

EP.11 Gingivitis- How to Code and Treat It

How do we typically “treat” gingivitis? Patient comes in who hasn’t been in a while, or may have consistently poor homecare. As hygienists, what do we often do? We tell the patient to brush better and we’ll see them in 6 months! Is that really the best we can do?

What are the problems with this logic? For starters, how many times have we just told our patients to “brush better” that they have actually done it?

Also, periodontal disease has to start somewhere, and gingivitis is the gatekeeper to periodontal disease! Without proper education and guidance, the patient may leave feeling that it is really of non-importance that their gums were bleeding like a geyser as long as they brush better, and even if they don’t, does it really matter?

How do we treat gingivitis? Up to now, there has been no specific code for Gingivitis treatment. However it is our moral, ethical and legal obligation to treat what we see. This may mean additional appointments and/or more frequent recare depending on how the patient responds to treatment. This will include chair side education with an explanation and documentation of the gingivitis diagnosis.

Add additional services and tools to also indicate that this appointment is different than a routine prophylaxis in a healthy mouth. The patient must value this visit to keep coming back.

Add a gingivitis protocol to the Hygiene Standard of Care, which includes the treatment plan that all will follow, treatment options, and coding, etc. Everyone in the practice should be familiar with it and follow the protocol for consistency.

For 2017, there will be a new code added that better identifies Gingivitis treatment. Research this and be ready to use it when it is published. Currently offices are using two 1110 codes or using the 4999 code followed with the 1110. Keep in mind, you cannot let insurance dictate the treatment you recommend to your patients.

Take a look at your perio treatment protocol and make sure that it includes gingivitis treatment. Get all of your hygienists on the same page with your treatment recommendations. It needs to be consistent among the whole Hygiene Department.