
Delta Dental of Ohio Clinical Criteria for Utilization Management Decisions

Clinical Criteria for Periodontal Maintenance

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Introduction

This Delta Dental of Ohio clinical criteria document addresses criteria for the planning and provision of the periodontal maintenance procedure. The purpose of this document is to provide written clinical criteria to ensure that Delta Dental of Ohio consistently applies sound and objective clinical evidence when determining the medical necessity and clinical appropriateness of the periodontal maintenance procedure, as well as taking individual patient circumstances and the local delivery system into account.

The periodontal maintenance procedure is intended as supportive periodontal therapy instituted following active surgical or nonsurgical periodontal therapy that was performed based on a diagnosis of periodontal disease. Periodontal maintenance is a therapeutic procedure that should be initiated after active periodontal therapy has been successfully concluded and should be continued for the life of the teeth being maintained. Clinical objectives for periodontal maintenance include limiting the progression of periodontal disease, mitigating the risk of losing teeth due to periodontal disease conditions and early identification of disease occurring within the oral cavity. The interval for periodontal maintenance must be determined based on an individual patient's systemic health conditions, periodontal condition, risk status, compliance factors and prognosis. The periodontal maintenance procedure includes evaluation of the patient's periodontal status, assessment for risk factors that may lead to new development or worsening of disease, identification of areas of new or continuing breakdown of periodontal tissue, removal of microbial plaque and calculus from supragingival and subgingival regions, site-specific scaling and root planing where indicated and polishing of the teeth. Additional periodontal therapy may be recommended if indicated due to the new development, recurrence or progression of periodontal disease. Periodontal maintenance may be modified or suspended when additional active periodontal treatment must be provided.

The periodontal maintenance procedure may be performed by periodontists, general dentists or registered dental hygienists in a variety of healthcare facilities.

Applicable Procedure Codes

The following dental procedure code defined in the current version of the American Dental Association's Code on Dental Procedures and Nomenclature (the CDT® Code) is applicable to this document and is the appropriate code to use when documenting the periodontal maintenance procedure. Inclusion of this code here is for informational purposes only and does not imply benefit coverage or noncoverage of the periodontal maintenance procedure by a member's dental plan. A determination that a dental procedure is medically necessary and clinically appropriate does not guarantee that the procedure is a covered benefit of a member's dental plan. To determine if periodontal maintenance is a covered benefit of an individual member's dental plan, please refer to the plan documents in effect on the date of service.

CDT® Procedure Code	Procedure Code Nomenclature
D4910	Periodontal maintenance

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Clinical Criteria¹

When approval of benefit payment for periodontal maintenance by a member's dental plan requires a determination by Delta Dental of Ohio that the procedure is medically necessary and clinically appropriate, the patient's dental record must document a generally accepted indication for performing the procedure. Indications for periodontal maintenance to be considered for benefit payment include:

- The patient must have had a diagnosis of periodontal disease involving detectable loss of bone and/or attachment for which active surgical or nonsurgical periodontal therapy was performed prior to the initiation of periodontal maintenance

The following conditions are generally considered to make the performance of periodontal maintenance inadvisable, unnecessary or deficient in clinical quality and may result in disapproval of benefits based on a determination that the procedure is not medically necessary or clinically appropriate:

- Patients have no history of a diagnosis of periodontal disease involving detectable loss of bone and/or attachment for which surgical or nonsurgical periodontal therapy was performed (e.g., periodontal maintenance submitted for benefit payment for a patient who exhibits only gingival inflammation with no loss of attachment)
- Periodontal maintenance procedures utilized as monotherapy when a patient has new development recurrence or progression of periodontal disease that requires active surgical or nonsurgical periodontal therapy
- Lack of supervision of periodontal maintenance appointments by a dentist
- Time scheduled for periodontal maintenance is definitively inadequate to effectively perform supragingival and subgingival plaque and calculus removal and any required site-specific scaling and root planing on the patient's existing dentition

Additional criteria for periodontal maintenance that should be considered include:

- Periodontal maintenance appointments must be supervised by a licensed dentist.
- The time scheduled for periodontal maintenance appointments must be adequate to effectively perform supragingival and subgingival plaque and calculus removal and any required site-specific scaling and root planing on the patient's existing dentition.
- While the interval for periodontal maintenance should be customized to each patient's systemic health conditions, periodontal condition, risk status, compliance factors and prognosis, evidence suggests that typical patients with a history of surgical or nonsurgical treatment for periodontal disease may benefit from maintaining a schedule of periodontal maintenance appointments at least four times per year to reduce the risk of progressive disease.
- When new development, recurrence or progression of periodontal disease is identified during the periodontal maintenance procedure, the practitioner must consider additional diagnostic procedures and periodontal therapy.

