



Dental Clinical Policy

Subject: Dental Prophylaxis

Guideline #: 01 -101

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Description

Dental prophylaxis is a routine preventative procedure performed to remove supragingival plaque, stain, and calculus from tooth structures and implants in the primary and transitional dentition. It is intended to control local irritational factors and typically includes their removal from above the gingival sulcus using hand instruments or an ultrasonic scaler.

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. Appropriate frequency of prophylaxis will depend on individual risk factors.

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 and diagnosis on a subsequent visit.

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

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
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. U.S Food & Drug Administration. The Selection of Patients for Dental Radiographic Examinations. fda.gov. Revised 2012.
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5. American Academy of Periodontology. Dental plaque–induced gingival conditions. aap.onlinelibrary.wiley.com. Published June 21, 2018.
6. Ripa LW. Need for prior toothcleaning when performing a professional topical fluoride application: review and recommendations for change. *J Am Dent Assoc*. 1984;109(2):281-285. doi:10.14219/jada.archive.1984.0318
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8. Research, Science and Therapy Committee Guidelines of the American Academy of Periodontology. Treatment of plaqueinduced gingivitis, chronic periodontitis, and other clinical conditions. J Periodontol 2001;72:1790-1800.

9. American Dental Association. ADA Code of Ethics: Veracity. ada.org. Revised 2023.

10. American Academy of Pediatric Dentistry. Caries-Risk Assessment and Management for Infants, Children, and Adolescents. aapd.org. Revised 2022.

11. U.S Food & Drug Administration. The Selection of Patients for Dental Radiographic Examinations. fda.gov. Revised 2012.

History

Revision History	Version	Date	Nature of Change	SME
	initial	12/14/2016	creation	M Kahn G Koumaras
	Revision	02/08/2017	General verbiage	Rosen
	Revision	02/06/2018	Appropriateness/medical necessity	M Kahn
	Annual Review	09/12/2018	Annual Revision	Committee
	Annual Review	05/20/2020	Annual Revision	Committee
	Revised	12/04/2020	Annual Revision	Committee
	Revised	10/30/2021	Annual Revision	Committee
	Revised	10/26/2022	Annual Revision	Committee
	Reviewed	08/23/2023	Annual Review	Committee
	Reviewed	10/24/2024	Minor editorial refinements to description, clinical indications, criteria, and references; intent unchanged.	Committee

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