

Set in Stone the Goal of Your Practice

Progressive periodontal therapeutics in general practice is a clinical model, not a business model. Although the revenue associated with progressive periodontal therapeutics is attractive, it cannot be sustained without incorporating up-to-date treatment methods. Compromised patient care will eventually impact practice profitability.

Periodontal therapists must keep abreast of the latest research and information and follow the American Academy of Periodontology's latest recommendations (www.perio.org). Failure to do both will result in a lackluster revenue stream and unsuccessful clinical outcomes. Today's consumer-patients know too much to settle for compromised results.

A CHANGE IN ATTITUDE

Today, there is a national demand for greater periodontal care. According to the ADA's 2000 public opinion survey, 98% "somewhat agreed" or "strongly agreed" with the statement, "Prevention of gum disease is an important step in maintaining overall health." And 90.5% "agreed" or "somewhat agreed" that there is "a link between gum disease and other health problems."

American consumers want to be in charge of their bodies. Because the general population is aware of the systemic implications of periodontal disease, patients are paying attention to their gums and seeking nonsurgical periodontal interventions.

Today's dental patients want to know about periodontal disease risk, and they have an immense appetite for information on how to manage their own conditions, including chronic periodontitis. Periodontal therapists are now able to diagnose periodontal disease earlier—early diagnosis is critical.

Patients must recognize the earliest signs of periodontal destruction. Since most people aren't able to read these signs, the diagnostic capabilities of a periodontal therapist are needed to promote high-caliber primary prevention. Producing health rather than restoring health is the new order of the day.



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Although periodontal therapy's popularity is increasing, the truth is, not all dentists want to utilize a periodontal therapist, and not all hygienists want to advance to the level of periodontal therapist. A transition to this level of care requires both discipline and drive.

Practicing at the periodontal therapist level requires expert diagnostic skills, efficient treatment planning, effective case presentation, and, of course, the right instruments. Additionally, the periodontal therapist model will not succeed in a practice that is not totally committed to the wellness model (as opposed to the repair model). It also takes a dentist who is willing to end turf battles over the term "diagnose."

SATISFACTION GUARANTEED

The combination of a skilled periodontal therapist and a practice devoted to clinical excellence produces profitable possibilities. By employing the periodontal therapist model, your practice can sustain higher levels of production, practice profitability, and hygienist compensation.

The fee table below summarizes the case management fees for definitive therapy for chronic periodontitis by case types and ranks these fees according to recently released 2003 national fee percentages. The fees are somewhat correlated with geographic location within the United States. However, two practices within the same city can

have very different production results, based on the caliber of their periodontal care.

It's worth noting here that managed care practices that adopt the wellness model and establish strong evidence-based periodontal therapeutics often experience an increase in the number of new patients that are fee-for-service. This is the direct result of referrals from periodontal patients who have benefited from such a high caliber of care. Patient recommendations are free. In a business where even the least expensive equipment is expensive, free advertising is always welcome.

Dental practices that have a periodontal therapist on board are able to charge a premium for their patient-care services. These are the same dental practices that are able to jump their fee curve into the 80th and 90th percentile, usually independent of geographic location. However, the likelihood that high production can be sustained in general practices that focus on the business goals (ie, production goals) rather than the clinical goals (ie, achieving predictable outcomes) of periodontal therapeutics, is a real long shot.

Even in health care, the law of supply and demand will prevail. For this reason, a business-driven approach to periodontal therapeutics will never really be profitable. For those dental practices that don't believe this little known fact, moving out of their current place in the 40th or 50th national fee percentile will be quite a challenge.

Remember, the goal of your practice should not be to increase production through periodontics. Instead, your goal should be to practice periodontal therapeutics at such a high caliber that your practice becomes renowned for its expertise in nonsurgical care. ●

Bundled Fees for Definitive Therapy by Case Type (revised for 2003)

Utilizes Data from 2003 Comprehensive Fee Report from the National Dental Advisory Service

CDT-4 Codes	National Fee Percentiles (\$)						
	40th	50th	60th	70th	80th	90th	
Chronic Periodontitis, Case Type II or III Without Use of Locally Delivered Controlled-release Antimicrobials							
Scaling and root planing, 4 quadrants	D4341 (4X)	660	680	700	732	764	808
Full mouth subgingival irrigation	D9630 (4X)	100	120	128	140	180	216
Application of desensitizing medication	D9910	35	38	40	43	46	60
Patient self-care instructions*	D1330	31	34	35	40	43	48
Total		826	872	903	955	1033	1132
Chronic Periodontitis, Case Type III with Use of Locally Delivered Controlled-release Antimicrobials							
Scaling and root planing, 4 quadrants	D4341 (4X)	660	680	700	732	764	808
Full mouth subgingival irrigation	D9630 (4X)	100	120	128	140	180	216
Application of desensitizing medication	D9910	35	38	40	43	46	60
Localized delivery of controlled-release antimicrobials	D4381 (3X)	375	411	435	450	480	531
Patient self-care instructions*	D1330	31	34	35	40	43	48
Total		1201	1283	1338	1405	1513	1663
Chronic Periodontitis, Case Type IV with Use of Locally Delivered Controlled-release Antimicrobials and Bacteriologic Culturing, DNA Probe, and Sensitivity Testing							
Scaling and root planing, 4 quadrants	D4341 (4X)	660	680	700	732	764	808
Full mouth subgingival irrigation	D9630 (4X)	100	120	128	140	180	216
Application of desensitizing medication	D9910	35	38	40	43	46	60
Localized delivery of controlled-release antimicrobials	D4381 (4X)	500	548	580	600	640	708
Patient self-care instructions*	D1330	31	34	35	40	43	48
Bacteriologic studies for determination of pathologic agents**	D0415	83	87	95	112	125	153
Lab fee		100	100	100	100	100	100
Total		1509	1607	1678	1767	1898	2093

*Claims paid on a limited basis.

**If a patient's dental plan rejects the claim it may be cross-coded in medical plans under Code CPT 87075 (culture, bacteria, anaerobic isolation) or Code 87181-4 (antibiotic sensitivity testing). Specify "Special Reviewer Requested" and include lab statement on service provided in the lab report.