



Dental Policy

Subject: Gingival Flap Procedure and Apically Positioned Flap

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Description

This document addresses the **Gingival Flap Procedure, including root planing, and Apically Positioned Flap.**

Note: Please refer to the following documents for additional information concerning related topics:

- Scaling and Root Planing (04-301)
- Periodontal Maintenance (04-901)
- Mucogingival Surgery and Soft Tissue Grafting (04-204)
- Biological Materials to Aid Soft and Hard Tissue Grafting (04 Clinical Policy-01 Teeth with Guarded or Poor Prognosis)

Indications

The gingival flap procedure or apically positioned flap are 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 below the gum deposits of plaque (biofilm) and calculus and where, due to supra-bony pocket depths osseous recontouring and bone grafting are not required.

As it applies to appropriateness of care, dental services must be:

- provided by a Dentist, exercising prudent clinical judgment
- provided to a patient for the purpose of evaluating, diagnosing and/or treating a dental injury or disease or its symptoms
- in accordance with the generally accepted standards of dental practice which means:
 - standards that are based on credible scientific evidence published in peer-reviewed, dental literature generally recognized by the practicing dental community
 - specialty society recommendations/criteria
 - any other relevant factors
- clinically appropriate, in terms of type, frequency and extent
- considered effective for the patient's dental injury or disease
- not primarily performed for the convenience of the patient or Dentist
- not more costly than an alternative service.
- dependent on group contract provisions, cosmetic services may not qualify for benefit coverage even though the services may be clinically appropriate.

Contraindications for gingival flap procedure or apically positioned flap include:

1. Treatment for infra-bony pockets.
2. Treatment of pockets extending below the mucogingival junction.
3. The presence of minimal amounts of attached keratinized tissue.

Laser Use:

Applications for and research on lasers in dentistry continues to expand since their introduction to the dental profession. Dental laser systems are cleared for marketing in the United States via the Food and Drug Administration (FDA) Premarket Notification [510(k)] process.

The review team determines if the product under review meets relevant criteria for “substantial equivalence” to a predicate device (the term “predicate” is used to describe any device that is marketed for the same use as the new device, even if the actual technologies are not the same).

There are currently more than twenty cleared indications for use for dental lasers in the United States. Dental lasers obtaining 510(k) clearance may be labeled, promoted, and advertised by the manufacturer for only those specific indications for use for which the devices have been cleared for marketing. Dental laser manufacturers must seek FDA 510(k) clearance for each laser product and each specific indication for use. Not every laser is cleared for every conceivable use. Therefore, FDA marketing clearances apply to certain products that are specific to the manufacturer and product. Additional uses for dental lasers are considered “off label use.”

Gingivectomy is a common procedure performed with dental lasers and gingival flap procedures and also performed. All laser wavelengths can be used to incise gingiva for restorative, cosmetic, and periodontal needs. Rapid healing and reduced pain post operatively has been reported with patients rarely needing periodontal packing or sutures. The thermal effects of diodes, Nd: YAG and CO₂ lasers can cause collateral damage, but in properly trained hands these devices can be effective. Erbium lasers pulsed technology, shallow penetration, and water absorption produces a minimal thermal effect and minor procedures can sometimes be achieved with no anesthetic at all. The nearly “cold cutting” effect of erbium tissue interaction creates a remarkable post-operative course.

For benefit determination, the use of lasers is considered an adjunct to treatment and is not eligible for an additional or separate benefit.

Criteria

1. Treatment of diseased gingiva after nonsurgical methods, such as root planning and scaling, have been unsuccessful in the removal of below-the-gum deposits of plaque and calculus. Periodontal pocket probing chart, after completion of non-surgical periodontal therapy, 4341/4342 and/or periodontal maintenance, D4910, is required.
2. Current (within 12 months), dated periodontal charting (6 point periodontal charting as described by AAP and ADA) indicating pocket depth recordings of a minimum of 5mm.
3. Current pre-treatment radiographs showing periapical area and undistorted image of the alveolar crest.
4. The procedure is performed 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. Benefits will be limited to for two quadrants per date of service. Exceptions will be allowed on a case by case.
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.

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	<i>Including, but not limited to, the following:</i>
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

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

41899	Unlisted procedure, dentoalveolar structures
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ICD-10 Diagnosis *Including, but not limited to, the following:*

K05.0	Acute gingivitis
K05.00	Acute gingivitis, plaque induced
K05.01	Acute gingivitis, non-plaque induced
K05.1	Chronic Gingivitis
K05.10	Chronic gingivitis, plaque induced
K05.11	Chronic gingivitis, non-plaque induced
K05.2	Acute Periodontitis (includes acute pericoronitis)
K05.20	Aggressive periodontitis, unspecified
K05.21	Aggressive periodontitis, localized
K05.3	Chronic periodontitis,
K05.30	Chronic periodontitis, unspecified
K05.31	Chronic periodontitis, localized
K05.32	Chronic periodontitis, generalized
K05.4	Periodontosis (juvenile)
K05.5	Other periodontal disease
K05.6	Periodontal disease, unspecified

Discussion/General Information

Gingival flap procedures are a demanding and time-consuming process usually performed when there is a loss of periodontal attachment and for treatment of moderate to severe supra-bony pocket depths, to facilitate pocket elimination and gingival recontouring, as a diagnostic procedure to evaluate root fractures, cracked teeth, and external resorption. and to maintain post-surgical esthetics. Gingival flap procedures are utilized to improve access to the roots of teeth and the supporting alveolar bone of the periodontium. Reflection of a gingival flap allows removal of granulation tissue and improves the efficacy of root surface debridement. Osseous recontouring and resection are not performed as part of a gingiva flap procedure.

