

## Documentation Requirements for Non-Surgical Periodontal Services

### CDT © Code

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
D4355	Full mouth debridement to enable a comprehensive oral evaluation and diagnosis on a subsequent visit
D4910	Periodontal Maintenance

### Criteria for Coverage

- D4341, D4342, and D4346 require service authorization for members 21 and older
- D4355 – service authorization is not required, this cannot be billed on the same day as D0150, D0160, or D0180. If billed in conjunction with any other dental exam, the exam must be medically necessary, and documentation must support the service.
- D4910 requires service authorization after limits have been met or exceeded

Periodontal Charts are required for the above services when requesting Service Authorization.

Photos and/or Radiographs must be sent if periodontal charting is not available. The following requirements must be met:

- The medical record must reflect a probing depth of 5 mm or greater to be considered medically necessary
- The depth chart must be no more than 1 year old
- The name of the patient and date of probing/chart must be legible on the periodontal charts
- If the patient has been approved for frequent recalls for periodontal maintenance, patient must have a history of having scaling and root planing performed with a probing depth of 5mm or greater in at least one quadrant. Periodontal charting must be current within one year to support periodontal maintenance visits for patients receiving recall visits (i.e. “frequency list”).

### MEDICAL SERVICES

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- Prophylaxis and Periodontal Maintenance (D1110, D1120, and D4910) is included in the above codes and cannot be billed separately
- Local anesthesia (D9210-D9215) is included in the above codes and cannot be billed separately
- If probing depths are unable to be obtained from the patient and no charting is available - then documentation of the patient office visit and radiographs must be sent prior to the procedure taking place.
  - Documentation must meet ND Medicaid's dental documentation guidelines found in the ND Medicaid Dental Manual at:  
<http://www.nd.gov/dhs/services/medicalserv/medicaid/docs/dental-manual.pdf>
  - If procedure is performed in the outpatient hospital due to patient disability, then periodontal charts will be needed on a yearly basis to determine medical necessity for the periodontal scaling.
  - If procedure is performed in the outpatient hospital due to patient disability and the patient has been previously approved for extra time, code D9920, probing depths will not be required.

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