

# **2025 Gulf Coast Dental Conference Presents**

## **Unleash Your Hygiene Superpowers: Ignite A Revolution In Oral Health**

Presented by:

Debbie Seidel-Bittke, RDH, BS

Founder / CEO

Dental Practice Solutions



**Dental Practice Solutions**

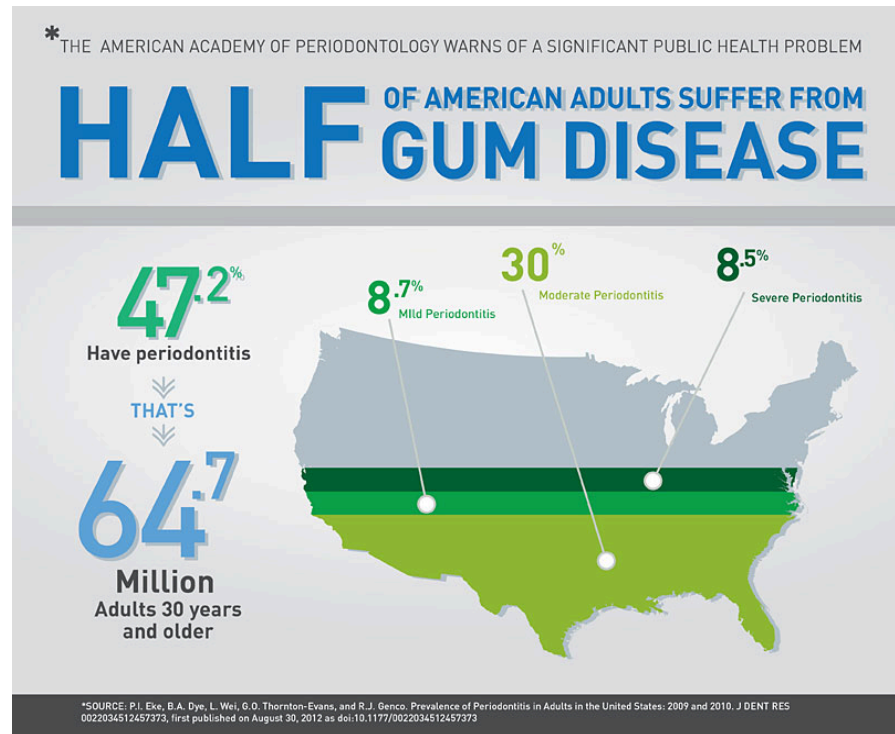
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## 1. Inflammation:

- Definition and types of inflammation (acute vs. chronic).
- The role of inflammation in oral and systemic health.
- Common causes and risk factors associated with oral & systemic inflammation.



## 2. Risk Assessment and Disease Progression:

- Identifying and evaluating risk factors.
  - Note any chronic conditions, medications, and previous dental issues.
- Predicting disease progression based on clinical findings.
- Evaluate plaque accumulation, gum inflammation, and/or enamel demineralization.
- Early detection is key to preventing progression.
- Integrate systemic health considerations into dental assessments.
  - “What happens in the mouth eventually happens in the body.”

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- *“Prevention costs a little money, but treating disease costs a lot of money!”*
- *“We are in the business of helping our patients live a longer-healthier life!”*

## 3. Utilize the 2018 AAP Periodontal Classifications:

- Overview of the 2018 AAP Periodontal Classifications.
  - 3 Steps to identify Stage & Grade
- Criteria for staging and grading periodontal diseases.
- Application of classifications in clinical practice.

## 4. Treatment Planning and Implementation:

- Developing personalized treatment plans addressing oral inflammation.
- Sequencing appointments effectively for various patient needs.
- Utilizing innovative chairside approaches to enhance treatment outcomes.

## 5. Enhancing Patient Communication:

- Improve patient understanding and acceptance.
- Educate patients: oral health / systemic disease link.
- Empower patients: self-care strategies to maintain overall wellness.

## Build Patient Trust and Rapport

When does rapport and trust begin?

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## What questions help build trust and support case acceptance?

- What \_\_\_\_\_
- Why \_\_\_\_\_
- Tell me about \_\_\_\_\_
- What is one thing you like or do not like about your smile?

## Patient-Centered Treatment Plans

- Words can paint 1,000 pictures.

### Say This

### Stop Saying This


## Motivational Interviewing

A supportive, therapeutic approach that centers around the inspiration and motivation that creates a positive behavioral change in the patient.

## Clinicians Role

Listen carefully and seek to understand the patient. Motivational interviewers also aim to build a desire and the confidence to change aspects in the patient's life that conflict with successful, healthy human values and goals. These goals create a better life for your patient.

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## How Motivational Interviewing Works

If you participate in this type of conversation, you will ask open-ended questions that invite your patient to tell a story in their own words. Instead of asking, “Do you want things to be different?” **For example**, a motivational interviewer might ask you, “How would you like things to be different?”

As a motivational interviewer, look for your patients strengths and positive behaviors. Affirm their positive behaviors.

