CODING/REIMBURSEMENT POLICY

Periodontal Codes

Policy # D003
Effective Date: 01/01/2009
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Description
Periodontics is the specialty of dentistry that encompasses the prevention, diagnosis, and treatment of diseases of the supporting and surrounding tissues of the teeth or their substitutes and the maintenance of the health, function, and aesthetics of these structures and tissues.

Review of the procedures in this document is required to determine necessity for procedures performed.

Definitions
Site: A term used to describe a single area, position, or locus. The word “site” is frequently used to indicate an area of soft tissue recession on a single tooth or an osseous defect adjacent to a single tooth; also used to indicate soft tissue defects and/or osseous defects in edentulous tooth positions.

- If two contiguous teeth have areas of soft tissue recession, each area of recession is a single site.
- If two contiguous teeth have adjacent but separate osseous defects, each defect is a single site.
- If two contiguous teeth have a communicating interproximal osseous defect, it should be considered a single site.
- All non-communicating osseous defects are single sites.
- All edentulous non-contiguous tooth positions are single sites.
- Depending on the dimensions of the defect, up to two contiguous edentulous tooth positions may be considered a single site.

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**Periodontal Charting:** refers to reporting cases with the following data:
1. identification of the quadrants and sites involved
2. a minimum of three pocket measurements per involved tooth
3. indication of recession, furcation involvement, mobility and mucogingival defects
4. identification of missing teeth

**Pocket Depth:** For review of periodontal CDT codes, pocket depth should indicate periodontitis with increased destruction of the periodontal structures and noticeable loss of bone support to prove necessity for procedures. Services that indicate certain pocket depth will not be covered if due to acute inflammation or gingivitis with the absence of sufficient attachment loss.

**Policy/Criteria**
SelectHealth will reimburse the following periodontal services when the associated criteria are met. These criteria are guidelines to be used in determination of necessity, but further review will be considered if there are additional circumstances that may make periodontal surgery necessary to improve the oral health of the patient. Exceptions may be granted and will be considered through the provider appeal process. Please see the Dental Provider Manual or contact Member Services for provider appeal information.

Local Anesthesia is considered included in any periodontal surgery procedure and will not be reimbursed separately.

Three months of postoperative care is included in the initial reimbursement for surgical procedures.

**Gingivectomy or Gingivoplasty**
D4210 – four or more teeth per quadrant
D4211 – one to three teeth per quadrant
Procedure is covered once every 36 months per quadrant.

Periodontal charting is required for review. Services will be approved if a pocket depth of 5mm or more is shown in the records. If there are other circumstances which warrant the procedure with a pocket depth of less than 5 mm, a narrative will be required for additional review.

Periodontal scaling and root planing will not be reimbursed when performed with a gingivectomy or gingivoplasty.
**Gingival Flap Procedure, Including Root Planing**

D4240 – four or more teeth per quadrant  
D4241 – one to three teeth per quadrant  
Procedure is covered once every 36 months per quadrant.

Periodontal charting is required for review. Services will be approved if pocket depth of 5 mm or more is shown in the records. If there are other circumstances which warrant the procedure with a pocket depth of less than 5 mm, preoperative x-rays will be required for additional review.

By CDT definition, root planing is included with the procedure and would not be appropriate to report separately.

**Apically Positioned Flap**

D4245  
Procedure is covered once every 36 months.

Periodontal charting is required for review. Services will be approved if pocket depth of 5 mm or more is shown in the record. If there are other circumstances which warrant the procedure with a pocket depth of less than 5 mm, preoperative x-rays will be required for additional review.

**Clinical Crown Lengthening – Hard Tissue**

D4249  
Procedure is covered once every 36 months.

Preoperative x-rays are required for review. SelectHealth will reimburse for this procedure when the x-ray confirms the reason for crown lengthening (e.g., the remaining tooth structure will not support a crown). The tooth must be able to support a new crown when the procedure is complete. Crown lengthening for cosmetic purposes is considered the financial responsibility of the patient.

**Osseous Surgery (including flap entry and closure)**

D4260 – four or more teeth per quadrant  
D4261 – one to three teeth per quadrant  
Periodontal surgery is covered once every 36 months.

