**INTENTION OF PACKAGES:**

Presenting packages eliminates patients from thinking they are getting a “cleaning.” It helps patients understand that treating gum diseases is not one appointment, but it is a process and over the “next year” it will take X, Y and Z to establish a healthy mouth.”

This is your time to educate patients about a healthy mouth leads to a healthy body.

The intention of this document is to present a treatment plan as a *“Package”* to help avoid this challenging discussion and complaint of “I just had my teeth cleaned!”

You are talking to patients about disease and what it will take to get/keep their mouth healthy. “A healthy mouth will prevent other systemic diseases. A healthy mouth will save money and time spent in the dental office.”

**When presenting** **Packages B-E:** you will use words such as, “gum disease,” “gum treatment,” “gum therapy” for gum disease (use words such as “bleeding gums, infection, inflammation, etc.) and requires “X” number of visits followed by an evaluation 4-6 week later to be sure the therapy has healed the infection.

**Also use the terms:** “Re-evaluate the disease process” and “return for gum maintenance.”

**When gum disease (gingivitis or periodontitis) is diagnosed,** the 1st appointment is your time to advocate the best care for your patient. This is your quality time to spend reviewing the mouth/body connection; explain how “inflammation in the mouth also means inflammation in the body. Refer to other parts of the body that may bleed every day and people would run to the ER if their nose would not stop bleeding. It’s the same thing with our gums. If they bleed every day, something is wrong.”

It’s your time to talk about what it takes to put a halt to this inflammation in the mouth that contributes to inflammation in the body. Discuss what happens if this is left untreated. Let patients know their responsibility. **Ex:** “20% of the outcome is what “I” can do when you are here in the office and 80% is what happens after you leave the office.”

Now you can talk about home care. This is where you introduce power toothbrushes, and “possibly”, maybe floss. How much you decide to education your patient on for home care products is dependent upon each individual patient. How much you decide to introduce at this 1st appt. Sometimes getting patients to brush is all they can handle!

The other SRP appointments and follow-up appointments to gingivitis treatment, are when you can introduce other home care adjuncts such as floss, water pik, Proxabrush, etc.

This first appointment you will discuss what your patient can expect at the SRP appts (Local anesthesia, gel, topical, etc.), how long each appointment will take and their post-op instructions.

Explain *WHY* they need to return for follow-up (The re-eval) and frequent *“gum maintenance” appointments.* Explain that gum disease is cyclic and episodic. If they get sick (AKA: Flu), their gums get sick. If they use tobacco, this makes healing slow and this is the #1 risk factor that contributes to gum disease and tooth loss.

It is most effective to schedule all the gum treatment appointments at the end of the 1st diagnostic appointment. The office administrator or financial coordinator will discuss with the patient, “The total cost to put a halt to this disease of your gums. The total cost over the next (I recommend you tell the patient their $ responsibility over the next year. This is not a “one and done.”) Your treatment for this year is “X”. We estimate your insurance will pay “Y” which means your estimated portion due is “Z”.

“Susan, your hygienist can see you (Note: You want to have a blocked schedule so you can accommodate your SRP patients the next week OR two.) next Tuesday at 11AM. Does that work for you?”

Now you will schedule each perio (SRP) appointment approx. one week apart and also at this time, your financial coordinator (Or front office team member) will schedule the 4-6-week re-eval).

**NOTE:** At the end of a gingivitis appointment, the next appointment for 2-6 weeks re-evaluation (If patient is healthy this next appointment will be a prophy) is scheduled.

If your patient is insurance driven show them the treatment plan and show them their financial responsibility. Always be ready to offer flexible financial arrangements. Flexible financial arrangements mean you offer 3 different payment options. **Examples:** Care Credit, Varidi (Ask our office how you can learn about these easy Varidi payments with 0 cost to the dental practice) or Credit Card.

It’s important that patients know and completely understand that “Gum treatment” is not the end of your care. Help patients understand that gum disease is similar to having high blood pressure, diabetes, stroke, heart disease, high cholesterol, etc.”

