Dental Policy

Subject: Osseous Surgery
Guideline #: 04-205
Status: Revised

Description

This document addresses the procedure of osseous surgery used in the treatment of periodontal disease when there is resultant bone loss.

Note: Please refer to the following documents for additional information concerning related topics:

- Bone grafts for Dental Surgical Services (07-901)
- Anthem Scaling and Root Planing (04-301)
- Mucogingival Surgery and Soft Tissue Grafting (04-204)
- Clinical Policy-01 Teeth with Guarded or Poor Prognosis

Clinical Indications

When gingivitis progresses to periodontal disease, osseous surgery may be necessary. For osseous surgery to be appropriate, bone loss (horizontal or vertical defects) must be noted around teeth and dental implants. An associated history of pocket depth recordings must be equal to or greater than 5mm with spontaneous bleeding or bleeding upon probing must also be demonstrated.

As it applies to appropriateness of care, dental services are:

- provided by a Dentist, exercising prudent clinical judgment
- provided to a patient for the purpose of evaluating, diagnosing and/or treating a dental injury or disease or its symptoms
- in accordance with the generally accepted standards of dental practice which means:
  - standards that are based on credible scientific evidence published in peer-reviewed, dental literature generally recognized by the practicing dental community
  - specialty society recommendations/criteria
  - any other relevant factors
- clinically appropriate, in terms of type, frequency and extent
- considered effective for the patient's dental injury or disease
- not primarily performed for the convenience of the patient or Dentist
- not more costly than an alternative service.
- dependent on group contract provisions, cosmetic services may not qualify for benefit coverage even though the services may be clinically appropriate.

Contraindications: Any diagnosis or condition that does not meet the medical necessity criteria as stated under Clinical Indications.

Anthem Blue Cross is the trade name of Blue Cross of California. Anthem Blue Cross and Anthem Blue Cross Life and Health Insurance Company are independent licensees of the Blue Cross Association. ANTHEM is a registered trademark of Anthem Insurance Companies, Inc. The Blue Cross name and symbol are registered marks of the Blue Cross Association.
### Criteria

Osseous surgery procedures are considered appropriate with:

1. Completion of initial periodontal therapy (e.g. scaling and root planing) allowing a minimum of six weeks prior to any surgical treatment for the tissues to properly heal which allows for proper assessment of the success or failure of non-surgical therapy.
2. Documentation by pocket depth recording post initial therapy demonstrating pocket depths greater than or equal to 5mm.
3. A current (within the most recent 12 months) periodontal pocket probing chart, after completion of non-surgical periodontal therapy, 4341/4342 and/or periodontal maintenance, D4910, is required.
4. Submission of clinical, diagnostic radiographic images demonstrating either horizontal and/or vertical osseous defects with loss of lamina dura.
5. A detailed narrative describing loss of the supporting alveolar bone when radiographic images are not demonstrative.
6. Benefits will be limited to two quadrants per date of service. Exceptions will be allowed on a case by case basis.
7. Benefits are group contract dependent but are limited to one (1) periodontal surgical procedure in a given period per single tooth or multiple teeth in the same quadrant and only if the pocket depth of the tooth is 5mm or greater.
8. Periodontal surgical procedures include, but are not limited to, gingivectomy or gingivoplasty, anatomical crown exposure, gingival flap procedure, apically repositioned flap, clinical crown lengthening, osseous surgery, and surgical revision procedure.

Dependent upon group contract, osseous surgery may be appropriate for the treatment of periodontal disease defects on natural teeth and dental implants. Dental implants will be considered the same as a natural tooth as it relates to quadrant surgery.

Osseous surgery includes post-operative management for the immediate three months following surgery as well as for any surgical re-entry for three years (group contract dependent).

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.

### 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, the following:*

- **D4249** Clinical Crown Lengthening
- **D4260** Osseous surgery (including elevation of a full thickness flap and closure) – four or more contiguous teeth or tooth bounded spaces per quadrant
- **D4261** Osseous surgery (including elevation of a full thickness flap and closure) – one to three contiguous teeth or tooth bounded spaces per quadrant
- **D6101** Debridement and osseous recontouring of peri-implant defect or defects surrounding a single implant, surface cleaning of the exposed implant surfaces, including flap entry and closure.

