



PERIODONTAL CODES

Policy # D003

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Review Dates: 5/27/14, 9/5/14, 1/28/16, 10/19/2022

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Disclaimer:

1. Policies are subject to change without notice.
2. Policies outline coverage determinations for Select Health Commercial and Select Health Advantage (Medicare/CMS) plans. Refer to the "Policy" section for more information.

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 the necessity for procedures performed.

Definitions

Site - Describes 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.

Codes that can be billed with a single site	Description
D4263	Bone replacement graft – retained natural tooth- first site in quadrant
D4264	Bone replacement graft – retained natural tooth each additional site in quadrant
D4265	Biologic materials to aid in soft and osseous tissue regeneration
D4268	Surgical revision procedure, per tooth
D4270	Pedicle soft tissue graft procedure
D4273	Autogenous connective tissue graft procedure (including donor and recipient surgical sites) first tooth, implant or edentulous tooth position in graft.

D4274	Mesial/distal wedge procedure, single tooth (when not performed in conjunction with surgical procedures in the same anatomical area)
D4275	Non-autogenous connective tissue graft (including recipient site and donor material) first tooth, implant, or edentulous tooth position in graft.
D4276	Combined connective tissue and double pedical graft, per tooth
D4283	Autogenous connective tissue graft procedure (including donor and recipient surgical sites) – each additional 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

Periodontal Charting – Refers to reporting cases with the following data:

1. Name of patient
2. Includes exam date that is within 6 months prior to procedure date
3. Pocket depths were not measured on the same day as procedure D4355 – full mouth debridement will not be allowed for review of periodontal codes
4. Identification of the quadrants and sites involved
5. Minimum of three pocket measurements per involved tooth
6. Indication of recession, furcation involvement, mobility and mucogingival defects
7. 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.

Commercial Plan Policy

Select Health will reimburse the following periodontal services when the associated criteria are met:

Code	Description	Policy
D4210 – four or more teeth per quadrant D4211 – one to three teeth per quadrant	Gingivectomy or Gingivoplasty	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.
D4240 – four or more teeth per quadrant	Gingival Flap Procedure, Including Root Planing	Periodontal charting is required for review. Services will be approved if pocket depth of 5 mm

D4241 – one to three teeth per quadrant		<p>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.</p> <p>By CDT definition, root planing is included with the procedure and would not be appropriate to report separately.</p>
D4245	Apically Positioned Flap	<p>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.</p>
D4260 – four or more teeth per quadrant D4261 – one to three teeth per quadrant	Osseous Surgery (including flap entry and closure)	<p>Preoperative X-rays and periodontal charting are required for review. This service is covered if the X-rays and charting indicate sufficient bone loss.</p> <p>Periodontal scaling and root planing will not be reimbursed when performed on the same day osseous surgery is performed.</p>
D4263 – first site in quadrant D4264 – each additional site in quadrant	Bone Replacement Graft	<p>Periodontal charting is required for review. These procedures will be reimbursed if sufficient tissue loss and sufficient pocket depth is indicated. These procedures are not a benefit when performed primarily for cosmetic purposes. Preoperative X-rays are required for review. This service is covered if the X-rays indicate sufficient bone loss.</p>
D4265	Biologic Materials to aid in soft and osseous tissue regeneration	<p>A narrative indicating the product that was used is required for review. Select Health will reimburse CDT D4265 when this code is used to report an enamel matrix protein.</p>
D4268	Surgical Revision Procedure, per tooth	<p>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.</p>
D4270 – pedicle soft tissue graft procedure D4273 – autogenous connective tissue graft procedure(including donor and recipient surgical sites) first tooth, implant or edentulous tooth position in graft.	Soft and Connective Tissue Graft Procedures	<p>Periodontal charting is required for review. These procedures will be reimbursed if sufficient tissue loss 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.</p>

<p>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</p> <p>D4275- non-autogenous connective tissue graft (including recipient site and donor material) first tooth, implant, or edentulous tooth position in graft.</p> <p>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.</p>		
<p>D4274</p>	<p>Mesial/Distal Wedge Procedure single tooth (when not performed in conjunction with surgical procedures in the same anatomical area)</p>	<p>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).</p>
<p>D4276</p>	<p>Combined Connective Tissue and Double Pedicle Graft, per tooth</p>	<p>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.</p>
<p>D4341 – four or more teeth per quadrant D4342 – 1 to 3 teeth per quadrant</p>	<p>Periodontal Scaling and Root Planing</p>	<p>Periodontal charting and pre-operative 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 4-6mm.</p> <p>Prophylaxis and/or fluoride application will not be reimbursed when done in the same visit with periodontal scaling and root planing.</p> <p>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.</p>
<p>D4381</p>	<p>Localized Delivery of Antimicrobial Agents via a controlled release</p>	<p>Periodontal charting and pre-operative X-rays are required for review.</p>

	vehicle into diseased crevicular tissue, per tooth, by report	<p>This procedure will be covered with periodontal scaling and root planing when pocket depths are 6mm 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 5mm or more.</p> <p>The procedure should be performed on no more than 3 teeth per quadrant or a total of 30% 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.</p>
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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.

Notes:

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

Three months of post-operative care is included in the initial reimbursement for surgical procedures.

Select Health Advantage (Medicare/CMS)

Select Health Advantage **will follow the commercial plan**

Summary of Medical Information

Billing/Coding Information

CDT CODES

Key References

1. Coding Companion for Dental Services – Ingenix (2016)
2. *Current Dental Terminology* (2016) – American Dental Association

Disclaimer

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