MEDICAL POLICY

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Medical Policy Title	**Periodontal Scaling and Root Planing**
Policy Number	**13.01.04**
Current Effective Date	**July 16, 2026**
Next Review Date	**July 2027**

Our medical policies are guides to evaluate technologies or services for medical necessity. Criteria are established through the assessment of evidence based, peer-reviewed scientific literature, and national professional guidelines. Federal and state law(s), regulatory mandates and the member's subscriber contract language are considered first in the determination of a covered service. (Link to Product Disclaimer)

POLICY STATEMENT(S)

I. Periodontal scaling and root planing of exposed roots, with pocket depths of at least four (4) millimeters, performed under local anesthesia, is considered **medically appropriate** for individuals with **ANY** of the following indications:

   A. Early Periodontitis identified as progression of gingival inflammation into the marginal bone, resulting in mild bone loss and mild-to-moderate pocket formation, but, usually, no increased tooth mobility;

   B. Moderate Periodontitis identified as 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 identified as further progression of periodontitis, with generalized deep pockets and/or frank loss of gingival tissue, severe bone loss, and marked tooth mobility patterns;

   D. Refractory Periodontitis identified as periodontitis that does not respond to conventional therapy or that recurs soon after treatment.

II. Periodontal scaling and root planing is considered **not medically necessary** for individuals with gingivitis.

RELATED POLICIES

Corporate Medical Policy

7.01.21 Dental and Oral Care under Medical Plans

7.03.01 Coverage for Ambulatory Surgery Unit (ASU) and Anesthesia for Dental Services

11.01.15 Medically Necessary Services

13.01.01 Dental Implants

13.01.02 Dental Crowns and Veneers

13.01.03 Dental Inlays and Onlays

13.01.05 Periodontal Maintenance

POLICY GUIDELINE(S)

I. Benefits for periodontal scaling and root planing are contract dependent. Please refer to the member's subscriber contract for specific contract benefits. Generally, a contract that covers periodontal scaling and root planing provides a lower benefit for a full-mouth or four-quadrant procedure accomplished in one day.

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.

DESCRIPTION

Periodontal scaling and root planing of exposed roots is indicated for individuals 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 under the supervision of a dentist.

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; some soft-tissue removal occurs.

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

SUPPORTIVE LITERATURE

Both Farmanet al 2008 and Santuchi et al 2016 performed studies which identified that mechanical or non-surgical periodontal treatment consisting of both full-mouth and quadrant root planing are effective in treating periodontitis, with no significant differences in clinical outcomes between the two approaches. Full-mouth root planing, which involves treating the entire mouth in one session, and quadrant root planing, which treats the mouth in sections, both lead to reductions in probing pocket depths and improvements in clinical attachment levels, as well as bleeding on probing. The data suggested that less treatment time may be needed for full-mouth debridement therapy, compared to conventional quadrant scaling and root planing.

According to previously published, peer-reviewed scientific literature which includes a systematic review performed by Sabitini et al in 2024, 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 to provoke a similar healing response. However, sonic/ultrasonic instruments may offer advantages in accessibility to deep pockets and may cause less root surface damage when used at appropriate power settings.

Lin et al (2021) identified in a systematic review and meta-analysis that in untreated periodontitis patients, laser monotherapy does not yield superior clinical benefits compared with non-surgical mechanical instrumentation alone. Mechanical instrumentation with hand and/or ultrasonic instruments remains the standard of care in untreated periodontitis patients. However, laser therapy can be effective in conjunction with other treatments, particularly for its ability to minimize bleeding, promote tissue regeneration, and reduce infection risk.

While scaling and root planing (SRP) remains the gold standard for periodontal disease treatment, adjunctive therapies are currently being studied to enhance outcomes which include photodynamic therapy, melatonin gel usage, ozone therapy and others. These clinical studies are ongoing and published, peer-reviewed literature is becoming available.