Anthem Blue Cross is the trade name of Blue Cross of California. Anthem Blue Cross and Anthem Blue Cross Life and Health Insurance Company are independent licensees of the Blue Cross Association. ANTHEM is a registered trademark of Anthem Insurance Companies, Inc. The Blue Cross name and symbol are registered marks of the Blue Cross Association.
Anthem Blue Cross is the trade name of Blue Cross of California. Anthem Blue Cross and Anthem Blue Cross Life and Health Insurance Company are independent licensees of the Blue Cross Association. ANTHEM is a registered trademark of Anthem Insurance Companies, Inc. The Blue Cross name and symbol are registered marks of the Blue Cross Association.

D6102 Debridement and osseous recontouring of a peri-implant defect or defects surrounding a single implant, and includes surface cleaning of the exposed implant surfaces, including flap entry and closure

CPT

Including, but not limited to, the following:

41830 Alveolectomy, including curettage of osteitis or sequestrectomy
41874 Alveoloplasty, each quadrant (specify)
41899 Unlisted procedure, dentoalveolar structures

ICD-10 Diagnosis

Including, but not limited to, the following:

K05.0 Acute gingivitis
K05.1 Chronic gingivitis
K05.2 Aggressive periodontitis
K05.3 Chronic periodontitis
K05.4 Periodontosis
K05.5 Other periodontal diseases
K05.6 Periodontal disease, unspecified
K08.40 (K08.401K08.404) Partial loss of teeth, unspecified cause
K08.42 (K08.421K08.429) Partial loss of teeth due to periodontal disease

Discussion/General Information

Periodontal disease is an inflammatory disease that affects the soft and hard structures that support the teeth. Gingivitis is the early stage of periodontal (bone) disease where the gingiva become swollen and red due to inflammation, the body’s natural response to the presence of harmful bacteria. The first line of treatment for periodontal disease is quadrant or partial quadrant scaling and root planing with the goal to remove the biofilm around the teeth that includes plaque and calculus accumulation. A quadrant is defined as one of the four equal sections into which the dental arches can be divided (upper right and left and lower right and left).

This treatment may or may not halt the progression of periodontal disease which demonstrates loss of the supporting bone around teeth creating horizontal and vertical defects and red, swollen gingiva that bleed upon probing or demonstrate spontaneous bleeding. Diagnosis of active disease usually demonstrates loss of the lamina dura. The lamina dura is the surface bone that surrounds the tooth socket providing the attachment surface for the Sharpey’s fibers of the periodontal ligament to perforate and stabilize the tooth within the socket. When scaling and root planing of the teeth cannot halt progression of the disease it becomes necessary to address the bone defects and loss of attachment surgically. This procedure is defined as osseous surgery.

Osseous surgery is the minor surgical treatment of the dentoalveolar structures that support the teeth. This procedure allows access to the bone defects of the alveolar process associated with the tooth roots by creating a full mucoperiosteal flap separating the underlying soft tissue structures from the bone of the dental arches. The bony support of the teeth is surgically modified by reshaping and removing irregularities of the bone supporting the teeth to a more physiologic, hygienic form. This typically may involve the removal of some supporting bone, defined as an ostectomy, and removal of non-supporting bone, defined as an osteoplasty. Bone removal during osseous surgery is often minimized due to natural bony defects which often exhibit some degree of natural fill upon healing. Extensive bone removal may impede the natural bone fill within the bony defects upon healing and can also inhibit integration of the bone regenerative or replacement graft materials. The degree of osseous contouring is quite often completed to accommodate full thickness flap closure. The treatment goals of osseous surgery include: surgical access to the defects in the alveolar (supporting) bone with access to the affected roots allowing instrumentation to facilitate the
removal of the causative factors of disease; removal of the plaque and calculus that promotes the unhealthy, disease environment; promotion of the regeneration of the periodontal attachment between supporting bone and the cementum (outside surface) of the root surface; maintenance of an adequate amount of attached gingiva to minimize loss of alveolar crest height; improvement of clinical attachment levels which reduces probing depths.

Note:

A group may define covered dental services under either their dental or medical plan, as well as to define those services that may be subject to dollar caps or other limits. The plan documents outline covered benefits, exclusions and limitations. The health plan advises dentists and enrollees to consult the plan documents to determine if there are exclusions or other benefit limitations applicable to the service request. The conclusion that a particular service is medically or dentally necessary does not constitute an indication or warranty that the service requested is a covered benefit payable by the health plan. Some plans exclude coverage for services that the health plan considers either medically or dentally necessary. When there is a discrepancy between the health plan’s clinical policy and the group’s plan documents, the health plan will defer to the group’s plan documents as to whether the dental service is a covered benefit. In addition, if state or federal regulations mandate coverage then the health plan will adhere to the applicable regulatory requirement.

