

## Dental Policy



### Title: Periodontal Soft Tissue Grafting

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|-----------------------------------------|
| <b>Professional / Institutional</b>     |
| Original Effective Date: June 27, 2011  |
| Latest Review Date: August 13, 2026     |
| Current Effective Date: August 13, 2026 |

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### 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 frenal 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 frenal 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 of *mucogingival involvement*:
1. Tooth #
  2. Probing depths (mm)
  3. Gingival recession (mm)
  4. Keratinized gingiva (mm)
- B. The following clinical findings should be submitted for consideration in the *absence of mucogingival involvement*:
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-carries or abrasion
- C. Radiographs and photographs may be submitted if they support the medical necessity.

**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.**

| <b>REVISIONS</b>                                  |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                  |
|---------------------------------------------------|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| 06-27-2011                                        | Policy added to the bcbsks.com web site.                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                         |
| 08-12-2011                                        | In Policy Guidelines: <ul style="list-style-type: none"> <li>Added the following wording "3. Alloderm may be used when autografting of soft tissue is not feasible."</li> </ul>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                  |
| 12-01-2011                                        | In Coding section: <ul style="list-style-type: none"> <li>Added CDT Code: D4265</li> </ul>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                       |
| 01-01-2013                                        | In Coding section: <ul style="list-style-type: none"> <li>Added CDT Codes: D4277, D4278 (Effective 01-01-2013)</li> <li>Deleted CDT Code: D4271 (Effective 12-31-2012)</li> </ul>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |
| 01-01-2014                                        | Reviewed the following components of the policy: Description section, Policy section, References                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                 |
|                                                   | In Coding section: <ul style="list-style-type: none"> <li>Added CDT Codes: D3431, D3432 (Effective 01-01-2014)</li> <li>Added ICD-10 codes</li> </ul>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                            |
| 01-01-2016                                        | Reviewed the following components of the policy: Description, Policy, and References sections.                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                   |
|                                                   | In Coding section: <ul style="list-style-type: none"> <li>Added CDT codes: D4283, D4285 (Effective 01-01-2016)</li> <li>Revised nomenclature to CDT codes: D4273, D4275, D4277, D4278</li> </ul>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                 |
| 01-18-2017                                        | Updated Description section.                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                     |
|                                                   | Updated References section.                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                      |
|                                                   | Remainder of policy reviewed; no other revisions made.                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                           |
| 10-01-2017                                        | In Coding section: <ul style="list-style-type: none"> <li>Added ICD-10 codes: K06.011, K06.012, K06.013, K06.021, K06.022, K06.023.</li> <li>Removed ICD-10 code: K06.0.</li> </ul>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                              |
| 01-30-2018                                        | Reviewed the Description and Policy sections.                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                    |
|                                                   | In Coding section: <ul style="list-style-type: none"> <li>Removed ICD-9 codes.</li> </ul>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                        |
|                                                   | 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                                        | Updated Coding Section <ul style="list-style-type: none"> <li>Removed ICD-10 Codes</li> </ul>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                    |
| 10-08-2024                                        | Medical policy reviewed; no revisions made                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                       |
| 11-11-2025                                        | Medical policy reviewed, no revisions made                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                       |
| Posted:<br>07-14-2026<br>Effective:<br>08-13-2026 | Updated Policy Section <ul style="list-style-type: none"> <li>Section A: <ul style="list-style-type: none"> <li>Added: "<i>of Mucogingival</i>"</li> <li>Removed: <ol style="list-style-type: none"> <li>Presence of marginal inflammation</li> <li>Progression of recession</li> <li>Cervical caries or abrasion</li> </ol> </li> </ul> </li> <li>Added Section B: <ol style="list-style-type: none"> <li>The following clinical findings should be submitted for consideration in the <i>absence of mucogingival involvement</i>: <ol style="list-style-type: none"> <li>Tooth #</li> <li>Probing depths (mm)</li> <li>Gingival recession (mm)</li> <li>Keratinized gingiva (mm)</li> <li>Presence of marginal inflammation</li> </ol> </li> </ol> </li> </ul> |

| <b>REVISIONS</b> |                                                                                                                                                       |
|------------------|-------------------------------------------------------------------------------------------------------------------------------------------------------|
|                  | 6. Progression of recession<br>7. Cervical-carries or abrasion<br>■ Removed: "Alloderm may be used when autografting of soft tissue is not feasible." |

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