

# Hygienists have direct impact on new CDT Codes: D4346 and D4355

By: Kathy S. Forbes, RDH, BS

## A Bit of History

From 1990 to 1995, the American Dental Association had, in CDT-1, a procedure code, [0]4345, which could be used for treatment of gingivitis. The title of this code was “**Periodontal Scaling performed in the presence of gingival inflammation.**” The definition:

*Gingivitis can be characterized clinically by marked changes in color, gingival form, position, surface appearance, presence of bleeding and/or exudates. With no loss of attachment or bone loss in gingivitis, this scaling treatment is more precise in describing therapy for generalized gingivitis and is not meant to be performed on a routine basis. This is a scaling only procedure; it may require single or multiple visits. Should not be reported in conjunction with an adult prophylaxis; for reporting periodontal scaling performed in conjunction with root planing, see [0]4341.*

When CDT-2 (1995-2000) was published, CDT-1 was eliminated. For the next 16 years every time the ADA updated their CDT manuals various forms of this procedure/code were submitted for review and inclusion in the next manual. Each time they were rejected by the Committee on Dental Benefits/Code Maintenance Committee.

## Fast Forward to 2013

The California Dental Hygienists’ Assn., responding to a resolution submitted by Dorin Raffi and passed at their House of Delegates, created a Task Force on Debridement whose assignment was to develop a new and relevant definition for D4355, Full Mouth Debridement, and submit to the ADA Code Maintenance Committee for consideration in CDT 2016. I was one of the 8 hygienists asked to serve on this committee. After several meetings and much dialogue, the submission to revise was:

- *Nomenclature:* Full mouth debridement to enable a comprehensive evaluation and diagnosis.

- *Descriptor:* The purpose of the Full Mouth Debridement is to enable a comprehensive evaluation and diagnosis. It involves the preliminary removal of supra-gingival plaque, calculus, and debris specifically to be followed by appropriate definitive procedure(s).
- *Rationale:* The intent behind D4355 was clear; however, the current definition is problematic. Insurance carriers and dental professionals can agree that the language is outdated and thus confusion and misuse occurs. The new definition provides current terminology by eliminating “gross” removal and includes a preliminary removal, a much more accurate description. It eliminates the confusion over whether this is interim treatment (yes) or conclusive treatment (no).

In addition, it was suggested that while a new definition was being submitted for D4355, why not consider submitting a code which would be “in between” a D1110 Adult Prophylaxis and D4341/4342 Scaling and Root Planing.

The Task Force wanted the title as well as definition to be based on current language and treatment options. They knew that the current codes document treatment procedures for patients with a healthy periodontium or patients with periodontal disease that has accompanying loss of attachment (e.g. periodontal pockets and bone loss). There was no CDT Code available to report therapeutic treatment of patients with gingival disease with no attachment/recession/bone loss.

After lengthy discussions and re-writes, the final submission, which contained some of the language from the original [0]4345 procedure code, expanded upon the rationale in order to provide clarity. The definition submitted for inclusion in CDT-2016:

- *Nomenclature:* Scaling performed in the presence of moderate to severe gingival inflammation.
- *Descriptor:* Scaling performed in the presence of moderate to severe gingival inflammation with no clinical attachment loss (e.g. recession, bone loss, etc.)

- *Rationale:* Dentists and dental hygienists promote regular dental visits in order to evaluate the current dental status of patients and recommend preventive, therapeutic and/or restorative treatment. When it comes to preventive and therapeutic procedures related to periodontal structures, selection of an appropriate procedure code which reflects the appropriate treatment provided is limited.

Once preventive/periodontal treatment has been determined, selection of a procedure code must be either Preventive (Adult Prophylaxis) or Periodontal (Full Mouth Debridement, Scaling and Root Planing or Periodontal Maintenance if history of SRP). There is currently no procedure code for a patient who presents with significant gingival inflammation as well as significant amounts of calculus and plaque but exhibits NO clinical attachment loss (which includes recession and bone loss).

## April 10, 2015, ADA Code Maintenance Committee Meeting

Although the revision to **D4355 Full mouth Debridement to enable a comprehensive evaluation and diagnosis**, entertained much discussion from the committee members, the ultimate decision was to decline the submission (Yea-5, Nay-15, Abstain-1) with the rationale being: "The Code Maintenance Committee determined that the proposed wording changes, as submitted and amended, do not add clarity or improved understanding to the current CDT Code entry, and unnecessarily confuses selection of the appropriate code to document the delivered procedure."

Regarding **Scaling performed in the presence of moderate to severe gingival inflammation**, it was determined that since the submission and two others dealt with this specific issue, it was motioned to table these definitions and "refer to a CMC Ad-hoc Working Group for review and preparation of a recommendation for action during the 2016 CMC meeting".

## November 2015

The ADA Code Maintenance Committee Working Group submitted the following to be included in CDT-2017:

**D4346 Scaling in presence of generalized moderate or severe gingival inflammation, full mouth, after oral evaluation.** [language almost identical to what was submitted by the CDHA Task Force]

- *Descriptor:* The removal of plaque, calculus and stains from supra-and sub-gingival tooth surface

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 prophylaxis, scaling and root planing, or debridement procedures.

