

# MEDICAL POLICY

MEDICAL POLICY DETAILS	
Medical Policy Title	Periodontal Scaling and Root Planing
Policy Number	13.01.04
Category	Contract Clarification
Original Effective Date	06/26/14
Committee Approval Date	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
Current Effective Date	06/22/23
Archived Date	N/A
Archive Review Date	N/A
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 or Child Health Plus product), medical policy criteria apply to the benefit.</li> <li>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.</li> <li>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.</li> <li>If a Medicare HMO-Dual Special Needs Program (DSNP) product DOES NOT cover a specific service, please refer to the Medicaid Product coverage line.</li> </ul>

## POLICY STATEMENT

- I. Based upon our criteria and assessment of the peer-reviewed literature, periodontal scaling and root planing of exposed roots, with pocket depths of at least four millimeters, performed under local anesthesia, is considered **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, but, 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 that does not respond to conventional therapy or that recurs soon after treatment.
- II. Based upon our criteria and assessment of the peer-reviewed literature, periodontal scaling and root planing is considered **not medically necessary** for patients with gingivitis.

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

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

Refer to Corporate Medical Policy #11.01.15 Medically Necessary Services.

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

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

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

*Refer to Corporate Medical Policy #13.01.05 Periodontal Maintenance.*

### **POLICY GUIDELINES**

- 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 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 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.

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 to provoke a similar healing response.

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

### **RATIONALE**

Literature (Farnum et al., 2008) 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.

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.

### **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.***

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- Codes may not be all inclusive as the ADA code updates may occur more frequently than policy updates.
- Code Key: Experimental/Investigational = (E/I), Not medically necessary/ appropriate = (NMN).

### 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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\*Key Article

**KEY WORDS**

Dental root-planing, dental scaling, periodontal scaling

**CMS COVERAGE FOR MEDICARE PRODUCT MEMBERS**

Based upon our review, Dental Root Planing and Scaling is not addressed in a National or Regional 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:

[\[http://www.cms.gov/Regulations-and-Guidance/Guidance/Manuals/downloads/bp102c16.pdf\]](http://www.cms.gov/Regulations-and-Guidance/Guidance/Manuals/downloads/bp102c16.pdf).