Excerpt from CDT Shift 2017 and A Gingivitis Code Finally!
By Patti DiGangi

The Biggest Gap: D4346 – A Game Changer

There are few ideas or technologies with the power to make a radical change in dentistry in one swoop. This new code is a game changer.

Imagine your patient presents with inflamed, hemorrhagic gingiva, light to moderate subgingival calculus and generalized pseudo-pocketing and no evidence of bone loss/attachment loss exists. Throughout the history of CDT coding, there have been no truly accurate codes for the treatment of this patient's needs. There has always been a gap. In 2017, that story will change.

D4346 scaling in presence of generalized moderate or severe gingival inflammation – full mouth, after oral evaluation

Sounds great, but not so fast! This is not just additional code. Just reading the code is not enough. The description is equally important. And all components must be broken down to have a full understanding of how it will work. The ADA has created a document to help. *A Guide to Reporting D4346* which is a start, but much more is needed.

ACTEON, the sponsor of this book has a way to help that currently can't be duplicated by any other technology. But before we get into that, let's start taking this code apart. More details, case history applications and quizzes are available in *A Gingivitis Code Finally!* book. (www.DentalCodeology.com)

Taking Apart the Pieces of D4346

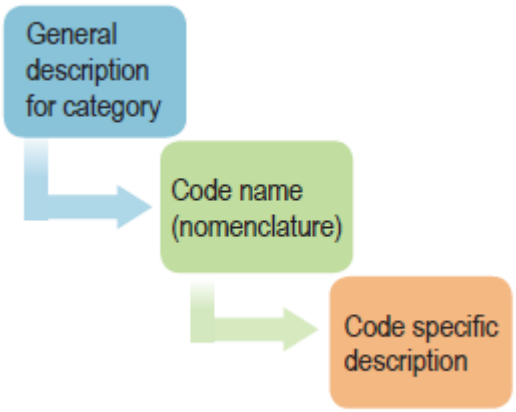
This name itself has some very important words needing explanation, but rather than looking at it separately, we will look at the description also.

> Code Description: 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 prophylaxis, scaling and root planing, or debridement procedures.'

The CMC has been moving toward less words that could lead to less ambiguity yet this code has both an extensive name as well as description.

Find the Most Appropriate Code

There are lot of pieces and parts to understand. So let's take a step back to Book 1 in the DentalCodeology series More than Pocket Change to review the way to understand a code. All parts are needed for accuracy. Finding the correct code includes evaluating:



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General Description for Category:

For this new code, the general description for the category isn't as significant as the category itself. D4346 does not appear in the D1000-D1999 Preventive category in CDT 2017 with D1110/D1120 prophylaxis; instead it is in D4000-4999 Periodontics. This distinction is important because ***this procedure is therapeutic not preventive***.

We can finally treat gingivitis after decades of merely dumping gingival inflammation into the same category as health. This new code can potentially close the loop and elevate our standard of care. With increasing research pointing to the connection between oral disease and medical conditions, the timing is perfect. Early recognition ensures earlier intervention and disease prevention.

Not-Age Based

Our diagnostic methods, codes and treatment methods show dentistry's belief in. age-based health and disease

For example, children have not traditionally undergone periodontal evaluation. Preventive codes D1110 and D1120 are age-based. The underlying thought is children can be treated using preventive care due to the reversibility of gingivitis. Oral-systemic research and oral medicine shows this thinking as flawed.

When considering biofilm pathogenicity, it is NOT age-based. The inflammatory risk is also not age-based. D4346 is ***NOT*** an age-based code. There is nothing in the nomenclature/name or description that has any age-based parameters.

Evaluation Creates the Need for Major Change

This part of the nomenclature/name creates the need for one of the biggest changes in the traditional way hygiene care is provided in most general practices. Customarily, the hygienist has gathered data, performed care and the dentist came in after the fact to check the patient. A specific written diagnosis has been infrequent.

