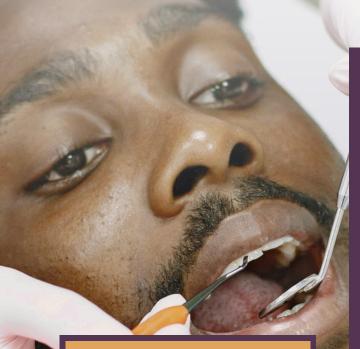
TROJANTODAY

The Newsletter for Today's Dental World

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FEATURE: DECODING
THE CODES: GINIVITIS
AND PERIODONTAL
THERAPY

CHECK THESE OUT:

- 2026 INSURANCE EXTRAVAGANZA
- 2-DAY MEDICAL-DENTAL BILLING
- HYGIENE CEU AT MD
 DENTAL MEETING
- MISSOURI DENTAL HYGIENIST ASSOC.

Decoding the Codes:
Gingivitis and
Periodontal Therapy
for Optimal Patient
Outcomes and
Insurance Compliance.

by Debbie Seidel-Bittke

Accurate diagnosis and strategic sequencing of hygiene care are essential in managing gingivitis and periodontal disease. Correct use of CDT codes, supported by thorough documentation, improves patient outcomes and ensures insurance compliance.

Understanding and Treating Gingivitis

The American Dental Association (ADA) defines gingivitis as inflammation of the gingiva without clinical attachment loss. It is characterized by:

- Redness and swelling
- Bleeding on probing
- Presence of plague and calculus
- No radiographic evidence of bone loss

Gingivitis is reversible with professional care and improved home hygiene.





CDT Code D4346 - Scaling in presence of generalized moderate or severe gingival inflammation full mouth, after oral evaluation The removal of plaque, calculus and stains from supra- and sub-gingival tooth surfaces when there is generalized moderate or severe gingival inflammation in the absence of periodontitis. It is indicated for patients who have swollen, inflamed gingiva, generalized suprabony pockets, and moderate to severe bleeding on probing. Should not be reported in conjunction with a prophy, periodontal maintenance or scaling and root planing.1

Use this code for patients who exhibit generalized moderate-to-severe gingival inflammation but do not meet criteria for periodontitis.

Modern dental hygienists play a key role in systemic and oral health. By halting disease progression, they help patients live longer, healthier lives—not just through "cleanings," but through disease remission and health advocacy.

Patti, Office Manager

The software support representative was able to help me with all the questions I called about. He was patient and professional.

Initial Visit and Documentation for Gingivitis (D4346)

For insurance reimbursement of D4346:

- Accompany with an exam code:
 - D0150 Comprehensive oral evaluation - new or established patient
 - D0140 Limited oral evaluation
 problem focused
- Complete full periodontal charting
- Document generalized inflammation (across multiple teeth) and bleeding on probing
- Submit recent full-mouth or bitewing radiographs

Follow-Up Protocol (14–28 days later):

- Reassess gingival health.
 Complete a comprehensive periodontal evaluation.
- When there is no or localized gingival inflammation with no radiographic bone loss, perform D1110 - Prophylaxis - adult
- Continue if applicable
 - Laser bacterial reduction (LBR)
 - Scaling, polishing
 - Reinforce importance of routine preventive care
 - Homecare coaching and systemic health education

Schedule next hygiene appointment in 4-6 months

If the moderate to severe gingival inflammation persists:

- Repeat D4346
- Schedule hygiene appointment for
 6- week re-evaluation and
 appropriate care
- Refer patient to their primary care provider for a physical exam and blood panel, as persistent inflammation may indicate conditions such as undiagnosed diabetes

Note: When moderate to severe gingival inflammation without radiographic bone loss persists, you will continue gingivitis treatment until oral health stabilizes. Usually there is an underlying systemic condition and once the patient has a blood panel and exam by their PCP, the gingivitis will improve. Many diabetics go undiagnosed for 7 years and this is your opportunity to be a "first responder" in putting a halt to this disease.²

(CONTINUED ON PAGE 4)



Are you looking for seminars or other educational opportunities?

Links2Success Medical Billing

- Orlando, FL in October 2025
- Insurance Extravaganza 2026

Dental Practice Solutions - Hygiene

- CEUs at MD State Dental Meeting
- Missouri Dental Hygienist Association



Note:

D4355 is not therapeutic
-It's preparatory for
diagnosis. Once the
debridement is complete,
proceed with SRP.

