

# MEDICAL POLICY

MEDICAL POLICY DETAILS	
Medical Policy Title	PERIODONTAL MAINTENANCE
Policy Number	13.01.05
Category	Dental
Effective Date	06/26/14
Revised Date	04/23/15, 04/28/16, 06/22/17, 06/28/18
Archived Date	06/27/19
Product Disclaimer	<ul style="list-style-type: none"> <li>• If a product excludes coverage for a service, it is not covered, and medical policy criteria do not apply.</li> <li>• If a commercial product (including an Essential Plan product) or a Medicaid product covers a specific service, medical policy criteria apply to the benefit.</li> <li>• If a Medicare product covers a specific service, and there is no national or local Medicare coverage decision for the service, medical policy criteria apply to the benefit.</li> </ul>

## POLICY STATEMENT

Based on our criteria and assessment of the peer-reviewed literature, periodontal maintenance following periodontal therapy is **medically appropriate** in order to:

- I. prevent or minimize recurrence of disease progression in patients who were previously treated for periodontitis;
- II. prevent or reduce the incidence of tooth loss; and/or
- III. increase the probability of locating and treating other conditions or diseases found within the oral cavity in a timely manner.

*Refer to Corporate Medical Policy #7.01.21 regarding Dental and Oral Care under Medical Plans.*

*Refer to Corporate Medical Policy #7.03.01 regarding Coverage for Ambulatory Surgery Unit (ASU) and Anesthesia for Dental Surgery.*

*Refer to Corporate Medical Policy #11.01.15 regarding Medically Necessary Services.*

*Refer to Corporate Medical Policy #13.01.01 regarding Dental Implants.*

*Refer to Corporate Medical Policy #13.01.02 regarding Dental Crowns and Veneers.*

*Refer to Corporate Medical Policy #13.01.03 regarding Dental Inlays and Onlays.*

*Refer to Corporate Medical Policy #13.01.04 regarding Periodontal Scaling and Root Planing.*

## POLICY GUIDELINES

- I. Benefits for periodontal maintenance are **eligible for coverage** in accordance with the member's subscriber contract. Refer to member's subscriber contract for specific contract benefits. Generally, periodontal maintenance is allowable twice per year.
- II. Once periodontal maintenance is initiated it is the only prophylactic procedure that is **eligible for coverage**.
- III. The Federal Employee Health Benefit Program (FEHBP/FEP) requires that procedures, devices or laboratory tests approved by the U.S. Food and Drug Administration (FDA) may not be considered investigational and thus these procedures, devices or laboratory tests may be assessed only on the basis of their medical necessity.

## DESCRIPTION

Periodontal maintenance is initiated following periodontal therapy (active therapy, osseous surgery and/or root scaling and planing) and is performed by a dentist or a dental hygienist under the supervision of a dentist.

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Prophylaxis and periodontal maintenance are very different procedures. Prophylaxis is a non-therapeutic procedure for the maintenance of a healthy mouth. Periodontal maintenance is distinctly different from prophylaxis and is utilized for patients who have had active periodontal treatment with exposed root surfaces for periodontal disease.

Typically, periodontal maintenance includes an update of the medical and dental histories, extraoral and intraoral soft tissue examination, dental and periodontal examinations, radiographic review, removal of bacterial plaque and calculus from supragingival and subgingival regions, selective root planing or implant debridement if indicated, polishing of the teeth, and a review of the patient's plaque removal efficacy.

These procedures are performed at selected intervals to assist the patient in maintaining oral health. Periodontal maintenance may be temporarily discontinued and surgical or non-surgical therapy reinstated if recurrent disease or pathosis is detected.

The time required for periodontal maintenance appointments should be dictated by such factors as the number of teeth or implants, patient cooperation, oral hygiene efficacy and compliance, systemic health, previous frequency of periodontal maintenance, instrumentation access, history of disease or complications, and the distribution and depth of the sulci. Although periodontal maintenance traditionally has been delivered over a 45 – 60 minute period, the time required for effective treatment should be based on the individual patient.

Patients with recurrent gingivitis or slight chronic periodontitis traditionally have been maintained by their general dentist. Patients with a history of chronic periodontitis with moderate attachment loss may receive periodontal maintenance on an alternating basis with the general dentist and periodontist. Patients with a history of severe periodontal attachment loss or aggressive forms of periodontitis often obtain periodontal maintenance at the periodontist's office, with the general dentist maintaining the non-periodontal aspects of dentition.

Following surgical or non-surgical periodontal therapy, an interval is established for periodic ongoing periodontal maintenance care.

### CODES

- *Eligibility for reimbursement is based upon the benefits set forth in the member's subscriber contract.*
- ***CODES MAY NOT BE COVERED UNDER ALL CIRCUMSTANCES. PLEASE READ THE POLICY AND GUIDELINES STATEMENTS CAREFULLY.***
- *Codes may not be all inclusive as the ADA code updates may occur more frequently than policy updates.*

#### CDT Codes

Code	Description
D4910	Periodontal maintenance

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### REFERENCES

\*American Academy of Periodontology. Parameter on periodontal maintenance. J Periodontol 2000 May;71(5 Suppl):849-50.

\*American Academy of Periodontology--Research, Science, and Therapy Committee; American Academy of Pediatric Dentistry. Treatment of plaque-induced gingivitis, chronic periodontitis, and other clinical conditions. Pediatr Dent 2005-2006;27(7 Suppl):202-11.

\*Cohen RE; Research, Science and Therapy Committee, American Academy of Periodontology. Position paper: periodontal maintenance. J Periodontol 2003 Sep;74(9):1395-401.

Manresa C, et al. Supportive periodontal therapy (SPT) for maintaining the dentition in adults treated for periodontitis. Cochrane Database Syst Rev. 2018 Jan 1;1:CD009376

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\*Key Article

**KEY WORDS**

Periodontal

**CMS COVERAGE FOR MEDICARE PRODUCT MEMBERS**

Based upon review, periodontal maintenance is not addressed in a National or Local Medicare coverage determination or policy. However, dental services are addressed in Chapter 16, Section 140 of the Medicare Benefit Policy Manual which addresses General Exclusions from Coverage – Dental Services Exclusion and states “Items and services in connection with the care, treatment, filling, removal, or replacement of teeth, or structures directly supporting the teeth are not covered”. Please refer to the following website for Medicare Members: <http://www.cms.gov/Regulations-and-Guidance/Guidance/Manuals/downloads/bp102c16.pdf>.