Definitions

Peer Reviewed Publications:

References:


Anthem Blue Cross is the trade name of Blue Cross of California. Anthem Blue Cross and Anthem Blue Cross Life and Health Insurance Company are independent licensees of the Blue Cross Association. ANTHEM is a registered trademark of Anthem Insurance Companies, Inc. The Blue Cross name and symbol are registered marks of the Blue Cross Association.
Government Agency, Medical Society, and Other Authoritative Publications:

<table>
<thead>
<tr>
<th>Revision History</th>
<th>Version</th>
<th>Date</th>
<th>Nature of Change</th>
<th>SME</th>
</tr>
</thead>
<tbody>
<tr>
<td>Initial</td>
<td></td>
<td>12/14/16</td>
<td>creation</td>
<td>M Kahn G Koumaras</td>
</tr>
<tr>
<td>Revision</td>
<td></td>
<td>2/8/17</td>
<td>General verbiage</td>
<td>Rosen</td>
</tr>
<tr>
<td>Revision</td>
<td></td>
<td>2/16/18</td>
<td>Appropriateness/medical necessity, criteria</td>
<td>M Kahn</td>
</tr>
</tbody>
</table>

Federal and State law, as well as contract language, and Dental Policy take precedence over Clinical UM Guidelines. We reserve the right to review and update Clinical UM Guidelines periodically. Clinical guidelines approved by the Clinical Policy Committee are available for general adoption by plans or lines of business for consistent review of the medical or dental necessity of services related to the clinical guideline when the plan performs utilization review for the subject. Due to variances in utilization patterns, each plan may choose whether to implement a particular Clinical UM Guideline. To determine if review is required for this Clinical UM Guideline, please contact the customer service number on the member's card.

Alternatively, commercial or FEP plans or lines of business which determine there is not a need to adopt the guideline to review services generally across all providers delivering services to Plan’s or line of business’s members may instead use the clinical guideline for provider education and/or to review the medical or dental necessity of services for any provider who has been notified that his/her/its claims will be reviewed for medical or dental necessity due to billing practices or claims that are not consistent with other providers, in terms of frequency or in some other manner.

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 health plan.

Current Dental Terminology - CDT © 2018 American Dental Association. All rights reserved.
ICD-10-CM 2017: The Complete Official Codebook. All rights reserved.
Anthem Blue Cross and Blue Shield is the trade name of: In Colorado: Rocky Mountain Hospital and Medical Service, Inc. HMO products underwritten by HMO Colorado, Inc. In Connecticut: Anthem Health Plans, Inc. In Indiana: Anthem Insurance Companies, Inc. In Kentucky: Anthem Health Plans of Kentucky, Inc. In Maine: Anthem Health Plans of Maine, Inc. In Missouri (excluding 30 counties in the Kansas City area): RightCHOICE® Managed Care, Inc. (RIT), and Healthy Alliance® Life Insurance Company (HALIC). RIT and certain affiliates administer non-HMO benefits underwritten by HALIC. RIT and certain affiliates only provide administrative services for self-funded plans and do not underwrite benefits. In Nevada: Rocky Mountain Hospital and Medical Service, Inc. HMO products underwritten by HMO Colorado, Inc., dba HMO Nevada. In New Hampshire: Anthem Health Plans of New Hampshire, Inc. In Ohio: Community Insurance Company. In Virginia: Anthem Health Plans of Virginia, Inc. trades as Anthem Blue Cross and Blue Shield in Virginia, and its service area is all of Virginia except for the City of Fairfax, the Town of Vienna, and the area east of State Route 123. In Wisconsin: Blue Cross Blue Shield of Wisconsin (BCBSWI), CompCare Health Services Insurance Corporation (CompCare) and Wisconsin Collaborative Insurance Company (WCIC). BCBSWI underwrites or administers PPO and indemnity policies and underwrites the out of network benefits in POS policies offered by CompCare or WCIC; CompCare underwrites or administers HMO or POS policies; WCIC underwrites or administers Well Priority HMO or POS policies. Independent licensees of the Blue Cross and Blue Shield Association. ANTHEM is a registered trademark of Anthem Insurance Companies, Inc. The Blue Cross and Blue Shield names and symbols are registered marks of the Blue Cross and Blue Shield Association.