

# TROJANTODAY

The Newsletter for Today's Dental World

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## 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 plaque and calculus
- No radiographic evidence of bone loss

Gingivitis is reversible with professional care and improved home hygiene.

### IN THIS ISSUE

#### FEATURE: DECODING THE CODES: GINGIVITIS AND PERIODONTAL THERAPY

#### CHECK THESE OUT:

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

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Spend more time with your patient and less time contacting their insurance company.

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with Trojan's Dentifi**

**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 prophyl, periodontal maintenance or scaling and root planing.<sup>1</sup>**

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.

*What They  
Say about Trojan*

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

*Patti, Office Manager*



### 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.<sup>2</sup>

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## 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  $\geq 5\text{mm}$
- 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 re-evaluation

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."

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**TROJAN TODAY**  
NEW CONTENT EACH MONTH

**FORWARD TO A FRIEND**

→ Sign Up Your Team  
<https://trojanonline.com/trojan-today/sign-up/>

The image shows a laptop screen displaying the Trojan Today website. The website has a purple header with the title "Trojan Today" and a navigation bar with links: "Home", "News", "Information", "Sign Up", and "Contact". The main content area features a large article titled "Trojan Today" with a sub-header "News + Information + Information + Information". Below the article is a bar chart showing a rising trend. To the right of the laptop is a white cup of coffee on a saucer, and a red spiral notebook is partially visible in the bottom right corner.

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## 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)

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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.



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#### 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.



Every year, kids in North America spend close to half a billion dollars on chewing gum.



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