

Dental Clinical Policy: Full Mouth Debridement

Reference Number: CP.DP.40

Last Review Date: 12/24

[Coding Implications](#)[Revision Log](#)

See [Important Reminder](#) at the end of this policy for important regulatory and legal information.

Description

Full mouth debridement involves the removal of generalized gross deposits of calculus and plaque accumulated to the point that they interfere, inhibit, or prohibit the dentist from being able to complete a comprehensive oral evaluation.

Policy/Criteria

- I. It is the policy of Envolve Dental Inc.® that full mouth debridement to enable a comprehensive oral evaluation and diagnosis on a subsequent visit (D4355) is **medically necessary** when all of the following conditions are met:
 - A. When generalized calculus and plaque accumulations are present on greater than 30% of the existing dentition and prevent, inhibit, or interfere with the dentist's ability to perform a comprehensive oral evaluation; and,
 - B. When debridement is provided within 30 days of a subsequent visit during which an evaluation consistent with one of the following oral evaluation codes is provided:
 1. D0150
 2. D0160
 3. D0180
 - C. When none of the following contraindications apply:
 1. When debridement is provided after or on the same date of service as D0180;
 2. When debridement is performed in conjunction with a periodic oral evaluation (D0120);
 3. When a dental prophylaxis/cleaning (D1110 or D1120) was completed within the previous six (6) months;
 - D. Required documentation to support medical necessity include the following:
 1. Clinical chart and treatment notes documenting conditions listed in the indications for use of full mouth debridement;
 2. Intra-oral photographs demonstrating the generalized calculus and plaque conditions.
- II. Coverage Limitation/Exclusions
 1. One D4355 per 24 month period, 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
D4355	Full mouth debridement to enable a comprehensive periodontal evaluation and diagnosis on a subsequent visit

ICD-10-CM Diagnosis Codes that Support Coverage Criteria

ICD-10-CM Code	Description
K03.6	Deposits (accretions) on teeth

Reviews, Revisions, and Approvals	Date	Approval Date
Policy developed	10/20	10/20
Annual Review	11/21	11/21
Annual Review	12/22	12/22
Annual Review and Format Change	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. Ritter, A.V., Boushell, L.W. & Walter, R. Sturdevant’s: Art and science of operative dentistry, 7th Edition, Chapter 13, St. Louis: Elsevier, 2018.

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.

This clinical policy is the property of Envolve Dental. Unauthorized copying, use, and distribution of this clinical policy or any information contained herein are strictly prohibited. Providers, members and their representatives are bound to the terms and conditions expressed herein through the terms of their contracts. Where no such contract exists, providers, members and their representatives agree to be bound by such terms and conditions by providing services to members and/or submitting claims for payment for such services.

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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