



# Dental Clinical Policy

**Subject:** Gingival Flap Procedure and Apically Positioned Flap

**Guideline #:** 04-207

**Status:** Revised

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## Description

Gingival flap procedures consist of a reflected soft tissue flap to allow debridement of the root surface and the removal of granulation tissue.

An apically positioned surgical flap is a procedure used for maintaining an adequate zone of keratinized tissue in hopes to achieve pocket elimination.

Both procedures do not involve manipulation of the osseous bone that makes up the periodontium.

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## Clinical Indications

The gingival flap procedure or apically positioned flap is considered appropriate for the treatment of mild to severe periodontal disease when non-surgical methods such as scaling and root planing have been unsuccessful in removal of subgingival deposits of plaque (biofilm) and calculus and where, due to supra-bony pocket depths osseous recontouring and bone grafting are not required. A soft tissue flap is reflected or resected to allow debridement of the root surface and the removal of granulation tissue.

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## Criteria

1. Treatment of diseased gingiva after nonsurgical methods, such as root planning and scaling, have been unsuccessful in the removal subgingival of plaque and calculus. Periodontal charting, after completion of non-surgical periodontal therapy or periodontal maintenance is required.
2. Current (within 12 months), dated, post initial therapy 6-point periodontal charting indicating pocket depth recordings of a minimum of 5mm.
3. Current (within 12 months), dated, pretreatment radiographs showing periapical area and undistorted image of the alveolar crest.
4. The procedure is indicated in the presence of supra-bony pocket depths where there is a need for increased access to root surfaces.
5. Chart notes may be requested in order to demonstrate a soft tissue flap was reflected/resected or planned, to allow debridement of the root surface and the removal of granulation tissue. Osseous recontouring is not accomplished with this procedure.
6. Gingival flap procedures will be limited to two quadrants per date of service. Exceptions will be allowed on a case-by-case basis.
7. Gingival flap procedures will be considered for treatment of periodontal defects involving natural teeth only. Gingival flap procedures will not be considered when the procedure is performed around implants.
8. The use of lasers is considered an adjunct to treatment and is not eligible for an additional or separate benefit.
9. Gingival flap procedure or apically positioned flap are not performed for treatment of pockets extending below the mucogingival junction.

10. Should multiple similar procedures be performed on the same date of service (such as but not limited to scaling and root planing when performed with gingival flap procedures), then the less complex procedure will be considered as inclusive to the primary procedure.
11. Gingival flap procedure for exploratory purposes to determine the presence of a cracked tooth or fractured root may be benefited.
12. Gingival flap procedure or apically positioned flap are performed in the presence of minimal amounts of attached keratinized tissue.
13. Current American Academy of Periodontology (AAP) and American Dental Association (ADA) guidelines require a periodontal diagnosis including staging and grading.

#### Coding

*The following codes for treatments and procedures applicable to this document are included below for informational purposes. Inclusion or exclusion of a procedure, diagnosis or device code(s) does not constitute or imply member coverage or provider reimbursement policy. Please refer to the member's contract benefits in effect at the time of service to determine coverage or non-coverage of these services as it applies to an individual member.*

**CDT**                      *Including, but not limited to, the following:*

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| D4240 | Gingival Flap Procedure including root planing – four or more teeth |
| D4241 | Gingival Flap Procedure including root planing – one to three teeth |
| D4245 | Apical Positioned Flap  |

**ICD-10 CM Diagnoses for Dental Diseases and Conditions:** See the current CDT code book for details

#### References

1. American Academy of Periodontology. Staging and grading periodontitis. perio.org. Published June 18, 2018.
2. Sanz-Sánchez I, Montero E, Citterio F, Romano F, Molina A, Aimetti M. Efficacy of access flap procedures compared to subgingival debridement in the treatment of periodontitis. A systematic review and meta-analysis. J Clin Periodontol. 2020; 47: 282–302. <https://doi.org/10.1111/jcpe.13259>
3. American Academy of Periodontology. Academy Report: Treatment of Plaque-Induced Gingivitis, Chronic Periodontitis, and Other Clinical Conditions.aap.onlinelibrary.wiley.com. Published December 1, 2001.
4. Greenwell H; Committee on Research, Science and Therapy. American Academy of Periodontology. Position paper: Guidelines for periodontal therapy. J Periodontol. 2001;72(11):1624-1628. doi:10.1902/jop.2001.72.11.1624
5. CDT 2026 Current Dental Terminology, American Dental Association
6. American Medical Association. Current Procedural Terminology - CPT® 2017 Professional Edition.American Medical Association; 2016
7. Proceedings of the World Workshop in Clinical Periodontics: Resective procedures. American Academy of Perio 1989; IV-1 to IV-25.

## History

Revision History	Version	Date	Nature of Change	SME
	initial	3/12/2018	creation	Dr. Kahn
	Revised	11/04/2020	Annual Review	Committee
	Revised	12/04/2020	Annual Review	Committee
	Revised	10/30/2021	Annual Review	Committee
	Revised	10/28/2022	Annual Review	Committee
	Revised	10/11/2023	Annual Review	Committee
	Revised	10/25/2024	Minor editorial refinements to description, clinical indications, criteria, and reference; intent unchanged. Added Criteria #12, #13, and #14	Committee
	Revised	10/27/2025	No changes	Dr. Balikov

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