

Delta Dental of Michigan Clinical Criteria for Utilization Management Decisions				
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Introduction

This Delta Dental of Michigan (Delta Dental) clinical criteria document addresses the mesial/distal wedge procedure. The purpose of this document is to provide written clinical criteria to ensure that Delta Dental consistently applies sound and objective clinical evidence when determining the medical necessity and clinical appropriateness of the mesial/distal wedge procedure, as well as taking individual patient circumstances and the local delivery system into account.

The mesial/distal wedge procedure is typically utilized to treat periodontal pockets on the distal surface of terminal maxillary and mandibular molars in the region of the maxillary tuberosity or retromolar pad in the mandible. The procedure can also be performed on any eligible teeth that are adjacent to an edentulous ridge.

Performance of the mesial/distal wedge procedure typically involves periodontal flap surgery where gingival incisions are made in an edentulous area next to a tooth. Buccal and lingual flaps are elevated and a wedge of tissue is removed allowing access for tissue debridement. In some cases, alveolar bone recontouring may be performed to correct an osseous defect. The procedure is completed by flap adaptation at a lower level closer to the underlying bone that results in pocket reduction and improved access for oral hygiene.

The mesial/distal wedge procedure is commonly performed by periodontists, general dentists and other dental specialists in a variety of healthcare facilities.

Applicable Dental Procedure Codes

The following dental procedure code defined in the current version of the American Dental Association's Code on Dental Procedures and Nomenclature (the CDT® Code) is applicable to this document and is the appropriate code to use when documenting the performance of the mesial/distal wedge procedure. Inclusion of this code here is for informational purposes only and does not imply benefit coverage or noncoverage of a procedure by a member's dental plan. A determination that a dental procedure is medically necessary and clinically appropriate does not guarantee that the procedure is a covered benefit of a member's dental plan. To determine if the mesial/distal wedge procedure is a covered benefit of an individual member's dental plan, please refer to the plan documents in effect on the date of service.

CDT® Procedure Code	Procedure Code Nomenclature
D4274	Mesial/distal wedge procedure, single tooth (when not performed in conjunction with surgical procedures in the same anatomical area)

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Clinical Criteria¹

When approval of benefit payment for the mesial/distal wedge procedure by a member's dental plan requires a determination by Delta Dental that the procedure is medically necessary and clinically appropriate, the patient's dental record must document a generally accepted indication for performing the procedure. The following conditions are generally considered to be indications for performing the mesial/distal wedge procedure:

- Periodontitis with periodontal pocket depths of at least 5 millimeters at the mesial or distal surface of a tooth adjacent to an edentulous site
- Redundant tissue (pseudopocket) in an edentulous site at the mesial or distal surface of a tooth that is preventing access for restorative treatment or evaluation for fractures, resorption or alveolar bone defects

For patients who do not meet the published qualifying criteria for the mesial/distal wedge procedure, Delta Dental will consider documentation from relevant clinicians that explains the necessity of covering the procedure for conditions not included in the criteria.

Depending on the clinical circumstances, the performance of the mesial/distal wedge procedure under the following conditions may be considered not medically necessary, inadvisable or deficient in clinical quality and may result in disapproval of benefits based on a professional determination that treatment is not medically necessary or not clinically appropriate:

- Absence of periodontal pockets greater than 5mm in an edentulous site adjacent to the mesial or distal surface of a tooth
- Presence of an adjacent impacted tooth (e.g., an impacted third molar)
- Unfavorable tooth-to-ramus distance or risk of damage to critical structures
- Gingival inflammation that can be effectively controlled through non-surgical periodontal treatment
- The mesial/distal wedge procedure performed adjacent to a tooth that has a hopeless periodontal, endodontic or structural prognosis
- Incomplete mesial/distal wedge procedure performance inadequate to treat periodontal pockets
- The mesial/distal wedge procedure performed solely for cosmetic improvement
- Patient non-compliance with oral hygiene procedures and supportive care
- Patients with medical conditions where periodontal surgery may be inadvisable including, but not limited to, a history of bisphosphonate treatment, chemotherapy or radiation therapy of the head and neck
- An alternative treatment is more appropriate for a patient's condition or circumstance based on accepted standards of care

Depending on an individual patient's condition and circumstances, the following additional criteria for the mesial/distal wedge procedure treatment may be applied for coverage determinations:

- Benefit payment for the mesial/distal wedge procedure treatment is considered on a per-tooth basis.

