



Dental Policy

Subject: Gingivectomy or Gingivoplasty

Guideline #: 04-202

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Description

This document addresses **gingivectomy** or **gingivoplasty**.

Note: Please refer to the following documents for additional information concerning related topics:

- Clinical Policy-01 Teeth with Poor or Guarded Prognosis

Clinical Indications

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

1. A demanding and time-consuming procedure that is indicated for pocket elimination and gingival recontouring in the presence of supra-bony pockets.
2. Used to treat gingival disease after nonsurgical methods, such as root planning and scaling, have been unsuccessful in the removal of below-the-gingiva deposits of plaque and calculus.
3. A procedure that involves removal of loose or diseased gingival tissue to reduce the size of the pocket between the teeth and the gingiva.
4. a procedure that can also be used to remove excess gingival tissue as a result of drug induced gingival hyperplasia (ex: Dilantin therapy)

As it applies to appropriateness of care, dental services are:

- provided by a Dentist, exercising prudent clinical judgment
- provided to a patient for the purpose of evaluating, diagnosing and/or treating a dental injury or disease or its symptoms
- in accordance with the generally accepted standards of dental practice which means:
 - standards that are based on credible scientific evidence published in peer-reviewed, dental literature generally recognized by the practicing dental community
 - specialty society recommendations/criteria
 - any other relevant factors
- clinically appropriate, in terms of type, frequency and extent
- considered effective for the patient's dental injury or disease
- not primarily performed for the convenience of the patient or Dentist
- Not more costly than an alternative service.
- Dependent on group contract provisions, cosmetic services may not qualify for benefit coverage even though the services may be clinically appropriate.

Laser Use:

Applications for and research on lasers in dentistry continues to expand since their introduction to the dental profession. Dental laser systems are cleared for marketing in the United States via the Food and Drug Administration (FDA) Premarket Notification [510(k)] process.

The review team determines if the product under review meets relevant criteria for “substantial equivalence” to a predicate device (the term “predicate” is used to describe any device that is marketed for the same use as the new device, even if the actual technologies are not the same).

There are currently more than twenty cleared indications for use for dental lasers in the United States. Dental lasers obtaining 510(k) clearance may be labeled, promoted, and advertised by the manufacturer for only those specific indications for use for which the devices have been cleared for marketing. Dental laser manufacturers must seek FDA 510(k) clearance for each laser product and each specific indication for use. Not every laser is cleared for every conceivable use. Therefore, FDA marketing clearances apply to certain products that are specific to the manufacturer and product. Additional uses for dental lasers are considered “off label 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. Rapid healing and reduced pain post operatively has been reported with patients rarely needing periodontal packing or sutures. The thermal effects of diodes, Nd: YAG and CO₂ lasers can cause collateral damage, but in properly trained hands these devices can be effective. Erbium lasers pulsed technology, shallow penetration, and water absorption produces a minimal thermal effect and minor procedures can sometimes be achieved with no anesthetic at all. The nearly “cold cutting” effect of erbium tissue interaction creates a remarkable post-operative course.

For benefit determination, the use of lasers is considered an adjunct to treatment and is not eligible for an additional or separate benefit.

Medically/Dentally Necessary or Medical/Dental Necessity means Medical/Dental Services that are:

- (1) Consistent with the Member's diagnosis or condition;
- (2) Is rendered:
 - (A) In response to a life-threatening condition or pain; or
 - (B) To treat an injury, illness or infection related to the dentition; or
 - (C) To achieve a level of function to the dentition consistent with prevailing community standards for the diagnosis or condition.

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 periodontal charting (6 point periodontal charting as described by AAP and ADA) indicating pocket depth recordings of a minimum of 5mm.
2. A current (within the most recent 12 months) periodontal pocket probing chart, after completion of non-surgical periodontal therapy, 4341/4342 and/or periodontal maintenance, D4910, is required.
3. Current pre-treatment radiographs showing periapical area and undistorted image of the alveolar crest.
4. Benefits will be limited to two quadrants per date of service. Exceptions will be allowed on a case by case basis.
5. Completion of initial periodontal therapy (e.g. scaling and root planing) allowing a minimum of six 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.
6. Gingivectomy will be considered for treatment of periodontal defects involving natural teeth only.

7. Gingivectomy to allow access for restorative procedures is group specific but is typically considered incidental 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 is 5mm or greater.
9. The use of lasers/electrosurg 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, 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. 4210/4211 is considered cosmetic when done within six months of orthodontic treatment (1110/4341/4342 and/or 4346 should be tried first)
13. D4212:
 - a) May be considered 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

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

CPT

40810	Excision of lesion of mucosa and submucosa, vestibule of mouth
40812	With simple repair
40814	With complex repair
40816	Complex, with excision of underlying muscle
41899	Unlisted procedure, dentoalveolar structures

ICD-10 Diagnosis

K05.0	Acute gingivitis
K05.00	Acute gingivitis, plaque induced
K05.01	Acute gingivitis, non-plaque induced
K05.1	Chronic Gingivitis
K05.10	Chronic gingivitis, plaque induced
K05.11	Chronic gingivitis, non-plaque induced
K05.2	Acute Periodontitis (includes acute pericoronitis)
K05.20	Aggressive periodontitis, unspecified
K05.21	Aggressive periodontitis, localized

K05.3	Chronic periodontitis,
K05.30	Chronic periodontitis, unspecified
K05.31	Chronic periodontitis, localized
K05.32	Chronic periodontitis, generalized
K05.4	Periodontosis (juvenile)
K05.5	Other periodontal disease
K05.6	Periodontal disease, unspecified

Discussion/General Information

The beneficial effects of gingivectomy or gingivoplasty is to remove and reshape loose, diseased gingival tissue to get rid of pockets between the teeth and gingiva created as a result of periodontal disease. A periodontist or oral surgeon will typically perform the procedure although general dentists may also perform the procedure.

