

<b>Delta Dental of Michigan Clinical Criteria for Utilization Management Decisions</b>				
Reference Number: 282.15 v3		Title: Clinical Criteria for Periodontal Scaling and Root Planing		
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**Introduction**

This Delta Dental of Michigan (Delta Dental) clinical criteria document addresses criteria for the planning and provision of the periodontal non-surgical scaling and root planing procedure. The purpose of this document is to provide written clinical criteria to ensure that Delta Dental consistently applies sound and objective clinical evidence when determining the medical necessity and clinical appropriateness of scaling and root planing treatment, as well as taking individual patient circumstances and the local delivery system into account.

Scaling and root planing is intended as a definitive treatment for earlier stages of periodontitis or as a pre-surgical procedure in more advanced periodontal disease states. The procedure involves supragingival and subgingival scaling of crown and root surfaces to remove microbial plaque and calculus, as well as the use of root planing to smooth dentin and cementum and remove contamination by toxins and microorganisms. As such, scaling and root planing is a therapeutic rather than a preventive treatment.

Closed subgingival scaling and root planing is performed without direct vision, relying largely on the operator's knowledge of the patient's unique tooth-by-tooth root anatomy (derived from preoperative radiographs and documented comprehensive periodontal examination) and the operator's tactile sense. Because root surfaces exhibit a wide variety of irregularities, depressions and grooves, closed subgingival scaling and root planing is a demanding and time-consuming procedure requiring the use of local anesthesia for the typical patient. The procedure may be performed by periodontists, general dentists or registered dental hygienists in a variety of healthcare facilities.

**Applicable Procedure Codes**

The following dental procedure codes defined in the current version of the American Dental Association’s Code on Dental Procedures and Nomenclature (the CDT® Code) are applicable to this document and are the appropriate codes to use when documenting scaling and root planing treatment. Inclusion of these codes here is for informational purposes only and does not imply benefit coverage or noncoverage of a procedure by a member’s dental plan. A determination that a dental procedure is medically necessary and clinically appropriate does not guarantee that the procedure is a covered benefit of a member's dental plan. To determine if scaling and root planing is a covered benefit of an individual member’s dental plan, please refer to the plan documents in effect on the date of service.

<b>CDT® Procedure Code</b>	<b>Procedure Code Nomenclature</b>
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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## Clinical Criteria<sup>1</sup>

When approval of benefit payment for scaling and root planing by a member's dental plan requires a determination by Delta Dental that the procedure is medically necessary and clinically appropriate, the patient's dental record must document a generally accepted indication for performing the procedure. For scaling and root planing to be regarded as indicated and eligible for benefit payment consideration, the involved teeth must have or exceed a degree of periodontal attachment loss resulting from periodontitis as evidenced by the following set of signs:

- Radiographic evidence of alveolar bone loss on each involved tooth
- Interdental clinical periodontal attachment loss of at least 1-2 millimeters on each involved tooth
- Periodontal probing depth of 4 millimeters or greater on each involved tooth

Additional clinical findings that may support a diagnosis of active periodontal disease should be documented in the patient's dental record when present, including:

- Bleeding and/or exudate present upon probing
- Root surface calculus seen on radiographs
- Tooth mobility
- Furcation involvement of multirrooted teeth
- Periodontal abscesses

Scaling and root planing submitted using the D4341 procedure code can be considered for benefit payment only when there are four or more teeth within the same quadrant that qualify for the procedure based on the criteria described above. Submission of D4341 when only one to three teeth in the same quadrant qualify for scaling and root planing will result in disapproval for benefit payment. Scaling and root planing of one to three qualifying teeth in the same quadrant must be submitted using the D4342 procedure code to be considered for benefit payment.

The following conditions are generally considered to make the performance of scaling and root planing inadvisable, unnecessary, deficient in clinical quality, inadequately documented or incomplete and may result in disapproval of benefits based on a determination that the procedure is not medically necessary or clinically appropriate:

- Gingivitis without loss of attachment
- Supragingival and subgingival calculus without loss of attachment
- Loss of attachment due to local non-periodontal factors such as vertical root fractures, dental caries, extraction/malposition of teeth or draining endodontic lesions
- Scaling and root planing as monotherapy for severe/advanced stage periodontitis
- Teeth with a hopeless periodontal, endodontic or structural prognosis
- Amount of time expended for scaling and root planing was inadequate for the number and condition of treated teeth
- Scaling and root planing of treated teeth was incomplete and inadequate for the control of periodontitis
- Scaling and root planing failed to include teeth requiring treatment due to periodontitis

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<sup>1</sup> Government regulations or the provisions of a member's dental plan that define when a dental procedure may be considered medically necessary and clinically appropriate with respect to benefit coverage may take precedence over these clinical criteria.

- Inadequate or incorrect documentation of scaling and root planing procedures

Periodontal procedures submitted by quadrant must have at least 4 teeth eligible for treatment.

