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Dental Clinical Policy

Subject: Gingivectomy or Gingivoplasty
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Description

Gingivectomy refers to the surgical removal of diseased gum tissue in the presence of periodontal disease.

A gingivoplasty procedure is performed to reshape otherwise healthy gum tissues in the absence of periodontal pockets.

A gingivectomy or gingivoplasty may be performed to allow access for a restorative procedure on a tooth.

Clinical Indications

Gingivectomy or Gingivoplasty is considered appropriate for the treatment of mild to moderate periodontal disease. Gingivectomy or Gingivoplasty is:

1. Performed to eliminate suprabony pockets or to restore normal architecture when gingival enlargements or asymmetrical or unaesthetic topography is evident with normal bony configuration.
2. A demanding and time-consuming procedure that is indicated for pocket elimination and gingival recontouring in the presence of supra-bony pockets with normal bony configuration.
3. Used to treat gingival disease after nonsurgical methods, such as root planning and scaling, have been unsuccessful in the removal of subgingival deposits of plaque and calculus.
4. A procedure that involves removal of loose or diseased gingival tissue to reduce the size of the pocket between the teeth and the gingiva.
5. A procedure that can also be used to re-sculpt excess gingival tissue as a result of drug induced gingival hyperplasia (ex: Dilantin therapy)

Laser Use:

Gingivectomy is the most common procedure performed with dental lasers. All laser wavelengths can be used to incise gingiva for restorative, cosmetic, and periodontal needs. Utilization of a laser in dental procedures is considered a technique/ armamentarium. For benefit determination, the use of lasers is considered an adjunct to

treatment and is not eligible for an additional or separate benefit.

Gingivectomy or gingivoplasty contraindications include:

1. Treatment for infra-bony pockets.
2. Treatment of pockets extending below the mucogingival junction.
3. The presence of minimal amounts of attached keratinized tissue.
4. Procedures requiring access to alveolar bone.

Criteria

1. Current (within 12 months), dated 6- point periodontal charting indicating pocket depth recordings of a minimum of 5mm.
2. Current (within 12 months), dated 6- point periodontal charting, after completion of non-surgical periodontal therapy and/or periodontal maintenance is required.
3. Current (within 12 months), diagnostic quality, pretreatment radiographs showing periapical area and the alveolar crest.
4. Benefits will be limited to two quadrants per date of service. Exceptions may be allowed on a case by case basis.
5. Completion of initial periodontal therapy (e.g. scaling and root planing) allowing a minimum of four weeks prior to any surgical treatment for the tissues to properly heal which allows for proper assessment of the success or failure of non-surgical therapy. Exceptions may be allowed on a case by case basis.
6. Archived
7. Gingivectomy to allow access for crown(s)/ restoration(s) is group specific but is typically considered inclusive to the primary procedure.
8. Benefits are group contract dependent but generally limited to one (1) periodontal surgical procedure in a [36/60] month period per single tooth or multiple teeth in the same quadrant and only if the pocket depth of the tooth/teeth are 5mm or greater.
9. The use of lasers/electrosurgery for an additional benefit is considered an adjunct to treatment. Use of these specialized techniques is not eligible for an additional benefit.
10. Contraindicated in treating infra-boney pockets (i.e. pockets extending below the mucogingival junction).
11. Gingivectomy for removing inflamed/hypertrophied tissue around partially erupted or impacted teeth: excision of pericoronal tissue code as D7971.
12. Gingivectomy is considered cosmetic when performed within six months of orthodontic treatment
13. D4212:
    a. Are considered inclusive when performed with crown(s)/ restoration(s) however benefits are group contract dependent.
    b. If diagnostics indicate periodontal support level (bone level, gingival level and/or recession) appears to allow adequate access, the procedure may not be necessary
    c. Consider incidental to placement of crown/restoration if information appears to not support the procedure.
    d. When submitted without associated restorative procedure evaluate per D4211

guidelines

e. For non-restorative access, e.g. anatomical crown exposure removing both gingival tissue and supporting bone code as D4230, D4231

14. Gingivectomy for the purpose of correcting altered passive eruption is not benefited.
15. Current American Academy of Periodontology (AAP) and American Dental Association (ADA) guidelines require a periodontal diagnosis including staging and grading.

Coding

The following codes for treatments and procedures applicable to this document are included below for informational purposes. Inclusion or exclusion of a procedure, diagnosis or device code(s) does not constitute or imply member coverage or provider reimbursement policy. Please refer to the member's contract benefits in effect at the time of service to determine coverage or non-coverage of these services as it applies to an individual member.

CDT *Including, but not limited to, the following:*

D4210	Gingivectomy or gingivoplasty - four or more contiguous teeth or tooth bounded spaces per quadrant
D4211	Gingivectomy or gingivoplasty – one to three contiguous teeth or tooth bounded spaces per quadrant
D4212	Gingivectomy or gingivoplasty to allow access for restorative procedure, per tooth
D4999	Unspecified periodontal procedure, by report

ICD-10 CM Diagnoses for Dental Diseases and Conditions: See the current CDT code book for details

References

1. American Academy of Periodontology. Guidelines for periodontal therapy. aapd.org. Published November 1, 2001.
2. Greenwell H, Committee on Research, Science and Therapy. American Academy of Periodontology. Position paper: Guidelines for periodontal therapy. J Periodontal. 2001 Nov;72(11):1624-1628. DOI: 10.1902/jop.2001.72.11.1624
3. Newman MG, Klokkevold PR, Elangovan S, Kapila Y. Newman and Carranza's Clinical Periodontology and Implantology. 14th ed. St. Louis, MO: Elsevier; 2023:758-782.
4. Sanz, M, Herrera, D, Kebschull, M, et al; On behalf of the EFP Workshop Participants and Methodological Consultants. Treatment of stage I–III periodontitis—The EFP S3 level clinical practice guideline. J Clin Periodontol. 2020; 47: 4–60. https://doi.org/10.1111/jcpe.13290
5. American Academy of Periodontology. Staging and grading periodontitis. perio.org. Published June 18,2018.
6. American Dental Association. Managing the regulatory environment: ADA tip sheet on lasers. ada.org. Published 2017.

7. CDT 2026 Current Dental Terminology, American Dental Association

History

Revision History	Version	Date	Nature of Change	SME
	initial	04/22/2016	creation	Dr. Koumaras and Dr. Kahn
	Revision	07/10/2017	Criteria	Dr. Rosen
	Revision	02/06/2018	Related dental policies, appropriateness and medical necessity	Dr. Kahn
	Revision	10/01/2020	Annual Review	Committee
	Revised	12/04/2020	Annual Review	Committee
	Revised	10/30/2021	Annual Review	Committee
	Revised	10/26/2022	Annual Review	Committee
	Revised	10/11/2023	Annual Review	Committee
	Revised	09/10/2024	Minor editorial refinements to description, clinical indications, criteria (line #15 added), and reference; intent unchanged. Numbers corrected to reflect appropriateness	Committee
	Revised	10/14/2025	No changes	Dr. Balikov

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