# Surgical Periodontics: Mucogingival Procedures (For Ohio Only)

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**Related References and Policies**

- UnitedHealthcare Community Plan of Ohio Medicaid Dental Quick Reference Guide
- Dental Provider Manual: UnitedHealthcare Community Plan of Ohio

## Application

This Dental Policy only applies to the state of Ohio. Any requests for services that are stated as unproven or services for which there is a coverage or quantity limit will be evaluated for medical necessity using Ohio Administrative Code 5160-1-01. Early and periodic screening, diagnostic, and treatment (EPSDT) covered dental service considerations are applied to members younger than age 21 years of age pursuant to Ohio Administrative Code 5160-1-14(C)(3).

## Prior Authorization

The Ohio Department of Medicaid (ODM) determines coverage of dental services based on medical necessity, alignment with policy criteria, and clinical indications. CDT codes that are designated as covered by ODM are eligible for reimbursement when all applicable guidelines are met. For a comprehensive list of covered CDT codes, refer to the UnitedHealthcare Community Plan of Ohio Medicaid Dental Quick Reference Guide and/or Dental Provider Manual: UnitedHealthcare Community Plan of Ohio.

Non-covered codes may be reimbursable if special justification is submitted to include prior-authorization, clinical narrative of medical necessity, and supporting documentation including but not limited to clinical records, diagnostic imaging, periodontal charting, or any other relevant documentation to support the clinical rationale.

## Description of Services

Mucogingival conditions are deviations from the normal anatomic relationship between the gingival margin and the mucogingival junction (MGJ). Surgical grafting procedures for mucogingival conditions are the gold standard to correct localized gingival defects and provide a functionally adequate zone of attached gingiva. Success of these procedures is highly dependent on individual patient considerations such as level of oral hygiene, smoking, and overall health status.


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# Definitions

**Autogenous Graft**: Taken from one part of a patient's body and transferred to another (AAP).

**Graft**: Defined by any of the following (AAP 2007):
- Any tissue or organ used for implantation or transplantation
- A piece of living tissue placed in contact with injured tissue to repair a defect or supply deficiency
- To induce union between normally separate tissues

**Quadrant**: One of the four equal sections into which the dental arches can be divided; begins at the midline of the arch and extends distally to the last tooth (ADA).

**Recession**: The migration of the marginal soft tissue to a point apical to the cemento-enamel junction of a tooth or the platform of a dental implant (AAP). Miller's Classification of Gingival Recession (Takei 2015):
- Class I: Marginal tissue Recession does not extend to the mucogingival junction. There is no loss of bone or soft tissue in the interdental area. This type of Recession can be narrow or wide.
- Class II: Marginal tissue Recession extends to or beyond the mucogingival junction. There is no loss of bone or soft tissue in the interdental area. This type of Recession can be subclassified into wide and narrow.
- Class III: Marginal tissue Recession extends to or beyond the mucogingival junction. There is bone and soft tissue loss interdentally or malpositioning of the tooth.
- Class IV: Marginal tissue Recession extends to or beyond the mucogingival junction. There is severe bone and soft tissue loss interdentally or severe tooth malposition.

# Clinical Indications

## *Covered Codes*

None

## Tissue Graft Procedures

**Pedicle soft tissue Graft, Autogenous connective tissue Graft, non-Autogenous connective tissue Graft and combined connective tissue and double pedicle Graft procedures are indicated for the following**:
- Areas with less than 2 mm of attached gingiva
- Unresolved sensitivity in areas of Recession
- Progressive Recession or chronic inflammation
- Teeth with subgingival restorations where there is little or no attached gingiva to improve plaque control
- Ridge augmentation
- To increase vestibular depth for the correct fit of prosthesis
- To widen zone of attached gingiva for prosthetic abutment teeth
- To increase vestibular depth to allow proper oral hygiene techniques
- Gingival clefting

