

Delta Dental of Virginia Clinical Policy # 411
Subject

Gingival Flap Surgery

Originating Department

Clinical Professional Services

Signature Authority

Dental Director

Type: New Replacement Revision Clarification

Date: 11/15/2011 **Revision Date:**
Preamble:

The Clinical Policy Bulletin is an expression of Delta Dental of Virginia's (DDVA) determination regarding whether certain services or supplies are medically or dentally necessary. DDVA bases its conclusions on a review of currently available clinical literature. This includes, but is not limited to, clinical outcome studies published in the peer-reviewed medical and dental literature, regulatory status of the technology, evidence-based guidelines of public health and health research agencies, evidence-based guidelines and positions of leading national health professional organizations, views of physicians and dentists practicing in relevant clinical areas, and other relevant factors. DDVA reserves the right to revise these policies as new clinical information is available and we welcome submission of further relevant information.

A group may define covered dental services under their dental plan, as well as those services that may be subject to dollar caps or other limits. The plan documents outline covered benefits, exclusions and limitations. DDVA 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 DDVA. Some plans exclude coverage for services that DDVA considers either medically or dentally necessary. When there is a discrepancy between DDVA's clinical policy and the group's plan documents, DDVA is to defer to the group's plan documents as to whether the dental service is a covered benefit. In addition, if state or federal regulations mandate coverage then DDVA will adhere to the applicable regulatory requirement.

History:

When patients have advanced periodontitis (gum disease), it may be necessary to perform gingival flap surgery to treat an underlying infection. Prior to gingival flap surgery, other procedures may be necessary, including scaling and root planing.

Gingival flap procedures are typically performed in the presence of loss of periodontal attachment and for treatment of moderate to deep pocket depths. Gingival flap procedures are utilized to afford access to the roots of teeth and the supporting alveolar bone of the periodontium(1,2,3). Reflection of a gingival flap allows removal of granulation tissue (diseased tissue) and improves the efficiency of debridement of the root surfaces by scaling and root planing(1,2,3). Osseous recontouring and osseous resection are generally not performed as integral parts of this procedure.

Open flap debridement has been shown to clinically reduce gingival inflammation and bleeding upon probing, resulting in gains in probing attachment levels(1,2,3,5). Additionally, gingival flap procedures allow access to the alveolar bone structure for placement of bone grafting and guided tissue regeneration materials, which

	<p>have been shown to further enhance improvements in clinical attachment levels(1,2,3,4). Adjunctive dental procedures, such as bone grafting and guided tissue regeneration, which follow gingival flap reflection, should be reported using their own specific ADA codes.</p> <p>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 flaps may include open flap curettage, and may utilize modified Kirkland or modified Widman flap procedures(3,5).</p>
Policy:	<p>DDVA Treatment Guidelines:</p> <ol style="list-style-type: none"> 1. Gingival flap surgery, as with most periodontal surgeries, includes all necessary postoperative care and evaluations for three months post treatment and any and all surgical re-entry procedures for three years. 2. Rationale for gingival flap surgery must include recent, complete periodontal charting indicating necessity of the procedure where periodontal pocket depth recordings must be equal to or greater than five millimeters.
Codes(6):	<p>D4240 – Gingival flap procedure, including root planing - four or more contiguous teeth or bounded tooth spaces per quadrant</p> <p>D4241 – Gingival flap procedure, including scaling and root planing - one to three contiguous teeth or bounded tooth spaces per quadrant</p>
References:	<ol style="list-style-type: none"> 1. Lindhe J, Karring T and Lang HP. Clinical Periodontology and Implant Dentistry. 3rd Edition. 2000. Munksgaard, Copenhagen. 2. Parameters of Care. Amer Acad Perio. Vol 71-S, No 5. May2000. p 853-858. 3. Annals of Periodontology. Amer Acad Perio. Vol 1, No 1, Nov 1996. p 589-620. 4. Annals of Periodontology. Amer Acad Perio. Dec 2003; Vol 8, No 1. p 227-302. 5. Lindhe J and Nyman S. Scaling and granulation tissue removal in periodontal therapy. J Clin Periodontol 1985;12:374-388. 6. American Dental Association. <i>Current Dental Terminology CDT 2011-2012</i>;26. (©ADA 2010)