

Non-Insured Health Benefits

Periodontic Policy

October 2005

The objective of this policy is to clarify the decision making process as currently applied when funding supportive periodontal therapy and associated procedures.

THE FOLLOWING CRITERIA MUST BE MET WITH EACH SUBMISSION FOR CONSIDERATION OF FUNDING FOR ADDITIONAL PERIODONTAL TREATMENT:

Complete Documentation Including:

- completed Standard Dental Claim form, l'Association des chirurgiens dentistes du Québec (ACDQ) Dental Claim and Treatment form, computer generated form or NIHB DENT-29 Form;
- current radiographs including bitewings, panoramic radiographs, and/or any periapical films specific to the requested treatment;
- radiographs should identify the client, provider, and must be mounted, dated and of acceptable quality to enable predetermination of the proposed treatment;
- a comprehensive treatment plan addressing all treatment needs in addition to the requested periodontal therapy;
- documentation of pocket depths and locations (full mouth probings, or periodontal screening indices such as Community Periodontal Index of Treatment Needs (CPITN) and Probing, Screening and Recording (PSR), etc are acceptable); and
- an additional assessment of gingival contours, mobility of teeth and occlusion of teeth.

THE FOLLOWING PERIODONTAL TREATMENT DOES NOT REQUIRE PREDETERMINATION, AND WILL BE FUNDED BASED ON PROGRAM GUIDELINES :

- scaling in combination with root planing will be funded to a maximum of 4 units/12 months for clients 12 years of age and older; and
- scaling in combination with root planing will be funded to a maximum of 1 unit/12 months for clients under 12 years.

ADDITIONAL EXTENSIVE PERIODONTAL THERAPY WILL BE CONSIDERED FOR EACH OF THE FOLLOWING CATEGORIES WHEN THE CRITERIA LISTED BELOW HAVE BEEN MET.

1. Scaling and root planing beyond 4 units

The Non-Insured Health Benefits (NIHB) Program will consider funding when:

- the client has not had routine treatment periodontal care in the past 24 months and 4 units are inadequate for complete debridement. An additional 4 units may be funded to a maximum of 8 units per 12 months;

- the client has recurrent gingivitis without additional attachment loss. An additional 4 units may be funded to a maximum of 8 units per 12 months (4 units semi-annually);
- the client presents with chronic periodontal disease (as demonstrated by attachment loss), or has completed initial debridement. An additional 12 units may be funded for maintenance to a maximum of 16 units per 12 months, allowing NIHB to fund periodontal maintenance at 3 month intervals; and
- the client presents with chronic periodontal disease and has been following a program of periodontal maintenance, but presents with areas of refractory disease. NIHB will consider, on a one time basis, funding of up to an additional 16 units (in four consecutive treatment sessions) to address the disease.

2. Gingivoplasty, Gingivectomy

NIHB will consider funding following the completion of preliminary gingival therapy (scaling/root planning) and:

- the provider has indicated the presence of gingival hyperplasia associated with a positive drug history of known gingival hyperplastic agents.

3. Gingival Grafts

NIHB will consider funding when:

- the provider has indicated the presence of pathologic loss of gingiva, leading to inadequate gingival width for a tooth (teeth) that has been established as a critical abutment for the support of any removable prosthetics.

NIHB will not consider funding when:

- the tooth (teeth) for which grafting is requested shows severe, chronic periodontal disease; and
- gingival grafts are to improve esthetics.

4. Periodontal Surgery

NIHB does not customarily fund periodontal surgery, although, it may be considered on an exception basis. Requests for the maintenance of chronic periodontal disease beyond adequate oral hygiene and scaling/root planing are beyond the scope of the Program.

5. Bruxism Appliance

NIHB will consider funding when:

- the provider has indicated excessive attrition of the teeth as evidenced by age inappropriate wear facets or extensive multiple wear facets;
- the client presents with neuralgiform complaints in the form of muscle pain, spasm, or asymmetric or inhibited mandibular movements; and
- the client presents with abnormal joint mobility, clicking, pain, swelling and/or asymmetric movements.

Unmounted diagnostic models may be requested for a bruxism appliance.