**Pedicle soft tissue Graft, Autogenous connective tissue Graft, non-Autogenous connective tissue Graft and combined connective tissue and double pedicle Graft procedures are not indicated for the following**:
- Roots covered with thin bony plates
- Individuals with an untreated medical condition
- Autogenous connective tissue Graft is not indicated when there is a broad, shallow palatal donor site, or excessively glandular or fatty submucosal tissue in donor site

**Free soft tissue Graft procedure (including donor site surgery) is indicated for the following**:
- Unresolved sensitivity in areas of Recession
- Progressive Recession or chronic inflammation
- Teeth with subgingival restorations where there is little or no attached gingiva to improve plaque control
- To increase vestibular depth for the correct fit of prosthesis
- To widen zone of attached gingiva for prosthetic abutment teeth
- To increase vestibular depth to allow proper oral hygiene techniques
- Gingival clefting


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- Areas with less than 2 mm of attached gingiva
- Ridge augmentation

**Free soft tissue Graft procedure is not indicated for the following**:
- Broad, shallow palatal donor site
- Excessively glandular or fatty submucosal tissue in donor site
- A donor site with roots covered with thin bony plates
- Individuals with an untreated medical condition

### Surgical Revision Procedure (per Tooth)

**A surgical revision procedure may be indicated to correct an abnormal healing response that interferes with the therapeutic goals of the original surgical procedure**.

**Surgical procedures are not indicated when the following are present:**
- Individuals with an unmanaged medical condition; these conditions include but are not limited to metabolic, cardiovascular, and autoimmune/inflammatory, as well as genetic conditions that affect collagen synthesis
- Individuals taking medications that negatively affects the healing response; these include but are not limited to immunosuppressive agents, corticosteroids, anticoagulants, NSAIDS, and nicotine

## Applicable Codes

The following list(s) of procedure and/or diagnosis codes is provided for reference purposes only and may not be all inclusive. Listing of a code in this policy does not imply that the service described by the code is a covered or non-covered health service. Benefit coverage for health services is determined by the member specific benefit plan document and applicable laws that may require coverage for a specific service. The inclusion of a code does not imply any right to reimbursement or guarantee claim payment. Other Policies and Guidelines may apply.

| CDT Code | Description |
|---|---|
| D4268 | Surgical revision procedure, per tooth |
| D4270 | Pedicle soft tissue graft procedure |
| D4273 | Autogenous connective tissue graft, per tooth |
| D4275 | Non-autogenous connective tissue graft (including recipient site and donor material) first tooth, implant, or edentulous tooth position in graft |
| D4276 | Combined connective tissue and pedicle graft, per tooth |
| D4277 | Free soft tissue graft procedure (including donor site surgery), first tooth or edentulous tooth position in graft |
| D4278 | Free soft tissue graft procedure (including donor site surgery), each additional contiguous tooth or edentulous tooth position in same graft site |
| D4283 | Autogenous connective tissue graft, each additional contiguous tooth |
| D4285 | Non-autogenous connective tissue graft procedure (including recipient surgical site and donor material) - each additional contiguous tooth, implant or edentulous tooth position in same graft site |
| D4999 | Unspecified periodontal procedure, by report |

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## Clinical Evidence

In a 2018 Cochrane systematic review, Chambrone et al. sought to evaluate the efficacy of different root coverage procedures in the treatment of single and multiple recession-type defects. They included randomized controlled trials (RCTs) only of at least 6 months' duration evaluating recession areas (Miller's Class I or II ≥ 3 mm) and treated by means of root coverage periodontal plastic surgery (RCPPS) procedures. There were 48 RCTs in the review. Of these, the authors assessed one as at low risk of bias, 12 as at high risk of bias and 35 as at unclear risk of bias. The results indicated a greater reduction in gingival recession for subepithelial connective tissue grafts (SCTG) + coronally advanced flap (CAF) compared to guided tissue regeneration with resorbable membranes (GTR rm) + CAF. The authors concluded


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that the available evidence base indicates that in cases where both root coverage and gain in the width of keratinized tissue are expected, the use of subepithelial connective tissue grafts shows a slight improvement in outcome.