- *Rationale:* There is a CDT Code gap. Current codes document treatment procedures for patients with a healthy periodontium, or patients with periodontal disease that has accompanying loss of attachment (e.g. periodontal pockets and bone loss). D1110 is a preventive procedure applicable for patients with healthy periodontium. Codes D4341 and D4342 are therapeutic and are indicated for patients who require both scaling and root planing due to loss of attachment. However, there is no CDT Code available to report therapeutic treatment of patients with gingival disease and no loss of attachment loss.

It appears that after all these years, the American Dental Association recognized that now was the time to reinstate a code to cover this gap, and it is clear the language for this new code was influenced by the submission from the Task Force of the California Dental Hygienists' Assn. (The Descriptor and Rationale use similar language and intent as submitted by the Task Force.)

## But what about Full Mouth Debridement?

Dorin Raffi (original submitter of HOD resolution back in 2013) and I were still feeling that a new definition of D4355 should be submitted again. We reviewed the comments/amendments made by the CMC during their discussions in March of 2015 and felt we understood the stumbling blocks which revolved around the descriptor. So, we moved forward to try again, on our own! The result:

- *Nomenclature:* D4355 Full mouth debridement to enable a comprehensive oral evaluation.
- *Descriptor:* The Full Mouth Debridement involves the preliminary removal of a supra-gingival plaque and calculus which may interfere with the ability of the dentist to perform a comprehensive oral evaluation and diagnosis. This procedure is intended to lead to more appropriate definitive treatment.
- *Rationale:* Submitted for consideration last year, it was clear from the suggested amendments made

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by the committee that there was agreement the current definition was outdated and problematic. We reviewed those suggestions and believe our amended descriptor incorporates our original intent plus those of the committee. This new definition provides current terminology by eliminating “gross” removal (clearly the committee agreed) and includes preliminary removal. It eliminates the confusion over whether this is interim treatment (yes) or conclusive treatment (no).

I completed the CDT Code-Code Action documents and submitted them November 12, 2015. My mistake . . . the deadline for CDT 2017 was November 1, 2015. Feeling very embarrassed for missing such an important deadline (I kept thinking the deadline was November 30), I let Dorin know we had to wait another year. I appealed to the ADA Code Maintenance Committee to include our submission but their response was “No.” After all, they must draw the line somewhere, but I was told it would automatically be “in the queue” for CDT 2018. So, we waited.

## March 9, 2017, ADA Code Maintenance Committee Meeting

This was my first time attending the CMC meeting in person. I was impressed with how efficiently the meeting was run as well as the respectfulness of the members when considering each submission (85 to be exact). Those who provided testimony were given equitable opportunity to provide additional information and respond to questions posed by the members.

When revised D4355 was introduced, there were some questions, but also discussion of amendments. When it appeared that we were heading to a consensus, Dr. Marie Schweinbraten, Committee Member representing the American Academy of Periodontology, suggested that she and I meet during a short break to hammer out final wording. The motion to consider an amended version was passed by a vote of Yea-21/Nay-0/Abstain-0.

- *Nomenclature:* D4355 Full mouth debridement to enable a comprehensive oral evaluation and diagnosis on a subsequent visit.
- *Descriptor:* Full mouth debridement involves the preliminary removal of plaque and calculus that interferes with the ability of the dentist to perform a comprehensive oral evaluation. Not to be completed on the same day as D0150, D0160, or D0180.

## In Conclusion

The California Dental Hygienists’ Association deserves to be commended for stepping out and addressing this important aspect of dental hygiene services – language which adequately and accurately describes the services which we provide to patients. At no other time have dental hygienists had a direct impact on the development of (D4346) or definition of (D4355) procedures included within the ADA CDT manual. I am personally encouraged that the ADA’s Code Maintenance Committee is listening to hygienists’ recommendations and moving forward with procedure codes which are relevant to current treatment options.

## About the Author

Kathy has been a dental hygienist, educator, speaker, author, consultant, seminar and study club leader for over 30 years. She speaks frequently about the correct classification, documentation, treatment planning, procedure code selection and long-term case management for patients with periodontal disease.



She is owner of Professional Dental Seminars, Inc., a continuing education provider. Her engagements include sold-out presentations at the American Dental Association 2016 Annual Meeting as well as the ADHA CLL, RDH Under-One-Roof and numerous state and component meetings.

Kathy is a contributing author for the Insurance Solutions Newsletter, where she addresses issues related to dental hygiene procedures and proper billing practices as well as articles on similar topics published in RDH Magazine.

During her long career in education she most recently taught the Periodontics curriculum and clinic in the Dental Hygiene Program at Pierce College in Tacoma, WA as well as the Teaching Practicum Series for Eastern Washington University’s Degree Completion program (at Pierce College) for licensed dental hygienists seeking their Bachelor’s Degree.

Kathy and her husband recently moved to Colorado after spending 2 years in Southern California where she served on The California Dental Hygienists’ Association’s Task Force investigating and developing procedure codes and definitions which better reflect established dental hygiene treatment protocols.