Gingival flap debridement has been shown to reduce gingival inflammation and bleeding upon probing with improvements in probing attachment levels. Additionally, gingival flap procedures allow access to the alveolar bone structure for placement of bone grafting and guided tissue regeneration materials. Adjunctive dental procedures, such as bone grafting and guided tissue regeneration should be reported using their specific CDT codes.

Initial reflection of a gingival flap usually follows inverse or reverse bevel incisions as a means to maintain gingival esthetics by retaining maximum amounts of keratinized gingiva.

Gingival flap surgery should be preceded by initial therapy with non-surgical periodontal therapy. Research has shown that initial therapy may preclude the need for and/or reduce the extent of gingival flap intervention.

Definitions

Biofilm: any group of bacteria that stick to each other and often adhere to a surface, such as a tooth. These “sticky” cells are frequently embedded within a self-produced matrix of cells.

Gingiva: The clinical term for gums. The gums are found in the oral cavity or mouth. They consist of mucosal (soft, pink) tissue that covers the alveolar processes (bone) of the maxilla (upper jaw) and mandible (lower jaw) and finish at the neck of each tooth.

Calculus: Also known as tartar on the teeth is a form of hardened dental plaque caused by the collection of minerals from saliva and gingival crevicular fluid (GCF). The process of precipitation kills the bacterial cells within dental plaque, but the rough and hardened surface that is formed provides an ideal surface for further plaque formation. This leads to calculus buildup, which compromises the health of the gingiva (gums). Calculus can form both along the gum line, where it is referred to as supragingival ("above the gum"), and within the narrow space that exists between the teeth and the gingiva, where it is referred to as subgingival ("below the gum"). Calculus formation is associated with a number of signs and symptoms including bad breath, receding gums and inflamed gingiva. Brushing and flossing can remove plaque from which calculus forms; however, once formed, it is too hard and firmly attached to be removed with a toothbrush requiring removal at the dentist's office.

Dental Plaque: is a biofilm or mass of bacteria that grows on surfaces within the mouth. It is a sticky colorless deposit at first, but when it forms tartar it is brown or pale yellow and is commonly found between the teeth, on the front of teeth, behind the teeth, on chewing surface, along the gum line, and below the gum line. Dental plaque is also known as microbial plaque, oral biofilm, dental biofilm, dental plaque biofilm or bacterial plaque biofilm. While plaque is commonly associated with oral diseases such as caries (cavities) and periodontal disease (gum diseases), its formation is a normal process that cannot be prevented. When plaque "ages" it hardens and is attached to the tooth and is termed calculus (tartar).

Periodontal Disease: Can affect one or more of the tissue/structures associated with teeth {e.g. bone, the ligament that attaches the tooth to bone and gingiva (gums)}. While there are many different levels of severity of periodontal diseases that can affect these tooth-supporting tissues/structures, by far the most common ones are plaque-induced inflammatory conditions, such as gingivitis and periodontitis.

Periodontium: Refers to the specialized tissues that surround and support the teeth and maintain the teeth in the upper and lower jaw bones.

References

Peer Reviewed Publications:

1. American Dental Association. *Current Dental Terminology*. CDT 2015: 31- 32 (©ADA 2015).
2. Proceedings of the World Workshop in Clinical Periodontics: Resective procedures. American Academy of Perio 1989; IV-1 to IV-25.
3. American Dental Association. Statement on Lasers in Dentistry; April 2009
4. American Academy of Periodontology. Guidelines for periodontal therapy. AAP 2001; 72:1624-1628.

Government Agency, Medical Society, and Other Authoritative Publications:

1. American Academy of Periodontology. Treatment of gingivitis and periodontitis (position paper). J Perio; 1997; 12:1246-1253.
2. Current Procedural Terminology - CPT® 2017 Professional Edition – American Medical Association. All rights reserved.
3. Current Dental Terminology - CDT © 2017 American Dental Association. All rights reserved.
4. ICD-10-CM 2017: The Complete Official Codebook. All rights reserved.

History

Revision History	Version	Date	Nature of Change	SME
	initial	3/12/18	creation	M Kahn

Federal and State law, as well as contract language, and Dental Policy take precedence over Clinical UM Guidelines. We reserve the right to review and update Clinical UM Guidelines periodically. Clinical guidelines approved by the Clinical Policy Committee are available for general adoption by plans or lines of business for consistent review of the medical or dental necessity of services related to the clinical guideline when the plan performs utilization review for the subject. Due to variances in utilization patterns, each plan may choose whether to implement a particular Clinical UM Guideline. To determine if review is required for this Clinical UM Guideline, please contact the customer service number on the member's card.

Alternatively, commercial or FEP plans or lines of business which determine there is not a need to adopt the guideline to review services generally across all providers delivering services to Plan's or line of business's members may instead use the clinical guideline for provider education and/or to review the medical or dental necessity of services for any provider who has been notified that his/her/its claims will be reviewed for medical or dental necessity due to billing practices or claims that are not consistent with other providers, in terms of frequency or in some other manner.

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