Zucchelli et al (2014) conducted a comparative short- and long-term controlled randomized clinical trial to compare short- and long-term root coverage and aesthetic outcomes of the coronally advanced flap (CAF) alone or in combination with a connective tissue graft (CTG) for the treatment of multiple gingival recessions. Fifty patients with multiple adjacent gingival recessions (≥ 2 mm) in the maxillary arch were enrolled. Twenty-five patients were randomly assigned to the control group (CAF), and the other 25 patients to the test group (CAF + CTG). Clinical outcomes were evaluated at 6 months, 1 and 5 years. The aesthetic evaluations were made 1 and 5 years after the surgery. No statistically significant difference was demonstrated between the two groups in terms of recession reduction and complete root coverage (CRC) at 6 months and 1 year. At 5 years, statistically greater recession reduction and probability of CRC, greater increase in buccal keratinized tissue height (KTH) and better contour evaluation made by an independent periodontist were observed in the CAF + CTG group. The authors concluded that despite no significant differences at 6 month and 1-year evaluations, CAF + CTG provided better CRC after 5 years than CAF alone.

Kuis et al. (2013) conducted a 5-year, split mouth-design randomized clinical trial, to evaluate the effectiveness of coronally advanced flap (CAF) alone versus CAF with connective tissue graft (CAF + CTG) in the treatment of single Miller Class I and II GR defects. Thirty-seven patients with 114 bilateral, single Miller Class I and II GR defects were treated with CAF on one side of the mouth and CAF + CTG on the other side. Clinical measurements (GR length [REC], keratinized tissue width [KT], complete root coverage [CRC], and percentage of root coverage [PRC]) were evaluated before surgery and after 6, 12, 24, and 60 months. There was a significant reduction of REC and increase of KT after surgery in both groups. CAF + CTG showed significantly better results for all evaluated clinical parameters in all observed follow-up periods. The authors concluded that both surgical procedures were effective in the treatment of single Miller Class I and II GR defects. The CAF + CTG procedure provided better long-term outcomes (60 months postoperatively) than CAF alone. Long-term stability of the gingival margin is less predictable for Miller Class II GR defects compared to those of Class I.

## References


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# Policy History/Revision Information

| Date | Summary of Changes |
|---|---|
| 12/01/2026 | **Template Updates**<br>• Renamed *Related Dental Policy* to *Related References and Policies*<br>• Reordered contents of policy<br>  ○ Moved *Description of Services* and *Definitions* towards beginning of policy<br>• Added *Prior Authorization* section<br>• Renamed *Coverage Rationale* to *Clinical Indications*<br>  ○ Added Covered Codes<br>**Supporting Information**<br>• Updated *Description of Services*, *Clinical Evidence*, and *References* sections to reflect the most current information<br>• Archived previous policy version CSDEN424OH.A |

# Instructions for Use

This Dental Policy provides assistance in interpreting the UnitedHealthcare Community Plan of Ohio dental benefit plans. When deciding coverage, the member specific benefit plan document must be referenced as the terms of the member specific benefit plans may differ. In the event of a conflict, the member specific benefit plan document governs. Before using this policy, please check the member specific benefit plan document and any applicable federal or state mandates. UnitedHealthcare reserves the right to modify its Policies and Guidelines as necessary. This Dental Policy is provided for informational purposes. It does not constitute the practice of medicine or medical advice.

# Archived Policy Versions

| Effective Date | Guideline Number | Guideline Title |
|---|---|---|
| 11/01/2025 – 11/30/2026 | CSDEN424OH.A | Surgical Periodontics: Mucogingival Procedures |
| 12/01/2023 – 10/31/2025 | CSDEN340OH.A | Surgical Periodontics: Mucogingival Procedures |


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