



# Dental Clinical Policy

**Subject: Periodontal Surgical Procedures, miscellaneous**

**Guidelines #: 04-208**  
**Status: Revised**

**Publish Date: 01/01/2025**  
**Last Review Date: 10/28/2024**

## Description

**Miscellaneous periodontal surgical procedures** may be required when periodontal health cannot be achieved or maintained non-surgically. They may be indicated to eliminate pockets and involve recontouring of alveolar bone.

**Surgical revision procedures** are used to refine results of a previously performed surgical procedure. This is performed when necessary to modify irregular contour results by modifying hard and/or soft tissues.

**Mesial/Distal Wedge Procedure** is performed for a single tooth in an edentulous area adjacent to a tooth. This procedure is performed to remove tissue to gain access for debridement, to aid with the cleaning of the mesial or distal area and reduce pocket depths.

## Clinical Indications

Periodontal surgical procedures may be required when periodontal health cannot be achieved or maintained non-surgically and may be indicated to eliminate pockets and may involve recontouring of alveolar bone. These procedures may also be indicated when there is a need to expose or lengthen the clinical crown.

Note: Whether a service is covered by the plan, when any service is performed in conjunction with or in preparation for a non-covered or denied service, all related services are also either not covered or denied.

## Criteria

1. Periodontal Charting
  - For surgical revision procedures: labeled and dated (within 12 months of submitted procedure) post treatment 6-point periodontal pocket depth charting
  - For distal wedge procedures: labeled and dated (within 12 months of submitted procedure) pretreatment 6-point periodontal pocket depth charting
  - .
2. Current (within 12 months), diagnostic quality, dated, pretreatment radiographic images demonstrating either horizontal and/or vertical osseous defects.
3. Periodontal surgical procedures will be limited to two quadrants per date of service. Exceptions will be allowed on a case-by-case basis where additional information may be requested.
4. For mesial/distal wedge procedure, completion of initial periodontal therapy (e.g. scaling and root planing) allowing a minimum of four weeks prior to any surgical treatment to allow for proper healing and which allows for proper assessment of periodontal status.
5. Archived
6. Limited to periodontal pocket depth recordings of 5mm or greater.
7. Limited to natural teeth only.
8. Only those teeth with favorable periodontal outcomes will be considered for benefit.
9. Periodontal Surgical procedures performed solely for cosmetic procedures are not benefitted.
10. Current American Academy of Periodontology (AAP) and American Dental Association (ADA) guidelines require a periodontal diagnosis including staging and grading.

### D4230 and D4231 Anatomical Crown exposure

#### Is indicated for the following:

- In an otherwise periodontally healthy area to removed enlarged gingival tissue and supporting bone to provide an anatomically correct gingival relationship
- In an otherwise periodontally healthy area to allow proper contour of restoration
- In an otherwise periodontally healthy area to allow management of a fractured tooth in which the

fracture extends subgingivally

**Is not indicated for the following:**

- Solely for cosmetic/aesthetic purposes
- Patients with an uncontrolled underlying medical condition
- For the correction of altered passive eruption

**Benefits determination for this procedure:**

- Primarily cosmetic procedures are not benefited
- Group contract dependent

**D4268 Surgical Revision Procedure, per tooth**

**Is indicated for the following:**

- To refine the results of a previously provided surgical procedure and to modify irregular contours of hard or soft tissue

**Is not indicated for the following:**

- Second stage implant surgery, membrane removal, or retreatment of a failing soft tissue graft

**Benefits determination for this procedure:**

- When this procedure is submitted within the plan frequency limitations of the initial surgical procedure by the same dentist/dental office, then this procedure is **DISALLOWED**.
- When this procedure is submitted within the plan frequency limitations of the initial surgical procedure by a different dentist/dental office, then this procedure is **DENIED**.

