



Dental Clinical Policy

Subject: Mucogingival Surgery and Soft Tissue Grafting

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Description

Mucogingival surgery and soft tissue grafting are periodontal surgical procedures performed to address issues related to the gums and surrounding tissues. These procedures aim to improve the health, function, and aesthetics of the periodontal tissues.

Mucogingival surgery involves manipulating and reshaping the soft tissues of the gums to create an ideal contour and position around the teeth. It is commonly used to treat recession which may result from various factors, including periodontal disease, aggressive tooth brushing, anatomical factors, or trauma. It can be performed to cover exposed roots, enhance the appearance of the smile, reduce tooth sensitivity, and protect the underlying root surfaces from decay and further recession.

Soft tissue grafting involves obtaining soft tissue, usually from the individual's palate (roof of the mouth) or a tissue bank, and surgically attaching it to areas of gum recession or inadequate gum tissue. The graft serves to thicken and reinforce the gum tissue, covering exposed root surfaces and restoring a more natural gumline. It can also help prevent further recession and improve the overall health of the gums.

Types of grafts include:

- Connective tissue
- Free gingival
- Pedicle
- Combined connective tissue and pedicle

Clinical Indications

Mucogingival conditions that may require corrective surgery include progressive gingival recession with the loss of attached gingiva with concomitant root exposure, absence of and/or reduced amounts of keratinized attached gingiva, periodontal pocket depth probing extending beyond the mucogingival junction, high frenum attachments and/or inadequate vestibular depth. Other clinical conditions which may influence the need for treatment include chronic marginal inflammation and root sensitivity.

Clinical and experimental studies have demonstrated where plaque control is maintained, no minimum width of keratinized gingiva would be necessary to prevent the development of periodontal disease. Therefore, in the presence of good oral health where no plaque buildup is evident, mucogingival surgery and grafting are inappropriate.

Note: Whether a service is covered by the plan, when any service is performed in conjunction with or in preparation for a non-covered or denied service, all related services are also either not covered or

denied.

Criteria

1. The following must be specifically documented prior to mucogingival surgery:
 - a. Current (within 12 months), dated, pretreatment periodontal chart documenting:
 - Millimeters of recession (CEJ to gingival margin)
 - Millimeters of attached gingiva remaining
 - Pocket depth measurements (6-points/tooth)
 - b. History of progressive recession within 12 months prior to treatment.
 - c. Notation related to the presence of high frenum attachments.
 - d. Number of teeth affected.
 - e. Photographic documentation of areas demonstrating recession may be required.
 - f. Current (within 12 months), dated, pretreatment radiographs may be required dependent on prior dental history.
 - g. Indication of root sensitivity
 - h. Relationship to cervical caries/existing restorations.
 - i. A narrative stating the rationale for the procedure.
2. In the absence of extraordinary circumstances (e.g. - frenum involvement, chronic inflammation), mucogingival surgery will only be considered when periodontal charting indicates a minimum of 2 millimeters of keratinized gingival tissue recession and 1 millimeter or less of attached gingiva remaining.
3. Mucogingival surgical procedures include all evaluation and post- operative care for three months and any surgical re-entry for three years (contract dependent).
4. Mucogingival surgery will be considered for treatment of periodontal defects for tooth, implant, or edentulous tooth position. Free gingival grafts may be used to increase the width of the attached gingiva, but they may also be used to deepen the vestibule or eliminate frenum pulls.
5. 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.
6. In the presence of good oral health, mucogingival surgery and grafting may not be necessary.
7. Frenectomy or frenuloplasty is considered inclusive when performed in the same area on the same date as a soft tissue graft.
8. Pedicle soft tissue grafts, connective tissue grafts code and combined connective tissue and double pedicle grafts code may be benefited for graft procedures encompassing a single tooth (contract dependent).
9. Biological materials, such as dermal matrix materials, are not benefitted when submitted in conjunction with soft tissue grafting.
10. If the implant(s) is/are approved as necessary and appropriate, then the additional procedures should be assessed based upon submitted diagnostics; narrative/rationale and photographs for necessity and appropriateness.
11. Mucogingival surgery and soft tissue grafting performed solely for cosmetic purposes are not benefited.
12. Performing a soft tissue graft on a tooth with crown to root ratios that are poorer than 1:1 creates a less than ideal situation and may be denied.
13. 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.

Procedures for claims reporting and adjudicating are categorized by quadrant, site or individual tooth for standard benefits determination and claims processing as defined by ADA CDT (see introduction to the periodontics section).

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

D4270	Pedicile soft tissue graft procedure
D4273	Autogenous connective tissue graft procedure (including donor and recipient surgical sites) – 1st tooth, implant or edentulous tooth position in graft
D4283	Autogenous connective tissue graft procedure (including donor and recipient surgical sites) – each additional contiguous tooth, implant or edentulous tooth position in same graft site
D4274	Mesial/distal wedge procedure, single tooth
D4275	Non - autogenous connective tissue graft procedure (including recipient site and donor material) first tooth, implant or edentulous tooth position in graft
D4285	Non-autogenous connective tissue graft procedure (including recipient surgical site and donor material) – each additional contiguous tooth, implant or edentulous tooth position in same graft site
D4276	Combined connective tissue and pedicile graft, per tooth
D4277	Free soft tissue graft procedure (including recipient and donor surgical sites) first tooth, implant or edentulous tooth position in graft
D4278	Free soft tissue graft procedure (including recipient and donor surgical sites) each additional contiguous tooth, implant or edentulous tooth position in same graft site
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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ICD-10 CM Diagnoses for Dental Diseases and Conditions: See the current CDT code book for details

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History

Revision History	Version	Date	Nature of Change	SME
	initial	07/10/2017	creation	Dr. Rosen
	Revision	02/05/2018	Related dental policies, criteria	Dr. Kahn
	Revision	02/06/2018	Appropriateness and medical necessity	Committee
	Revision	10/08/2020	Annual Review	Committee
	Revised	12/04/2020	Annual Review	Committee
	Revised	08/19/2021	Annual Review	Committee
	Revised	10/26/2022	Annual Review	Committee
	Revised	10/4/2023	Annual Review	Committee
	Revised	10/25/2024	Minor editorial refinements to description, clinical indications, criteria, and reference; intent unchanged. Added Criteria #12 and #13	Committee
	Revised	10/16/2025	Minor editorial refinements to description, clinical indications, criteria, and reference; intent unchanged.	Dr. Balikov

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