

# Oral Surgery: Alveoloplasty and Vestibuloplasty

Guideline Number: DCG028.07  
Effective Date: September 1, 2022

[Instructions for Use](#)

Table of Contents	Page
<a href="#">Coverage Rationale</a> .....	1
<a href="#">Definitions</a> .....	2
<a href="#">Applicable Codes</a> .....	2
<a href="#">Description of Services</a> .....	3
<a href="#">References</a> .....	3
<a href="#">Guideline History/Revision Information</a> .....	3
<a href="#">Instructions for Use</a> .....	3

## Related Dental Policies

- [Oral Surgery: Miscellaneous Surgical Procedures](#)
- [Oral Surgery: Non-Pathologic Excisional Procedures](#)

## Related Medical Policy

- [Cosmetic and Reconstructive Procedures](#)

## Coverage Rationale

### 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 is not 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
- For individuals with unmanaged medical conditions that result in excessive or uncontrolled bleeding, reduced resistance to infection, or poor healing response

### 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 is not indicated for the following:

- For individuals with unmanaged medical conditions that result in excessive or uncontrolled bleeding, reduced resistance to infection, or poor healing response
- When there is minimal alveolar ridge height
- For individuals who have undergone radiation therapy to the head and neck

## Coverage Limitations

- Vestibuloplasty is limited to one time per site per consecutive 60 months

## Exclusions

- Procedures related to the reconstruction of a patient's correct vertical dimension of occlusion (VDO)
- Dental Services that are not Necessary
- Any dental procedure performed solely for cosmetic/aesthetic reasons
- Procedures that are considered to be experimental, investigational or unproven
- Any dental Procedure not directly associated with dental disease
- Reconstructive surgery, regardless of whether or not the surgery is incidental to a dental disease, injury, or congenital anomaly, when the primary purpose is to improve physiological functioning of the involved part of the body

## Definitions

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

**Necessary:** Dental Care Services and supplies which are determined through case-by-case assessments of care based on accepted dental practices to be appropriate; and

- Needed to meet basic dental needs; and
- Rendered in the most cost-efficient manner and type of setting appropriate for the delivery of the dental care service; and
- Consistent in type, frequency and duration of treatment with scientifically based guidelines of national clinical, research, or health care coverage organizations or governmental agencies that are accepted by us; and
- Consistent with the diagnosis of the condition; and
- Required for reasons other than the convenience of the member, or dental provider; and
- Demonstrated through prevailing peer-reviewed dental literature to be either:
  - Safe and effective for treating or diagnosing the condition or sickness for which its use is proposed; or
  - Safe with promising efficacy:
    - For treating a life-threatening dental disease or condition; and
    - In a clinically controlled research setting; and
    - Using a specific research protocol that meets standards equivalent to those defined by the National Institutes of Health

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

## 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*

CPT Code	Description
40840	Vestibuloplasty; anterior
40842	Vestibuloplasty; posterior, unilateral
40843	Vestibuloplasty; posterior, bilateral
40844	Vestibuloplasty; entire arch
40845	Vestibuloplasty; complex (including ridge extension, muscle repositioning)
40899	Unlisted procedure, vestibule of mouth
41874	Alveoloplasty, each quadrant (specify)

*CPT® is a registered trademark of the American Medical Association*

## 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.

## References

American Dental Association (ADA) CDT Codebook 2022.

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

Drew, Stephanie Joy. Atlas of Oral and Maxillofacial Surgery. Elsevier, Inc. 2016. Chapter 13, Alveoloplasty; p. 113-119.

Murdoch-Kinch CA, Zwetckhenbaum S. Dental management of the head & neck cancer patient treated with radiation therapy. *Today's FDA*. 2011 Sep-Oct;23(6):40-3, 45, 47-9 passim.

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.

UnitedHealthcare Insurance Company Dental Certificate of Coverage 2018.

## Guideline History/Revision Information

Date	Summary of Changes
09/01/2022	<p><b>Supporting Information</b></p> <ul style="list-style-type: none"> <li>Updated <i>References</i> section to reflect the most current information</li> <li>Archived previous policy version DCG028.06</li> </ul>

## Instructions for Use

This Dental Coverage Guideline provides assistance in interpreting UnitedHealthcare standard dental benefit plans. When deciding coverage, the member specific benefit plan document must be referenced as the terms of the member specific benefit plan may differ from the standard dental plan. In the event of a conflict, the member specific benefit plan document governs. Before using this guideline, 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 Coverage Guideline is provided for informational purposes. It does not constitute medical advice.