

Delta Dental of Virginia Clinical Policy # 401
Subject

Gingivectomy

Originating Department

Clinical Professional Services

Signature Authority

Dental Director

Type: New Replacement Revision Clarification

Date: 11/09/2009 **Revision Date:** 11/15/2011

Preamble:

The Clinical Policy Bulletin is an expression of Delta Dental of Virginia's (DDVA) determination regarding whether certain services or supplies are medically or dentally necessary. DDVA bases its conclusions on a review of currently available clinical literature. This includes, but is not limited to, clinical outcome studies published in the peer-reviewed medical and dental literature, regulatory status of the technology, evidence-based guidelines of public health and health research agencies, evidence-based guidelines and positions of leading national health professional organizations, views of physicians and dentists practicing in relevant clinical areas, and other relevant factors. DDVA reserves the right to revise these policies as new clinical information is available and we welcome submission of further relevant information.

A group may define covered dental services under their dental plan, as well as those services that may be subject to dollar caps or other limits. The plan documents outline covered benefits, exclusions and limitations. DDVA 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 DDVA. Some plans exclude coverage for services that DDVA considers either medically or dentally necessary. When there is a discrepancy between DDVA's clinical policy and the group's plan documents, DDVA is to 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 DDVA will adhere to the applicable regulatory requirement.

History:

Gingivectomy is a definitive surgical procedure indicated for pocket elimination and gingival re-contouring in the presence of supra-bony pockets(1). The treatment rationale for this surgical procedure is to improve visualization and instrumentation of the root surface and create gingival contours facilitating periodontal maintenance effectiveness and the patient's oral hygiene effort(1,2).

Contraindications for gingivectomy surgery include:

1. Treatment for infra-bony pockets.
2. Treatment of pockets extending below the mucogingival junction.
3. The presence of minimal amounts of attached keratinized tissue.
4. Procedures requiring access to alveolar bone.

Policy:

DDVA guidelines:

1. A current periodontal chart should be provided documenting the presence of gingival pocketing to at least 5mm.
2. A gingivectomy will be considered for treatment of periodontal defects at

	<p>natural teeth only.</p> <ol style="list-style-type: none"> 3. Gingivectomies will not be considered for distal wedge or tuberosity reduction, edentulous ridge contouring, or for correction of cosmetic, congenital, or developmental defects. 4. Gingivectomies include all evaluations and postoperative care for three months and any surgical re-entry for three years. 5. Gingivectomies will not be considered for correction of cosmetic, congenital or developmental defects, e.g. removal or non-pathologic gingival tissue to increase the clinical crown length of a tooth.
Codes(3):	<p>4210 – Gingivectomy or gingivoplasty - four or more contiguous teeth or bounded teeth spaces per quadrant</p> <p>4211 – Gingivectomy or gingivoplasty - one to three contiguous teeth or bounded teeth spaces per quadrant</p>
References:	<ol style="list-style-type: none"> 1. Proceedings of the World Workshop in Clinical Periodontics: Resective procedures. American Academy of Perio 1989;IV-1 to IV-25. 2. American Academy of Periodontology. Guidelines for periodontal therapy. AAP 2001;72:1624-1628. 3. American Dental Association. <i>Current Dental Terminology. CDT 2011-2012</i>; 25 (©ADA 2010).