DELTA DENTAL®

Prophylaxis, Scaling and Root Planing Codes, and Billing Guidelines

- **D1110 prophylaxis—adult**
  Age 14 or older
- **D1120 prophylaxis—child**
  Age 13 or younger

Definition: A primarily preventive treatment intended to control local irritational factors by the removal of plaque, calculus and stains from the tooth structures in the permanent and transitional dentition.

Indications: Applicable for patients with a generally healthy periodontium, where any supragingival and subgingival deposits are removed to control irritational factors and for patients with localized gingivitis to prevent further progression of the disease.

Payment limitation: Subject to each client's contract.* The most common limitation is two per 12-month period or calendar year. Additional prophylaxes are optional and may be charged to the patient. A prophylaxis is not payable with periodontal maintenance (D4910) or full-mouth periodontal scaling and root planing when rendered on the same day.

- **D4341 periodontal scaling and root planing**
  Four or more teeth per quadrant
- **D4342 periodontal scaling and root planing**
  One to three teeth per quadrant

Definition: A therapeutic procedure involving instrumentation of the crown and root surfaces of the teeth designed to remove plaque and calculus, as well as remove cementum and dentin that is rough, and/or permeated by calculus or contaminated with toxins or microorganisms.

Indications: May be used as a definitive treatment in earlier stages of periodontal disease for patients with bone loss and subsequent loss of attachment, or as a presurgical phase in more advanced stages.

Payment limitation: Subject to each client's contract.* The most common limitation is one per 24-month period. If special circumstances exist, special consideration for retreatment may be given by report. If special consideration is denied, the participating dentist may not charge the scaling and root planing fee to the patient.

Based on the national DeltaUSA policy, claims submitted for three or more quadrants of D4341 scaling and root planing treatment performed by the same dentist or dental office on the same date of service will be reviewed by Delta Dental. To help expedite claim processing, be sure to submit current dated and labeled preoperative X-rays of diagnostic quality that show the treated teeth, current periodontal charting and a copy of the patient's treatment record that specifically documents the scaling and root planing service, including the amount of time that was necessary to treat the three to four quadrants.

It is important that the extenuating circumstances that required the completion of this treatment in one visit are documented in the patient's treatment record. If you fail to provide this documentation, the services may not be billable to the patient.

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• **D4346 scaling in the presence of inflammation**	**Definition:** The removal of plaque, calculus and stains from supragingival and subgingival tooth surfaces when there is generalized moderate or severe gingival inflammation in the absence of periodontitis. **Indications:** Therapeutic procedure for patients who have swollen, inflamed gingiva, moderate to severe bleeding on probing, and generalized suprabony pockets, but who have no bone loss. **Payment limitation:** Subject to each client's contract.* The most common limitation is two per 12-month period or calendar year. Additional scalings are optional and may be charged to the patient. Scaling should not be reported in conjunction with prophylaxis, scaling and root planning, or debridement procedures.
• **D4355 full mouth debridement**	**Definition:** The removal of subgingival and/or supragingival plaque and calculus that interferes with the performance of a comprehensive oral evaluation. **Indications:** To enable a subsequent comprehensive oral evaluation by removing gross deposits from the tooth surfaces. This procedure may require multiple visits to complete. **Payment limitation:** Subject to each client's contract.* The most common limitation is one per lifetime. An additional D4355 will be paid as a routine prophylaxis (D1110/D1120), with the patient being responsible for the additional fee.
• **D4910 periodontal maintenance** For patients who have previously been treated for periodontal disease	**Definition:** Includes the removal of bacterial plaque and calculus from supragingival and subgingival regions, site-specific scaling and root planing where indicated, and polishing of the teeth. **Indications:** Maintenance following active periodontal treatment. **Payment limitation:** Subject to each group's contract.* The most common limitation is two per 12-month period or calendar year.

*Payment limitations vary according to the benefit plan selected by the client. The number of prophylaxes (D1110, D1120, D4346, D4355 or D4910) allowed may vary from one to four per contract period.