

PERIODONTAL CASE TYPE 1 (Diagnostic Code 04500)
GENERAL SEQUENCE OF INITIAL THERAPY
GINGIVITIS (1-3MM)

Bleeding, inflammation, attachment loss, inadequate attached gingiva, or subgingival calculus
(not all procedures will apply to all cases)

PCT-1A	First Visit			
	TTC	Therapeutic Treatment Consultation	D9310	Date ___/___/___
		What causes periodontal disease? What does the disease do to your mouth? What does the disease do to your general health? How can you know if your mouth has periodontal disease?		
	OHI	Oral Hygiene Instruction	D1330	Date ___/___/___
		What is necessary to treat and control the disease?		
	CPA	Comprehensive Periodontal Assessment	D0160	Date ___/___/___
		Full mouth pocket probing and recording Full mouth evaluation of mobility, attachment loss, furcation involvement, attached gingiva Supplemental X-rays as needed for periodontal evaluation Final Periodontal Case Type diagnosis		
	PRO	Prophylaxis and Coronal Polish	D1110	Date ___/___/___
	PDX	Local Delivery of Chemotherapeutic/Medicated Irrigant (Chlorhexidine-Peridex)	D4381	Date ___/___/___
	HCS	Home Care Supplies, PerioStat® as prescribed	D9999	Date ___/___/___

PCT-1B	Second Visit			
	OME	One Month Evaluation	D0170	Date ___/___/___
		Re-assessment of periodontal condition Identification of local complicating factors and treatment alternatives		
	OHI	Oral Hygiene Instruction	D1330	Date ___/___/___
	PROPHY and Coronal Polish (and graduation from active therapy!!)	D1110	Date ___/___/___	

Total Initial Program Fee _____

Estimated insurance reimbursement * or estimated HMO benefit applicable** _____

Patient share payable _____

* Insurance estimates based on program information and historic payment patterns. ** HMO plan benefits based on plan exclusions and limitations, as interpreted by our office.

Enrollment in this program provides the following additional benefits: 1) any further non-surgical periodontal disease therapy necessary will be provided at no additional charge, 2) program fee increases during the year will not be applied to patients already enrolled, 3) protection against administrative errors in calculating estimated insurance benefits.

PERIODONTAL CASE TYPE 2 (Diagnostic Code 04600)
GENERAL SEQUENCE OF INITIAL THERAPY
SLIGHT PERIODONTITIS (4-5 mm pockets)

Early bone loss
(not all procedures will apply to all cases)

PCT-2A	First Visit							
	TTC	Therapeutic Treatment Consultation					D9310	Date ___/___/___
		What causes periodontal disease?						
		What does the disease do to your mouth?						
		What does the disease do to your general health?						
		How can you know if your mouth has periodontal disease?						
		OHI	Oral Hygiene Instruction					D1330
		What is necessary to treat and control the disease?						
	CPA	Comprehensive Periodontal Assessment					D0160	Date ___/___/___
		Full mouth pocket probing and recording						
		Full mouth evaluation of mobility, attachment loss, furcation involvement, attached gingiva						
		Supplemental X-rays as needed for periodontal evaluation						
		Final Periodontal Case Type diagnosis						
	PRO	Prophylaxis and Coronal Polish					D1110	Date ___/___/___
	PDX	Local Delivery of Chemotherapeutic/Medicated Irrigant (Chlorhexidine-Peridex)					D4381	Date ___/___/___
	HCS	Home Care Supplies, PerioStat® as prescribed					D9999	Date ___/___/___

PCT-2B	Second Visit									
	SRP	Scaling and Root Planing	Quad	UR	UL	LL	LR	D4355	Date ___/___/___	
			Removal of infection from under the gums	Quad	UR	UL	LL	LR	D4355	Date ___/___/___
			Full mouth, usually with spot local and topical anesthetic	Quad	UR	UL	LL	LR	D4355	Date ___/___/___
				Quad	UR	UL	LL	LR	D4355	Date ___/___/___
	OHI	Oral Hygiene Instruction and evaluation					D1330	Date ___/___/___		

PCT-2C	Third Visit							
	OME	One Month Evaluation					D0170	Date ___/___/___
			Re-assessment of periodontal condition					
		Identification of local complicating factors and treatment alternatives						
	OHI	Oral Hygiene Instruction					D1330	Date ___/___/___
		PROPHY and Coronal Polish (and graduation from active therapy!!)					D1110	Date ___/___/___

Total Initial Program Fee _____

Estimated insurance reimbursement * or estimated HMO benefit applicable** _____

Patient share payable _____

* Insurance estimates based on program information and historic payment patterns.

** HMO plan benefits based on plan exclusions and limitations, as interpreted by our office.

Enrollment in this program provides the following additional benefits: 1) any further non-surgical periodontal disease therapy necessary will be provided at no additional charge, 2) program fee increases during the year will not be applied to patients already enrolled, 3) protection against administrative errors in calculating estimated insurance benefits.