**D4274 Mesial/Distal Wedge Procedure, single tooth**

**Is indicated for the following:**

- The presence of active periodontal disease and moderate to deep probing depths (greater than 5mm) on a surface adjacent to an edentulous/terminal tooth area
- The need for increased access to root surface when previous non-surgical attempts have been unsuccessful on a surface adjacent to an edentulous/terminal tooth area

**Is not indicated for the following:**

- Solely for cosmetic purposes
- Patients who have been non-compliant with previous periodontal therapies
- In areas in which there are teeth with proximal contact
- Is considered inclusive with other surgical procedures in the same anatomical area performed on the same date of service.
- The diagnosis of a cracked tooth, fractured root or external root resorption on a surface adjacent to an edentulous/terminal tooth area, when this cannot be accomplished by non-invasive methods

**Benefits determination for this procedure:**

- When this procedure is submitted within the plan frequency limitations of the initial surgical procedure by the same dentist/dental office, then this procedure is **DISALLOWED**.
- When this procedure is submitted within the plan frequency limitations of the initial surgical procedure by a different dentist/dental office, then this procedure is **DENIED**.

**Coding**

*The following codes for treatments and procedures applicable to this document are included below for informational purposes. Inclusion or exclusion of a procedure, diagnosis or device code(s) does not constitute or imply member coverage or provider reimbursement policy. 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.*

**CDT** including but not limited to:

- D4230 Anatomical Crown Exposure four or more contiguous teeth
- D4231 Anatomical Crown Exposure one to three contiguous teeth
- D4268 Surgical Revision Procedure per tooth
- D4274 Mesial/Distal Wedge Procedure single tooth

**ICD-10** CM Diagnoses for Dental Diseases and Conditions: See the current CDT code book for details

**References**

1. American Academy of Periodontology. Staging and grading periodontitis. perio.org. Published June 18, 2018.
2. American Academy of Periodontology. Guidelines for periodontal therapy. aadp.org. Published November 1, 2001.
3. Greenwell H, Committee on Research, Science and Therapy. American Academy of Periodontology. Position paper:

Guidelines for periodontal therapy. J Periodontal. 2001 Nov;72(11):1624-1628. DOI: 10.1902/jop.2001.72.11.1624

4. American Dental Association. Statement on Lasers in Dentistry; April 2009.

5. Claffey N. Decision making in periodontal therapy. The re-evaluation. J Clin Periodontol. 1991;18(6):384-389. doi:10.1111/j.1600-051x.1991.tb02305.x

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

7. Newman MG, Klokkevold PR, Elangovan S, Kapila Y. Newman and Carranza's Clinical Periodontology and Implantology. 14th ed. St. Louis, MO: Elsevier; 2023:758-782.

**History**

Revision History	Version	Date	Nature of Change	SME
	Initial	09/12/2018		Committee
	Revision	11/10/2020	Annual Review	Committee
	Revised	12/04/2020	Annual Review	Committee
	Revised	10/30/2021	Annual Review	Committee
	Revised	10/28/2022	Annual Review	Committee
	Revised	10/11/2023	Annual Review	Committee
	Revised	10/28/2024	Minor editorial refinements to description, clinical indications, criteria (line #10 added), and reference; intent unchanged.	Committee

Federal and State law, as well as contract language, takes precedence over Dental Clinical Policy. Dental Clinical Policy provides guidance in interpreting dental benefit application. The Plan reserves the right to modify its Dental Clinical Policies and guidelines periodically and as necessary. Dental Clinical Policy is provided for informational purposes and does not constitute medical advice. These Policies are available for general adoption by any lines of business for consistent review of the medical or dental necessity and/or appropriateness of care of dental services. To determine if a review is required, please contact the customer service number on the member's card.

No part of this publication may be reproduced, stored in a retrieval system or transmitted, in any form or by any means, electronic, mechanical, photocopying, or otherwise, without permission from the Plan.

Current Dental Terminology - CDT © 2025 American Dental Association. All rights reserved.