¹ Government regulations or the provisions of a member's dental plan that define when a dental procedure may be considered medically necessary and clinically appropriate with respect to benefit coverage may take precedence over these clinical criteria.

Other Considerations

When the payment of benefits for a dental procedure by a member's dental plan depends on the application of clinical criteria to determine whether the procedure is medically necessary or clinically appropriate, the following additional information will be taken into consideration, if applicable:

- Individual patient characteristics including age, comorbidities, complications, progress of treatment, psychosocial situation and home environment
- Available services in the local dental delivery system and their ability to meet the member's specific dental care needs when clinical criteria are applied

Required Documentation

The decision to perform periodontal maintenance on a patient should be based on a thorough clinical and radiographic examination that facilitates the formulation of an appropriate treatment plan. When the payment of benefits for periodontal maintenance by a member's dental plan depends on a review of the procedure's medical necessity and clinical appropriateness, the treating practitioner may be requested to submit the following information from the patient's dental record. If the practitioner is unable to provide this information, benefit payment may be disapproved.

- Documentation of a diagnosis of periodontal disease involving detectable loss of bone and/or attachment for which active surgical or nonsurgical periodontal therapy was performed prior to the initiation of periodontal maintenance
- Six-point periodontal pocket depth charting that allows effective evaluation of the patient's progressing periodontal status, including clinical attachment loss, tooth mobility, bleeding on probing and furcation involvement in the teeth undergoing periodontal maintenance
- Diagnostic quality radiographs that allow effective evaluation of the patient's progressing periodontal condition, including clinical attachment loss around the teeth undergoing periodontal maintenance
- Brief remarks regarding:
 - The periodontal diagnosis (in accordance with the American Academy of Periodontology Classification of Periodontal and Peri-Implant Diseases and Conditions)
 - The periodontal treatment plan and prognosis
 - If applicable, any relevant risk factors for the recurrence or progression of periodontal disease that require an atypical interval for periodontal maintenance

When determining coverage based on medical necessity or clinical appropriateness, Delta Dental of Ohio may request other clinical information relevant to a patient's care if needed to make coverage decisions.

Additional Information

The provision of dental advice and clinical treatment of patients is the sole responsibility of treating dentists, and these clinical criteria are not intended to restrict dentists from carrying out that responsibility or recommend treatment to their patients.

Delta Dental of Ohio's clinical criteria are developed and annually updated by a panel of licensed dental general practitioners and specialists serving on Delta Dental of Ohio's Utilization Management (UM) Committee, including the Dental Director and Utilization Management Director. The criteria are developed in alignment with evidence-based clinical recommendations, guidelines and parameters of care of leading nationally recognized dental public health

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organizations, health research agencies and professional organizations, credible scientific evidence published in peer-reviewed medical and dental literature, the curriculum of accredited dental schools, the regulatory status of relevant dental technologies, the rules and requirements of the Centers for Medicare and Medicaid Services, Delta Dental of Ohio national processing policies and input from practicing dentists. New and revised clinical criteria must be approved by the Dental Director and adopted by the UM Committee prior to release.

Federal or state statutes or regulations, dental plan contract provisions, local or national claim processing policies or other mandated requirements may take precedence over these clinical criteria.

Delta Dental of Ohio reserves the right to modify or replace this document at any time as appropriate to ensure the soundness, accuracy and objectivity of Delta Dental of Ohio's clinical criteria.

Appendix A

D4910 Periodontal maintenance

- No payment is made for periodontic maintenance if no scaling or root planing was performed within the previous 24 months.
- No payment is made for periodontic maintenance performed in conjunction with prophylaxis or within 30 days of scaling and root planing.
- Periodontal maintenance is only covered once every 365 days.

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