

OHCA Guideline

Dental Procedure Class:	Periodontics
Initial Implementation Date:	12/21/2021
Last Review Date:	11/1/2023
Effective Date:	12/21/2021
Next Review/Revision Date:	December 2024
Reviewed By	
* This document is not a contract, and these guidelines do not reflect or represent every conceivable situation. Although all items contained in these guidelines may be met, this does not reflect, or imply any responsibility of this agency or department to change the plan provision to include the stated service as an eligible benefit.	
<input type="checkbox"/> New Criteria <input checked="" type="checkbox"/> Existing Criteria <input type="checkbox"/> Revision of Existing Criteria	
Summary	
Purpose:	To provide guidelines to assure medical necessity and consistency in the prior authorization process.
Descriptions	
Periodontics: Prior authorized (PA) services include non-surgical periodontal therapy for children/adults, and surgical periodontal services for children only.	
Document Requirements	
<p>Periodontal Scaling and Root Planing: Comprehensive treatment plan, periodontal Charting, and right and left bitewings. Images should provide evidence of alveolar bone loss on four or more teeth (D4341) or two or more teeth (D4342).</p> <p>Scaling in the presence of generalized/moderate/severe gingival inflammation: Comprehensive treatment plan, periodontal charting, and right and left bitewings.</p> <p>Periodontal Surgical Services: Comprehensive treatment plan, periodontal charting, narrative, periapical x-ray, and oral photos.</p>	
CPT Codes Covered Requiring Prior Authorization (PA) and Frequency	
<p>D4210, D4211, D4212, D4231, D4240, D4241, D4260, D4261, D4265, D4270, D4275, D4276, D4277, D4278, D4341, D4342: As medically necessary.</p> <p>D4346: Allowed once per lifetime.</p> <p>D4910: PA required for members under the age of 16. Allowed once per six months.</p>	
Approval Criteria	
Periodontal scaling and root planing: Procedure involves instrumentation of the crown and root surfaces of the teeth to remove plaque and calculus from these surfaces. This procedure requires that each tooth involved have three (3) or more of the six-point measurements (probing pocket depths) equivalent to four (4) millimeters or greater, and	

image supported alveolar bone loss. Image supported subgingival calculus, and bleeding on probing, must be demonstrated on multiple teeth for consideration of scaling and root planing. A minimum of two (2) teeth per quadrant must be involved, with the appropriate CDT code usage for fewer than four (4) teeth per quadrant. This procedure is not allowed in conjunction with any other periodontal surgery. Four quadrants of scaling and root planing will not be approved in conjunction with recent oral prophylaxis.

Scaling in the presence of generalized moderate or severe gingival inflammation:

Procedure is designed for removal of plaque, calculus and stain from supra- and sub-gingival tooth surfaces when there is generalized moderate or severe gingival inflammation as indicated by generalized suprabony pockets and bleeding on probing, in the absence of periodontitis (alveolar bone loss). Generalized supra- and sub-gingival calculus, and moderate to severe inflammation must be demonstrated, with probing pocket depths of five (5) mm or greater. This procedure is intended for scaling of the entire mouth in lieu of oral prophylaxis and is only performed after a comprehensive evaluation has been completed.

References

1. *Oklahoma Health Care Authority Policy and Rules Policy and Rules SUBCHAPTER 5. INDIVIDUAL PROVIDERS AND SPECIALTIES PART 79. DENTISTS 317:30-5-698. Services requiring prior authorization*