In: Fragiskos, F.D. (eds) Oral Surgery. Springer, Berlin, Heidelberg. 2007, Chapter 10.
3. Perciaccante, V.J. and Farish, S.E. Atlas of Oral and Maxillofacial Surgery. Elsevier, Inc. 2016. Chapter 18, Vestibuloplasty; pp. 153-169.

**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.

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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 <https://www.cms.gov> for additional information.

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