Delta Dental of Michigan Clinical Criteria for Utilization Management Decisions				
Reference Number: 282.47	Title: Clinical Criteria for Periodontal Surgical Revision			
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Introduction

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

Periodontal surgical revision is a secondary procedure utilized to refine the results of previous periodontal surgery, such as elevating a mucoperiosteal flap for post-surgical access to reshape underlying alveolar bone. The revision procedure is distinguished from post-operative care based on surgical re-entry into a site to modify hard and/or soft tissues to better achieve the therapeutic objectives of the initial periodontal surgery. Surgical revision is commonly applied to specific areas where initial surgical treatment has not produced the desired outcome.

Periodontal surgical revision 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 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 periodontal surgical revision. 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 periodontal surgical revision 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
D4268	Surgical revision procedure, per tooth

Clinical Criteria[1]

When approval of benefit payment for periodontal surgical revision by a member's dental plan requires a determination by Delta Dental that this procedure is medically necessary and clinically appropriate, the patient's dental record must document a generally accepted indication for performing this procedure. The following conditions are generally considered to be indications for performing periodontal surgical revision to improve postoperative results of an initial periodontal surgical procedure:

- Inadequate periodontal pocket reduction

[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.

- Unresolved alveolar bone defects
- Unresolved gingival recession
- Surgical flap failure
- Unsatisfactory tissue regeneration
- Unsatisfactory irregular hard or soft tissue contours
- Unacceptable surgical scarring
- Persistent infection and/or inflammation
- Other conditions of abnormal healing or unresolved disease

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

Depending on the clinical circumstances, the performance and submission of periodontal surgical revision 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:

- No evidence of initial periodontal surgery
- No evidence that revision of initial periodontal surgery was clinically necessary
- Inadequate healing time was allowed prior to initiating surgical revision to provide for assessment of whether the therapeutic objective of the initial surgery was achieved or not
- Periodontal surgical revision submitted for routine care for a patient's postsurgical recovery, including suture removal and/or simple tissue adjustment concurrent with the normal healing process
- Periodontal surgical revision submitted for second stage implant surgery to expose a previously installed implant for attachment of a healing cap/abutment
- Periodontal surgical revision submitted for removal of non-resorbable barriers
- Periodontal surgical revision performed for purely cosmetic reasons in the absence of any of the indications above
- Periodontal surgical revision 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 surgical revision may be applied for coverage determinations:

- When dental benefit programs have established program-specific criteria that define when periodontal surgical revision is considered medically necessary and eligible for benefit coverage or that place other limitations on periodontal surgical revision coverage, such as coverage restrictions regarding the time between original surgery and revision surgery, Delta Dental will apply that criteria when there is a need to evaluate periodontal surgical revision 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 surgical revision 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 surgical revision 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 and postoperative diagnostic quality radiographs including bitewing images showing the tooth/teeth submitted in the claim
- Preoperative and postoperative 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 surgical revision.
- Preoperative and postoperative photographs of the involved area(s) when periodontal chart does not adequately demonstrate the need for the submitted services
- Documentation consistent with the patient record that explains the diagnostic rationale for performing periodontal surgical revision 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 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 Academy of Periodontology. Parameter on Chronic Periodontitis With Slight to Moderate Loss of Periodontal Support. J Periodontol. 2000 May:71 Suppl 5S:853-855.

American Academy of Periodontology. Parameter on Chronic Periodontitis With Advanced Loss of Periodontal Support. J Periodontol. 2000 May:71 Suppl 5S:856-858.

American Dental Association, CDT 2025: Current Dental Terminology. American Dental Association, Chicago, IL, 2026.

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