



Dental Clinical Policy

Subject: Periodontal Maintenance

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Description

Periodontal maintenance is a nonsurgical treatment considered appropriate, following therapeutic periodontal treatment, that continues for the life of the dentition or any implant. The dental professional determines the interval between therapy, provides treatment and continuing care of individuals to minimize the recurrence and progression of periodontal disease.

Clinical Indications

Periodontal maintenance is a nonsurgical treatment considered appropriate, following therapeutic periodontal treatment, that continues for the life of the dentition or any implant placement and provides treatment and continuing care of patients with a history of/and ongoing periodontal disease. Periodontal maintenance is considered therapeutic, rather than prophylactic, and constitutes continuing treatment for patients with a diagnosis of periodontal disease. The therapeutic objective of periodontal maintenance is to reduce or eliminate causative factors responsible for initiating host inflammatory responses. The desired outcome should result in maintenance of the periodontal health status attained as a result of active periodontal therapy. Periodontal Maintenance is:

1. A demanding and time-consuming procedure involving instrumentation of the tooth crown and root structures.
2. A procedure to remove etiological factors such as plaque and biofilm, adherent calculus deposits, and diseased cementum (root structure) that may be permeated with calculus, microorganisms and microbial toxins.
3. A procedure that involves hand instrumentation
4. A phase of periodontal therapy during which periodontal disease and conditions are monitored (such as but not limited to; probing depth changes, bleeding upon probing, and/or bone loss changes)

Criteria

1. History of periodontal therapy and continuous care not exceeding 12 months.
2. Prior history of definitive periodontal therapy with dates and specific treatment rendered.
3. Archived.
4. Post-initial therapy evaluations and treatment planning recommendations following completion of periodontal maintenance are considered integral components of this procedure.
5. A periodontal maintenance procedure is not appropriate when there is no history of periodontal disease requiring definitive periodontal treatment.
6. Current American Academy of Periodontology (AAP) and American Dental Association (ADA) guidelines require a periodontal diagnosis including staging and grading.

Coding

The following codes for treatments and procedures applicable to this document are included below for informational purposes. Inclusion or exclusion of a procedure, diagnosis or device code(s) does not constitute or imply member coverage or provider reimbursement policy. Please refer to the member's contract benefits in effect at the time of service to determine coverage or non-coverage of these services as it applies to an individual member.

CDT *Including, but not limited to, the following:*

- D4341 Periodontal scaling and root planing- four or more teeth per quadrant
- D4342 Periodontal scaling and root planing- one to three teeth per quadrant
- D4346 Scaling in presence of generalized moderate or severe gingival inflammation – full mouth, after oral evaluation
- D4381 Localized delivery of antimicrobial agents via a controlled release vehicle into diseased crevicular tissue, per tooth
- D4910 Periodontal maintenance
- D4999 Unspecified periodontal procedure, by report

ICD-10 CM Diagnoses for Dental Diseases and Conditions: See the current CDT code book for details

References

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4. Sbordone L, Ramaglia L, Gulletta E, Iacono V. Recolonization of the subgingival microflora after scaling and root planing in human periodontitis. J Periodontol. 1990;61(9):579-584. doi:10.1902/jop.1990.61.9.579
5. Schallhorn RG, Snider LE. Periodontal maintenance therapy. J Am Dent Assoc. 1981;103(2):227-231. doi:10.14219/jada.archive.1981.0232
6. Mousquès T, Listgarten MA, Phillips RW. Effect of scaling and root planing on the composition of the human subgingival microbial flora. J Periodontal Res. 1980;15(2):144-151. doi:10.1111/j.1600-0765.1980.tb00268.x
7. CDT 2026 Current Dental Terminology, American Dental Association

History

Revision History	Version	Date	Nature of Change	SME
	Initial	03/14/2017		Dr. Kahn
	Revision	02/5/2018	Related Dental Policies, Appropriateness and Medical necessity	Dr. Kahn
	Revised	11/10/2020	Annual Review	Committee
	Revised	12/05/2020	Annual Review	Committee
	Revised	10/30/2021	Annual Review	Committee
	Revised	10/28/2022	Annual Review	Committee
	Revised	10/18/2023	Annual Review	Committee
	Revised	10/28/2024	Minor editorial refinements to description, clinical indications, criteria (added line #6), and reference; intent unchanged.	Committee
	Revised	10/27/2025	Added CDT code D4346	Dr. Balikov

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