MEDICAL POLICY

Medical Policy Title	**Periodontal Maintenance**
Policy Number	**13.01.05**
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 maintenance following periodontal therapy (e.g., Scaling and Root Planing (SRP) or surgery is **medically appropriate** for **ANY** of the following indications:

A. Prevent or minimize recurrence of disease progression in individuals who were previously treated for periodontitis;

B. Prevent or reduce the incidence of tooth loss;

C. Increase the probability of locating and treating other conditions or diseases found within the oral cavity in a timely manner.

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

13.01.04 Periodontal Scaling and Root Planing

POLICY GUIDELINE(S)

I. Benefits for periodontal maintenance are contract dependent. Please refer to the member's subscriber contract for specific contract benefits. Many contracts that cover periodontal maintenance allow services twice per year.

II. Once periodontal maintenance is initiated, it is the only prophylactic procedure that is **eligible for coverage**.

Proprietary Information of Univera Healthcare

DESCRIPTION

Periodontal maintenance therapy, also known as supportive periodontal therapy (SPT), is defined as procedures performed at selected intervals to assist the periodontal patient in maintaining oral health. Periodontal maintenance is initiated following periodontal therapy (active therapy, osseous surgery, and/or root scaling and planing) and is performed by a dentist or by a dental hygienist under the supervision of a dentist to reduce the probability of infection reoccurrence and further disease progression.

Prophylaxis and periodontal maintenance are very different procedures. Prophylaxis is a non-therapeutic procedure for the maintenance of a healthy mouth. Periodontal maintenance is utilized for individuals 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 individual's plaque removal efficacy. Periodontal maintenance may be temporarily paused, and surgical or non-surgical therapy reinstituted, 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 to 60-minute period, the time required for effective treatment should be based on the individual patient.

Individuals with recurrent gingivitis or slight chronic periodontitis traditionally have been maintained by their general dentist. Individuals with a history of chronic periodontitis with moderate attachment loss may receive periodontal maintenance on an alternating basis with the general dentist and periodontist. Individuals 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.

SUPPORTIVE LITERATURE

Arnett and colleagues (2023) conducted a randomized controlled trial on the effects of scaling and root planning (SRP) versus SRP plus minocycline hydrochloride microspheres (MM) on periodontal pathogens and the clinical outcomes in Stage II-Stage IV Grade B periodontitis. The study consisted of seventy participants who were randomized 1:1 to receive SRP or SRP+MM. Saliva and clinical outcomes were collected from both groups at intervals consisting of before SRP treatment, one (1) month reevaluation, and at 3- and 6-month periodontal maintenance visits. MM was delivered to residual pockets ≥ 5 mm immediately after SRP and immediately after the 3-month periodontal maintenance in the SRP+MM group. The results showed significant reduction in several pathogens at one (1) month follow up and at six (6) month follow-up following reapplication at three (3) months.

The authors concluded that there were significant clinical improvements in pocket depth reduction at all follow-up points as well as gains in clinical attachment loss seen at the 6-month point. The administration of MM following SRP and a reapplication at the 3-month periodontal maintenance appeared to contribute to improved clinical outcomes and sustained the decreased numbers of pathogens.

Alhazmi and colleagues (2025) conducted a longitudinal retrospective study to examine the correlation between periodontal staging, grading, initial therapy, and frequency, cost, and time-to-re-treatment following active periodontal therapy (APT) as several patient/tooth related variables have been linked to tooth loss during supportive periodontal therapy (SPT) also known as periodontal maintenance therapy. The study incorporated three hundred individuals who underwent scaling and root planing (SRP) and 142 individuals who underwent surgery (SUR) as their APT. Of these treated individuals, 191 of them (63.7%) required a second intervention over 24 ± 8.2-year follow-up. The second intervention type was correlated with the first ($p = 0.035$). The likelihood of a second intervention was higher in SUR individuals ($p < 0.001$). Significant differences in time to first intervention based on stage ($p = 0.019$) and compliance ($p < 0.001$). Similar patterns were observed for time-to-recurrence based on stage ($p = 0.03$) and compliance ($p = 0.017$) but not grade ($p = 0.144$). Mean teeth “free of intervention time” was 16.3 years before the first additional therapy. However, SSD was found between stages ($p = 0.028$) and grades ($p = 0.043$) for SUR interventions, but not for SRP. The authors concluded that the first interventional approach (SRP or SUR) for treatment of advanced periodontitis stages and grades may also influence the frequency intervals of additional periodontal treatments and higher treatment costs.

PROFESSIONAL GUIDELINE(S)

The American Academy of Periodontology (AAP) guidelines stress that periodontal health should be achieved in the least invasive manner. 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. Non-surgical periodontal therapy includes localized or generalized Scaling and Root Planing, the use of antimicrobials and ongoing Periodontal Maintenance. [Accessed 2026 Jun 15]. 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 June 15]. Available from: https://www.perio.org/wp-content/uploads/2019/08/Staging-and-Grading-Periodontitis.pdf

REGULATORY STATUS

Not Applicable

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
D4910	Periodontal maintenance; This procedure is instituted following periodontal therapy and continues at varying intervals, determined by the clinical evaluation of the dentist, for the life of the dentition or any implant replacements. It includes removal of the bacterial plaque and calculus from supragingival and subgingival regions, site specific scaling and root planing where indicated, and polishing the teeth. If new or recurring periodontal disease appears, additional diagnostic and treatment procedures must be considered.

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Martinez-Canut P. Predictors of tooth loss due to periodontal disease in patients following long-term periodontal maintenance. J Clin Periodontol. 2015 Dec;42(12):1115-25.

Roncati M, et al, Three years of a nonsurgical periodontal treatment protocol to observe clinical outcomes in ≥ 6-mm pockets: a retrospective case series. Int J Periodontics Restorative Dent. 2016 Mar-Apr;36(2):189-97.

SEARCH TERMS

Gum, Gum disease

CENTERS FOR MEDICARE AND MEDICAID SERVICES (CMS)

Periodontal maintenance is 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 15]. 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