



# Dental Clinical Policy

**Subject:** Dental Prophylaxis

**Guideline #:** 01 -101

**Status:** Revised

**Publish Date:** 01/01/2024

**Last Review Date:** 08/23/2023

---

## Description

This document addresses the procedure of dental prophylaxis for children and adults.

The plan performs review of dental prophylaxis due to contractual requirements that necessitate benefits for dental services meet specific contract requirements. For example, plan contract(s) may require the provision of benefits for services that meet generally accepted standards of dental care at the lowest cost that properly addresses the patient's condition. The conclusion that a particular service is medically or dentally necessary and/or appropriate does not constitute an indication and/or warranty that the service requested is a covered benefit payable by the dental plan.

## Clinical Indications

A dental prophylaxis is a routine preventative procedure performed to remove supragingival plaque, stain, and calculus from teeth surfaces and may utilize scaling (above the gingival sulcus) ultrasonic or hand instruments. This procedure includes the observation of hard and soft tissues. Individuals who exhibit higher risks may require prophylaxis more frequently than every six months.

Full mouth debridement is sometimes necessary as a preliminary treatment for individuals who have plaque and calculus that interferes with the ability of the dentist to perform a comprehensive oral evaluation.

During a dental prophylaxis, it may be necessary to provide oral hygiene instructions to the patient or a caregiver of the patient.

Dental review as it applies to accepted standards of care means dental services that a dentist, exercising prudent clinical judgment, provides to a patient for the purpose of evaluating, diagnosing or treating a dental injury or disease or its symptoms, and that are: in accordance with the generally accepted standards of dental practice; , in terms of type, frequency and extent and is considered effective for the patient's dental injury or disease; and is not primarily performed for the convenience of the patient or dentist, is not cosmetic and is not more costly than an alternative service.

For dental purposes, "generally accepted standards of dental practice" means:

- Standards that are based on credible scientific evidence published in peer-reviewed, dental literature generally recognized by the practicing dental community
- specialty society recommendations/criteria
- the views of recognized dentists practicing in the relevant clinical area
- any other relevant factors from credible sources

## Criteria

Indications for a dental professional prophylaxis include:

1. The presence of plaque, stain, or calculus
2. The presence of factors that influence the build-up and retention of plaque
3. Improper oral hygiene
4. Maintenance of gingival health

Risk assessments typically include:

1. A medical and dental history including any medications
2. Age
3. Compliance with treatment recommendations
4. Previous and current evidence of caries
5. Previous and current periodontal health evaluation
6. Family or patient history of periodontal disease
7. Oral hygiene compliance
8. Presence of plaque
9. Presence of gingivitis – bleeding (spontaneous or upon probing)
10. Presence of calculus
11. Presence of external tooth staining (coffee or tea staining of teeth)
12. Local factors influencing the build-up and retention of plaque

## Coding

*The following codes for treatments and procedures applicable to this document are included below for informational purposes. Inclusion or exclusion of a procedure, diagnosis or device code(s) does not constitute or imply member coverage or provider reimbursement policy. Please refer to the member's contract benefits in effect at the time of service to determine coverage or non-coverage of these services as it applies to an individual member.*

**CDT** Including, but not limited to, the following:

D1110	Prophylaxis – adult
D1120	Prophylaxis – child
D1330	Oral hygiene instructions
D4341	Periodontal scaling and root planing – four or more teeth per quadrant
D4342	Periodontal scaling and root planing – one to three teeth per quadrant

D4346	Scaling in presence of generalized moderate or severe gingival inflammation – full mouth after oral exam
D4355	Full mouth debridement to enable a comprehensive oral evaluation and diagnosis on a subsequent visit
D4910	Periodontal maintenance

**ICD-10 CM** Diagnoses for Dental Diseases and Conditions: See the current CDT code book for details

**References**

1. American Dental Association Statement on Regular Dental Visits: Press room news release: American Dental Association: 2013 Council on Clinical Affairs: Guideline on the Role of Dental Prophylaxis in Pediatric Dentistry: adopted 1986 – revised 1993, 2000, 2003, 2007; American Academy of Pediatric Dentistry Clinical guidelines; 151-152
2. Journal of the American Dental Association: Need for Prior Tooth-cleaning when Performing a Professional Topical Fluoride Appliance: Review and Recommendations for Change; Ripa,Louis DDS, MS; JADA August 1984 Volume 109, Issue 2, Pages 281- 285
3. CDT 2024 Current Dental Terminology, American Dental Association

**History**

Revision History	Version	Date	Nature of Change	SME
	initial	12/14/16	creation	M Kahn G Koumaras
	Revision	2/8/17	General verbiage	Rosen
	Revision	2/6/18	Appropriateness/medical necessity	M Kahn
	Annual Review	9/12/18	Annual Revision	Committee
	Annual Review	5/20/20	Annual Revision	Committee
	Revised	12/4/20	Annual Revision	Committee
	Revised	10/30/2021	Annual Revision	Committee
	Revised	10/26/2022	Annual Revision	Committee
	Reviewed	8/23/2023	Annual Review	Committee

---

Federal and State law, as well as contract language, takes precedence over Dental Clinical Policy. Dental Clinical Policy provides guidance in interpreting dental benefit application. The Plan reserves the right to modify its Dental Clinical Policies and guidelines periodically and as necessary. Dental Clinical Policy is provided for informational purposes and does not constitute medical advice. These Policies are available for general adoption by any lines of business for consistent review of the medical or dental necessity and/or appropriateness of care of dental services. To determine if a review is required, please contact the customer service number on the member's card.

No part of this publication may be reproduced, stored in a retrieval system or transmitted, in any form or by any means, electronic, mechanical, photocopying, or otherwise, without permission from the Plan.

Current Dental Terminology - CDT © 2024 American Dental Association. All rights reserved.