



Evaluation Form to Scaling and Root Planing

Member Name: \_\_\_\_\_ CareSource ID #: \_\_\_\_\_

Member's Birthdate: \_\_\_\_\_ Exam Date: \_\_\_\_\_

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Required Documentation

\_\_\_\_\_ Periodontal History: Yes \_\_\_\_\_ No \_\_\_\_\_

If yes: Procedure(s): \_\_\_\_\_ Date: \_\_\_\_\_ NA: \_\_\_\_\_

Additional Comments: \_\_\_\_\_

\_\_\_\_\_ ADA Periodontal Chart or equivalent that exhibits pocket depths of all six surfaces charted attached

\_\_\_\_\_ Required Diagnostic Bitewings (4) and Anterior Periapical Radiographs (mounted, labeled and dated within last 6 months) demonstrating root surface calculus and bone loss

Date Radiographs Taken: \_\_\_\_\_

Teeth radiographically demonstrating root surface calculus and/or bone loss:

Tooth # 1 2 3 4 5 6 7 8 9 10 11 12 13 14 15 16  
17 18 19 20 21 22 23 24 25 26 27 28 29 30 31 32

Periodontal Treatment Plan:

Scaling and Root Planing 4 or more Teeth (D4341) UR UL LR LL  
Scaling and Root Planing 1 – 3 Teeth (D4342) UR UL LR LL  
Periodontal Maintenance (D4910) \_\_\_\_\_ at \_\_\_\_\_ months  
Dental Prophylaxis (D1110) \_\_\_\_\_ at \_\_\_\_\_ months

Please Note:

- 1 Periodontal Maintenance is only covered 1 per 365 days
- 2 Periodontal Maintenance is not covered if no history of Scaling and Root Planing within the previous 24 months
- 3 Periodontal Maintenance is not covered in conjunction with an oral prophylaxis or within 30 days of scaling and root planing.
- 4 Scaling and Root Planing is only covered 1 per 24 months per quadrant

\*Please also include ADA request form properly filled out with each Periodontal request