

Bridging the Gap: Evaluating Periodontal Re-evaluation Practices in Dental Schools and Private Practice

Objectives: This project aimed to evaluate the significance of periodontal re-evaluation in dental schools nationwide, particularly in the absence of a specific CDT code for the procedure. It is hypothesized that most dental schools would recognize periodontal re-evaluation as a critical component of periodontal management and have internal documentation methods in place. Additionally, the project sought to assess private practitioners' approaches—both general dentists and periodontists—regarding periodontal re-evaluation, and whether the introduction of a dedicated code would encourage its implementation.

Methods: Two Qualtrics surveys were conducted: the first targeted dental school faculty responsible for undergraduate periodontal training, and the second was directed at private practitioners performing Scaling and Root Planing. The responses from general dentists and periodontists in the second survey were compared using chi-squared analysis.

Results: Forty-seven dental schools participated in the initial survey, revealing that 97.7% regard re-evaluation as crucial, with 100% requiring it clinically. Additionally, 52% have developed an internal code for this procedure, and an average of 2.9 lectures on the topic are provided to students. In the second survey, 68 general practitioners and 55 periodontists responded. Statistically significant differences were found in the frequency and timing of periodontal re-evaluations between the two groups (both $p < 0.01$). Moreover, 92% of both groups support the creation of a CDT code for this procedure, and 96% believe insurance should provide reimbursement. Notably, a statistical difference (p -value 0.048) was observed regarding the influence of reimbursement on the willingness to perform re-evaluations, with general dentists being more influenced by reimbursement than periodontists.

Conclusion: Periodontal re-evaluation is recognized as a vital step in managing periodontal disease by dental schools. However, confusion persists in private practice regarding management, charging, and coding for this procedure. Establishing a specific CDT code for periodontal re-evaluation could enhance consistency and organization in treatment practices.