Performing more than two quadrants of scaling and root planing on the same date of service is not considered clinically appropriate unless there is credible evidence of (1) medical necessity for single-appointment, full mouth therapy based on the patient's condition, (2) adequate pain control and (3) the expenditure of adequate time to provide therapeutically effective treatment for all quadrants involved.

Local anesthesia is generally required for scaling and root planing to be properly performed. Evidence suggests that at least one-third of patients require pain control during scaling and root planing. The need for an anesthetic to control pain will vary depending on the amount of scaling and root planing which must be completed and the patient's pain tolerance. Both topical and local injectable anesthetics are used to control pain during scaling and root planing. If a dentist is found to consistently perform all scaling and root planing without documentation of an anesthetic being used, the dentist's claims may be given a higher level of scrutiny. If it is determined that the dentist is not performing adequately thorough scaling and root planing, benefit payment may be disapproved.

Following scaling and root planing therapy, it is expected that re-evaluation will be performed to determine the patient's response to treatment. An appropriate initial interval for periodontal maintenance should be determined by the treating dentist with scheduling of appointments for long term control of the patient's periodontal condition. Periodontal maintenance appointments should include periodic assessment for risk factors that may lead to worsening of disease, as well as the identification of areas of new or continuing breakdown of periodontal tissues. Repetition of scaling and root planing on a site specific basis will be considered necessary and appropriate if there is documented evidence of the progression of periodontitis characterized by ongoing conditions including the lack of stability of clinical attachment, unresolved gingival tissue inflammation, increasing probing depths and plaque levels inconsistent with periodontal tissue health. Documentation of any patient risk factors for the progression of periodontitis such as poor oral hygiene, irregular root anatomy, adverse habits (e.g., smoking) and systemic conditions (e.g., diabetes, immunodeficiency conditions) is recommended to support the need for retreatment. Whether additional scaling and root planing determined to be necessary and appropriate is a covered benefit of a member's dental plan depends on the plan's provisions. If questions arise concerning coverage, the plan documents in effect on the date of service should be reviewed.

### **Other Considerations**

When the payment of benefits for a dental procedure by a member's dental plan depends on the application of clinical criteria to determine whether the procedure is medically necessary or clinically appropriate, the following additional information will be taken into consideration, if applicable:

- Individual patient characteristics including age, comorbidities, complications, progress of treatment, psychosocial situation and home environment
- Available services in the local dental delivery system and their ability to meet the member's specific dental care needs when clinical criteria are applied

### **Required Documentation**

The decision to perform scaling and root planing on a patient should be based on a thorough clinical and radiographic examination that facilitates the formulation of an appropriate treatment plan. When the payment of benefits for scaling and root planing by a member's dental plan depends on a review of the procedure's medical necessity and clinical

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appropriateness, the treating practitioner should submit with the claim the following information from the patient's dental record. If the practitioner is unable to provide this information, benefit payment may be disapproved.

- Preoperative 6 point periodontal pocket depth charting performed within 12 months of treatment that includes documentation of clinical attachment loss, tooth mobility, bleeding on probing and furcation involvement
- Preoperative diagnostic quality full mouth radiographs including bitewing images that provide evidence of bone loss around the teeth to be treated with scaling and root planing
- Brief remarks regarding:
  - The periodontal diagnosis (in accordance with the American Academy of Periodontology Classification of Periodontal and Peri-Implant Diseases and Conditions)
  - The periodontal prognosis and treatment plan
  - If applicable, any relevant risk factors for the occurrence and progression of periodontitis such as poor oral hygiene, irregular root anatomy, adverse habits (e.g., smoking) and systemic conditions (e.g., diabetes, immunodeficiency conditions)

When determining coverage based on medical necessity or clinical appropriateness, Delta Dental may request other clinical information relevant to a patient's care if needed to make coverage decisions.

### **Additional Information**

The provision of dental advice and clinical treatment of patients is the sole responsibility of treating dentists, and these clinical criteria are not intended to restrict dentists from carrying out that responsibility or recommend treatment to their patients.

Delta Dental's clinical criteria are developed and annually updated by a panel of licensed dental general practitioners and specialists serving on Delta Dental's Utilization Management (UM) Committee, including the Dental Director and Utilization Management Director. The criteria are developed in alignment with evidence-based clinical recommendations, guidelines and parameters of care of leading nationally recognized dental public health organizations, health research agencies and professional organizations, credible scientific evidence published in peer-reviewed medical and dental literature, the curriculum of accredited dental schools, the regulatory status of relevant dental technologies, the rules and requirements of the Centers for Medicare and Medicaid Services, Delta Dental national processing policies and input from practicing dentists. New and revised clinical criteria must be approved by the Dental Director and adopted by the UM Committee prior to release.

Federal or state statutes or regulations, dental plan contract provisions, local or national claim processing policies or other mandated requirements may take precedence over these clinical criteria.

Delta Dental reserves the right to modify or replace this document at any time as appropriate to ensure the soundness, accuracy and objectivity of Delta Dental's clinical criteria.

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