



OZONE THERAPY IN DENTAL PRACTICE

Clinical Application, Coding, and Profitability Guide

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Why Ozone?

Ozone (O₃) is a powerful, biologically active molecule that supports:

- Reduction of pathogenic biofilm
- Disruption of anaerobic bacteria
- Improved oxygenation of tissues
- Support of natural healing and remineralization pathways

👉 It is not a replacement for dentistry—it is an **enhancement of biological care**

Clinical Philosophy

We do not bill for ozone.

We bill for:

- Disease detection
- Risk assessment
- Prevention
- Medically necessary treatment

👉 Ozone is an **adjunctive therapy** that elevates outcomes.

CLINICAL INDICATIONS

Caries Management

- Early enamel lesions (white spots)
 - Interproximal radiographic lesions
 - High caries risk patients
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Periodontal / Gingival Therapy

- Generalized inflammation
 - Dysbiotic biofilm
 - Maintenance and stabilization
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Sensitivity & Enamel Support

- Root exposure
 - Demineralization
 - Post-whitening or acidic erosion
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CODING FRAMEWORK (CDT-BASED)

Diagnostics

- **D0180** – Comprehensive periodontal evaluation
 - **D0417** – Biofilm analysis (microscopy)
 - **D0603** – High caries risk
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Preventive & Hygiene

- **D1110** – Adult prophylaxis
 - **D4346** – Scaling with generalized inflammation
 - **D4910** – Periodontal maintenance
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Caries Arrest & Remineralization

- **D1354** – Interim caries arresting medicament (*primary code for early lesions*)

- D9910 – Desensitizing medicament
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Adjunctive Therapy

- D4921 – Gingival irrigation with medicament (*when applicable*)
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IMPORTANT CODING PRINCIPLE

✓ Code based on the **condition being treated**

✗ Not the product or technology used

👉 Ozone = adjunct, not a billable code

WHEN TO USE D1354 (CRITICAL)

Use D1354 when:

- Active non-cavitated lesions are present
 - Treatment is **non-restorative caries management**
 - Goal is **arresting or reversing decay**
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Example Case:

Interproximal lesions on:

- #2-3, 12-13, 15, 19-20, 29-31 (confirmed on BWX)

👉 Full-mouth ozone tray therapy may be used

👉 Must document:

- Specific teeth
- Active lesions
- Caries arrest intent

SAMPLE DOCUMENTATION

“Patient presents with multiple non-cavitated interproximal carious lesions confirmed radiographically. Full-mouth ozone tray therapy delivered as part of a non-restorative caries arrest protocol targeting affected sites.”

PROFITABILITY MODEL

Caries Arrest Visit

Component	Revenue
D1354 (insurance portion)	\$40-\$100
Ozone tray therapy (patient-paid)	\$75-\$150
Remineralization adjunct	\$75-\$200

Total per visit: \$150-\$350+

Hygiene Upgrade Visit

Component	Revenue
Prophy (insurance) Base	
Ozone adjunct	\$50-\$100
Microscopy	\$50-\$150

Increase per patient: \$100-\$250

WHY THIS WORKS

- Increases perceived value of care
- Improves patient understanding and engagement
- Enhances clinical outcomes

- Reduces disease recurrence
 - Differentiates your practice
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IMPLEMENTATION STRATEGY

Step 1: Diagnose

- Radiographs
 - Microscopy
 - Risk assessment
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Step 2: Educate

- Show patients their biofilm
 - Explain early disease vs surgical dentistry
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Step 3: Treat

- Ozone therapy
 - Remineralization protocols
 - Biofilm management
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Step 4: Maintain

- Recall with biological support
 - Monitor and reassess
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PRACTICE GROWTH INSIGHT

“Ozone doesn’t replace procedures—
it increases the value of every visit without increasing chair time.”



COMPLIANCE REMINDER

- No CDT code exists for ozone
 - Must be tied to a **documented diagnosis**
 - Avoid billing under D1354 without lesions
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FINAL THOUGHT

This is how we move from:
Procedure-based dentistry

To:
Prevention-based, biologically driven care

That benefits:

- The patient
 - The provider
 - The practice
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CONNECT & LEARN MORE

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