

Full Mouth Debridement (For Ohio Only)

Policy Number: CSDEN313OH.A
 Effective Date: December 1, 2023

[➔ Instructions for Use](#)

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Related Dental Policy

- Non-Surgical Periodontal Therapy

Application

This Dental Policy only applies to the state of Ohio. Any requests for services that are stated as unproven or services for which there is a coverage or quantity limit will be evaluated for medical necessity using Ohio Administrative Code 5160-1-01.

Coverage Rationale

Full mouth Debridement is indicated when, due to the amount of calculus, plaque and debris, a comprehensive examination is not possible.

Definitions

Debridement: Removal of subgingival and/or supragingival plaque and calculus which obstructs the ability to perform an evaluation.

Applicable Codes

The following list(s) of procedure and/or diagnosis codes is provided for reference purposes only and may not be all inclusive. Listing of a code in this guideline does not imply that the service described by the code is a covered or non-covered health service. Benefit coverage for health services is determined by the member specific benefit plan document and applicable laws that may require coverage for a specific service. The inclusion of a code does not imply any right to reimbursement or guarantee claim payment. Other Policies and Guidelines may apply.

CDT Code	Description
D4355	Full mouth debridement to enable a comprehensive periodontal evaluation and diagnosis on a subsequent visit

Description of Services

Full mouth Debridement is a dental procedure indicated when the amount of deposits present is extensive and prevents the dentist from being able to conduct a complete examination. The need for this procedure is typically indicated in patients who have not received dental care in many years, or have difficulty performing daily oral care. It is not considered therapeutic or preventive, and must be followed by definitive procedures such as prophylaxis or scaling and root planing.

Pursuant to CA AB2585: While not common in dentistry, nonpharmacological pain management strategies should be encouraged if appropriate.

References

American Dental Association (ADA); CDT 2023 Dental Procedure Code Book.

American Dental Association Glossary of Dental Clinical and Administrative Terms.

Policy History/Revision Information

Date	Summary of Changes
12/01/2023	New dental policy

Instructions for Use

This Dental Policy provides assistance in interpreting the UnitedHealthcare Community Plan of Ohio dental benefit plans. When deciding coverage, the member specific benefit plan document must be referenced as the terms of the member specific benefit plans may differ. In the event of a conflict, the member specific benefit plan document governs. Before using this policy, please check the member specific benefit plan document and any applicable federal or state mandates. UnitedHealthcare reserves the right to modify its Policies and Guidelines as necessary. This Dental Policy is provided for informational purposes. It does not constitute the practice of medicine or medical advice.

Archived Policy Versions

Effective Date	Guideline Number	Guideline Title
N/A	N/A	N/A