



# Dental Policy

**Subject:** Scaling and Root Planing

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**Revised**

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## Description

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This document addresses **Scaling and Root Planing**. Scaling and root planing is a nonsurgical procedure considered appropriate for the treatment of mild to severe periodontal disease. Periodontal scaling and root planing involves instrumentation of the crown and root surfaces of teeth to remove plaque and calculus. This periodontal procedure involves the removal of cementum and dentin permeated by calculus, toxins, and microorganism. It is a definitive non-surgical therapeutic procedure, rather than prophylactic, to treat periodontal disease where migration of the epithelial attachment has caused the formation of periodontal pockets of at least 4 mm.

Periodontal scaling and root planing is:

1. A demanding and time-consuming procedure which is technique sensitive involving instrumentation of the tooth crown and root structures.
2. To remove plaque and biofilm, adherent calculus deposits, and diseased cementum (root structure) that may be permeated with calculus, microorganisms and microbial toxins.
3. involves hand instrumentation

The plan performs review of scaling and root planing due to contractual requirements that necessitate benefits for dental services meet specific contract requirements. For example, plan contract(s) may require the provision of benefits for services that meet generally accepted standards of dental care at the lowest cost that properly addresses the patient's condition. The conclusion that a particular service is medically or dentally necessary does not constitute an indication or warranty that the service requested is a covered benefit payable by the dental plan.

### Documentation Criteria #1

In order to perform review of the scaling and root planning service, diagnostic information is required. The following is considered appropriate diagnostic information for scaling and root planing.

- Full mouth radiographic images and/or a panoramic radiographic image including bitewings radiographs
- Periodontal Charting
  - Labeled and dated (within 12 months of submitted procedure)
  - 6-point periodontal pocket depth charting as described by the ADA and AAP

### Adjunctive Documentation Criteria #7

- Documentation of the duration of treatment times for periodontal scaling and root planing may be required for individual case review.
- Other than 4 millimeter pocket depths, parameters for periodontal therapy with scaling and root planing include clinically evident inflammation and/or bleeding.
- Post-initial therapy evaluations and treatment planning recommendations following completion of scaling and root planing are considered integral components of this procedure.

**Criteria**

1. Documentation see above
2. Teeth to be treated must demonstrate at least 4 millimeter of diseased pocket depths, bleeding on probing, with demonstrable radiographic evidence of bone loss (either vertical or horizontal) of the alveolar crest. Bone loss is considered to be a bone level that is greater 1.5mm apical to the CEJ (cementoenamel junction).
3. Periodontal scaling and root planing may require administration of local anesthesia by intramucosal injection. Topical anesthetics and other anesthetic preparations placed subgingivally does not qualify as local anesthesia for scaling and root planing procedures.
4. Deleted
5. Additional clinical documentation may be requested in cases where more than two quadrants of root planing are performed during one appointment.
6. Deleted
7. See Adjunctive Documentation above
8. At least 1 tooth in the quadrant has a pocket depth of 4 mm or more (partial quadrant) or at least 4 teeth in the quadrant have pocket depths of 4 mm or more (full quadrant).
8. The following diagnoses would qualify for payment; chronic periodontitis, localized and generalized, aggressive periodontitis, localized and generalized, periodontitis as a manifestation of systemic disease, and necrotizing periodontal diseases.
9. Gingival diseases, plaque induced or non-plaque induced would not qualify for payment.
10. Scaling and debridement of implants is considered inclusive with D4341 and D4342.
11. Post-initial therapy evaluations and treatment planning recommendations following completion of scaling and root planing are considered integral components of this procedure.
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**History**

Revision History	Version	Date	Nature of Change	SME
	revision	3-4-19	External facing policy	committee
	Revision	4/22/19	Criteria numbering	kahn