**For example**, you may highlight the resources you provided to halt the progression of gum disease. Flossing or returning for routine maintenance may feel challenging to your patient so do your best to emphasize the benefits of taking these steps.

**FYI:** Recap with your patient about when a patient or friend did comply and talk about this situation.

**Example:** Tell your patient.....*“I remember when we were treating your active gum disease and you returned to complete the numerous appointments as we had planned. Remember when you returned six weeks later and your oral health was greatly improved? You even told me your doctor decreased your blood pressure medication. You did really well with that! This is the benefit of following through with preventive care and reducing oral inflammation.”*

**Reflective listening** is another key component of motivational interviewing that involves the provider/clinician to listen carefully to the patient. Sit eye-to-eye in a comfortable position, looking at your patient in a way that shows interest and respect. Your actions show empathy and are a non-verbal way to show you care. People want to be understood. Listen to learn. Show a level of curiosity.

## Ask open-ended questions.

### Examples:

- “What needs to change at home so things get better?”
- “What do you believe will help you to \_\_\_\_\_?”
- “What do you think is holding you back from \_\_\_\_\_?”
- “Can you help me to understand the purpose of \_\_\_\_\_?” or “Can you help me understand the reason why you decided to \_\_\_\_\_?”

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## 6. Effective Appointment Sequencing:

- Blocked scheduling.
- Pre-Schedule / Who will pre-schedule?
- New patient blocks, Perio patient blocks, \_\_\_\_\_ blocks.
- End-point balance (re-eval).

## 7. Treating the Gingivitis Patient:

**D4346** - scaling in the presence of generalized moderate to severe gingival inflammation - full mouth, after oral evaluation.

- Typical insurance limitation: 2 prophys in a 12-month period or calendar year.

30% of sites have bleeding and **NO** radiographic bone loss.  
Additional hygiene appointments may be paid by the patient.

- Will **NOT** be reported in conjunction with prophylaxis, scaling and root planing, periodontal maintenance, or debridement procedures.
- Must be used in conjunction with D-120, D0140, D0150.
- Treatment includes:
  - RMH, BP, Intra-oral Images, Recent XR's Doctor Exam, Mouth-Body Connection Discussion, LBR, Scale, use Ultrasonics, Polish, Homecare Instructions, Post-op Instructions, Explain Importance of Re-Evaluation 2-6 weeks to be sure no active disease ("*Halt disease*").
  - Re-Eval Appt 2-6 weeks: CPE (reassess inflammation, BOP, etc.), Compliment Pt is improvement, Motivational Interviewing (help change any bad habits), LBR, Scale, Ultrasonics, Review Homecare, Post-Op, Reinforce routine hygiene appointments and purpose of preventive care to "Halt oral and systemic disease"), Re-inforce mouth/body connection..
    - If no change at re-eval, and generalized mod-severe inflammation persists, refer to PCP or Naturopath for blood panel, and re-appt to re-treat gingivitis
    - If a patient has little to no inflammation at the re-eval, complete the above sequence and reappoint 3-6 months for Prophyl. The next interval is dependent upon patients' homecare and medical history.

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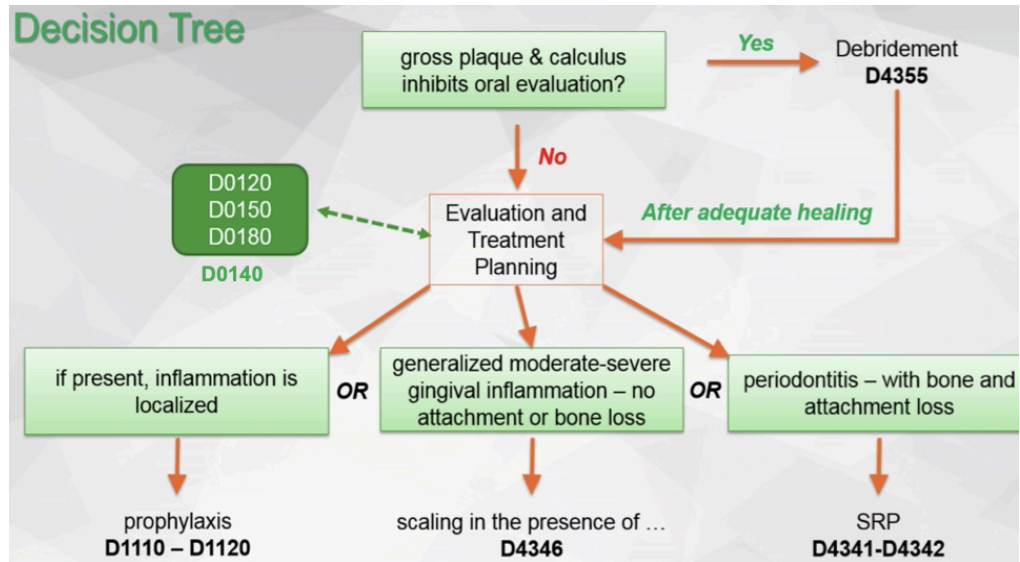
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## 8. Treating the Perio Patient: Initial Phase:



**D4355 - full mouth debridement to enable a comprehensive oral periodontal evaluation and diagnosis on a subsequent visit.** \*As of 2023 you will bill D0150/D0140 with D4355. You must include a narrative with insurance submission.

