

Dental Clinical Policy: Non-Surgical Periodontics

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Last Review Date: 11/21

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Description

The American Academy of Periodontology (AAP) guidelines stress that periodontal health should be achieved in the least invasive and cost-effective manner. With non-surgical periodontal therapy, many patients can be treated and maintained without the need for surgical intervention. Non-surgical periodontal therapy includes localized or generalized scaling and root planing, the use of antimicrobials, and ongoing periodontal maintenance. Surgical procedures may be required when periodontal health cannot be achieved or maintained with conservative non-surgical therapies.

Policy/Criteria

- I. It is the policy of Envolve Dental Inc.[®] that periodontal scaling and root planing is **medically necessary** when any of the following conditions are met:
 - A. When there is localized or generalized initial or moderate chronic periodontitis, defined as the loss of attachment due to destruction of the periodontal ligament and loss of adjacent supporting bone resulting in periodontal probing depths of 5 to 6 millimeters (mm) with clinical attachment loss (CAL) of up to 4 mm. Radiographic evidence of bone loss is common, root surface calculus is frequently demonstrated on radiographs, and tooth mobility may be present. In molars, furcation involvement should not exceed Class I;
 - B. When there is localized or generalized severe chronic periodontitis, defined as the loss of attachment due to destruction of the periodontal ligament and loss of adjacent supporting bone resulting in periodontal probing depths greater than 6 mm with CAL greater than 4 mm. Radiographic evidence of bone loss, root surface calculus, furcation involvement of all classes, and tooth mobility are most likely present;
 - C. When there is chronic refractory initial or moderate periodontitis, characterized by additional CAL despite treatment and longitudinal monitoring with periodontal maintenance;
 - D. When there is a periodontal abscess, characterized by localized swelling and/or increased probing depth and loss of periodontal attachment. Exudate is often present upon probing;
 - E. When none of the following contraindications are present:
 1. When periodontitis has not been diagnosed;
 2. When the need to remove heavy deposits of subgingival and supragingival calculus and plaque exists in the absence of generalized bone loss;
 3. When gingivitis, defined as inflammation of the gingival tissue without loss of attachment (bone and tissue), is present;
 4. When periodontal scaling and root planing is provided as a sole treatment for advanced chronic periodontitis, characterized by infrabony pocket depths greater than 6 mm with CAL greater than 4 mm and significant radiographic bone loss (mobility may or may not be present);

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5. When provided as a sole treatment for severe refractory chronic or aggressive periodontitis;
- F. Required documentation to support medical necessity include the following:
1. Recent (within 6 months) diagnostic quality full-mouth radiographs that include bite-wing images (panoramic radiographic images are not considered diagnostic in nature, and will not be allowed as a substitute for full-mouth radiographs with bite-wing images);
 2. Recent (within six months) periodontal pocket depth charting; and,
 3. Patient chart and treatment notes describing circumstances and conditions that support performing more than two quadrants of SRP on the same date of service.
- II. It is the policy of Envolve Dental Inc.[®] that localized delivery of antimicrobial agents is **medically necessary** when any of the following conditions are met:
- A. When provided as an adjunct to periodontal scaling and root planing in cases of refractory and/or residual disease with probing depths greater than or equal to 5 mm; and,
 - B. When inflammation remains present after 10-14 days following conventional therapies;
 - C. When none of the following contraindications are present:
 1. When definitive therapy, including periodontal scaling and root planing (SRP) procedures, have not been performed;
 2. When performed on the same day or less than 10 days following SRP, thereby not allowing sufficient time necessary for gingival tissue healing and response;
 - D. Required documentation to support medical necessity include the following:
 1. Clinical chart and treatment notes documenting post-SRP evaluation and soft tissue response, including pocket depth measurements.
- III. It is the policy of Envolve Dental Inc.[®] that periodontal maintenance is **medically necessary** when any of the following conditions are met:
- A. When provided to maintain the results of non-surgical and surgical periodontal treatment and prevent recurrent disease; and,
 - B. When provided as an extension of active periodontal therapy at selected intervals;
 - C. When none of the following contraindications are present:
 1. When there is no history of SRP or periodontal surgery procedures;
 2. When performed for the treatment and/or maintenance of treatment for gingivitis, defined as inflammation of the gingival tissue without loss of attachment (bone and tissue);
 - D. Required documentation to support medical necessity include the following:
 1. Clinical chart and treatment notes documenting history of SRP or periodontal surgery procedures.
- IV. It is the policy of Envolve Dental Inc.[®] that full mouth scaling in the presence of generalized moderate or severe gingival inflammation (after oral evaluation) is **medically necessary** when any of the following conditions are met:
- A. When plaque, calculus, and stains from supra- and sub-gingival tooth surfaces have resulted in generalized moderate or severe gingival inflammation in the absence of periodontitis;
 - B. When swollen/inflamed gingival tissue results in generalized (more than 30% of the remaining dentition) suprabony pockets (often referred to as pseudo-pockets and moderate to severe bleeding on probing);
 - C. When none of the following conditions are present;

