
Renaissance Clinical Criteria for Utilization Management Decisions

Clinical Criteria for Gingival Flap Procedure

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Introduction

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

The gingival flap procedure is a surgical treatment used to treat periodontal pockets resulting from periodontal disease and allow direct access to diseased tissues and root surfaces for removal of subgingival calculus and reduction or elimination of pocket depths. The procedure may also be used to aid in the diagnosis of a cracked tooth, fractured root, external root resorption or other clinical condition requiring direct subgingival visualization.

The procedure involves elevating a mucoperiosteal flap followed by removal of granulation tissue to facilitate access to the roots of the teeth. Root surfaces are thoroughly scaled and root planed with an open approach after which the flap is repositioned and closed with sutures.

The gingival flap procedure may be performed by general dentists, periodontists 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 the gingival flap procedure. 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 the gingival flap procedure 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
D4240	gingival flap procedure, including root planing - four or more contiguous teeth or tooth bounded spaces per quadrant
D4241	gingival flap procedure, including root planing - one to three contiguous teeth or tooth bounded spaces per quadrant

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Clinical Criteria¹

When approval of benefit payment for a gingival flap procedure by a member's dental plan requires a determination by Renaissance 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 a gingival flap procedure:

- Treatment of moderate to deep periodontal pockets requires access to the roots of the teeth to accomplish the removal of granulation tissue and debridement of root surfaces
- Nonsurgical scaling and root planing fails to remove rough cementum and dentin and/or subgingival calculus as judged by residual root roughness or persistent inflammation
- Surgical access is required for the diagnosis of a cracked tooth, fractured root, external root resorption or other clinical condition requiring direct visualization (the creation of a flap for access is a part of the procedure for subsequent treatment of these conditions)

For patients who do not meet the published qualifying criteria for a gingival flap procedure, Renaissance will consider documentation from relevant clinicians that explains the necessity of covering a gingival flap procedure for conditions not included in the criteria.

Depending on the clinical circumstances, the performance of a gingival flap procedure 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:

- Absence of periodontal disease
- Gingival inflammation that can be effectively controlled through non-surgical periodontal treatment
- Gingival flap procedure performed on a tooth that has a hopeless periodontal, endodontic or structural prognosis
- Lack of or inadequate attached gingiva
- Osseous recontouring is not accomplished in conjunction with this procedure
- Patient non-compliance with oral hygiene procedures and supportive care
- Patients with medical conditions where periodontal surgery is inadvisable, including, but not limited to, a history of bisphosphonate treatment or chemotherapeutic or radiation therapy of the head and neck

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

- Unless otherwise established by a dental benefit program, the gingival flap procedure is eligible for benefit coverage for the treatment of natural teeth only.
- Periodontally involved teeth generally qualify for gingival flap procedure benefit coverage when documented to have at least 5 millimeter periodontal pocket depths and loss of attachment documented by clinical attachment levels and/or radiographic evidence of bone loss.
- Periodontal procedures submitted by quadrant must have at least 4 teeth eligible for treatment.

¹ 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.

- When dental benefit programs have established program-specific criteria that define when the gingival flap procedure is considered medically necessary and eligible for benefit coverage or that place other limitations on gingival flap procedure coverage, Renaissance will apply that criteria when there is a need to evaluate gingival flap surgery 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 a gingival flap procedure on 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 a gingival flap procedure 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.

- Preoperative diagnostic quality radiographs including bitewing images showing the teeth in the areas where a gingival flap procedure is planned
- Intraoral photographs of the involved areas when radiographs do not adequately demonstrate the need for the submitted services
- Preoperative six-point periodontal pocket depth charting performed within 12 months of treatment that includes documentation of clinical attachment loss, tooth mobility, bleeding upon probing and furcation involvement
- Documentation consistent with the patient record that explains the diagnostic rationale for performing a gingival flap procedure, including any supporting information from the patient's dental and medical histories

When determining coverage based on medical necessity or clinical appropriateness, Renaissance 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.

Renaissance's clinical criteria are developed and annually updated by a panel of licensed dental general practitioners and specialists serving on Renaissance'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-

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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, Renaissance 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.

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

References

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