This new code name specifically says *after oral evaluation*. This means, the hygienist ***cannot*** provide care before the dentist completes the evaluation with a written diagnosis and treatment plan. ***Legally, the courts have decided, if you did not write it, you did not do it***. It not required that the evaluation be performed the same day, only that is performed BEFORE care is rendered.

Full Mouth

Another tricky part of the D4346 name says *Full mouth.* This means treatment is not site-specific, quadrant or in any other way divided. The treatment is for the entire mouth.

This is further reinforced in the definition with the words *Should not be reported in conjunction with prophylaxis, scaling and root planing, or debridement procedures.*

In other words, D4346 cannot be reported on the same treatment date as:

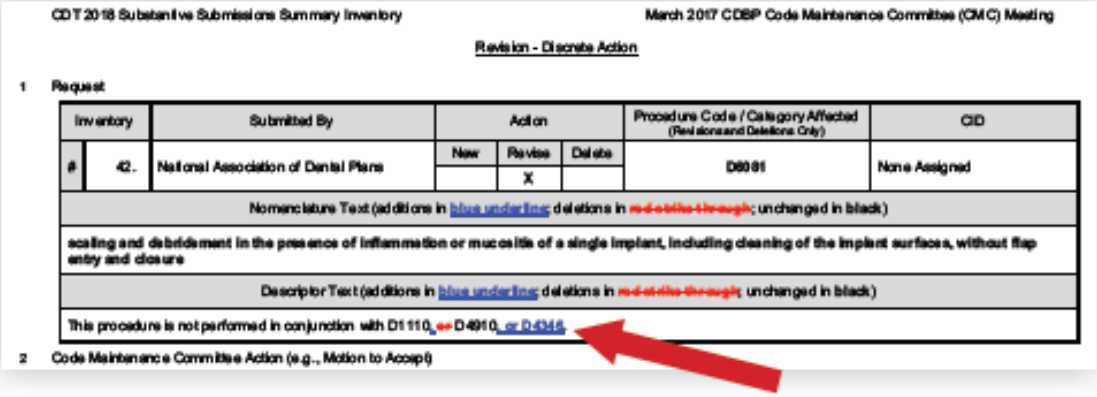
- D1110/D1120
- D4341/D4342
- D4355

Hold on, please be sure you know what this means. In haste, there are some on social media getting it wrong. Use accurate sources carrying the appropriate licenses with ADA for your information.

There is one exception and another new code:

D6081 scaling and debridement in the presence of inflammation or mucositis of a single implant, including cleaning of the implant surfaces, without flap.

There is nothing in either the name or descriptor that precludes concurrent delivery and reporting. This may change in the future, it has already been submitted for change for CDT 2018.



CDT 2018 Substantive Submissions Summary Inventory — March 2017 CDBP Code Maintenance Committee (CMC) Meeting

Revision - Discrete Action

1 Request

Inventory	Submitted By	Action			Procedure Code / Category Affected (Revisions and Deletions Only)	CID
		New	Revise	Delete		
# 42.	National Association of Dental Plans		X		D6081	None Assigned
Nomenclature Text (additions in blue underline; deletions in ~~red strike-through~~; unchanged in black)						
scaling and debridement in the presence of inflammation or mucositis of a single implant, including cleaning of the implant surfaces, without flap entry and closure						
Descriptor Text (additions in blue underline; deletions in ~~red strike-through~~; unchanged in black)						
This procedure is not performed in conjunction with D1110, ~~or~~ D4910, or D4346						

2 Code Maintenance Committee Action (e.g., Motion to Accept)

Absence of Periodontitis for All Ages

As already noted, D4346 is <u>not-aged based</u>. That means a full periodontal chart is needed for ***ALL ages***.

