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# **Delta Dental of Ohio Clinical Criteria for Utilization Management Decisions**

## **Clinical Criteria for Alveoloplasty**

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### **Introduction**

This Delta Dental of Ohio clinical criteria document addresses the alveoloplasty procedure. The purpose of this document is to provide written clinical criteria to ensure that Delta Dental of Ohio consistently applies sound and objective clinical evidence when determining the medical necessity and clinical appropriateness of alveoloplasty, as well as taking individual patient circumstances and the local delivery system into account.

Alveoloplasty is a surgical procedure to recontour significant irregularities in alveolar bone that may be performed as a separate ancillary procedure at the time of tooth extraction or performed as a standalone procedure in an edentulous area where bone remodeling has occurred following healing from tooth extraction. Alveoloplasty is commonly performed to prepare alveolar ridges for placement of a removable prosthesis to ensure that the supporting tissues and bone can provide the best possible stability, ease of insertion and removal, retention and maxillomandibular arch relationship for the prosthesis. Alveoloplasty may also be performed in preparation for other treatments such as dental implants, radiation therapy, chemotherapy or transplant surgery.

Alveoloplasty generally involves soft tissue incision and mucoperiosteal flap elevation to expose the areas of alveolar bone that require recontouring. Once the alveolar bone can be visualized and accessed, surgical bone recontouring may be accomplished by the use of rongeur forceps, bone files and/or bone burs in a handpiece. Once bone shaping has been completed, the flap is repositioned over the bone and the alveolar ridge is evaluated to confirm that all bone irregularities have been removed. The procedure is completed by suturing the flap back into place. Alveoloplasty procedures generally require pain control including the administration of a local anesthetic agent. General anesthesia or intravenous sedation may be utilized with more extensive and/or invasive procedures. Postoperative pain control may include the use of prolonged duration local anesthesia formulations and appropriate oral analgesic drugs.

Alveoloplasty may be performed by general dentists, oral and maxillofacial surgeons and other dental specialists in a variety of healthcare facilities.

### **Applicable Dental Procedure Codes**

The following dental procedure codes defined in the current version of the American Dental Association's Code on Dental Procedures and Nomenclature (the CDT® Code) are applicable to this document and are the appropriate codes to use when documenting alveoloplasty procedures. Inclusion of these codes here is for informational purposes only and does not imply benefit coverage or noncoverage of a procedure by a member's dental plan. A determination that a dental procedure is medically necessary and clinically appropriate does not guarantee that the procedure is a covered benefit of a member's dental plan. To determine if alveoloplasty is a covered benefit of an individual member's dental plan, please refer to the plan documents in effect on the date of service.

CDT® Procedure Code	Procedure Code Nomenclature
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

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### Clinical Criteria<sup>1</sup>

When approval of benefit payment for an alveoloplasty procedure by a member's dental plan requires a determination by Delta Dental of Ohio that the procedure is medically necessary and clinically appropriate, the patient's dental record must document a generally accepted indication for performing the procedure. The following conditions are generally considered to be indications for performing an alveoloplasty procedure:

- Irregularities in alveolar bone that require surgical recontouring in preparation for prosthetic rehabilitation
- Irregularities in alveolar bone that require surgical recontouring in preparation for medical procedures such as radiation therapy, chemotherapy or transplant surgery
- Pathological conditions requiring surgical removal of alveolar bone

For patients who do not meet the published qualifying criteria for alveoloplasty, Delta Dental of Ohio will consider documentation from relevant clinicians that explains the necessity of covering an alveoloplasty procedure for conditions not included in the criteria.

Depending on the clinical circumstances, the performance of alveoloplasty under the following conditions may be considered not medically necessary, inadvisable or deficient in clinical quality and may result in disapproval of benefits based on a professional determination that treatment is not medically necessary or not clinically appropriate:

- Conditions where there is no preventive or therapeutic indication to perform surgical recontouring of alveolar bone, including the minor smoothing of socket bone included in extraction procedures
- Conditions where soft tissue incision and/or bone recontouring could damage adjacent vital structures
- Inadequate volume of bone in the surgical site to allow osseous recontouring
- A patient with a compromised systemic status where alveoloplasty would present a serious health risk
- Incomplete alveolar ridge recontouring leaving bony irregularities that are likely to compromise the outcome of prosthetic rehabilitation
- Improper alveoloplasty technique resulting in damage to adjacent soft or hard tissues or neurovascular structures

Depending on an individual patient's condition and circumstances, the following additional criteria for alveoloplasty may be applied for coverage determinations:

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<sup>1</sup> Government regulations or the provisions of a member's dental plan that define when a dental procedure may be considered medically necessary and clinically appropriate with respect to benefit coverage may take precedence over these clinical criteria.

