

Exhibit B – Periodontal Clinical Criteria

A. Documentation may be needed for pre-authorization of procedures.

1. Loss of clinical attachment, including radiographic evidence of bone loss (type of pre-operative radiographs required varies with plan – full mouth preferred and most current Bitewing radiographs)
2. Pre-operative periodontal charting (When periodontal charting is requested for surgical and non-surgical procedures it must be submitted with a periodontal chart dated no more than twelve (12) months prior to the date of service.
3. Detailed treatment plan
4. Treatment Records

B. Codes

1. DentaQuest adheres to the code definitions as described in the American Dental Association Current Dental Terminology User's Manual. Decisions regarding benefits are made based on the documentation provided.
2. Periodontal scaling and root planing, (D4341, D4342) per quadrant involves instrumentation of the crown and root surfaces of the teeth to remove plaque and calculus from these surfaces. It is indicated for patients with periodontal disease and is therapeutic, not prophylactic in nature. Root planing is the definitive procedure designed for the removal of cementum and dentin that is rough, and/or permeated by calculus or contaminated with toxins or microorganisms. Some soft tissue removal occurs. This procedure may be used as a definitive treatment in some stages of periodontal disease and as a part of pre-surgical procedures in others.
3. Gingival Irrigation is included as part of the Periodontal Scaling and Root Planing benefit, and is not separately reimbursable.

C. Criteria

1. According to the American Academy of Periodontology, “scaling and root planing procedures are intended to be used for scaling and root planing, not for scaling alone, so there must be some loss of attachment. Otherwise, there is no exposed root surface to plane”. Even if appropriate probing depths (usually > 4mm are present, if there is no attachment loss, root planing cannot be accomplished so codes D4341/D4342 should not be submitted for payment.

Periodontal scaling is prescribed/performed for patients who exhibit radiographic evidence of bone loss (2.5 mm from CEJ to crest of bone) or root surface calculus.

2. Benefits for periodontal services are available only when billed for natural teeth.
3. Prophylaxis procedures (D1110), (D1120), full mouth scaling (D4346) or Gross Debridement (D4355) are considered a component when submitted on the same date of service as Scaling and Root Planing.
4. Teeth must be restorable to qualify for any periodontal procedures.
5. All periodontal procedures include routine postoperative care and local anesthesia.
6. D4355 is not to be completed on the same day as D0150, D0160, or D0180.

References

Ohio Administrative Code 5160-5-01 - Dental Services

Ohio Administrative Code 5160-5-01 – Periodontic Services - Appendix A

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