

Dental Clinical Policy: Prophylaxis

Reference Number: CP.DP.18

Last Review Date: 12/24

[Coding Implications](#)
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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 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

- I.** It is the policy of Envolve Dental Inc.® that an adult prophylaxis is **medically necessary** when any of the following conditions are met:
 - A.** When dentate patients are older than 14 years of age;
 - B.** When necessary to facilitate instruction of patients in proper oral hygiene techniques;
 - C.** When necessary to remove dental plaque, extrinsic stain, and calculus deposits from teeth;
 - D.** When necessary to facilitate the examination of hard and soft tissues;
 - E.** When necessary to introduce dental procedures to apprehensive patients;
 - F.** When none of the following contraindications are present:
 1. When no teeth are present (edentulous patient);
 2. When bone loss or active periodontal disease is present;
 3. When significant subgingival calculus is present;
 4. When more extensive preventive procedures (e.g., scaling and root planning) are indicated;
 5. When a patient is undergoing medical treatment that may compromise the immune system, medical clearance should be obtained prior to treatment.
 - G.** Required documentation to support medical necessity include the following:
 1. Clinical chart and treatment notes documenting conditions listed in the indications for use of prophylaxis.
- II.** It is the policy of Envolve Dental Inc.® that a pediatric prophylaxis is **medically necessary** when any of the following conditions are met:
 - A.** When dentate patients are 14 years of age or younger;
 - B.** When necessary to facilitate instruction of patients in proper oral hygiene techniques;
 - C.** When necessary to remove dental plaque, extrinsic stain, and calculus deposits from teeth;

- D.** When necessary to facilitate the examination of hard and soft tissues;
- E.** When necessary to introduce dental procedures to young children and apprehensive patients;
- F.** When none of the following contraindications are present:
 1. When no teeth are present (edentulous patient);
 2. When bone loss or active periodontal disease is present;
 3. When significant subgingival calculus is present;
 4. When more extensive preventive procedures (e.g., scaling and root planning) are indicated;
 5. When a patient is undergoing medical treatment that may compromise the immune system, medical clearance should be obtained prior to treatment.
- G.** Required documentation to support medical necessity include the following:
 1. Clinical chart and treatment notes documenting conditions listed in the indications for use of prophylaxis.

Coverage Limitation/Exclusions

One D1110 or D1120 per six months, subject to state-specific regulations.

Coding Implications

This clinical policy references Current Dental Terminology (CDT®). CDT® is a registered trademark of the American Dental Association. All CDT codes and descriptions are copyrighted 2024, American Dental Association. All rights reserved. CDT codes and CDT descriptions are from the current manuals and those included herein are not intended to be all-inclusive and are included for informational purposes only. Codes referenced in this clinical policy are for informational purposes only. Inclusion or exclusion of any codes does not guarantee coverage. Providers should reference the most up-to-date sources of professional coding guidance prior to the submission of claims for reimbursement of covered services.

Retrospective review/analysis or fraud, waste and abuse initiatives that identify mis-coding (upcoding) resulting in higher reimbursement than allowed for the correctly coded service, or does not provide documentation supporting performing and/or completing claimed services may result in the recoupment of the identified monetary variance by any of the following means: a) from the payment for other claimed services; or b) directly from the provider.

CDT® Codes	Description
D1110	Prophylaxis - adult
D1120	Prophylaxis - child

ICD-10-CM Diagnosis Codes that Support Coverage Criteria

ICD-10-CM 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
K05.11	Chronic gingivitis, non-plaque induced
K06.1	Gingival enlargement

Reviews, Revisions, and Approvals	Date	Approval Date
Policy developed	6/20	6/20
Annual Review	12/22	12/22
Annual Review	12/23	12/23
Annual Review	12/24	12/24

References

1. American Dental Association. CDT 2024: Dental Procedure Codes. American Dental Association, 2024.
2. American Academy of Pediatric Dentistry (AAPD) Policy on the Role of Prophylaxis in Pediatric Dentistry. AAPD Reference Manual, 2019-2020, pp. 53-54.
3. American Dental Association (ADA). Glossary of Dental Clinical and Administrative Terms.
4. Wilkins EM. Extrinsic stain removal. Clinical Practice of Dental Hygienist. 10th ed. Baltimore, Md.: Lippincot Williams and Wilkins; 2009:728-35.
5. 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.

Important Reminder

This clinical policy has been developed by appropriately experienced and licensed health care professionals based on a review and consideration of currently available generally accepted standards of dental practice; peer-reviewed dental/medical literature; government agency/program approval status; evidence-based guidelines and positions of leading national dental and health professional organizations; views of dentists practicing in relevant clinical areas affected by this clinical policy; and other available clinical information. Envolve Dental makes no representations and accepts no liability with respect to the content of any external information used or relied upon in developing this clinical policy. This clinical policy is consistent with standards of dental practice current at the time that this clinical policy was approved. “Envolve Dental” means a dental plan that has adopted this clinical policy and that is operated or administered, in whole or in part, by Envolve Benefit Options, Inc, or any of such health plan’s affiliates, as applicable.

The purpose of this clinical policy is to provide a guide to dental and medical necessity, which is a component of the guidelines used to assist in making coverage decisions and administering benefits. It does not constitute a contract or guarantee regarding payment or results. Coverage decisions and the administration of benefits are subject to all terms, conditions, exclusions and limitations of the coverage documents (e.g., evidence of coverage, certificate of coverage, policy, contract of insurance, etc.), as well as to state and federal requirements and applicable Envolve Dental administrative policies and procedures.

This clinical policy is effective as of the date determined by Envolve Dental. The date of posting may not be the effective date of this clinical policy. This clinical policy may be subject to applicable legal and

regulatory requirements relating to provider notification. If there is a discrepancy between the effective date of this clinical policy and any applicable legal or regulatory requirement, the requirements of law and regulation shall govern. Envolve Dental retains the right to change, amend or withdraw this clinical policy, and additional clinical policies may be developed and adopted as needed, at any time.

This clinical policy does not constitute dental or medical advice, dental treatment or dental care. It is not intended to dictate to providers how to practice dentistry. Providers are expected to exercise professional dental and medical judgment in providing the most appropriate care, and are solely responsible for the dental and medical advice and treatment of members. This clinical policy is not intended to recommend treatment for members. Members should consult with their treating dentist in connection with diagnosis and treatment decisions.

Providers referred to in this clinical policy are independent contractors who exercise independent judgment and over whom Envolve Dental has no control or right of control. Providers are not agents or employees of Envolve Dental.

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Note: For Medicaid members, when state Medicaid coverage provisions conflict with the coverage provisions in this clinical policy, state Medicaid coverage provisions take precedence. Please refer to the state Medicaid manual for any coverage provisions pertaining to this clinical policy.

Note: For Medicare members, to ensure consistency with the Medicare National Coverage Determinations (NCD) and Local Coverage Determinations (LCD), all applicable NCDs, LCDs, and Medicare Coverage Articles should be reviewed prior to applying the criteria set forth in this clinical policy. Refer to the CMS website at <https://www.cms.gov> for additional information.

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