

PERIODONTAL REPORTING GUIDELINES

In this section, you will find a chart with the four stages of periodontal disease. Below each stage is a brief description of the clinical criteria for that stage, and the most common treatment procedures.

We have listed below definitions of periodontal procedures as interpreted by the ODS Medical/Dental Policy Committee, our Board of Directors, our Consultants, and taken in part from the American Dental Association's Current Dental Terminology - Fourth Edition - 2003 -, Users Manual.

These guidelines are provided solely to assist you in completing claim forms.

Comprehensive Periodontal Evaluation - New or Established Patient (D0180): This procedure is indicated for patients showing signs or symptoms of periodontal disease. It includes evaluation of periodontal conditions, probing and charting, evaluation and recording of the patient's dental and medical history and general health assessment.

Dental Prophylaxis Adults (D1110) and Children (D1120): Oral prophylaxis is a scaling and polishing procedure performed on dental patients in normal or good periodontal health to remove coronal plaque, calculus and stains, and to prevent caries and perio disease. Since pockets are absent in a completely normal periodontium, scaling and polishing are performed on the anatomic or clinical crown and into very shallow, healthy sulci.

Gingivectomy/Gingivoplasty - Four or More Contiguous Teeth Per Quadrant (D4210) and One to Three Teeth Per Quadrant (D4211): These surgical procedures are directed at correction of the soft tissue (gingival) around the tooth. Involves the excision of the soft tissue wall of the periodontal pocket by either an external or an internal bevel. Performed in shallow to moderate suprabony pockets.

Gingival Flap Procedure-Including Root Planing-Four or More Contiguous Teeth Per Quadrant (D4240) and One to Three Teeth, Per Quadrant (D4241): Surgical

debridement of the root surface and the removal of granulation tissue following the resection or reflection of soft tissue flap. May include open flap curettage, reverse bevel flap surgery, modified Kirkland flap procedure, Widman surgery, and modified Widman surgery. Osseous recontouring is not accomplished in conjunction with this procedure.

Osseous Surgery, Including Flap Entry and Closure - Four or More Contiguous Teeth (D4260) and One to Three Teeth Per Quadrant (D4261): This procedure modifies the bony support of the teeth by reshaping the alveolar process to achieve a more physiologic form and may include the removal of supporting bone.

Bone Replacement Graft - First Site in Quadrant (D4263) and Each Additional Site in Quadrant (D4264): These procedures involve the use of osseous autographs, allografts or non-osseous grafts to stimulate bone formation where indicated. These procedures do not include flap entry and closure and is reported in addition to a procedure that includes flap entry and closure, including, but not limited to D4240 and D4260.

Guided Tissue Regeneration - Resorbable Barrier (D4266) Non-Resorbable Barrier (D4267) Per Site: These procedures are used to regenerate lost or injured periodontal tissue through differential tissue responses.

Subepithelial Connective Tissue Graft Procedures (D4273): This procedure is performed to create or augment gingival. There are two surgical sites: the donor and the recipient.

Soft Tissue Allograft (D4275): This procedure may be used to eliminate the pull of the frena and muscle attachments, to extend the vestibular fornix, and correct localized gingival recession.

Combined Connective Tissue and Double Pedicle Graft (D4276): Advanced gingival recession often cannot be corrected with a single procedure; therefore combined tissue grafting procedures are needed to achieve the desired outcome.

ODS PERIODONTAL REPORTING GUIDELINES

Periodontal Scaling and Root Planing - Four or More Contiguous Teeth Per Quadrant (D4341) and One to Three Teeth Per Quadrant (D4342): Periodontal scaling is a treatment procedure necessary to remove hard and soft deposits from the crown and root surface of the teeth. It is performed on patients with periodontal disease and is therapeutic, not prophylactic, in nature.

Periodontal scaling precedes root planing which is a meticulous treatment procedure designed to remove the microbial flora and bacterial toxins on the root surface or in the pocket, calculus, and diseased cementum and dentin. This procedure is used as a definitive treatment in some stages of periodontal disease and is part of presurgical procedures in others.

Full Mouth Debridement to Enable Comprehensive Periodontal Evaluation and Diagnosis (D4355): The removal of subgingival and/or supragingival plaque and calculus.

Periodontal Maintenance (D4910): Following active periodontal treatment, an interval is established for periodic ongoing care. This includes removal of the bacterial flora from crevicular and pocket areas, scaling and polishing of the teeth, and review of the patient's plaque control efficiency. *The treatment interval may not correspond to plan benefits.*

<p>Unusual Treatment: It is recognized that a rare situation may dictate an unusual treatment plan. It is also possible that an isolated area may require further treatment that normally may not be covered under these guidelines. Unusual treatment will be given special consideration (unless excluded by contractual limitations) if it is indeed rarely reported and is submitted with full documentation. Prior to treatment, pre-determination is recommended.</p>

Clinically Healthy

Gingival tissue is coral pink, firm, and resilient without any evidence of induced inflammatory changes.