¹ Government regulations or the provisions of a member's dental plan that define when a dental procedure may be considered medically necessary and clinically appropriate with respect to benefit coverage may take precedence over these clinical criteria.

- Unless otherwise established by a dental benefit program, the mesial/distal wedge procedure is eligible for benefit coverage for the treatment of natural teeth only.
- When dental benefit programs have established program-specific criteria that define when the mesial/distal wedge procedure is considered medically necessary and eligible for benefit coverage, or that place other limitations on mesial/distal wedge procedure coverage, Delta Dental will apply that criteria when there is a need to evaluate the procedure for medical necessity.

Other Considerations

When the payment of benefits for a dental procedure by a member's dental plan depends on the application of clinical criteria to determine whether the procedure is medically necessary or clinically appropriate, the following additional information will be taken into consideration, if applicable:

- Individual patient characteristics including age, comorbidities, complications, progress of treatment, psychosocial situation and home environment
- Available services in the local dental delivery system and their ability to meet the member's specific dental care needs when clinical criteria are applied

Required Documentation

The decision to perform the mesial/distal wedge procedure on a patient should be based on a thorough clinical and radiographic examination that facilitates the formulation of an appropriate treatment plan. When the payment of benefits for the mesial/distal wedge procedure by a member's dental plan depends on a review of the procedure's medical necessity and clinical appropriateness, the treating practitioner should submit with the claim the following information as applicable from the patient's dental record. If the practitioner is unable to provide this information, benefit payment may be disapproved.

- Preoperative diagnostic quality radiographs including bitewing images showing the tooth/teeth in the areas where a mesial/distal wedge procedure is planned
- Intraoral photographs of the involved area(s) when radiographs do not adequately demonstrate the need for the procedure
- Preoperative six-point periodontal pocket depth charting performed within 12 months of treatment that includes documentation of clinical attachment loss, tooth mobility, bleeding on probing and furcation involvement
- Documentation consistent with the patient record that explains the diagnostic rationale for performing a mesial/distal wedge procedure, including any supporting information from the patient's dental and medical histories

When determining coverage based on medical necessity or clinical appropriateness, Delta Dental may request other clinical information relevant to a patient's care if needed to make coverage decisions.

Additional Information

The provision of dental advice and clinical treatment of patients is the sole responsibility of treating dentists, and these clinical criteria are not intended to restrict dentists from carrying out that responsibility or recommend treatment to their patients.

Delta Dental's clinical criteria are developed and annually updated by a panel of licensed dental general practitioners and specialists serving on Delta Dental's Utilization Management (UM) Committee, including the Dental Director and

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Utilization Management Director. The criteria are developed in alignment with evidence-based clinical recommendations, guidelines and parameters of care of leading nationally recognized dental public health organizations, health research agencies and professional organizations, credible scientific evidence published in peer-reviewed medical and dental literature, the curriculum of accredited dental schools, the regulatory status of relevant dental technologies, the rules and requirements of the Centers for Medicare and Medicaid Services, Delta Dental national processing policies and input from practicing dentists. New and revised clinical criteria must be approved by the Dental Director and adopted by the UM Committee prior to release.

Federal or state statutes or regulations, dental plan contract provisions, local or national claim processing policies or other mandated requirements may take precedence over these clinical criteria.

Delta Dental reserves the right to modify or replace this document at any time as appropriate to ensure the soundness, accuracy and objectivity of Delta Dental's clinical criteria.

References

American Dental Association, CDT 2025: Current Dental Terminology. American Dental Association, Chicago, IL, 2024.

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Document History			
Date	Version	Description of Document Modification	Responsible Person
11/18/2025	V1	Issue Date	TMcLellan KSager
1/12/2026	V2	Added unfavorable tooth-to ramus distance contraindication	TMcLellan

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