

**ENVOLVE DENTAL, INC.
INCLUDING ALL ASSOCIATED SUBSIDIARIES
CLINICAL POLICY AND PROCEDURE**

DEPARTMENT: Utilization Management	DOCUMENT NAME: Prophylaxis (Adult & Child)
PAGE: 1 of 5	REFERENCE NUMBER: ENVD.UM.CP.0018
EFFECTIVE DATE: 05/04/2020	REPLACES DOCUMENT:
RETIRED:	REVIEWED: 11/2021
SPECIALIST REVIEW:	REVISED:
PRODUCT TYPE:	COMMITTEE APPROVAL: 06/30/2020

IMPORTANT REMINDER

This Clinical Policy has been developed by appropriately experienced and licensed health care professionals based on a thorough review and consideration of generally accepted standards of dental practice, peer-reviewed dental/medical literature, government agency/program approval status, and other indicia of medical necessity.

The purpose of this Clinical Policy is to provide a guide to dental/medical necessity. Benefit determinations should be based in all cases on the applicable contract provisions governing plan benefits ("Benefit Plan Contract") and applicable state and federal requirements, as well as applicable plan-level administrative policies and procedures. To the extent there are any conflicts between this Clinical Policy and the Benefit Plan Contract provisions, the Benefit Plan Contract provisions will control.

Clinical policies are intended to be reflective of current scientific research and clinical thinking. This Clinical Policy is not intended to dictate to providers how to practice dentistry, nor does it constitute a contract or guarantee regarding results. Providers are expected to exercise professional dental judgment in providing the most appropriate care, and are solely responsible for the dental advice and treatment of members.

SUBJECT:

Medical necessity determination of prophylaxis (dental cleaning) as a preventive procedure intended to remove local irritating factors such as plaque, calculus and stains from tooth structures in the primary, transitional/mixed or permanent dentition.

DESCRIPTION:

The term dental prophylaxis encompasses several techniques that are used by dental personnel to professionally remove plaque, stain, and calculus from teeth. The toothbrush prophylaxis (i.e., using a toothbrush and toothpaste) is a procedure that is used to remove plaque from tooth surfaces and demonstrate brushing techniques to young children and their caregivers, and for patients with special needs who cannot tolerate the use of a rubber cup. The rubber cup prophylaxis is a procedure in which a dental polishing paste is applied to tooth surfaces with a rotary rubber cup or rotary

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bristle brush to remove plaque and stains from teeth. Dental scaling is a procedure in which hand or ultrasonic instruments are used to remove calculus and stain.

These procedures facilitate clinical examination of the teeth and may be used to introduce dental procedures to patients. Flossing is an important part of the prophylaxis that removes interproximal plaque. These procedures often are combined with oral hygiene instructions to educate patients and/or caregivers about proper methods for removing plaque in non-clinical settings (e.g., at home).

POLICY/CRITERIA:

Adult Prophylaxis

A preventive procedure to reduce the risk of dental disease by removing plaque, stain, and calculus and/or as an adjunct to clinical examination and patient education. It is intended to remove local irritating factors in the transitional/mixed and permanent dentition.

Indications for Adult Prophylaxis are as follows:

- Dentate patients older than 14 years of age
- To facilitate instruction of patients in proper oral hygiene techniques
- To remove dental plaque, extrinsic stain, and calculus deposits from teeth
- To facilitate the examination of hard and soft tissues
- To introduce dental procedures to young children and apprehensive patients

Contraindications for Adult Prophylaxis are as follows:

- When no teeth are present (edentulous patient)
- When bone loss or active periodontal disease is present
- When significant subgingival calculus is present
- When more extensive preventive procedures (e.g., scaling and root planning) are indicated
- When a patient is undergoing medical treatment that may compromise the immune system, medical clearance should be obtained prior to treatment.

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Pediatric Prophylaxis

A preventive procedure to reduce the risk of dental disease by removing plaque, stain, and calculus. It is intended to remove local irritating factors in the primary and transitional/mixed dentition.

Pediatric Prophylaxis is indicated for the following:

- Dentate patients 14 years of age or younger
- To facilitate instruction of patients in proper oral hygiene techniques
- To remove dental plaque, extrinsic stain, and calculus deposits from teeth
- To facilitate the examination of hard and soft tissues
- To introduce dental procedures to young children and apprehensive patients

Pediatric Prophylaxis is not indicated for the following:

- When no teeth are present (edentulous patient)
- When bone loss or active periodontal disease is present
- When significant subgingival calculus is present
- When more extensive preventive procedures (e.g., scaling and root planning) are indicated
- When a patient is undergoing medical treatment that may compromise the immune system, medical clearance should be obtained prior to treatment.

COVERAGE LIMITATIONS AND EXCLUSIONS:

- Limited to one per 6 months

REFERENCES:

American Academy of Pediatric Dentistry (AAPD) Policy on the Role of Prophylaxis in Pediatric Dentistry. AAPD Reference Manual, 2019-2020, pp. 53-54.

American Dental Association (ADA). Glossary of Dental Clinical and Administrative Terms.

Ramos-Gomez F, Crystal YO, Ng MW, Tinanoff N, Featherstone JD. Caries risk assessment, prevention, and management in pediatric dental care. Gen Dent 2010;58 (6):505-17; quiz 518-9.

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Wilkins EM. Extrinsic stain removal. Clinical Practice of Dental Hygienist. 10th ed. Baltimore, Md.: Lippincott Williams and Wilkins; 2009:728-35.

American Academy of Pediatric Dentistry. Periodicity of examination, preventive dental services, anticipatory guidance/counseling, and oral treatment for infants, children and adolescents. Pediatric Dent 2017;39(6):199-96

CODING IMPLICATIONS:

Please refer to your State contract and Provider Manual for exact coverage implications.

The following codes for prophylaxis are recognized by Envolve Dental.

- **D1110:** Prophylaxis – adult
- **D1120:** Prophylaxis – child

Envolve Dental complies with the coding guidelines of the health plan and/or State in which the client resides. When billing D1110 or D1120, the need for prophylaxis must be documented in the record. Abnormal comparative utilization of comprehensive examination coding is subject to retrospective review and chart audit. Envolve Dental requires servicing providers to submit one or more of the following ICD-10 codes with prophylaxis (Box 34 and 34a of the ADA American Dental Association Dental Claim Form):

Medical indications for coverage:

ICD-10 Code	ICD-10 Code Description
Z01.20	Encounter for dental examination and cleaning without abnormal findings
Z01.21	Encounter for dental examination and cleaning with abnormal findings
Z29.8	Encounter for other specified prophylactic measures
Z29.9	Encounter for prophylactic measures, unspecified
K05.00	Acute gingivitis, plaque induced
K05.01	Acute gingivitis, non-plaque induced
K05.10	Chronic gingivitis, plaque induced

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K05.11	Chronic gingivitis, non-plaque induced
K06.1	Gingival enlargement

REVIEW/REVISION LOG

Notes	Date
Annual Review	06/30/2020
Annual Review	11/2021