

MEDICAL POLICY

MEDICAL POLICY DETAILS	
Medical Policy Title	PERIODONTAL SCALING AND ROOT PLANING
Policy Number	13.01.04
Category	Dental
Effective Date	06/26/14
Revised Date	04/23/15, 04/28/16, 06/22/17, 06/28/18, 6/27/19
Product Disclaimer	<ul style="list-style-type: none"> • If a product excludes coverage for a service, it is not covered, and medical policy criteria do not apply. • If a commercial product (including an Essential Plan product) or a Medicaid product covers a specific service, medical policy criteria apply to the benefit. • 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.

POLICY STATEMENT

- I. Based on our criteria and assessment of the peer-reviewed literature, periodontal scaling and root planing of exposed roots, with pocket depths of at least 4 mm, performed under local anesthesia, is **medically appropriate** for patients with:
 - A. Early periodontitis - progression of gingival inflammation into the marginal bone, resulting in mild bone loss and mild-to moderate pocket formation and usually no increased tooth mobility;
 - B. Moderate periodontitis - a more advanced state of early periodontitis in which the increased destruction of the periodontal attachment apparatus is manifested by moderate to deep pockets, moderate to severe bone loss and tooth mobility;
 - C. Advanced Periodontitis - further progression of periodontitis with generalized deep pockets and/or frank loss of gingival tissue, severe bone loss and marked tooth mobility patterns; or
 - D. Refractory Periodontitis - periodontitis which does not respond to conventional therapy or which recurs soon after treatment.
- II. Based on our criteria and assessment of the peer-reviewed literature, periodontal scaling and root planing, is **not medically necessary**, for patients with gingivitis.

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 #13.01.05 regarding Periodontal Maintenance.

POLICY GUIDELINES

- I. Benefits for periodontal scaling and root planing are **eligible for coverage** in accordance with the member's subscriber contract. Refer to member's subscriber contract for specific contract benefits. Generally, a lower benefit is paid toward a full-mouth or four-quadrant procedure accomplished in one day.

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- II. Periodontal charting of the evaluation of the patient’s periodontal status, including a relevant medical and dental history and a thorough clinical and radiographic examination with evaluation of extraoral and intraoral structures, showing evidence of root surface calculus or noticeable bone loss, should be submitted to the Health Plan for review by a Health Plan Dental Medical Director or Consultant.
- III. Prior authorization is not required, but is recommended, for a patient who is to undergo a full mouth, four quadrant periodontal scaling and root planing. Documentation should include a written estimation of the amount of time to be spent on each quadrant.
- IV. 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 scaling and root-planing of exposed roots is indicated for patients with periodontal disease and **is therapeutic, not prophylactic, in nature**. Periodontal scaling and root-planing is a deep-cleaning, non-surgical procedure, performed under local anesthesia, whereby plaque and tartar from above and below the gum line are scraped away (scaling) and rough spots on the tooth root are made smooth (planing). Treatment is performed by a periodontist, a dentist, or a dental hygienist.

Periodontal scaling is the removal of plaque and calculus from the crown and root surfaces of the teeth.

Root-planing is a procedure to remove cementum and dentin that is rough and/or permeated by calculus or contaminated with toxins or micro-organisms; in which some soft-tissue removal occurs.

According to published, peer-reviewed literature, there is no specific or significant difference between manual and sonic/ultrasonic instrumentation in periodontal scaling and root-planing. Each method of instrumentation appears to yield the same degree of sub-gingival calculus removal and control of sub-gingival plaque, and provoke a similar healing response.

As probing depth increases, scaling and root-planing become less effective at removing bacterial plaque and calculus.

RATIONALE

Literature suggests that mechanical or non-surgical periodontal treatment is effective but showed no difference in the periodontal clinical outcome measures between full mouth and quadrant root planing. The data suggests that less treatment time may be needed for full-mouth debridement therapy compared to conventional quadrant scaling and root planing. (Farnum, et al., 2008)

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
D4341	Periodontal scaling and root planing – four or more teeth per quadrant
D4342	Periodontal scaling and root planing – one to three teeth per quadrant

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REFERENCES

*American Academy of Periodontology. Parameter on comprehensive periodontal examination. J Periodontol 2000 May (Suppl);71(5):847-848.

*Antczak-Bouckoms A, et al. Meta-analysis of surgical versus non-surgical methods of treatment for periodontal disease. J Clin Periodontol 1993 Apr;20(4):259-68.

Assem NZ, et al. Antibiotic therapy as an adjunct to scaling and root planing in smokers: a systematic review and meta-analysis. Braz Oral Res. 2017 Jul 3;31:e67. doi: 10.1590/1807-3107BOR-2017.vol31.0067.

*Bono A and Brunotto M. Amoxicillin/metronidazole or scaling and root planing in the treatment of chronic periodontitis. Acta Odontol Latinoam 2010;23(3):196-203.

*Cobb CM. Clinical significance of non-surgical periodontal therapy: an evidence-based perspective of scaling and root planing. J Clin Periodontol 2002 May;29 Suppl 2:6-16.

Draenert ME, et al. The prevalence of tooth hypersensitivity following periodontal therapy with special reference to root scaling. A systematic review of the literature. Am J Dent 2013 Feb;26(1):21-7.

*Farman M and Joshi RI. Full-mouth treatment versus quadrant root surface debridement in the treatment of chronic periodontitis: a systematic review. Br Dent J 2008 Nov 8;205(9):E18; discussion 496-7.

*Hallmon WW and Rees TD. Local anti-infective therapy: mechanical and physical approaches. A systematic review. Ann Periodontol 2003 Dec;8(1):99-114.

*Heitz-Mayfield LJ, et al. A systematic review of the effect of surgical debridement vs non-surgical debridement for the treatment of chronic periodontitis. J Clin Periodontol 2002;29 Suppl 3:92-102; discussion 160-2.

McLaughlin M, et al. Evidence that full-mouth scaling superior to conventional treatment approaches is unclear. Evid Based Dent. 2016 Mar;17(1):23-4

Preus HR, et al. The clinical effect of scaling and root planing and the concomitant administration of systemic amoxicillin and metronidazole: a systematic review; Re: Effectiveness of systemic amoxicillin/metronidazole as adjunctive therapy to scaling and root planing in the treatment of chronic periodontitis: a systematic review and meta-analysis; J Periodontol. 2014 Mar;85(3):374-84.

*Key Article

KEY WORDS

Dental root planing, dental scaling

CMS COVERAGE FOR MEDICARE PRODUCT MEMBERS

Based upon review, dental root planing and scaling 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>.