

**Delta Dental of Virginia Clinical Policy # 405**

<b>Subject</b> Periodontal Maintenance	<b>Originating Department</b> Clinical Professional Services
	<b>Signature Authority</b> Dental Director

**Type:**       New                       Replacement                       Revision                       Clarification

**Date:**            11/15/2009                      **Revision Date:**            11/15/2011

<p><b>Preamble:</b></p>	<p>The Clinical Policy Bulletin is an expression of Delta Dental of Virginia’s (DDVA) determination regarding whether certain services or supplies are medically or dentally necessary. DDVA bases its conclusions on a review of currently available clinical literature. This includes, but is not limited to, clinical outcome studies published in the peer-reviewed medical and dental literature, regulatory status of the technology, evidence-based guidelines of public health and health research agencies, evidence-based guidelines and positions of leading national health professional organizations, views of physicians and dentists practicing in relevant clinical areas, and other relevant factors. DDVA reserves the right to revise these policies as new clinical information is available and we welcome submission of further relevant information.</p> <p>A group may define covered dental services under their dental plan, as well as those services that may be subject to dollar caps or other limits. The plan documents outline covered benefits, exclusions and limitations. DDVA advises dentists and enrollees to consult the plan documents to determine if there are exclusions or other benefit limitations applicable to the service request. 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 DDVA. Some plans exclude coverage for services that DDVA considers either medically or dentally necessary. When there is a discrepancy between DDVA’s clinical policy and the group’s plan documents, DDVA is to defer to the group’s plan documents as to whether the dental service is a covered benefit. In addition, if state or federal regulations mandate coverage then DDVA will adhere to the applicable regulatory requirement.</p>
<p><b>History:</b></p>	<p>Periodontal maintenance constitutes a program of supportive follow-up care for patients who have received active periodontal therapy and any conjunctive implant placement. The objective of periodontal maintenance is the continued preservation of the health of the bone and soft tissue surrounding the teeth, which has been attained with definitive periodontal therapy(22). Patients who have been treated for periodontal disease are at high risk for re-infection and progression of periodontal bone loss. Research shows periodontal maintenance to be an essential element in the long-term stability of the dentition for these patients(1,2,3,4,5,6,7). This program is instituted following completion of periodontal scaling and root planing (initial therapy), as well as after any indicated periodontal surgery. It is continued at variable but specific intervals. Maintenance intervals are evaluated and determined by continued assessments of clinical findings relative to periodontal disease status and health of the periodontium. Periodontal maintenance schedules may be altered or interrupted as additional treatment needs become evident, and are usually continued for the life of the affected dentition or implant replacements.</p> <p>Recommendations for specific maintenance intervals are generally based on</p>

	<p>studies showing that following periodontal scaling and root planing, the improvements in clinical parameters such as attachment loss, bleeding on probing, and gingival inflammation begin to maximize at about three months(9,10,11,12,13). It has also been shown that these parameters may begin to return to baseline levels as early as seven to eight weeks post-therapy(8). Additionally, treatment induced changes of the subgingival microflora which are considered positive for periodontal health show similar reversion to bacterial types considered to be periodontally pathogenic within weeks to months(14,15,16,17). Data suggest that most patients should be treated with periodontal maintenance at three month intervals, as this schedule results in a decreased likelihood of disease progression when compared to patients treated at longer intervals(4,7,19,20,21). Factors influencing the decision on periodontal maintenance intervals include the patient's compliance with treatment recommendations, the patient's ability to control plaque deposits, severity of disease, and the specific nature of a particular patient's disease process. Clinicians need to adapt maintenance schedules to the individual needs of each patient.</p> <p>Periodontal maintenance procedures include an update of medical and dental histories, intraoral and extraoral soft tissue examination, a periodontal evaluation, including changes in probing pocket depths and mucogingival tissue, any appropriate radiographic reviews, removal of supragingival and subgingival plaque and calculus, site specific scaling and root planing, tooth polishing, assessment of implant health, and evaluation of the patient's oral hygiene efficiency(7).</p>
<b>Policy:</b>	<p>Periodontal Maintenance must be preceded by a history of definitive periodontal treatment, including periodontal scaling and root planing (initial therapy). The periodontal maintenance must continue on an uninterrupted basis from the time of initial treatment.</p> <p>Documents Required:</p> <ol style="list-style-type: none"> <li>1. Recent periodontal charting.</li> <li>2. A history of uninterrupted, continuous periodontal therapy post definitive periodontal treatment. The prior history may be documented by submission of treatment notes or a narrative report.</li> </ol>
<b>Code(23):</b>	D4910 – Periodontal Maintenance
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