### ➤ Treatment includes:

- RMH, Take BP, Intra-oral Images, Recent FMX, Doctor Exam, Mouth-Body Connection Discussion, LBR at 1st Gross Debridement Appointment, Scale (Remove Supra), use Ultrasonics, Light Polish, Homecare Instructions, Post-op Instructions, Explain Importance of putting a halt to the disease process.
  - Front office will discuss financial arrangements and schedule the SRP + 4-6 week re-eval appointments
  - At 1st SRP appointment if you have not billed for D0150 and **IF** you previously billed D0140, you will not complete D0180 (CPE. Done after you have given local anesthesia while waiting for the patient to be numb).
    - Take BP before local anesthesia is given, LPT, ultrasonics, Scale, Homecare Instructions, Reinforce mouth body connection and why this treatment is important.

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- Continue to repeat the above for each quadrant of sextant or for each tooth you complete SRP.
- 4-6 Week Re-Eval. CPE, LBR, Ultrasonics, scale, polish, homecare, post-op, reinforce mouth-body connection and why a halt of disease is important for the patient to live a longer, healthier life.
- If no change and mod-severe inflammation persists, refer to PCP or Naturopath for blood panel, and re-appt localized SRP to re-treat specific areas, and/or referral to periodontist.
- If a patient has little to no inflammation at the re-eval, complete the above sequence and reappoint 3 months for Perio Maintenance.
- **NOTE:** You should bill D0180 at the 1st quadrant of SRP, then annually.
  - Fee for D0150 and D0180 are usually the same.

## Insurance Billing Tips:

- The most common limitation is once per lifetime.
- D4355 is commonly paid as D1110 - routine prophylaxis. Depending upon the insurance contract the patient may be responsible for this service and pays the appropriate fee.
- D4355 is used when removal of heavy supra/sub calculus prevents a clear diagnosis and limits the ability to do a comprehensive oral evaluation. Starting perio patients with D4355 vs. the SRP quad, sextant or 1-3 teeth, builds trust and adds to patient compliance.
- Always provide insurance with: Current FMX, CPE, IOPs, Gingival Description, and AAP Stage/Grade & Use narratives.

## Denials for D4341/D4342. Potential Reasons:

- No radiographic bone loss and no pocket depths of 4 mms or greater.
- Failure to provide supporting documentation (See above recommendations).
- Annual maximum has been used (PPO).
- Exceeds plan limitation period (Plan allows for X and patient can no longer use this benefit).

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## Case Study

Patient Information:

Medical History Update:

Dental History Update:

Today's Appointment:

Diagnosis:

Treatment Plan:

Communication with Patient:

AAP Stage/Grade:

Gingival Description:

Clinical Notes:

Next Appointment:

Notes for the insurance narrative to be included:

## My Next Steps:

I will begin to implement \_\_\_\_\_ by or before \_\_\_\_\_.  
(choose 1 thing to implement) (write down a date)

Implementing this one strategy will \_\_\_\_\_.  
(write down a benefit to you and/or your team)

Your Signature: \_\_\_\_\_ Today's Date: \_\_\_\_\_

1. Save this signed document.
  2. Mark your calendar for 3 months from today.
  3. Look back at this information and see how far you have come.
  4. Does life feel better? 😊
- What changes will occur when you implement just one thing today?

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- After this one more thing is implemented, then choose another and another.
- Take baby steps. This is a marathon not a 5k race.
- A 1% change each day or each month =s huge, positive changes!

## Resources

1. **Great video explaining acute vs. chronic inflammation.**  
[https://youtu.be/lfvVMlm\\_RKU?si=O\\_ifC4QyK4mvSDD4](https://youtu.be/lfvVMlm_RKU?si=O_ifC4QyK4mvSDD4)
2. **The Link between Oral and General Health.** [Wael Sabbah](#), [Morenike Oluwatoyin Folayan](#), [Maha El Tantawi](#). Int J Dent. 2019 May 29;2019:7862923. Doi: [0.1155/2019/7862923](#)
3. **IL-6 Induced by Periodontal Inflammation Causes Neuroinflammation and Disrupts the Blood–Brain Barrier.** Daisuke Furutama, Shinji Matsuda, Yosuke Yamawaki, et.al. Brain Sciences. September 12, 2020. <https://bit.ly/IL6BBBarrier>
4. **AAP Stage/Grade documentation/chart:** <https://bit.ly/AAPSTAGEGRADE2023>
5. **Guide to Reporting Gingivitis/D4346:** <https://bit.ly/D4346Gingivitis>
6. **Guide to Reporting D4355:** <https://bit.ly/D0150WD4355>
7. **Utilizing D0180 and D4346:** <https://dentalcoding.com/utilizing-d0180-and-d4346/>

*See you for the next courses!*

## Additional Notes

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Thank you for attending! You are greatly appreciated!

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