

MEDICAL POLICY

MEDICAL POLICY DETAILS	
Medical Policy Title	Periodontal Maintenance
Policy Number	13.01.05
Category	Contract Clarification
Original Effective Date	06/26/14
Committee Approval Date	04/23/15, 04/28/16, 06/22/17, 06/28/18
Current Effective Date	05/16/24
Archived Date	06/27/19
Archive Review Date	06/25/20, 06/24/21, 06/16/22, 06/22/23, 05/16/24
Product Disclaimer	<ul style="list-style-type: none"> Services are contract dependent; 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 or Child Health Plus product), 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 STATEMENT

- I. Based upon our criteria and assessment of the peer-reviewed literature, periodontal maintenance following periodontal therapy) has been medically proven to be effective and, therefore, is considered **medically appropriate** for **ANY** of the following indications:
- Prevent or minimize recurrence of disease progression in patients who were previously treated for periodontitis;
 - Prevent or reduce the incidence of tooth loss;
 - 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 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

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 #13.01.04 Periodontal Scaling and Root Planing

POLICY GUIDELINES

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

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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 by a dental hygienist under the supervision of a dentist.

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 to 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.*
- *Code Key: Experimental/Investigational = (E/I), Not medically necessary/appropriate = (NMN).*

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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REFERENCES

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

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*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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*Roncati M, et al, Three Years of a Nonsurgical Periodontal Treatment Protocol to Observe Clinical Outcomes in \geq 6-mm Pockets: A Retrospective Case Series. Int J Periodontics Restorative Dent 2016 Mar-Apr;36(2):189-97.

*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>] accessed 04/10/24.