Dental Policy

BlueCross BlueShield Kansas
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Blue Cross Blue Shield Association

Title: Periodontal Soft Tissue Grafting

Professional / Institutional
Original Effective Date: June 27, 2011
Latest Review Date: October 8, 2024
Current Effective Date: June 27, 2011

State and Federal mandates and health plan member contract language, including specific provisions/exclusions, take precedence over Medical Policy and must be considered first in determining eligibility for coverage. To verify a member's benefits, contact Blue Cross and Blue Shield of Kansas Customer Service.

The BCBSKS Medical Policies contained herein are for informational purposes and apply only to members who have health insurance through BCBSKS or who are covered by a self-insured group plan administered by BCBSKS. Medical Policy for FEP members is subject to FEP medical policy which may differ from BCBSKS Medical Policy.

The medical policies do not constitute medical advice or medical care. Treating health care providers are independent contractors and are neither employees nor agents of Blue Cross and Blue Shield of Kansas and are solely responsible for diagnosis, treatment and medical advice.

If your patient is covered under a different Blue Cross and Blue Shield plan, please refer to the Medical Policies of that plan.

DESCRIPTION

Soft tissue grafts (free gingival, connective tissue, pedicle, soft tissue allograft, or combined connective tissue and double pedicle) are surgical procedures designed to create or augment the attached gingiva, deepen the vestibule, or eliminate frenum involvement. The following describe the soft tissue graft procedures.

Pedicle Soft Tissue Graft Procedure

A pedicle flap of gingiva can be raised from an edentulous ridge, adjacent teeth, or from the existing gingiva on the tooth and moved laterally or coronally to replace alveolar mucosa as marginal tissues. The procedure can be used to cover an exposed root or to eliminate a gingival defect if the root is not too prominent in the arch.

Free Soft Tissue Graft Procedure (Including Donor Site Surgery)
Gingiva or masticatory mucosa is grafted to create or augment the gingiva at another site, with or without root coverage. This graft may also be used to eliminate the pull of frena and muscle attachments, to extend the vestibular fornix, and to correct localized gingival recession.

Subepithelial Connective Tissue Graft Procedures, Per Tooth
This procedure is performed to create or augment gingiva, to obtain root coverage to eliminate sensitivity and to prevent root caries, to eliminate frenum pull, to extend the vestibular fornix, to augment collapsed ridges, to provide an adequate gingival interface with a restoration, or to cover bone or ridge regeneration sites when adequate gingival tissues are not available for effective closure. There are two surgical sites. The recipient site utilizes a split thickness incision, retaining the overlying flap of gingiva and/or mucosa. The connective tissue is dissected from the donor site leaving an epithelialized flap for closure. After the graft is placed at the recipient site, it is covered with the retained overlying flap.

Soft Tissue Allograft
This procedure is performed to create or augment the gingiva, with or without root coverage. This may be used to eliminate the pull of the frena and muscle attachments, to extend the vestibular fornix and correct localized gingival recession. There is no donor site.

Combined Connective Tissue and Double Pedicle Graft, Per Tooth
Advanced gingival recession often cannot be corrected with a single procedure. Combined tissue grafting procedures are needed to achieve the desired outcome.

Mucogingival involvement is defined as condition in which the probing depth progresses through the gingival complex and enters into mucosal tissue.

POLICY

A. Soft tissue grafting is considered **medically necessary** when gingival recession with mucogingival involvement is present.

B. Soft tissue grafting, in the absence of mucogingival involvement, may be considered **medically necessary** with documented evidence of the following:
   1. Root abrasion, abfraction, or erosion
   2. Class V caries or defective restorations
   3. Inability to maintain the marginal tissue in periodontal health with atraumatic plaque removal techniques using a manual or mechanical toothbrush with soft bristles
   4. Orthodontics – planned, in progress, or completed, with exception of the canine exposure
   5. Need for restorative care of the tooth
   6. Progression of recession
   7. Severe root sensitivity with recession

C. Soft tissue grafting is considered **not medically necessary** when the above indications are not met.

POLICY GUIDELINES

A. The following clinical findings should be submitted for consideration:
   1. Tooth #
   2. Probing depths (mm)
   3. Gingival recession (mm)
   4. Keratinized gingiva (mm)
   5. Presence of marginal inflammation
   6. Progression of recession
   7. Cervical caries or abrasion

B. Radiographs and photographs may be submitted if they support the medical necessity.

C. Alloderm may be used when autografting of soft tissue is not feasible.

Please refer to the member's contract benefits in effect at the time of service to determine coverage or non-coverage of these services as it applies to an individual member.

REVISIONS	
06-27-2011	Policy added to the bcbsks.com web site.
08-12-2011	In Policy Guidelines: ▪ Added the following wording "3. Alloderm may be used when autografting of soft tissue is not feasible."
12-01-2011	In Coding section: ▪ Added CDT Code: D4265
01-01-2013	In Coding section: ▪ Added CDT Codes: D4277, D4278 (Effective 01-01-2013) ▪ Deleted CDT Code: D4271 (Effective 12-31-2012)
01-01-2014	Reviewed the following components of the policy: Description section, Policy section, References
	In Coding section: ▪ Added CDT Codes: D3431, D3432 (Effective 01-01-2014) ▪ Added ICD-10 codes
01-01-2016	Reviewed the following components of the policy: Description, Policy, and References sections.
	In Coding section: ▪ Added CDT codes: D4283, D4285 (Effective 01-01-2016) ▪ Revised nomenclature to CDT codes: D4273, D4275, D4277, D4278
01-18-2017	Updated Description section.
	Updated References section.
	Remainder of policy reviewed; no other revisions made.
10-01-2017	In Coding section: ▪ Added ICD-10 codes: K06.011, K06.012, K06.013, K06.021, K06.022, K06.023. ▪ Removed ICD-10 code: K06.0.
01-30-2018	Reviewed the Description and Policy sections.
	In Coding section: ▪ Removed ICD-9 codes.
	Updated References section.
01-16-2019	Medical policy reviewed; no revisions made.
05-21-2021	Medical policy reviewed; no revisions made.
06-15-2022	Medical policy reviewed; no revisions made
08-08-2023	Medical policy reviewed; no revisions made
10-08-2024	Medical policy reviewed; no revisions made

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