

Delta Dental of Michigan Clinical Criteria for Utilization Management Decisions				
Reference Number: 282.31 v3	Title: Clinical Criteria for Periodontal Osseous Surgery			
Issue Date (Effective Date): 12/1/2024	Next Review Date: 8/1/2026	Last Review Date: 8/1/2025	Last Revised Date: 11/7/2025	UM Committee Approval Date: 11/12/2024

## Introduction

This Delta Dental of Michigan (Delta Dental) clinical criteria document addresses periodontal osseous surgery. 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 osseous surgery procedure, as well as taking individual patient circumstances and the local delivery system into account.

As a periodontal disease, the progression of periodontitis causes the loss of connective tissue attachment as well as the loss of supporting alveolar bone around the teeth in vertical and/or horizontal destructive patterns. This disease process can create uneven bony contours with disparity in form between bone and gingiva with the formation of deeper periodontal pockets. This condition can make effective disease treatment and supportive periodontal care difficult to impossible resulting in a continuation of the disease state and potential tooth loss. As described here, periodontal osseous surgery is a resective procedure that surgically modifies the contours of alveolar bone through reshaping of the bone to achieve a more physiologic form relative to gingival contours. Therapeutic goals of the surgery include removal of bacterial plaque and calculus, as well as the elimination or reduction of deep periodontal pockets that in turn facilitates the control of periodontitis by allowing effective performance of oral hygiene by the patient and periodontal maintenance by the clinician.

Resective osseous surgery generally involves performance of the following steps:

- The surgery is initiated by reflection of a full thickness mucoperiosteal flap to allow direct visualization of the involved root surfaces and the full extent of underlying deformities in the alveolar bone caused by periodontitis.
- The surgery then employs various types of bone removal techniques. Osteectomy is a technique where underlying deformities in the alveolar bone are removed from bone that directly supports the teeth. Osteoplasty reshapes non-supporting bone to provide a more physiologic form for the overlying gingiva. Bone removal may be accomplished by the application of burs, rongeurs, bone chisels, lasers that are approved for osteotomy/osteoplasty of oral osseous tissue or piezoelectric bone surgery devices. The result of bone recontouring commonly leads to an apical shift of bone levels and reduced clinical attachment level.
- After osteotomy and/or osteoplasty, the root surfaces of the involved teeth are debrided.
- Surgery is completed by closure of the flap incision wound with sutures.

Osseous surgery may be performed by general dentists, periodontists and other dental specialists in a variety of healthcare facilities.

## Applicable Dental Procedure Codes

The following dental procedure codes defined in the current version of the American Dental Association's Code on Dental Procedures and Nomenclature (the CDT® Code) are applicable to this document and are the appropriate codes to use when documenting osseous surgery. Inclusion of these codes 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

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of a member's dental plan. To determine if osseous surgery 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
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

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### Clinical Criteria<sup>1</sup>

When approval of benefit payment for osseous surgery 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 osseous surgery:

- Where non-surgical therapy or non-osseous flap surgery has failed to control periodontal disease, including those with generalized infrabony pocketing, furcation involvement, or clinical loss of attachment
- Where osseous resection surgery can be expected to create physiologic bone contours resulting in the reduction or elimination of periodontal pockets and formation of minimal sulcus depth conducive to effective oral hygiene and periodontal maintenance
- Conditions generally suitable for osseous resective surgery include early to moderate bone loss presenting with one-, two- or three-wall bony defects and/or incipient furcation involvement

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

Depending on the clinical circumstances, the performance of osseous surgery 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 loss of supporting alveolar bone around the teeth
- Conditions appropriately managed with closed non-surgical treatment or surgical regenerative therapy
- Conditions where resective osseous surgery will unacceptably compromise esthetics or increase tooth mobility
- Osseous surgery performed on a tooth that has a hopeless periodontal, endodontic or structural prognosis
- Osseous surgery repeated in the absence of periodontal disease progression
- Patient non-compliance with oral hygiene procedures and supportive care

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<sup>1</sup> 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.

- Patients with medical conditions and/or treatment history where periodontal surgery is inadvisable, including, but not limited to, a history of bisphosphonate treatment or chemotherapeutic or radiation therapy of the head and neck

Depending on an individual patient's condition and circumstances, the following additional criteria for osseous surgery may be applied for coverage determinations:

- Unless otherwise established by a dental benefit program, osseous surgery is eligible for benefit coverage for the treatment of natural teeth only.
- Periodontally involved teeth generally qualify for osseous surgery benefit coverage when documented to have at least 5 millimeter periodontal pocket depths, furcation involvement and radiographic evidence of bone deformity.
- Periodontal procedures submitted by quadrant must have at least 4 teeth eligible for treatment.
- When dental benefit programs have established program-specific criteria that define when osseous surgery is considered medically necessary and eligible for benefit coverage or that place other limitations on osseous surgery coverage, Delta Dental will apply that criteria when there is a need to evaluate osseous surgery 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 osseous surgery 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 osseous surgery 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 teeth in the areas where osseous surgery is planned
- Intraoral photographs of the involved areas when radiographs do not adequately demonstrate the need for the submitted services
- 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 osseous surgery, 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 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.

Ferrarotti F, et al. Pocket elimination after osseous resective surgery: A systematic review and meta-analysis. *J Clin Periodontol.* 2020 Jun;47(6):756-767.

Kaldahl WB, et al. Long-term evaluation of periodontal therapy: I. Response to 4 therapeutic modalities. *J Periodontol.* 1996 Feb;67(2):93-102.

Kaldahl WB, et al. Evaluation of four modalities of periodontal therapy. Mean probing depth, probing attachment level and recession changes. *J Periodontol.* 1988 Dec;59(12):783-93.

Levine DF, Filippelli G. A review of osseous resective surgery. *J Calif Dent Assoc.* 1999 Feb;27(2):125, 128-34.

Mailoa J, et al. Long-Term Effect of Four Surgical Periodontal Therapies and One Non-Surgical Therapy: A Systematic Review and Meta-Analysis. *J Periodontol.* 2015 Oct;86(10):1150-8.

Newman MG, Klokkevold PR, Elangovan S, Kapila Y, Carranza FA, Takei H. Newman and Carranza's Clinical Periodontology and Implantology. 14th ed. Elsevier; 2023.

Polak D, et al. The efficacy of pocket elimination/reduction compared to access flap surgery: A systematic review and meta-analysis. *J Clin Periodontol.* 2020 Jul;47 Suppl 22:303-319.