



Dental Clinical Policy

Subject: Osseous Surgery (Periodontal)

Guideline #: 04-205

Status: Revised

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Description

Osseous surgery involves the modification of the bony support of the teeth by reshaping the alveolar process to achieve a more physiologic form.

Clinical Indications

When gingivitis progresses to periodontal disease, osseous surgery may be necessary. For osseous surgery to be appropriate, bone loss (horizontal or vertical defects) must be documented around teeth and dental implants and with pocket depth recordings measuring 5 millimeters or greater with bleeding upon probing.

Criteria

Osseous surgery procedures are considered appropriate with:

1. 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.
2. Post initial periodontal therapy (e.g. scaling and root planing) periodontal charting demonstrating pocket depths greater than or equal to 5mm.
3. Current (within 12 months), dated, post initial periodontal therapy (e.g. scaling and root planing) 6-point periodontal charting indicating pocket depth recordings of a minimum of 5mm.
4. Current (within 12 months), dated, pretreatment full mouth radiographic images and/or a panoramic radiographic image including bitewing radiographs to demonstrate either horizontal and/or vertical osseous defects.
5. When radiographic images are not demonstrative, a detailed narrative inclusive of periodontal staging and grading, furcation classifications, and a description of the vertical defect may be requested.
6. Benefits will be limited to two quadrants per date of service. Exceptions will be allowed on a case-by-case basis.
7. Benefits are limited to one (1) osseous surgical procedure in a given period per single tooth or multiple teeth in the same quadrant and only if the pocket depth of the tooth is a minimum of 5mm (contract dependent).
8. Periodontal surgical procedures such as, but are not limited to, gingivectomy or gingivoplasty, mesial/distal wedge procedure, anatomical crown exposure, gingival flap procedure, apically repositioned flap, clinical crown lengthening, and surgical revision procedure are considered inclusive with osseous surgery.
9. Only those teeth with favorable periodontal outcomes will be considered for benefit.
10. Current American Academy of Periodontology (AAP) and American Dental Association

(ADA) guidelines require a periodontal diagnosis including staging and grading.

11. Osseous surgery is considered eligible for benefits when performed within two years of initial therapy and evaluation.
12. When more than two quadrants of osseous surgery are performed in one appointment, clinical and administrative records may be requested, including treatment notes, intraoral photographs, medical and dental histories, and the patient's ledger and schedule.

Osseous surgery may be appropriate for the treatment of periodontal disease defects on natural teeth and dental implants.

Dental implants will be regarded in the same manner as natural teeth for quadrant benefit application. Osseous surgery post-operative management, as well as any surgical re-entry has frequency limitations (contract dependent).

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 non-covered or denied.

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:

D4260	Osseous surgery (including elevation of a full thickness flap and closure) – four or more contiguous teeth or tooth bounded spaces per quadrant
D4261	Osseous surgery (including elevation of a full thickness flap and closure) – one to three contiguous teeth or tooth bounded spaces per quadrant
D6101	Debridement and osseous recontouring of peri-implant defect or defects surrounding a single implant, surface cleaning of the exposed implant surfaces, including flap entry and closure.
D6102	Debridement and osseous recontouring of a peri-implant defect or defects surrounding a single implant, and includes surface cleaning of the exposed implant surfaces, including flap entry and closure

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

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31. CDT 2026 Current Dental Terminology, American Dental Association

History

Revision History	Version	Date	Nature of Change	SME
	initial	12/14/2016	creation	Dr. Kahn Dr. Koumaras
	Revision	02/08/2017	General verbiage	Dr. Rosen
	Revision	02/16/2018	Appropriateness/medical necessity, criteria	Dr. Kahn
	Revision	10/08/2020	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	10/25/2024	Minor editorial refinements to description, clinical indications, criteria (added lines #10 and #11), and reference; intent unchanged.	Committee
	Revised	10/27/2025	Added criteria #12 and #13	Dr. Balikov

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