## Delta Dental of New Jersey Clinical Policy #2015-04000-00010

<table>
<thead>
<tr>
<th>Subject</th>
<th>Originating Department</th>
</tr>
</thead>
<tbody>
<tr>
<td>Gingivectomy</td>
<td>Professional Services</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Signature Authority</th>
</tr>
</thead>
<tbody>
<tr>
<td>Dental Director/Chief Clinical Officer</td>
</tr>
</tbody>
</table>

### Type: [✓] New  [ ] Replacement  [ ] Revision  [ ] Clarification

### Date:  5/29/2014  Revision Date: ____________

### Preamble:

The Clinical Policy Bulletin is an expression of Delta Dental of New Jersey’s (DDNJ) determination regarding whether certain services or supplies are medically or dentally necessary. Its dental consultants also consider their training and experience in determining medical/clinical necessary. Although each source is not necessarily applied in the development of each and every criterion the clinical policies consider the following sources:

- Appropriate peer review dental literature
- Published standards of professional organizations
- Input from dentists and Delta Dental dental directors and dental consultants
- Input from the DeltaUSA Scientific Advisory Committee
- Changes to the CDT (updated annually)
- The DeltaUSA Dental Consultant Manual

The enrollee’s Certificate of Coverage defines covered services as well as other limits. DDNJ 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 DDNJ. Some plans exclude coverage for services that DDNJ considers either medically or dentally necessary. When there is a discrepancy between DDNJ’s clinical policy and the enrollee’s plan documents, DDNJ will defer to the enrollee’s plan documents as to whether the dental service is a covered benefit.
| **Policy Therapy/Guidelines:** | a. A gingivectomy is the excision of a portion of the gingiva. It is indicated when  
| | a. the soft tissue wall of a periodontal pocket is removed \(^{(1)}\)  
| | b. visibility and accessibility is required for complete calculus removal and thorough smoothing of the roots \(^{(2)}\)  
| | c. elimination is needed of suprabony pockets, regardless of their depth, if the pocket wall is fibrous and firm \(^{(3)}\)  
| | d. elimination is needed of gingival enlargements \(^{(3)}\)  
| | e. elimination is needed of suprabony periodontal abscesses \(^{(3)}\)  
| b. Contraindications to gingivectomy include the following \(^{(4)}\):  
| | a. The need for bone surgery or examination of the bone shape and morphology  
| | b. Situation in which the bottom of the pocket is apical to the mucogingival junction  
| | c. Esthetic considerations, particularly in the anterior maxilla  

| | 2. Carranzas Clinical Periodontology 11th Edition  