Tell patients you are treating them for *“gum disease”* and then you need to *“closely monitor their disease process.”* Let them know *“Gum disease is an inflammatory disease just like these other diseases. We monitor your gum disease closely just like medical doctors monitor these other systemic diseases. Most patients with gum disease return to monitor and make sure this is not an active disease every 90 days.”*

Remove the word “cleaning” from your vocabulary. Make sure patients understand you are constantly evaluating their condition to prevent any extensive damage to their gums which costs more money and time in the dental office. Tell your patients, “This is how we can help you save money and live a longer, healthier life.”

Understand what your patient values and use those words to attach benefits of completing your care. Top list of what most patients will value: Saving $, Time, Pain, Aesthetics & Health.

**NOTES:**

1. **A. Prophy: \_\_\_\_\_\_\_\_\_\_**
2. 6-Month routine preventive care appointments.

Fee: \_\_\_\_\_\_\_\_

**B. Gingivitis (No radiographic bone loss): \_\_\_\_\_\_\_\_\_\_**

**Services Rendered. 1st Appointment:** RMH, OCE, TMJ Exam, Sleep Apnea Comp Exam or Periodic Exam, Current FMX and BWX, FM Comprehensive Perio Exam (CPE), use intra-oral camera for pictures (BOP, heavy supra, etc), educate patient about mouth/body connection, discuss patients responsibility to halt ‘gum disease’, use ultrasonics, hand scale, if you have a diode laser use with non-initiated tip (Laser Bacterial Removal - LBR), polish, home care (have power toothbrushes available to show patient and have them use in the office before they leave with the power brush), post-op & schedule for 2-6 weeks re-eval.

**When the patient returns 2-6 weeks later**: RMH, Complete Comprehensive Perio Exam (CPE) and compare today’s perio (CPE - “GUM EXAM”) with the last exam numbers, take intra-oral pics to show a comparison (Or lack of) and congratulate your patient on their great improvement when they have a great outcome.

If your patient is healthy at this re-eval you will use ultrasonics, hand scale, continue use of diode laser (LBR), polish, review home care instructions, discuss and reinforce the importance of home care in prevention of gum disease and other systemic diseases.

This is considered a prophy appointment.

Determine the “balance point” aka: how long do you believe the patient can go between today’s appointment and their next hygiene appointment without reactivation of gingivitis? This will usually be 4-6 months until their next appointment.

**What to do if the patient returns 2-6 weeks later and there is no change?**

Some patients will return after the initial gingivitis treatment without any change. After completing all of your diagnostics at this 2nd appointment and when a patient has moderate to severe gingivitis post initial treatment, you will again talk about the mouth-body connection and refer the patient to a naturopath or primary care physician. This is a time to advocate a complete blood panel to rule out any other systemic risk factors.

Many times, other systemic diseases such as diabetes or rheumatoid arthritis, heart disease, even high cholesterol, can go undiagnosed. Many times, and for many years the first sign of disease will show-up in the oral cavity. Early signs of gingivitis can also appear in pregnant patients.

Ortho patients with poor homecare are also candidates where gingivitis may not resolve quickly, and you may need to recommend 2-3 months hygiene preventive care appointments during ortho.

* 1st Appointment is Gingivitis Treatment. 2ND Appointment if not health is again, gingivitis treatment followed by another 2-6 weeks re-eval. Patient should be referred to the primary care physician or naturopath for blood work to rule out any systemic health problems.

At the next 2-6-week re-evaluation, if healthy, complete a prophy.

In this scenario a Prophy 3mos. later is to be included in this package.

**Can include:**

* Irrigation or Arestin
* Laser (Use if you have)
* Perio Protect
* Fluoride Gel

**Includes:**

* Power toothbrush
* Toothpaste
* Or Waterpik

Gingivitis treatment is usually followed up with a 2- 4-week Prophy. At the re-eval when it’s a prophy, this is usually followed by 6-month Prophy. (There will always be exceptions.

