

Hygiene Standard of Care

A Prophy is defined as a healthy service

A prophy is only indicated and performed for the hygiene patient that presents in a state of health with absence of disease defined as:

- Pocket depths are 1-3 mm
- The bleeding present in less than 30% of dentition (# of teeth)
- There is no evidence of radiographic bone loss
- Less than 1 mm of clinical attachment loss (at the greatest site)

**The procedure code changes from preventive D1110 (prophy) to therapeutic (D4346, D4341, D4342) when a patient presents with the clinical characteristics of gingivitis or periodontal disease defined below.

**Doctor exam code changes from D0120 (Periodic Oral Evaluation) to D0180 (Comprehensive Periodontal Evaluation) when a patient presents with symptoms of gum disease.

Gingivitis is defined as

Inflammation (bleeding) exhibits in 30% or greater of the dentition (# of teeth)

No clinical attachment loss

No evidence of radiographic bone loss

If a scheduled hygiene patient presents with generalized bleeding (30% or more) but no RBL and no CAL- the appropriate procedure code to be used is D4346 (Scaling in the presence of inflammation) in place of the D1110 (adult prophy). Adjunctive procedures should be included, and the patient is then scheduled back in 4-6 weeks for re-evaluation of patient response to treatment provided during the prior appointment. Based on the outcome of that evaluation, either a prophylaxis (D1110) or localized periodontal procedure (D4342) is performed, and the patient is placed on the recare interval appropriate for the procedure completed.

Periodontal disease is defined by the AAP

Perio stage 1 begins with

- 4mm (or greater) pocket depths
- 1-2 mm of clinical attachment loss (at the greatest site)
- 15% (or greater) Radiographic Bone Loss (RBL)

Diagnosis and Treatment Guide

Staging and Grading Periodontitis

A quick-reference guide to clear and consistent diagnoses

STEP 1
SCREEN + ASSESS

STEP 2
ESTABLISH STAGE

STEP 3
ESTABLISH GRADE

Staging

The process of classifying the severity of a patient's disease. The primary determinant = clinical attachment loss (CAL) at the point of greatest loss (the worst tooth). If CAL not available, radiographic bone loss (RBL) can be used.

Staging Factor	Stage 1 1 - 2 mm	Stage 2 3 - 4 mm	Stage 3 ≥ 5 mm	Stage 4 ≥ 5 mm
Severity	Intermittent CAL	Mild > Moderate	Moderate > Severe	Severe
RBL	Coronal third (≤15%)	Coronal third (≤15%)	Second third (≤30% of root)	Extensive (≥30% of root)
Teeth loss	None	None	≤4 teeth	≥5 teeth
Complexity	• Max probing depth: ≤4 mm • Mostly horizontal bone loss	• Max probing depth: ≤4 mm • Mostly horizontal bone loss	• Max probing depth: ≥5 mm • Vertical bone loss >2 mm • Furcation involvement • Moderate ridge defects	• Additional dysfunction, occlusal trauma, defects, bite collapse • Requires further assessment
Extent	For each stage describe the extent as localized, generalized, or moderate/severe pattern			

Stage 1 or 2 = mild to moderate perioditis. Stage 3 or 4 = severe.

Grading

Identifies the rate of disease progression based on client characteristics and risk factors. Grading helps establish responsiveness to therapy, and potential impact on systemic health. Best practice: Assume a grade B disease and seek evidence to shift to A or C.

Progression	Grade A	Grade B	Grade C	Stage IV
Primary Criteria	Direct Evidence	No CAL or RBL over 5 years	<2mm loss over 5 years	<2mm loss over 5 years
	Indirect Evidence	• ≤0.25% bone loss/age • Heavy biofilm deposits with few levels of destruction	• 0.25-1.0% bone loss/age • Destruction consistent with biofilm deposits	• ≥1.0% bone loss/age • Destruction exceeds expectations, suggests rapid progression
Modifiers	Smoking	Non-smoker	<10 cigarettes/day	≥10 cigarettes/day
	Diabetes	No diagnosis	HbA1c <7%	HbA1c ≥7%

Periodontal Treatment Plan Example

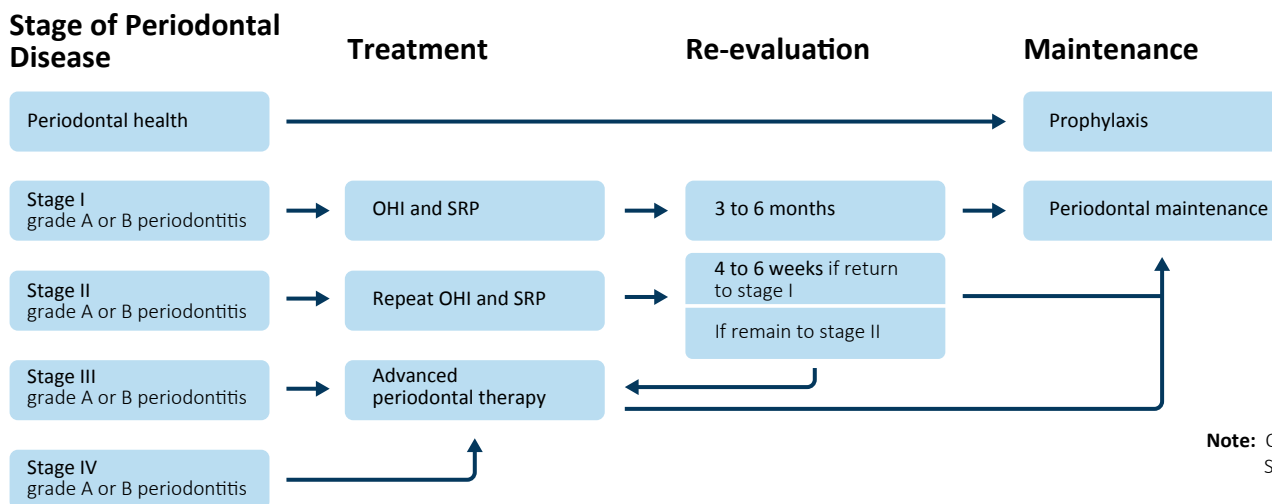
1. Pre-procedural decontamination (rinse)
2. SRP instrumentation (manual and ultrasonic)
3. Eradicate embedded pathogens in pocket lining (ie. Arestin, PerioProtect, Hybenx)
4. Irrigation with antimicrobial agent (ie. CloSYS)
5. Home care regimen that includes medicaments dispensed from office (ie. CloSYS, interdental aids etc.)

Corresponding ADA Procedure Codes for Periodontal Treatment

Individual ADA codes (include in Multicodes)

- **D4341** (full quad) or D4342 (1-3 teeth)- Scaling and Root Planing (per quad)
- **D4381** Localized Delivery of Antimicrobial Agent
- **D4921** Subgingival Irrigation per quad
- **D1330** Oral Hygiene Instruction
- **D9630** Home medicaments dispensed from office

Diagnosis and Treatment Guide



Note: OHI = oral health instructions
SRP = scaling and root planing

Hygiene → Dentist Exam Handoff Communication



Verbally communicate (over the patient) to Doctor:

- Periodontal Stage and Grade of patient (and document in patient record)
- Current medications (especially those with xerostomia (dry mouth) side effects-use website: <https://www.drugs.com/>) and all systemic diseases.
- Suspect teeth needing restorative treatment and any unscheduled treatment first and then move to Perio Stage and Grade of patient.



On monitor in room:

- Intraoral pictures (Take IO pic of chief complaint/suspect restorative identified)
- Current x-rays, iTero scan