Oral Surgery: Alveoloplasty and Vestibuloplasty (For Ohio Only)

Policy Number: CSDEN438OH.B
Effective Date: December 1, 2026

Table of Contents **Page**

Application....1
Prior Authorization....1
Description of Services....1
Definitions....2
Clinical Indications....2
Applicable Codes....3
References....3
Policy History/Revision Information....3
Instructions for Use....4
Archived Policy Versions....4

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

Alveoloplasty is a surgical procedure to recontour and/or smooth out the alveolar bone . This is usually done in areas where teeth have been extracted and there is uneven or sharp edges, to facilitate an optimal foundation for tooth replacement procedures such as removable and fixed prostheses, and implants.

Vestibuloplasty is a surgical procedure designed to restore alveolar ridge height by lowering muscles attaching to the alveolar bone. It is most often seen when preparing the mouth for dentures or an implant.

Proprietary Information of UnitedHealthcare. Copyright 2026 United HealthCare Services, Inc.

Definitions

Alveoloplasty: Surgical procedure for recontouring supporting bone, sometimes in preparation for a prosthesis. (ADA)

Vestibuloplasty: Any of a series of surgical procedures designed to increase relative alveolar ridge height. (ADA)

Clinical Indications

Covered Codes

CDT Code	Age Limits	Frequency Limits	Authorization Required	Required Documentation
D7310	0-999	1 per 1 lifetime per member	No	N/A
D7311	0-999	1 per 1 lifetime per member	No	N/A
D7320	0-999	1 per 1 lifetime per member	No	N/A

Alveoloplasty

Alveoloplasty is indicated for the following:

- For bone recontouring and smoothing as part of the tooth extraction process
- For bone recontouring and smoothing as a standalone procedure prior to fixed or removable prosthetic construction
- To provide stability for implant placement
- For debulking procedures for pathologic conditions of the bone

Alveoloplasty may not be indicated for the following:

- When removing bone would harm vital structures
- When there is diminished volume or atypical architecture of bone
- For individuals who have undergone radiation therapy to the head and neck
- 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

Vestibuloplasty

Vestibuloplasty is indicated for the following:

- Ridge extension, or lowering or altering submucous displacing attachments prior to prosthetic construction
- To complement and complete osseous procedure when reconstructing edentulous bone
- To correct inadequate or inappropriate soft tissue drape where a resection has been previously performed and prosthetic restoration requires improvement
- For overall stability of a dental implant and the maintenance of bone health around an implant

Vestibuloplasty may not be indicated for the following:

- 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
- When there is minimal alveolar ridge height
- For individuals who have undergone radiation therapy to the head and neck

Proprietary Information of UnitedHealthcare. Copyright 2026 United HealthCare Services, Inc.

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 guideline 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
D7310	Alveoloplasty in conjunction with extractions – four or more teeth or tooth spaces, per quadrant
D7311	Alveoloplasty in conjunction with extractions – one to three teeth or tooth spaces, per quadrant
D7320	Alveoloplasty not in conjunction with extractions -four or more teeth or tooth spaces, per quadrant
D7321	Alveoloplasty not in conjunction with extractions – one to three teeth or tooth spaces, per quadrant
D7340	Vestibuloplasty – ridge extension (secondary epithelialization)
D7350	Vestibuloplasty – ridge extension (including soft tissue grafts, muscle reattachment, revision of soft tissue attachment and management of hypertrophied and hyperplastic tissue)

CDT® is a registered trademark of the American Dental Association

References

American Dental Association (ADA) CDT Codebook 2025.

American Dental Association (ADA). Glossary of Dental Clinical and Administrative Terms.

Drew, Stephanie Joy. Atlas of Oral and Maxillofacial Surgery, 2nd ed. St. Louis: Elsevier, Inc. c2023. Chapter 14, Alveoloplasty; p. 113-119.

Kerr A, Miller C, Nelson R. Little and Falace's Dental Management of the Medically Compromised Patient, 10th ed. St. Louis: Elsevier c2024. Chapter 1, Patient Evaluation, Risk Assessment, and the Diagnostic Process; p. 1-17.

Murdoch-Kinch CA, Zwetchkenbaum S. Dental management of the head & neck cancer patient treated with radiation therapy. Todays FDA. 2011 Sep-Oct;23(6):40-3.

National Institute of Dental and Craniofacial Research. Oral Complications of Cancer Treatment: What the Dental Team Can Do.

Perciaccante, Vincent J. and Farish, Sam E. Atlas of Oral and Maxillofacial Surgery. Elsevier, Inc. 2016. Chapter 18, Vestibuloplasty; p. 153-169.

Policy History/Revision Information

Date	Summary of Changes

12/01/2026	**Template Updates**
	• Renamed *Related Dental Policy* to *Related References and Policies*
	• Reordered contents of policy
	  ○ Moved *Description of Services* and *Definitions* towards beginning of policy
	• Added Prior Authorization section
	• Renamed *Coverage Rationale* to *Clinical Indications*
	  ○ Added *Covered Codes*
	Definitions
	• Removed definition of *Necessary*
	Supporting Information
	• Updated *References* section to reflect the most current information
	• Archived previous policy version CSDEN438OH.A

Proprietary Information of UnitedHealthcare. Copyright 2026 United HealthCare Services, Inc.

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	CSDEN438OH.A	Oral Surgery: Alveoloplasty and Vestibuloplasty
12/01/2023 – 10/31/2025	CSDEN325OH.A	Oral Surgery: Alveoloplasty and Vestibuloplasty

Proprietary Information of UnitedHealthcare. Copyright 2026 United HealthCare Services, Inc.