

Delta Dental of Virginia Clinical Policy # 702
Subject

Alveoloplasty

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:

Various oral surgical procedures may be indicated to facilitate placement and function of an oral appliance (partial or full denture), enhance the boney anatomy for improved aesthetics, improve periodontal health, and promote ideal healing after dental extraction of teeth or in preparation of the dental ridge for dental implants.

Alveoloplasty is defined as a surgical procedure performed for the purpose of re-contouring supporting alveolar bone, usually in preparation for a prosthetic device(1). This procedure may be necessary due to excessive protrusion of bone from the lateral aspect of the maxillary or mandibular residual alveolar ridge, either following extraction of teeth. An alveoloplasty may be necessary on an edentulous arch where teeth have been previously extracted. For an alveoloplasty, the surgeon creates a mucoperiosteal flap allowing access to the alveolar process. The bone that interferes with the placement of the dental prosthesis is then surgically removed and smoothed, creating a site without undercuts.

In addition, alveoloplasty may involve shaping and smoothing of the margins of a residual tooth socket following extraction of a tooth(3). If performed at the time of

	<p>tooth extraction, alveoloplasty is considered an additional surgical procedure necessary for proper placement of a prosthetic device. This procedure should be reported separately from tooth removal within the same quadrant when performed on the same date of service. The therapeutic goals of an alveoloplasty procedure include elimination of deformities and defects of the dentoalveolar process while achieving an adequate soft and hard tissue base for prosthetic reconstruction and rehabilitation(4). Alveoloplasty, either in conjunction, or not in conjunction, with the extraction of teeth is usually submitted for full quadrant or partial quadrant surgery. A quadrant is defined as one of four equal sections of the dental arch beginning at the midline and extending distally to the anatomic position of the last tooth(1).</p>
<p>Policy:</p>	<p>DDVA Guidelines:</p> <ol style="list-style-type: none"> 1. An alveoloplasty procedure is usually considered as part of the procedure with surgical extractions. Smoothing and contouring of ridges in conjunction with the surgical removal of a tooth is considered an inclusive part of the complete surgical extraction procedure unless rationale is submitted indicating necessity of the additional surgical bone removal. 2. Codes D7310 (alveoloplasty in conjunction with tooth extraction) and D7320 (not in conjunction with tooth extraction) must be used for alveoloplasty involving four or more teeth or tooth spaces. 3. Codes D7311 (alveoloplasty in conjunction with tooth extraction) and D7321 (not in conjunction with tooth extraction) must be used for alveoloplasty involving three or less teeth or tooth spaces. 4. Minor smoothing of the marginal bone of a tooth socket is included in the descriptor for extraction of an erupted tooth or exposed root.
<p>Codes(2):</p>	<p>D7310 – Alveoloplasty in conjunction with extractions – four or more teeth or tooth spaces, per quadrant</p> <p>D7320 – Alveoloplasty not in conjunction with extractions – four or more teeth or tooth spaces, per quadrant</p> <p>D7311 – Alveoloplasty in conjunction with extractions – one to three teeth or tooth spaces, per quadrant</p> <p>D7321 – Alveoloplasty not in conjunction with extractions – one to three teeth or tooth spaces, per quadrant</p>
<p>References:</p>	<ol style="list-style-type: none"> 1. American Dental Association. <i>Current Dental Terminology. CDT 2011-2012</i>;196. (©2010 ADA). 2. American Dental Association. <i>Current Dental Terminology. CDT 2011-2012</i>;60 (©ADA 2010). 3. Mosby's Dental Dictionary. 2nd Edition. ©2008. Elsevier, Inc. 4. American Association of Oral and Maxillofacial Surgeons. Parameters of Care; Clinical Guidelines for Oral and Maxillofacial Surgery. AAOMS ParCare07. Interactive PDF. Den-16, 17. ©2007 AAOMS.