Preoperative x-rays and periodontal charting are required for review. This service is covered if the x-rays and charting indicate sufficient bone loss.

Periodontal scaling and root planing will not be reimbursed when performed on the same day osseous surgery is performed.

**Bone Replacement Graft**

D4263 – first site in quadrant  
D4263 – each additional site in quadrant  
Periodontal surgery is covered once every 36 months.
Preoperative x-rays are required for review. This service is covered if the x-rays indicate sufficient bone loss.

**Biologic Materials to aid in soft and osseous tissue regeneration**

D4265

Periodontal procedure is covered once every 36 months.

A narrative is required for review. SelectHealth will reimburse CDT D4265 unless this code is used to bill for excluded services (e.g., plasma rich protein).

**Guided Tissue Regeneration**

D4266 – resorbable barrier, per site  
D4267 – nonresorbable barrier, per site (includes membrane removal)

Periodontal charting and a narrative are required for review. This procedure will be reimbursed if used to stimulate regrowth of lost connective tissue.

**Surgical Revision Procedure, per tooth**

D4268

This service is not covered within three months of another surgical procedure in the same quadrant/site. Periodontal charting and narrative are required for review, including dates of previous procedures performed in the same quadrant/site.

**Soft and Connective Tissue Graft Procedures**

D4270 – pedicle soft tissue graft procedure  
D4271 – free soft tissue graft procedure-Deleted as of 01/01/2013  
D4273 – subepithelial connective tissue graft procedure, per tooth  
D4277- Free soft tissue graft procedure (including donor site surgery), first tooth or edentulous tooth position in graft  
D4278- Free soft tissue graft procedure (including donor site surgery), each additional contiguous tooth or edentulous tooth position in same graft site

Periodontal charting is required for review. These procedures will be reimbursed if sufficient tissue loss and sufficient pocket depth is indicated, with root exposure, and if the patient is experiencing pain and sensitivity. These procedures are not a benefit when performed primarily for cosmetic purposes.

**Distal or Proximal Wedge Procedure (when not performed in conjunction with surgical procedures in the same anatomical area)**

D4274

Periodontal charting and preoperative x-rays are required for review. This service is not reimbursed when done on the same day with other periodontic procedures (e.g., gingivectomy/gingivoplasty or osseous surgery).

**Soft Tissue Allograft**
D4275

Periodontal charting and narrative are required for review. This service is reimbursed when tissue loss is indicated, accompanied by pain and sensitivity in the tooth.

**Combined Connective Tissue and Double Pedicle Graft, per tooth**

D4276

Periodontal charting and narrative are required for review. This service is reimbursed when tissue loss is indicated, accompanied by pain and sensitivity in the tooth.

**Periodontal Scaling and Root Planing**

D4341 – four or more teeth per quadrant
D4342 – 1 to 3 teeth per quadrant

This service is covered once every 24 months per quadrant

Periodontal charting and preoperative x-rays are required for review. This service will be covered when records indicate moderate to severe clinical attachment loss, showing pocket depths of at least 4-6 mm.

Prophylaxis and/or fluoride application will not be reimbursed when done in the same visit with periodontal scaling and root planing.

Periodontal scaling and root planing will not be reimbursed when done on the same day as gingivectomy or gingivoplasty, gingival flap procedure, osseous surgery, or periodontal maintenance.

**Localized Delivery of Antimicrobial Agents via a controlled release vehicle into diseased crevicular tissue, per tooth, by report**

D4381

Periodontal charting and preoperative x-rays are required for review.

This periodontal service is covered once per year.

This procedure will be covered with periodontal scaling and root planing when pocket depths are 6 mm or more and/or system risk factors exist that would exacerbate an existing periodontal infection. The procedure will be covered with periodontal maintenance after scaling and root planing, when the patient has had sufficient time to heal and pocket depths are still 5 mm or more.

The procedure should be performed on no more than 3 teeth per quadrant or a total of 30 percent of the teeth in the mouth. By definition, the code indicates localized delivery, and a systemic delivery approach should be utilized if more teeth require treatment.

**Sources**
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