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1. When there is a history of SRP or periodontal surgery;
 2. When clinical attachment loss (bone and tissue) is present;
 3. When root surface calculus is present;
- D.** Required documentation to support medical necessity include the following:
1. Recent (within 6 months) diagnostic quality full mouth radiographs including bite-wing images (panoramic radiographic images are not considered diagnostic in nature or periodontal conditions and are not allowed as a substitute for full-mouth radiographs with bite-wing images);
 2. Recent (within 6 months) periodontal pocket depth charting;
 3. Intraoral photographic images documenting gingival conditions in all four quadrants;
 4. Patient chart and treatment notes documenting soft tissue conditions in all four quadrants.
- V.** It is the policy of Envolve Dental Inc.[®] that gingival irrigation per quadrant is **not** supported by the preponderance of clinical studies and research as an effective therapy for treating periodontal disease. There is limited evidence to support the efficacy of single or multiple in-office irrigation appointments. Available studies show the greatest limitation of irrigation as an adjunctive therapy is that antimicrobials are quickly eliminated and therefore have no sustained effect.

Coverage Limitation/Exclusions

- I.** One D4341 or D4342 per quadrant per 24 months, subject to state-specific regulations.
- II.** D4341 and/or D4342 limited to two quadrants on the same member / same date of service unless there is documented evidence of a significant medical or personal condition justifying the extended use of local anesthetic and time-consuming instrumentation to perform scaling and root planing in more than two quadrants. Patient chart and treatment notes documenting medical conditions such as use of anticoagulant medications or pre-treatment for pending cancer-related interventions, or personal travel limitations are required.
- III.** One D4381 per member per tooth per 36 months and limited to two sites per quadrant per 36 months – subject to state-specific regulations.
- IV.** One D4910 per member per 6 months (may be performed in concert with D1110 so a combination results in a D1110 or D4910 every 3 months). Reimbursement for the initial D4910 is not allowed within 90 days of the SRP – subject to state-specific regulations.
- V.** One D4346 per member per 36 months, and not reimbursable if performed within 6 months prior to or following periodontal treatment, prophylaxis, or periodontal maintenance – subject to state-specific regulations.
- VI.** D4921 is not a covered benefit, subject to state-specific regulations.

Coding Implications

This clinical policy references Current Dental Terminology (CDT[®]). CDT[®] is a registered trademark of the American Dental Association. All CDT codes and descriptions are copyrighted 2020, American Dental Association. All rights reserved. CDT codes and CDT descriptions are from the current manuals and those included herein are not intended to be all-inclusive and are included for informational purposes only. Codes referenced in this clinical policy are for informational purposes only. Inclusion or exclusion of any codes does not guarantee coverage. Providers should reference the most up-to-date sources of professional coding guidance prior to the submission of claims for reimbursement of covered services.

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CDT® Codes	Description
D4341	Periodontal scaling and root planing – four or more teeth per quadrant
D4342	Periodontal scaling and root planing – one to three teeth per quadrant
D4346	Scaling in presence of generalized moderate or severe gingival inflammation – full mouth, after oral evaluation
D4381	Localized delivery of antimicrobial agents via a controlled-release vehicle into diseased crevicular tissue, per tooth
D4910	Periodontal maintenance
D4921	Gingival irrigation – per quadrant

ICD-10-CM Diagnosis Codes that Support Coverage Criteria

ICD-10-CM Code	Description
K03.6	Deposits (accretions) on teeth
K05.00	Acute gingivitis, plaque induced
K05.01	Acute gingivitis, non-plaque induced
K05.10	Chronic gingivitis, plaque induced
K05.11	Chronic gingivitis, non-plaque induced
K06.011	Localized gingival recession, minimal
K06.012	Localized gingival recession, moderate
K06.013	Localized gingival recession, severe
K06.021	Severe gingival recession, minimal
K06.022	Severe gingival recession, moderate
K06.023	Severe gingival recession, severe
K06.1	Gingival enlargement
K06.3	Horizontal alveolar bone loss
K06.8	Other specified disorders of gingiva and edentulous alveolar ridge
K05.211	Aggressive periodontitis, localized, slight
K05.212	Aggressive periodontitis, localized, moderate
K05.213	Aggressive periodontitis, localized, severe
K05.221	Aggressive periodontitis, generalized, slight
K05.222	Aggressive periodontitis, generalized, moderate
K05.223	Aggressive periodontitis, generalized, severe
K05.311	Chronic periodontitis, localized, slight
K05.312	Chronic periodontitis, localized, moderate
K05.313	Chronic periodontitis, localized, severe
K05.321	Chronic periodontitis, generalized, slight
K05.322	Chronic periodontitis, generalized, moderate
K05.323	Chronic periodontitis, generalized, severe
K05.329	Chronic periodontitis, generalized, unspecified severity
K05.4	Periodontosis
K05.5	Other periodontal diseases
K05.6	Periodontal disease, unspecified
K08.421	Partial loss of teeth due to periodontal diseases, class I
K08.422	Partial loss of teeth due to periodontal diseases, class II