NIHB will not consider funding when:

- the client does not have a fully erupted permanent dentition;

- the client presents with asymptomatic clenching/bruxism/clicking; and
- the appliance is to be used as a sports mouthguard.

PERIODONTIC POLICY - QUEBEC REGION

The objective of this policy is to clarify the decision making process as currently applied when funding supportive periodontal therapy and associated procedures.

THE FOLLOWING PERIODONTAL TREATMENT DOES NOT REQUIRE PREDETERMINATION, AND WILL BE FUNDED BASED ON PROGRAM GUIDELINES :

Prophylaxis in combination with scaling codes will be funded to a maximum of 4 units/12 months. Clients under the age of 17 are funded for 2 prophylaxis and 2 units of scaling. For clients 17 years of age and older are funded for 1 prophylaxis and 3 units of scaling.

THE FOLLOWING CRITERIA MUST BE MET WITH EACH SUBMISSION FOR CONSIDERATION OF FUNDING FOR ADDITIONAL PERIODONTAL TREATMENT:

Complete documentation including:

- completed Standard Dental Claim form, l'Association des chirurgiens dentistes du Québec (ACDQ) Dental Claim and Treatment Form, computer generated form or NIHB DENT-29 Form;
- current radiographs including bitewings, panoramic radiographs, and/or any periapical films specific to the requested treatment;
- radiographs should identify the client, provider, and must be mounted, dated and of acceptable quality to enable predetermination of the proposed treatment;
- a comprehensive treatment plan addressing all treatment needs in addition to the requested periodontal therapy;
- documentation of pocket depths and locations (full mouth probings, or periodontal screening indices such as Community Periodontal Index of Treatment Needs (CPITN) and Probing, Screening and Recording (PSR), etc are acceptable);
- an additional assessment of gingival contours, mobility of teeth and occlusion of teeth; and
- unmounted diagnostic models are required for a bruxism appliance.

ADDITIONAL EXTENSIVE PERIODONTAL THERAPY WILL BE CONSIDERED FOR EACH OF THE FOLLOWING CATEGORIES WHEN THE CRITERIA LISTED BELOW HAVE BEEN MET.

1. Prophylaxis in combination with scaling beyond 4 units

NIHB will consider funding for scaling when:

- the client has not had routine treatment periodontal care in the past 24 months and 4 units are inadequate for complete debridement. Additional units may be funded.

2. Periodontal Curettage and Root Planing

NIHB will consider additional funding when:

- the client presents with chronic periodontal disease (as demonstrated by attachment loss), and has completed initial debridement; and
- the client presents with chronic periodontal disease, has been following a program of periodontal maintenance, but presents with areas of refractory disease.

3. Gingivoplasty, Gingivectomy

NIHB will consider funding when after completion of preliminary gingival therapy (scaling/root planning):

- the provider has indicated the presence of gingival hyperplasia associated with a positive drug history of known gingival hyperplastic agents.

4. Gingival Grafts

NIHB will consider funding when:

- the provider has indicated the presence of progressive pathologic loss of gingiva, leading to inadequate gingival width for a tooth (teeth) that has been established as a critical abutment for the support of any removable prosthetics.

NIHB will not consider funding when:

- the tooth (teeth) for which grafting is requested shows severe, chronic periodontal disease; and
- gingival grafts are to improve esthetics.

5. Periodontal Surgery

NIHB does not customarily fund periodontal surgery, although, it may be considered on an exception basis where refractory periodontal disease can be demonstrated. Requests for the maintenance of chronic periodontal disease beyond adequate oral hygiene and scaling/root planing are beyond the scope of the Program.

6. Bruxism Appliance

NIHB will consider funding when:

- the provider has indicated excessive attrition of the teeth as evidenced by inappropriate wear facets or extensive multiple wear facets;
- the client presents with neuralgiform complaints in the form of muscle pain, spasm, or asymmetric or inhibited mandibular movements; and
- the client presents with abnormal joint mobility, clicking, pain, swelling and/or asymmetric movements.

NIHB will not consider funding when:

- the client does not have a fully erupted permanent dentition;
- the client presents with asymptomatic clenching/bruxism/clicking; and
- the appliance is to be used as a sports mouthguard.