PROFESSIONAL GUIDELINE(S)

The American Academy of Periodontology (AAP) Guidelines for Periodontal Therapy (2001) stress that periodontal health should be achieved in the least invasive manner. Nonsurgical periodontal therapy includes localized or generalized scaling and root planing, the use of antimicrobials and ongoing periodontal maintenance. With non-surgical periodontal therapy, many individuals can be treated and maintained without the need for surgical intervention; however, individuals with advanced and aggressive forms of disease may require periodontal surgery.
[accessed 2026 Jun 11]. Available from: https://www.perio.org/

The 2017 World Workshop on the Classification of Periodontal and Peri-Implant Diseases and Conditions resulted in a new classification of periodontitis characterized by a multi-dimensional staging and grading system which was co-presented by the American Academy of Periodontology (AAP) and the European Federation of Periodontology (EFP). Staging and Grading Periodontitis. Original 2018. [accessed 2026 Jun 11]. Available from: https://www.perio.org/wp-content/uploads/2019/08/Staging-and-Grading-Periodontitis.pdf

Center for Disease Control (CDC) [Internet] About Periodontal (Gum) Disease: Overview [accessed 2026 Jun 11]. Available from: https://www.cdc.gov/oral-health/about/gum-periodontal-disease.html#:~:text=Brush%20twice%20daily%20and%20floss,by%20your%20health%20care%20provider

REGULATORY STATUS

The U.S. Food and Drug Administration (FDA) plays a crucial role in regulating medical devices, including lasers, to ensure their safety and efficacy. Certain laser therapy procedures for

periodontitis, like the LANAP (Laser Assisted New Attachment Procedure) protocol, require FDA approval. Specifically, Millennium Dental Technologies' PerioLase MVP-7 laser, used for the LANAP procedure, was approved by the FDA in 2016 for use in stimulating periodontal tissue regeneration on previously diseased root surfaces.

FDA Medical Device website. Available from: https://www.fda.gov/medical-devices [accessed 2026 Jun 11]

CODE(S)

- Codes may not be covered under all circumstances.
- Code list may not be all inclusive (AMA and CMS code updates may occur more frequently than policy updates).
- (E/I)=Experimental/Investigational
- (NMN)=Not medically necessary/appropriate

CDT Codes

Code	Description
D4341	Periodontal scaling and root planing – four or more teeth per quadrant; This procedure involves instrumentation of the crown and root surfaces of the teeth to remove plaque and calculus from these surfaces. It is indicated for patients with periodontal disease and is therapeutic, not prophylactic, in nature. Root planing is the definitive procedure designed for the removal of cementum and dentin that is rough, and/or permeated by calculus or contaminated with toxins or microorganisms. Some soft tissue removal occurs. This procedure may be used as a definitive treatment in some stages of periodontal disease and/or as a part of pre-surgical procedures in others.
D4342	Periodontal scaling and root planing – one to three teeth per quadrant; This procedure involves instrumentation of the crown and root surfaces of the teeth to remove plaque and calculus from these surfaces. It is indicated for patients with periodontal disease and is therapeutic, not prophylactic, in nature. Root planing is the definitive procedure designed for the removal of cementum and dentin that is rough, and/or permeated by calculus or contaminated with toxins or microorganisms. Some soft tissue removal occurs. This procedure may be used as a definitive treatment in some stages of periodontal disease and/or as a part of pre-surgical procedures in others.

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SEARCH TERMS

Dental root-planing, deep dental cleaning, dental scaling

CENTERS FOR MEDICARE AND MEDICAID SERVICES (CMS)

Periodontal scaling and root planing are not addressed in National or Regional Medicare coverage determinations or policies.

However, dental services are addressed in the Medicare Benefit Policy Manual Chapter 16, Section 140 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". [Last updated 2026 Jan 26; accessed 2026 Jun 11]. Available from: Medicare Benefit Policy Manual - Chapter 16: General Exclusions from Coverage

PRODUCT DISCLAIMER

- Services are contract dependent; if a product does not cover a service, medical policy criteria do not apply.
- If a commercial product (including an Essential Plan or Child Health Plus product) covers a specific service, medical policy criteria apply to the benefit.
- If a Medicaid product covers a specific service, and there are no New York State Medicaid guidelines (eMedNY) criteria, medical policy criteria apply to the benefit.
- If a Medicare product (including Medicare HMO-Dual Special Needs Program (DSNP) 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.
- If a Medicare HMO-Dual Special Needs Program (DSNP) product DOES NOT cover a specific service, please refer to the Medicaid Product coverage line.

POLICY HISTORY/REVISION

Committee Approval Dates

06/26/14, 04/23/15, 04/28/16, 06/22/17, 06/28/18, 06/27/19, 06/25/20, 06/24/21, 06/16/22, 06/22/23, 05/16/24, 05/22/25, 07/16/26

Date	Summary of Changes
07/16/26	• Annual review; policy intent unchanged.
01/14/26	• Policy Edit: Format Correction
05/22/25	• Annual Review; policy intent unchanged.
01/01/25	• Summary of changes tracking implemented.
06/26/14	• Original effective date