1. **C. Slight-Moderate Periodontitis: \_\_\_\_\_\_\_\_\_\_**

**Service Rendered. 1st Appointment:** RMH, Current FMX, OCE, Sleep Apnea, TMJ Eval, Full Mouth Comprehensive Perio Exam (CPE), official *diagnosis* of perio (doctor if needed by your BOD or the RDH. Check with your BOD and know who can make the perio diagnosis). Use ultrasonics, remove supra, polish on an individual basis. If you have a diode laser begin use of this.

1. \* At time of diagnosis you will begin with Gross Debridement (D4355). This is the first appointment at the time of this first perio diagnosis. This is a time to help your patient understand what is happening in their mouth and body. This is a time to take intra-oral pictures. Show the patient the intra-oral pictures and use your digital radiograph software to draw/mark (with your computer software) the areas of bone loss, heavy calculus, etc. This is the appointment when you take time to help your patient “own” their disease. Use ultrasonics, hand scale to remove supra calculus and begin use of diode laser if you have this. You may choose to polish on an individual basis.
2. Schedule all quadrants of SRP including the 4-6 weeks re-evaluation; AKA: Perio Maintenance (“re-evaluation”), at the end of this 1st diagnostic appointment. This will be the 1st Perio Maintenance *“for the life of their dentition and every 90 days; maybe 120 days at the most; after the re-evaluation 4-6 weeks later.” Depending upon the type of diode laser you are using, you will continue using the laser in the areas of radiographic bone loss.*
3. Always determine the *“balance point”* aka: how long do you believe the patient can go between today’s appointment and their next hygiene appointment without reactivation of gingivitis? This will usually be 4-6 months until their next appointment.
4. **NOTE:** At the first quadrant, SRP appointment you will also update the CPE. For insurance purposes you will bill D0180. If a Comprehensive exam has not been completed in the last 3-5 yrs insurance may likely reimburse for this billed service. If at the 1st diagnostic appointment doctor completed (and a Comp Exam was billed) you can bill insurance D0180 however, this service will not be reimbursed because it takes the place of a comp exam. Please note that your comp exam fee and CPE fee are the same.

* Please note that when a patient has moderate to severe periodontitis patients do need anesthesia with an appointment time that is no less than 45 mins per quadrant.

“Our goal is to put a halt to this disease process. We want to completely debride the pockets and take time to reinforce the patients’ role in disease remission.”

1. ***ADDITIONALLY:*** *The CPE is to be completed annually and therefore you should always submit your CPE chart with a narrative that includes your grading and staging, etc.*

**Can include:**

* Irrigation or Arestin
* Laser (Use if you have)
* Perio Protect
* Fluoride Gel/Varnish

**Includes:**

* Power toothbrush
* Toothpaste
* Or Waterpik

Fee: \_\_\_\_\_\_\_\_

1. **D. Advanced Periodontitis: \_\_\_\_\_\_\_\_\_\_**

**Service Rendered:** RMH, Current FMX, OCE, Sleep Apnea, TMJ Exam, Full Mouth Comprehensive Perio Exam (CPE), official *diagnosis* of perio (doctor if needed by your BOD or the RDH. Check with your BOD and know who can make the perio diagnosis), use ultrasonics, remove supra, polish on an individual basis. If you have diode laser begin use of this. According to your BOD doctor will complete the comprehensive exam (Every 3-5 yrs) or periodic exam to make the diagnosis.