<u>Most Common Treatment Procedure</u>	<ul style="list-style-type: none"> • Prophylaxis (D1110)
<u>Standard ODS Contractual Payment Limitations</u>	<ul style="list-style-type: none"> • Prophylaxis (D1110, D1120) is a benefit once in a six-month period. Additional prophylaxes are the responsibility of the patient.
<u>Standard ODS Processing Policies</u>	<ul style="list-style-type: none"> • A prophylaxis for children through age 13 is benefited as D1120.
<u>Pocket Markings</u>	<ul style="list-style-type: none"> • Pocket depths of 1-4 mm. (generalized)
<u>Reporting</u>	<ul style="list-style-type: none"> • Completion of ADA Claim form.

Case Type I: Chronic Marginal Gingivitis

Inflammation of the gingival characterized clinically by changes in color, form, position, appearance, presence of bleeding and/or exudates.

<u>Most Common Treatment Procedure</u>	<p><u>Non-Surgical:</u></p> <ul style="list-style-type: none"> • Prophylaxis (D1110) • Full mouth debridement (D4355)
<u>Standard ODS Contractual Payment Limitations</u>	<ul style="list-style-type: none"> • Prophylaxis (D1110, D1120) is a benefit once in a six-month period. Additional prophylaxes are the responsibility of the patient. Debridement (D4355) is a benefit once in a 36-month period.
<u>Standard ODS Processing Policies</u>	<ul style="list-style-type: none"> • Debridement (D4355) is the removal of subgingival and/or supragingival plaque and calculus which obstructs the ability to perform an oral evaluation. This is a preliminary procedure. It is a benefit once in a 36-month period and is not to be benefited if there is a history of a prophy (D1110) in the prior 24 months. After completion, a determination should be made as to whether a routine prophylaxis or root planing is appropriate. Procedure D4355 should not be performed on a routine basis or be reported with either quadrants of root planing
<u>Pocket Markings</u>	<ul style="list-style-type: none"> • Pocket depths of 4.5 mm. (generalized) • N/A procedure D4355.
<u>Reporting</u>	<ul style="list-style-type: none"> • Completion of ADA Claim form. • Debridement (D4355) claim submission should include documentation describing condition and length of time since last prophylaxis.

Case Type II: Early Periodontitis

Progression of gingival inflammation into the alveolar bone crest and early bone loss. Usually slight loss of connective tissue.

<p><u>Most Common Treatment Procedure</u></p>	<p><u>Non-surgical:</u></p> <ul style="list-style-type: none"> • Prophylaxis (D1110) • Perio scaling & root planing (D4341) • Full mouth Debridement (D4355) <p><u>Maintenance:</u></p> <ul style="list-style-type: none"> • Periodontal Maintenance (D4910)
<p><u>Standard ODS Contractual Payment Limitations</u></p>	<ul style="list-style-type: none"> • Prophylaxis (D1110, D1120) or periodontal maintenance (D4910) is a benefit once in a six month period. Additional prophylaxes are the responsibility of the patient. • Debridement (D4355) is a benefit once in a 36-month period. • Scaling and root planing (D4341) series is covered once in a 24-month period. Any necessary scaling, root planing, or curettage thereafter is usually included under periodontal maintenance procedure (D4910). • Guided tissue regeneration (D4263, D4264, D4266, D4267) is covered once in 36 months, per site. • Osseous and mucogingival surgery as appropriate. Use of surgical curettage or gingivectomy would be unusual in the presence of infrabony defects.
<p><u>Standard ODS Processing Policies</u></p>	<p><u>Root Planing (D4341 and D4342):</u></p> <ul style="list-style-type: none"> • Is not to be performed on the same day as (D1110, D4210, D4220, D4240, D4260, D4263, D4264, D4266, D4267, or D4910.) • Is not to be used following gingivectomy or gingivoplasty (D4210) and osseous surgery (D4260, D4261) in the same areas up to twelve months following the surgery. • Should be used only for Type II, III, IV case patterns. All exceptions should be noted. It would be unusual for a patient younger than 19 to require this procedure in the absence of some other complicating factor. • Requires reporting by quadrant.
<p><u>Pocket Markings</u></p>	<p>Pocket depths of 5-6mm (generalized)</p>
<p><u>Reporting</u></p>	<ul style="list-style-type: none"> • Completion of ADA Claim form. For periodontal maintenance (D4910), note previous active periodontal treatment and dates. • Documentation required for perio scaling and root planing (D4341), gingivectomy (D4210), gingival flap procedure (D4240), osseous surgery (D4260), bone grafts (D4263, D4264), or tissue regeneration (D4266, D4267). • Current pocket depth charting, definitive perio diagnosis and x-rays, if requested by Consultant Review Dept.

Case Type III: Moderate Periodontitis

A more advanced state of the previous condition, with increased destruction of periodontal structures, noticeable loss of bone support and tooth mobility.