Accumulation of bacterial plaque causes the gingiva to swell and pull away from the teeth creating pockets that trap food providing a breeding environment for bacteria making it more difficult to properly clean the teeth.

Definitions

Biofilm: any group of bacteria that stick to each other and often adhere to a surface, such as a tooth. These “sticky” cells are frequently embedded within a self-produced matrix of cells.

Gingiva: The clinical term for gums. The gingiva are found in the oral cavity or mouth. They consist of mucosal (soft, pink) tissue that covers the alveolar processes (bone) of the maxilla (upper jaw) and mandible (lower jaw) and finish at the neck of each tooth.

Periodontium: Refers to the specialized tissues that surround and support the teeth and maintain the teeth in the upper and lower jaw bones.

Calculus: Also known as tartar on the teeth is a form of hardened dental plaque caused by the collection of minerals from saliva and gingival crevicular fluid (GCF). The process of precipitation kills the bacterial cells within dental plaque, but the rough and hardened surface that is formed provides an ideal surface for further plaque formation. This leads to calculus buildup, which compromises the health of the gingiva. Calculus can form both along the gingival margin, where it is referred to as supragingival (“above the gum line”), and within the narrow space that exists between the teeth and the gingiva, where it is referred to as subgingival (“below the gum line”). Calculus formation is associated with a number of signs and symptoms including bad breath, receding gingiva and inflamed gingiva. Brushing and flossing can remove plaque from which calculus forms; however, once formed, it is too hard and firmly attached to be removed with a toothbrush requiring removal at the dentist’s office.

Dental Plaque: is a biofilm or mass of bacteria that grows on surfaces within the mouth. It is a sticky colorless deposit at first, but when it forms tartar it is brown or pale yellow and is commonly found between the teeth, on the front of teeth, behind the teeth, on chewing surface, along the gum line, and below the gum line. Dental plaque is also known as microbial plaque, oral biofilm, dental biofilm, dental plaque biofilm or bacterial plaque biofilm. While plaque is commonly associated with oral diseases such as caries (cavities) and periodontal disease (gum diseases), its formation is a normal process that cannot be prevented. When plaque “ages” it hardens and is attached to the tooth and is termed calculus (tartar).

Periodontal Disease: Can affect one or more of the tissue/structures associated with teeth (e.g. bone, the ligament that attaches the tooth to bone and gingiva (gums). While there are many different levels of severity of periodontal diseases that can affect these tooth-supporting

tissues/structures, by far the most common ones are plaque-induced inflammatory conditions, such as gingivitis and periodontitis.

Saliva: A watery substance located in the mouth, secreted by salivary glands. Human saliva is 99.5% water with the remainder consisting of several things such as minerals, mucus, protein, enzymes, and bacterial compounds.

Tooth bounded space: A space created by one or more missing teeth that have a tooth on each side.

References

Peer Reviewed Publications:

1. American Dental Association. *Current Dental Terminology*. CDT 2015: 31- 32 (©ADA 2015).
2. Proceedings of the World Workshop in Clinical Periodontics: Resective procedures. American Academy of Perio 1989; IV-1 to IV-25.
3. American Dental Association. Statement on Lasers in Dentistry; April 2009
4. American Academy of Periodontology. Guidelines for periodontal therapy. AAP 2001; 72:1624-1628.

Government Agency, Medical Society, and Other Authoritative Publications:

1. American Academy of Periodontology. Treatment of gingivitis and periodontitis (position paper). J Perio; 1997; 12:1246-1253.

History

Revision History	Version	Date	Nature of Change	SME
	initial	4/22/16	creation	Koumaras and Kahn
	Revision	7/10/17	Criteria	Rosen
	Revision	2/6/18	Related dental policies, appropriateness and medical necessity	M Kahn

Federal and State law, as well as contract language, and Dental Policy take precedence over Clinical UM Guidelines.

We reserve the right to review and update Clinical UM Guidelines periodically. Clinical guidelines approved by the Clinical Policy Committee are available for general adoption by plans or lines of business for consistent review of the medical or dental necessity of services related to the clinical guideline when the plan performs utilization review for the subject. Due to variances in utilization patterns, each plan may choose whether to implement a particular Clinical UM Guideline. To determine if review is required for this Clinical UM Guideline, please contact the customer service number on the member's card.

Alternatively, commercial or FEP plans or lines of business which determine there is not a need to adopt the guideline to review services generally across all providers delivering services to Plan's or line of business's members may instead use the clinical guideline for provider education and/or to review the medical or dental necessity of services for any provider who has been notified that his/her/its claims will be reviewed for medical or dental necessity due to billing practices or claims that are not consistent with other providers, in terms of frequency or in some other manner.

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