1. \* At time of diagnosis you will begin with Gross Debridement. This first appointment at the time of this first perio diagnosis, is a time to help the patient understand what is happening in their mouth and body. This is a time to take intra-oral pictures. There is not enough time to effectively scale teeth.
2. During your patient advocacy session, show your patient the intra-oral pictures and use your digital radiograph software to draw (with your computer software) the areas of bone loss, heavy calculus, etc. This is the appointment when you take time to help your patient “own” their disease.
3. During this 1st appointment, use ultrasonics, hand scale to remove supra calculus and begin use of diode laser if you have this available. You can choose to polish on an individual basis. Provide home care instructions. Introduce the power toothbrush and any other adjuncts as you believe the individual patient is open to at this 1st appointment.
4. *\*\*Many advanced perio cases with tenacious calculus may involve sextants of SRP and will be a higher fee. The majority of dental practices charge a higher fee for sextants. This charge is up to your practice specific circumstances, etc. \*\**
5. \* At time of diagnosis you will begin with D4355. Your patient will be scheduled for 60-90 mins - each sextant - due to the difficulty of this patient type. SRP is in sextants, followed by 4-6-week Perio Maintenance to re-evaluate. Patient may need more SRP and/or Perio Referral.
6. Schedule all sextants of SRP including the 4-6 weeks re-evaluation; AKA: Perio Maintenance, at the end of this 1st diagnostic appointment.
7. This patient should also be advised they may need to see a specialist after the re-evaluation should this disease process not improve. You will re-evaluate after the first X number of appointments are completed.
8. At the end of the 4-6 weeks re-evaluation (1st of indefinite perio maintenance appts), you will schedule the patient for their future hygiene appointment no longer than 90 days from this appointment (If the patient is now healthy); indefinitely. This is the time to determine if a referral to a periodontist is necessary.
9. If you have a diode laser you will also use this at your future perio maintenance appointments. \*
10. **NOTE:** At the first sextant, SRP appointment, you will also update the CPE. If the patient has insurance you will bill D0180. If a Comprehensive exam has not been completed in the last 3-5 yrs insurance, there may likely be a reimbursement for this.

* Please note that when a patient has moderate to severe periodontitis patients do need anesthesia with an appointment time that is no less than 45 mins per quadrant.

Our goal is to put a halt to this disease process. We want to completely debride the pockets and take time to reinforce the patients’ role in disease remission.

1. ***ADDITIONALLY:*** *Annually, you will bill the D0180 when the CPE is completed. Not many insurance companies will not reimburse for this but know that you will always submit to insurance exactly what you complete at the appointment. The CPE is to be completed annually and therefore you should always submit your CPE chart with a narrative that includes your grading and staging, etc. \**

Fee: \_\_\_\_\_\_\_\_

**Can include:**

* Irrigation or Arestin
* Laser (Use if you have)
* Perio Protect
* Fluoride Gel/Varnish

**Includes:**

* Power toothbrush
* Toothpaste
* Or Waterpik

1. **E. Localized Periodontitis: \_\_\_\_\_\_\_\_\_\_**
2. **Service Rendered:** Follow the above protocol/system listed for C and D.
3. This patient has only 1-3 teeth in a quadrant affected with periodontitis. (Fee is less than D4341)
4. \* In many situations a patient who previously had SRP made need to have a full quadrant of SRP repeated **or** at least 1-3 teeth.
5. Many times, a patient can return for Perio Maintenance and when 1-3 sites in a quadrant are once again, *active disease*, you can (this is based on an individual basis) begin with SRP of 1-3 teeth and the patient will follow-up with a 4-6-week re-evaluation; known as a Perio Maintenance, once the areas of 1-3 teeth are completed. \*
6. \*\* Each patient is treated individually. In some cases, you can begin the 1-3 teeth SRP at the time of diagnosis “IF” time permits. This means the patient does not have a seriously involved perio condition and you know you can thoroughly complete the SRP in a shorter amount of time. These are patients with light to moderate calculus and early signs of perio or see the above paragraph for other situations that do not require Gross Debridement (D4355). \*\*
7. In various patient situations, 1-3 teeth can take 30 mins and therefore, according to the extent of the disease and the amount of calculus, it is possible to do two quadrants of 1-3 teeth in 60 mins.
8. Before the patient leaves after the 1st appointment, you will schedule all the future 1-3 SRP appointments, including the 4-6 week “re-evaluation (Perio Maintenance. “Gum Maintenance”).

**Can include:**

* Irrigation or Arestin
* Laser
* Perio Protect
* Fluoride Gel/ Varnish

**Includes:**

* Power toothbrush
* Toothpaste
* OR Waterpik

Fee: \_\_\_\_\_\_\_\_

**ADDITIONAL NOTES:**