<p><u>Most Common Treatment Procedure</u></p>	<p><u>Non-surgical:</u></p> <ul style="list-style-type: none"> • Perio scaling & root planing (D4341) • Full mouth debridement (D4355) <p><u>Surgical:</u></p> <ul style="list-style-type: none"> • Gingival flap procedure (D4240) • Osseous surgery (D4260, D4261, D4245) • Guided tissue regeneration (D4263, D4264, D4266, D4267) <p><u>Maintenance:</u></p> <ul style="list-style-type: none"> • Periodontal maintenance (D4910)
<p><u>Standard ODS Contractual Payment Limitations</u></p>	<ul style="list-style-type: none"> • Prophylaxis (D1110, D1120) or periodontal maintenance (D4910) is a benefit once in a six month period. Additional prophylaxes are the responsibility of the patient. • Debridement (D4355) is a benefit once in a 36-month period. • Scaling and root planing (D4341) series is covered once in a 24-month period. Any necessary scaling, root planing, or curettage thereafter is usually included under periodontal maintenance procedure (D4910). • Guided tissue regeneration (D4263, D4264, D4266, D4267) is covered once in 36 months, per site. • Osseous and mucogingival surgery as appropriate. Use of surgical curettage or gingivectomy would be unusual in the presence of infrabony defects.
<p><u>Standard ODS Processing Policies</u></p>	<p><u>Root Planing (D4341 and D4342):</u></p> <ul style="list-style-type: none"> • Is not to be performed on the same day as (D1110, D4210, D4240, D4260, D4263, D4264, D4266, D4267, or D4910). • Is not to be used following gingivectomy or gingivoplasty (D4210) and osseous surgery (D4260, D4261) in the same areas up to twelve months following the surgery. • Should be used only for Type II, III, IV case patterns. All exceptions should be noted. It would be unusual for a patient younger than 19 to require this service in the absence of some other complicating factor. • Requires reporting by quadrant.
<p><u>Pocket Markings</u></p>	<p>Pocket depths of 6-8mm (generalized)</p>
<p><u>Reporting</u></p>	<ul style="list-style-type: none"> • Completion of ADA Claim form. For periodontal maintenance (D4910), note previous active periodontal treatment and dates. • Documentation required for perio scaling and root planing (D4341), gingivectomy (D4210), gingival flap procedure (D4240), osseous surgery (D4260), bone grafts (D4263, D4264), or tissue regeneration (D4266, D4267). • Current pocket depth charting, definitive perio diagnosis and x-rays, if requested by Consultant Review Dept.

Case Type IV: Severe Periodontitis

Further progression of periodontitis with major loss of alveolar bone support usually accompanied by increased tooth mobility.

<p><u>Most Common Treatment Procedure</u></p>	<p><u>Non-surgical:</u></p> <ul style="list-style-type: none"> • Perio scaling & root planing (D4341) • Full mouth debridement (D4355) <p><u>Surgical:</u></p> <ul style="list-style-type: none"> • Gingival flap procedure (D4240) • Osseous surgery (D4260, D4261, D4245) • Guided tissue regeneration (D4263, D4264, D4266, D4267) <p><u>Maintenance:</u></p> <ul style="list-style-type: none"> • Periodontal maintenance (D4910)
<p><u>Standard ODS Contractual Payment Limitations</u></p>	<ul style="list-style-type: none"> • Prophylaxis (D1110, D1120) or periodontal maintenance (D4910) is a benefit once in a six month period. Additional prophylaxes are the responsibility of the patient. • Debridement (D4355) is a benefit once in a 36-month period. • Scaling and root planing (D4341) series is covered once in a 24-month period. Any necessary scaling, root planing, or curettage thereafter is usually included under periodontal maintenance procedure (D4910). • Guided tissue regeneration (D4263, D4264, D4266, D4267) is covered once in 36 months, per site.
<p><u>Standard ODS Processing Policies</u></p>	<p><u>Root Planing (D4341 and D4342):</u></p> <ul style="list-style-type: none"> • Is not to be performed on the same day as (D1110, D4210, D4240, D4260, D4263, D4264, D4266, D4267, or D4910). • Is not to be used following gingivectomy or gingivoplasty (D4210) and osseous surgery (D4260, D4261) in the same areas up to twelve months following the surgery. • Should be used only for Type II, III, IV case patterns. All exceptions should be noted. It would be unusual for a patient younger than 19 to require this service in the absence of some other complicating factor. • Requires reporting by quadrant.
<p><u>Pocket Markings</u></p>	<p>Pocket depths of 7mm or greater (generalized)</p>
<p><u>Reporting</u></p>	<ul style="list-style-type: none"> • Completion of ADA Claim form. For periodontal maintenance (D4910), note previous active periodontal treatment and dates. • Documentation required for perio scaling and root planing (D4341), gingivectomy (D4210), gingival flap procedure (D4240), osseous surgery (D4260), bone grafts (D4263, D4264), or tissue regeneration (D4266, D4267). • Current pocket depth charting, definitive perio diagnosis and x-rays, if requested by Consultant Review Dept.