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 periodontal soft tissue graft 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 periodontal soft tissue graft surgery, as well as taking individual patient circumstances and the local delivery system into account.

Periodontal soft tissue graft surgery is utilized to correct mucogingival conditions as described below. Soft tissue grafts are part of a larger group of procedures categorized within the term mucogingival therapy, which includes both surgical and non-surgical treatment to reduce the risk of development or progression of periodontal pathosis and associated disorders.

Mucogingival conditions are defined as deviations from the normal anatomic relationship between the gingival margin and the mucogingival junction. Mucogingival conditions may also be referred to as mucogingival deformities or defects. A mucogingival condition may be associated with a deformity/defect of the underlying alveolar bone. Common mucogingival conditions around teeth are:

- Marginal tissue recession: Displacement of the soft tissue margin (gingiva or alveolar mucosa) apical to the cementoenamel junction causing denudation of root surfaces (includes recession-like defects created by surgical treatment).
- Absence or reduction of keratinized/attached tissue: The presence of a certain width of keratinized/attached tissue is recommended for achieving long-term periodontal health and implant success.
  - Keratinized gingiva extends from the gingival margin to the mucogingival junction (includes marginal and attached gingiva).
  - Attached gingiva is the portion of the gingiva extending from the apical boundary of the marginal gingiva (base of the gingival sulcus/periodontal pocket) to the mucogingival junction.

Periodontal soft tissue graft surgery may be performed by periodontists, general dentists 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 the performance of periodontal soft tissue 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 of a member's dental plan. To determine if periodontal soft tissue 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
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
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
D4275	Non-autogenous connective tissue graft (including recipient site and donor material) first 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
D4276	Combined connective tissue and double pedicle graft, per tooth
D4277	Free soft tissue graft procedure (including recipient and donor surgical sites) first tooth, implant, or edentulous tooth position in graft
D4278	Free soft tissue graft procedure (including recipient and donor surgical sites) each additional contiguous tooth, implant, or edentulous tooth position in same graft site

Clinical Criteria[1]

When approval of benefit payment for periodontal soft tissue graft 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 periodontal soft tissue graft surgery:

- To create an adequate zone of attached keratinized gingiva
  (≥ 2 millimeters of keratinized tissue and ≥ 1 millimeter of attached gingiva)
- To correct areas of with a high risk of development or progression of gingival recession
- To eliminate pockets that extend beyond the mucogingival junction
- To cover denuded root surfaces for esthetics or hypersensitivity
- To overcome the anatomic factors of tooth position, thin alveolar housing and large prominent roots which promote dehiscence and/or fenestration formation with gingival recession
- To minimize recession during orthodontic movement
- To overcome the trauma of prosthetic restorative dentistry requiring subgingival margin placement
- To correct ridge deformities and undercuts
- To deepen the vestibule
- To eliminate muscle and frenulum pulls
- To stabilize and maintain a healthy mucogingival complex

[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.

It is important to keep in mind that the amounts of gingival recession and attached gingiva should not be the sole determinants of the need for treatment of mucogingival pathology. Before initiating surgical intervention, consideration must be given to factors such as:

- Age of patient
- Tobacco use (e.g., smokeless tobacco)
- Use of continuous positive air pressure (CPAP) masks for sleep apnea
- Abnormal tooth position relative to the alveolar ridge
- Underlying alveolar bone dehiscences
- Any of the following conditions in the area(s) to be grafted:
  - Position and extent of mucogingival deformities (e.g., wide, narrow)
  - Papilla size and location
  - Bleeding/inflammation
  - Periodontitis
  - Previous periodontal surgery
  - Root sensitivity
  - Root prominence
  - Root surface condition (e.g., non-carious cervical lesions)
  - Root caries or defective restorations
  - Need for restorative care of the tooth
  - Increased length of the clinical crown
  - Trauma from tooth brushing, flossing or intra-oral piercings
  - Orthodontics – planned, in progress, or completed
  - Esthetic/cosmetic concerns

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

Depending on the clinical circumstances, the performance of periodontal soft tissue graft 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 mucogingival deformity
- Adequate attached/keratinized gingiva (≥ 2 millimeters of keratinized tissue and ≥ 1 millimeter of attached gingiva)
- Minimal gingival recession concurrent with maintenance of good oral hygiene and absence of tissue inflammation
- Periodontal soft tissue graft surgery repeated in the absence of progression of gingival recession
- Inadequate attached/keratinized gingiva or donor graft availability to support graft viability
- Concurrent placement of incompatible graft types
- Periodontal soft tissue graft surgery performed for purely cosmetic reasons in the absence of any of the indications above

- Periodontal soft tissue graft surgery performed on a tooth that has a hopeless periodontal, endodontic or structural prognosis
- Evidence that a patient will be non-compliant with post-surgical instructions, oral hygiene procedures and/or supportive care
- Patients with medical conditions and/or treatment history where periodontal surgery is inadvisable, including, but not limited to, a history of chemotherapeutic or radiation therapy of the head and neck

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

- Unless otherwise established by a dental benefit program, periodontal soft tissue graft surgery is eligible for benefit coverage for the treatment of natural teeth.
- Lack of gingival recession in the presence of mucogingival deformity/defect.
- When dental benefit programs have established program-specific criteria that define when periodontal soft tissue graft surgery is considered medically necessary and eligible for benefit coverage, or that place other limitations on periodontal soft tissue graft surgery coverage, Delta Dental will apply that criteria when there is a need to evaluate periodontal soft tissue graft 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 periodontal soft tissue graft 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 periodontal soft tissue graft 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 tooth/teeth submitted in the claim
- Pre-operative photographs of the involved area(s) when the periodontal chart does not adequately demonstrate the need for the submitted services
- Preoperative six-point periodontal pocket depth charting per tooth performed within 12 months of treatment that includes documentation of clinical attachment level, tooth mobility, bleeding on probing and furcation involvement. As applicable, also document the amount of gingival recession (CEJ to gingival margin), the amount of attached gingiva/keratinized tissue, progression of recession, carious or non-carious cervical lesions and any other findings relevant to performing periodontal soft tissue graft surgery.
- Documentation consistent with the patient record that explains the diagnostic rationale for providing periodontal soft tissue graft surgery for a patient, 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 Review Manager. 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.

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