Managing Periodontal Disease

When inflammation is accompanied by:

- Probing depths ≥5mm
- · Bleeding on probing
- Radiographic bone loss
- ...the patient likely has periodontitis, requiring scaling and root planing (SRP):
- D4341 SRP, four or more teeth per quadrant
- D4342 SRP, one to three teeth per quadrant

Initial Periodontal Visit
For patients presenting with urgent symptoms:

- Perform D0140 Limited oral evaluation – problem focused
- Take full-mouth x-rays (if >2 years since last set)
- · Laser bacterial reduction
- · Ultrasonics full mouth
- Supra-scaling
- ·Homecare coaching and systemic health education
 - Schedule for SRP and 4-6 week reevaluation

If heavy calculus prevents charting or an exam:

- Perform D4355 Full mouth debridement to enable comprehensive evaluation and diagnosis.
- Also use D0140 and a narrative (see below example)

Include this narrative: "Heavy generalized supragingival and subgingival calculus present.

Debridement is necessary to allow accurate periodontal charting and diagnosis."

(CONTINUED ON PAGE 5)



Scaling and Root Planing Sequence

At the first SRP appointment:

- Complete D0180 Comprehensive periodontal evaluation - new or established patient
- Bill insurance D0180 on the same day as the first D4341 or D4342 to establish a baseline

Note: After SRP has been performed submit D0180 annually. Many insurance plans will reimburse D0180 at a higher fee (Same fee as D0150) and will pay this fee at least every 3-5 years.

If using adjunctive laser therapy:

- When using laser periodontal therapy (or laser bacterial reduction) submit D4999 – Unspecified periodontal procedure
- Include narrative: "Laser therapy performed as adjunctive periodontal treatment to reduce bacterial load and promote healing."

Remember: Even if not reimbursed, this service demonstrates clinical excellence, and you will always bill insurance for the services you have completed.

Final Phase I Visit: Re-Evaluation and Maintenance

4-6 weeks after completing SRP, the patient returns for re-evaluation and begins periodontal maintenance.

During this visit:

- Perform a comprehensive periodontal exam
- Repeat LBR (if applicable)
- Ultrasonics
- Scale as needed
- Polish
- · Reinforce systemic health
- · Review and update home care
- Schedule next hygiene visit (usually 3-4 months)
- Refer to a periodontist as needed
- 3- 4 Periodontal Maintenance Months
 Submit:

D4910 – Periodontal maintenance (regardless of insurance reimbursement)

(CONTINUED ON PAGE 4)



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Typical maintenance intervals: every 3 months (though patient response may vary)

By correctly sequencing treatment for gingivitis and periodontal disease, and using the appropriate CDT codes and documentation, dental teams can promote disease remission and patient health, support accurate insurance reimbursement, and establish long-term continuity of care.

References.

- 1. ADA Guide to Reporting D4346. Read here.
- 2. Estimating the Delay Between Onset and Diagnosis of Type 2 Diabetes From the Time Course of Retinopathy Prevalence. Massimo Porta, Giulia Curletto, et al.
- 3. Diabetes Care. June 2014; 37 (6): 1668-1674 DOI: 10.2337/dc13-2101

Debbie Seidel-Bittke, RDH, BS, is a dental hygienist, speaker, and educator with over 30 years of experience in the dental profession. She is founder of Dental Practice Solutions and a former USC clinical assistant professor. Debbie brings a holistic, team-focused approach to elevate the hygiene department, empowering dental teams with practical strategies to enhance patient care and practice harmony.



FMI: You can reach Debbie by email: debbie@dentalpracticesolutions.com, by phone: 623-252-1941 or website: www.dentalpracticesolutions.com

For Further Reading

This article is best understood alongside these two companion pieces by Debbie Seidel-Bittke, which offer deeper insight into the evolving philosophy of periodontal care:

- · Trojan Today | Debbie Seidel-Bittke | Treating Periodontal Disease
- ·Trojan Today | Treating Periodontal Disease: A Paradigm Shift Pt 2

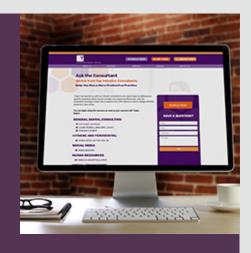
Together, these resources support your role as a clinical advocate for oral-systemic health.

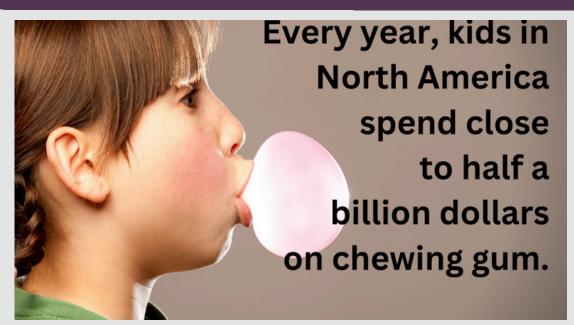
Ask the Consultant

Answer by Katheleen Johnson

Q: When treating an adolescent with Invisalign comprehensive treatment, should we submit D8090 instead of D8080 for any reason?

A: Bill for the exact treatment. The code is: D8080 Comprehensive orthodontic treatment - adolescent dentition.







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