- An alveoloplasty procedure submitted with the D7310 dental procedure code is considered for coverage only when supported by documentation that it was clinically required and was performed as a separate procedure in conjunction with extractions over an anatomical area of bone encompassing four or more teeth or tooth spaces
- An alveoloplasty procedure submitted with the D7311 dental procedure code is considered for coverage only when supported by documentation that it was clinically required and was performed as a separate procedure in conjunction with extractions over an anatomical area of bone encompassing one to three teeth or tooth spaces
- An alveoloplasty procedure submitted with the D7320 dental procedure code is considered for coverage only when supported by documentation that it was clinically required and was performed as a separate procedure not in conjunction with extractions over an anatomical area of bone encompassing four or more teeth or tooth spaces
- An alveoloplasty procedure submitted with the D7321 dental procedure code is considered for coverage only when supported by documentation that it was clinically required and was performed as a separate procedure not in conjunction with extractions over an anatomical area of bone encompassing one to three teeth or tooth spaces
- Alveoloplasty is generally not considered for benefits when submitted for minor smoothing and contouring of alveolar ridges performed in conjunction with tooth extraction or for placement of a single implant fixture
- Alveoloplasty is generally not considered for benefits when performed in the same surgical area on the same date of service as another surgical procedure that involves excision of bone, such as removal of a lateral exostosis
- When dental benefit programs have established program-specific criteria that define when alveoloplasty is considered medically necessary and eligible for benefit coverage, Delta Dental of Ohio will apply that criteria when there is a need to evaluate alveoloplasty treatment for medical necessity.

### **Other Considerations**

When the payment of benefits for a dental procedure by a member's dental plan depends on the application of clinical criteria to determine whether the procedure is medically necessary or clinically appropriate, the following additional information will be taken into consideration, if applicable:

- Individual patient characteristics including age, comorbidities, complications, progress of treatment, psychosocial situation and home environment
- Available services in the local dental delivery system and their ability to meet the member's specific dental care needs when clinical criteria are applied

### **Required Documentation**

The decision to perform an alveoloplasty procedure for a patient should be based on a thorough clinical and radiographic examination that facilitates the formulation of an appropriate treatment plan. When the payment of benefits for alveoloplasty by a member's dental plan depends on a review of the procedure's medical necessity and clinical appropriateness, the treating practitioner should submit with the claim the following information as applicable from the patient's dental record. If the practitioner is unable to provide this information, benefit payment may be disapproved.

- Documentation consistent with the patient record that explains the preoperative diagnostic rationale for performing alveoloplasty, including any supporting information from the patient's dental and medical histories
- Supporting information from referrals or other clinical sources
- Diagnostic quality radiographic and/or intraoral photographic images documenting the alveolar bone condition (pre- and post-operative images may be required for review)

- A detailed narrative explaining the clinical condition found in a specific area that requires an alveoloplasty intervention should be submitted when the available clinical documentation does not conclusively support the need for alveoloplasty

When determining coverage based on medical necessity or clinical appropriateness, Delta Dental of Ohio may request other clinical information relevant to a patient's care if needed to make coverage decisions.

## **Additional Information**

The provision of dental advice and clinical treatment of patients is the sole responsibility of treating dentists, and these clinical criteria are not intended to restrict dentists from carrying out that responsibility or recommend treatment to their patients.

Delta Dental of Ohio's clinical criteria are developed and annually updated by a panel of licensed dental general practitioners and specialists serving on Delta Dental of Ohio's Utilization Management (UM) Committee, including the Dental Director and Utilization Management Director. The criteria are developed in alignment with evidence-based clinical recommendations, guidelines and parameters of care of leading nationally recognized dental public health organizations, health research agencies and professional organizations, credible scientific evidence published in peer-reviewed medical and dental literature, the curriculum of accredited dental schools, the regulatory status of relevant dental technologies, the rules and requirements of the Centers for Medicare and Medicaid Services, Delta Dental of Ohio national processing policies and input from practicing dentists. New and revised clinical criteria must be approved by the Dental Director and adopted by the UM Committee prior to release.

Federal or state statutes or regulations, dental plan contract provisions, local or national claim processing policies or other mandated requirements may take precedence over these clinical criteria.

Delta Dental of Ohio reserves the right to modify or replace this document at any time as appropriate to ensure the soundness, accuracy and objectivity of Delta Dental of Ohio's clinical criteria.

## **Appendix A**

Alveoloplasty is a covered service only when provided in conjunction with the construction of a prosthodontic appliance. Alveoloplasty is limited to 1 per quadrant. Alveoloplasty (code D7310) in conjunction with four or more extractions in the same quadrant will be covered subject to consultant review.

## **References**

American Association of Oral and Maxillofacial Surgeons. (2013). Coding for Alveoloplasty with Extractions. [https://www.aaoms.org/images/uploads/pdfs/alveoloplasty\\_with\\_extractions.pdf](https://www.aaoms.org/images/uploads/pdfs/alveoloplasty_with_extractions.pdf)

American Dental Association, CDT 2025: Current Dental Terminology. American Dental Association, Chicago, IL, 2024.

Hupp JR, Tucker MR, Ellis E. Contemporary Oral and Maxillofacial Surgery. 7th ed. Elsevier; 2018.