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ICD-10-CM Code	Description
K08.423	Partial loss of teeth due to periodontal diseases, class III
K08.424	Partial loss of teeth due to periodontal diseases, class IV
K08.429	Partial loss of teeth due to periodontal diseases, unspecified class
A69.1	Other Vincent's infections
E08.630	Diabetes mellitus due to underlying condition with periodontal disease
E08.638	Diabetes mellitus due to underlying condition with other oral complications
E09.630	Drug or chemical induced diabetes mellitus with periodontal disease
E09.638	Drug or chemical induced diabetes mellitus with other oral complications
E10.630	Type 1 diabetes mellitus with periodontal disease
E10.638	Type 1 diabetes mellitus with oral complications
E10.9	Type 1 diabetes mellitus without complications
E11.630	Type 2 diabetes mellitus with periodontal disease
E11.638	Type 2 diabetes mellitus with periodontal disease
E11.9	Type 2 diabetes mellitus with periodontal disease
E13.630	Other specified diabetes mellitus with periodontal disease
E13.638	Other specified diabetes mellitus with periodontal disease
Z59.0	Homelessness
Z59.1	Inadequate housing
Z59.8	Other problems related to housing and economic circumstances
Z60.2	Problems related to living alone
Z60.8	Other problems related to social environment
Z79.01	Long term (current) use of anticoagulants
Z79.02	Long term (current) use of antithrombotics/platelets
Z88.4	Allergy status to anesthetic agent status
Z92.3	Personal history of irradiation (therapeutic radiation) - current

Reviews, Revisions, and Approvals	Date	Approval Date
Policy developed	10/19	10/19
Policy revised	11/20	11/20
Annual Review	11/21	11/21

References

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Important Reminder

This clinical policy has been developed by appropriately experienced and licensed health care professionals based on a review and consideration of currently available generally accepted standards of dental practice; peer-reviewed dental/medical literature; government agency/program approval status; evidence-based guidelines and positions of leading national dental and health professional organizations; views of dentists practicing in relevant clinical

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areas affected by this clinical policy; and other available clinical information. Envolve Dental makes no representations and accepts no liability with respect to the content of any external information used or relied upon in developing this clinical policy. This clinical policy is consistent with standards of dental practice current at the time that this clinical policy was approved. “Envolve Dental” means a dental plan that has adopted this clinical policy and that is operated or administered, in whole or in part, by Envolve Benefit Options, Inc, or any of such health plan’s affiliates, as applicable.

The purpose of this clinical policy is to provide a guide to dental and medical necessity, which is a component of the guidelines used to assist in making coverage decisions and administering benefits. It does not constitute a contract or guarantee regarding payment or results. Coverage decisions and the administration of benefits are subject to all terms, conditions, exclusions and limitations of the coverage documents (e.g., evidence of coverage, certificate of coverage, policy, contract of insurance, etc.), as well as to state and federal requirements and applicable Envolve Dental administrative policies and procedures.

This clinical policy is effective as of the date determined by Envolve Dental. The date of posting may not be the effective date of this clinical policy. This clinical policy may be subject to applicable legal and regulatory requirements relating to provider notification. If there is a discrepancy between the effective date of this clinical policy and any applicable legal or regulatory requirement, the requirements of law and regulation shall govern. Envolve Dental retains the right to change, amend or withdraw this clinical policy, and additional clinical policies may be developed and adopted as needed, at any time.

This clinical policy does not constitute dental or medical advice, dental treatment or dental care. It is not intended to dictate to providers how to practice dentistry. Providers are expected to exercise professional dental and medical judgment in providing the most appropriate care, and are solely responsible for the dental and medical advice and treatment of members. This clinical policy is not intended to recommend treatment for members. Members should consult with their treating dentist in connection with diagnosis and treatment decisions.

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Note: For Medicaid members, when state Medicaid coverage provisions conflict with the coverage provisions in this clinical policy, state Medicaid coverage provisions take precedence. Please refer to the state Medicaid manual for any coverage provisions pertaining to this clinical policy.

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Note: For Medicare members, to ensure consistency with the Medicare National Coverage Determinations (NCD) and Local Coverage Determinations (LCD), all applicable NCDs, LCDs, and Medicare Coverage Articles should be reviewed prior to applying the criteria set forth in this clinical policy. Refer to the CMS website at <http://www.cms.gov> for additional information.

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