A 2015 American Academy of Periodontology (AAP) Special Task Force paper updating parts of the *1999* <u>Classification of Periodontal Diseases and Conditions</u> suggests that a diagnosis includes documenting:

- Inflammation and Bleeding on Probing (BOP)
- Radiographic bone loss
- Probing depths and clinical attachment loss. Clinical Attachment Loss (CAL) is the pocket depth plus recession and/or bone loss with 6 readings for each tooth.

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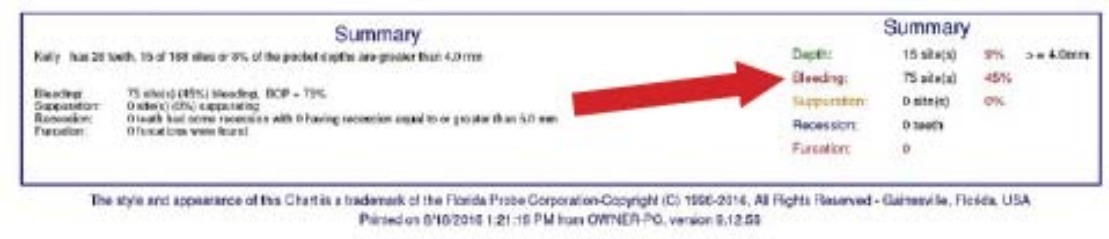
Recording pockets and BOP alone is NOT enough!

There are many charting systems available, which gather and well as tabulate the data such as Florida Probe that can facilitate better, more accurate documentation.



CAL is documented on the chart with a summary showing 75 areas of BOP. This patient could qualify for care under this new code. (Full case history in A Gingivitis Code Finally!)

Gingival Inflammation

BOP alone is not quite enough for this new code. Both the name and description of D4346 contain the words, *generalized moderate or severe gingival inflammation.* This has NOT been traditionally or routinely documented on periodontal charts and needs some explanation.

The Ad-Hoc taskforce which assisted the ADA have suggested practitioners use the Löe and Silness Gingival Inflammation Index.

There are several different versions. Here is a simplified one:

- 0 = No Inflammation
- 1 = Mild Inflammation - Slight change in color and slight edema but no bleeding on probing
- 2 = Moderate Inflammation - Redness, edema, and glazing, bleeding on probing
- 3 = Severe Inflammation - Marked redness and edema, ulceration with tendency to spontaneous bleeding

The next part to qualify for this new code is how much of the full mouth is involved. The ADA mapped the AAP Classification system definition for Chronic and Aggressive Periodontitis (CAL) to a new D4346 code. This definition is:

- Localized <30% of sites/teeth
- Generalized >30% of sites/teeth

This creates the need for a formula:

- 30 teeth x 30% = 10
- More than 10 teeth need to show Type 2-3 inflammation to qualify for D4346.

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Focus points for D4346

- Therapeutic not preventive
- Oral evaluation BEFORE care
- Not age-based
- All patients must have a perio chart & current radiographs
- Gingival inflammation must be > than 30%
- Diagnosis documented
- Full mouth/no other scaling codes same date
- D4910 does NOT follow this care

Should You Use the New Codes?

Some may think: Why should I bother with new codes? The insurance probably won't pay anyway. This is a mistake.

Dental practices are required to use the most accurate code to describe the care rendered. To use a different code for the purpose of payment can be considered dental fraud.

"Dental fraud is any crime where an individual receives insurance money for filing a false claim, inflating a claim or billing for services not rendered. Fraud is sometimes called the 'hidden' crime because we are all victims without even noticing it."

–Dr. Charles Blair

For example, rather than using the new D4346, the offices chooses to:

- Under-code as a prophylaxis procedure
- Over-code as a scaling and root planing procedure or gross debridement

An *accurate code* now exists. It should be used.

Avoiding fraud and proper coding is a team process. Without knowledge of the codes and how they are being applied, there is a likelihood of insurance fraud being committed.

Opportunities New Codes provide:

- Accuracy adding important metrics
- Reasons for patient to return
- Escalating profitability