

Hygiene Excellence

Providing exceptional care through effective treatment procedures for outstanding outcomes.



Our Commitment to Oral Health

Every patient deserves to be informed about their oral health and preventive care. Even with a healthy periodontium, we emphasize disease assessment and treatment protocols. By reinforcing the connection between oral and overall health, we aim to empower patients to prioritize regular care and receive the best treatment possible.

Considerations and Best Practices in Hygiene

Proper Diagnosis:

Adhere to established guidelines for accurate diagnosis and treatment:

- **AAP** periodontal disease staging and grading system.
- **ADA** therapeutic procedure recommendations for optimal outcomes.
- **ADHA** assessment standards to support diagnosis.

Decision-making tip:

Document cases where perio services aren't recommended despite disease conditions. Utilize quick reference guides such as the below summary of healthy, gingivitis and perio stage conditions:

Healthy	Gingivitis	Perio Stage 1	Perio Stage 2	Perio Stage 3	Perio Stage 4
<ul style="list-style-type: none">- No Areas over 3mm depth- No bleeding on probing- Light plaque with no calculus	<ul style="list-style-type: none">- Localized or generalized moderate to severe gingivitis- No radiographic bone loss- Inflamed, swollen gums (bleeds easily in all 4 quads)- No recession- Pocket depths up to 3-4mm (pseudo pockets)- Plaque and supra gingival calculus	<ul style="list-style-type: none">- Max probing depths ≤ 4 mm- CAL 1-2 mm- RBL coronal third $< 15\%$- Tooth loss from perio – No- Bone loss – Mostly horizontal- BOP – Yes- Plaque and calculus- Yes	<ul style="list-style-type: none">- Max probing depths ≤ 5 mm- CAL 3-4 mm- RBL coronal third 15-33%- Tooth loss from perio – No- Bone loss – Mostly horizontal- BOP – Yes- Plaque and calculus- Yes	<ul style="list-style-type: none">- Max probing depths ≥ 6 mm- CAL ≥ 5 mm- RBL coronal third extends to middle 3rd of root +- Tooth loss from perio – ≤ 4 teeth- Bone loss – Horizontal + Vertical ≥ 3mm- BOP – Yes- Plaque and calculus- Yes- Lifestyle factor- Smoker	<ul style="list-style-type: none">- Max probing depths ≥ 6 mm- CAL ≥ 5 mm- RBL coronal third extends to middle 3rd of root +- Tooth loss from perio – ≥ 5 teeth- In addition to Stage III complexity:<ul style="list-style-type: none">• Need for complex rehabilitation due to:• Masticatory dysfunction• Secondary occlusal trauma• Severe ridge defects• Bite collages, drifting, flaring• ≤ 20 teeth remaining

Verbiage Skills

- Amazing Hygiene Handoff in front of the patient
- Knowing what words to use and what words not to use (no- little bleeding; yes – infection)
- Utilize brief **3-step process**:
 1. State the problem,
 2. Consequence of doing nothing,
 3. Provide solution (urgency)

Correct Coding Best Practices

88% of hygiene appts in the US are coded out as a D1110. Avoid common coding errors; use appropriate codes:

D4910	Perio Maint (life of dentition). If pt presents w/ disease recurrence (bleeding/inflammation) SRP is indicated (retreat)
D4346	Gingivitis- Scaling with gingival inflammation
D4355	Full-mouth debridement
D4341	quad /D4342 1-3 teeth: SRP (not part of a prophy appointment)
D6081	Scaling and debridement around a single dental implant (prophy included, not billed separately)
D0180	Comprehensive Perio Evaluation (new or existing pt with full perio chart, required for diabetics/smokers)

Additional Services

Enhance diagnosis, patient care and outcomes with underutilized services.

D0220	Single PA
D0230	Additional PA
D0801	3D dental surface scan direct
D1206	Fluoride Varnish (D1206a Adult, D1206c Child)
D1351	Sealant per tooth
D1354	Silver Diamine Fluoride
D4381	Antimicrobial Agents (Arestin, PerioDT) per tooth
D4921	Sub-Gingival Irrigation
D4999	Unspecified Perio Procedure (Laser)
D4999d	Laser decontamination
D4999c	Laser curettage of gingival pocket
D9630	Office Dispensing of Medicaments