PERIODONTAL CASE TYPE 3 (Diagnostic Code 04700)
GENERAL SEQUENCE OF INITIAL THERAPY
MODERATE PERIODONTITIS (5-7 mm pockets)

Moderate bone loss
(not all procedures will apply to all cases)

PCT-3A	First Visit							
	TTC	Therapeutic Treatment Consultation				D9310	Date ___/___/___	
		What causes periodontal disease?						
		What does the disease do to your mouth?						
		What does the disease do to your general health?						
		How can you know if your mouth has periodontal disease?						
	OHI	Oral Hygiene Instruction				D1330	Date ___/___/___	
		What is necessary to treat and control the disease?						
	CPA	Comprehensive Periodontal Assessment				D0160	Date ___/___/___	
		Full mouth pocket probing and recording						
		Full mouth evaluation of mobility, attachment loss, furcation involvement, attached gingiva						
		Supplemental X-rays as needed for periodontal evaluation						
		Final Periodontal Case Type diagnosis						
	PRO	Prophylaxis and Coronal Polish				D1110	Date ___/___/___	
	PDX	Local Delivery of Chemotherapeutic/Medicated Irrigant (Chlorhexidine-Peridex)				D4381	Date ___/___/___	
	HCS	Home Care Supplies, PerioStat® as prescribed				D9999	Date ___/___/___	

PCT-3B	Second Visit								
	SRP	Scaling and Root Planing	Quad	UR	UL	LL	LR	D4355	Date ___/___/___
		Removal of infection from under the gums	Quad	UR	UL	LL	LR	D4355	Date ___/___/___
		Half mouth, usually with local anesthetic							
	OHI	Oral Hygiene Instruction					D1330	Date ___/___/___	

PCT-3C	Third Visit								
	SRP	Scaling and Root Planing	Quad	UR	UL	LL	LR	D4355	Date ___/___/___
		Removal of infection from under the gums	Quad	UR	UL	LL	LR	D4355	Date ___/___/___
		Half mouth, usually with local anesthetic							
	OHI	Oral Hygiene Instruction					D1330	Date ___/___/___	

PCT-3D	Fourth Visit							
	OME	Pre-Surgical Evaluation					D0170	Date ___/___/___
		Re-assessment of periodontal condition						
		Identification of local complicating factors and appropriate surgical intervention						
	OHI	Oral Hygiene Instruction					D1330	Date ___/___/___
		PROPHY and Coronal Polish (and graduation from active therapy!!)					D1110	Date ___/___/___

Total Initial Program Fee _____

Estimated insurance reimbursement * or estimated HMO benefit applicable** _____

Patient share payable _____

* Insurance estimates based on program information and historic payment patterns.

** HMO plan benefits based on plan exclusions and limitations, as interpreted by our office.

Enrollment in this program provides the following additional benefits: 1) any further non-surgical periodontal disease therapy necessary will be provided at no additional charge, 2) program fee increases during the year will not be applied to patients already enrolled, 3) protection against administrative errors in calculating estimated insurance benefits.

PERIODONTAL CASE TYPE 4 (Diagnostic Code 04800)
GENERAL SEQUENCE OF INITIAL THERAPY
ADVANCED PERIODONTITIS (8 mm or deeper pockets)

Advanced bone loss
(not all procedures will apply to all cases)

PCT-4A	First Visit							
	TTC	Therapeutic Treatment Consultation					D9310	Date ___/___/___
		What causes periodontal disease?						
		What does the disease do to your mouth?						
		What does the disease do to your general health?						
		How can you know if your mouth has periodontal disease?						
	OHI	Oral Hygiene Instruction					D1330	Date ___/___/___
		What is necessary to treat and control the disease?						
	CPA	Comprehensive Periodontal Assessment					D0160	Date ___/___/___
		Full mouth pocket probing and recording						
		Full mouth evaluation of mobility, attachment loss, furcation involvement, attached gingiva						
		Supplemental X-rays as needed for periodontal evaluation						
		Final Periodontal Case Type diagnosis						
	PRO	Prophylaxis and Coronal Polish					D1110	Date ___/___/___
	PDX	Local Delivery of Chemotherapeutic/Medicated Irrigant (Chlorhexidine-Peridex)					D4381	Date ___/___/___
	HCS	Home Care Supplies, PerioStat® as prescribed					D9999	Date ___/___/___

PCT-4B	Second Visit								
	SRP	Scaling and Root Planing	Quad	UR	UL	LL	LR	D4355	Date ___/___/___
		Removal of infection from under the gums	Quad	UR	UL	LL	LR	D4355	Date ___/___/___
		Half mouth, usually with local anesthetic							
	OHI	Oral Hygiene Instruction					D1330	Date ___/___/___	

PCT-4C	Third Visit								
	SRP	Scaling and Root Planing	Quad	UR	UL	LL	LR	D4355	Date ___/___/___
		Removal of infection from under the gums	Quad	UR	UL	LL	LR	D4355	Date ___/___/___
		Half mouth, usually with local anesthetic							
	OHI	Oral Hygiene Instruction					D1330	Date ___/___/___	

PCT-4D	Fourth Visit								
	OME	One Month Evaluation						D0170	Date ___/___/___
		Re-assessment of periodontal condition							
		Identification of local complicating factors and treatment alternatives							
	OHI	Oral Hygiene Instruction					D1330	Date ___/___/___	
		PROPHY and Coronal Polish (and graduation from active therapy!!)					D1110	Date ___/___/___	

Total Initial Program Fee _____

Estimated insurance reimbursement * or estimated HMO benefit applicable** _____

Patient share payable _____

* Insurance estimates based on program information and historic payment patterns.

** HMO plan benefits based on plan exclusions and limitations, as interpreted by our office.

Enrollment in this program provides the following additional benefits: 1) any further non-surgical periodontal disease therapy necessary will be provided at no additional charge, 2) program fee increases during the year will not be applied to patients already enrolled, 3) protection against administrative errors in calculating estimated insurance benefits.