Full Mouth Debridement
(For Ohio Only)

Policy Number: CSDEN427OH.B
Effective Date: December 1, 2026

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Related References and Policies

- UnitedHealthcare Community Plan of Ohio Medicaid Dental Quick Reference Guide
- Dental Provider Manual: UnitedHealthcare Community Plan of Ohio

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. Early and periodic screening, diagnostic, and treatment (EPSDT) covered dental service considerations are applied to members younger than age 21 years of age pursuant to Ohio Administrative Code 5160-1-14(C)(3).

Prior Authorization

The Ohio Department of Medicaid (ODM) determines coverage of dental services based on medical necessity, alignment with policy criteria, and clinical indications. CDT codes that are designated as covered by ODM are eligible for reimbursement when all applicable guidelines are met. For a comprehensive list of covered CDT codes, refer to the UnitedHealthcare Community Plan of Ohio Medicaid Dental Quick Reference Guide and/or Dental Provider Manual: UnitedHealthcare Community Plan of Ohio.

Non-covered codes may be reimbursable if special justification is submitted to include prior-authorization, clinical narrative of medical necessity, and supporting documentation including but not limited to clinical records, diagnostic imaging, periodontal charting, or any other relevant documentation to support the clinical rationale.

Description of Services

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

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Clinical Indications

Covered Codes

None

Full mouth Debridement is indicated when the amount of calculus, plaque and debris precludes a comprehensive periodontal examination.

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

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References

American Dental Association (ADA); CDT 2025 Dental Procedure Code Book.

Policy History/Revision Information

Date	Summary of Changes

12/01/2026	**Template Updates**
	• Renamed *Related Dental Policy* to *Related References and Policies*
	• Reordered contents of policy
	  ○ Moved *Description of Services* towards beginning of policy
	• Added *Prior Authorization* section
	• Renamed *Coverage Rationale* to *Clinical Indications*
	  ○ Added *Covered Codes*
	Clinical Indications
	• Replaced language stating “full mouth debridement is indicated when, *due to* the amount of calculus, plaque, and debris, a comprehensive periodontal examination *is not possible*” with “full mouth debridement is indicated when the amount of calculus, plaque, and debris *precludes* a comprehensive periodontal examination”
	Definitions
	• Removed definition of “Debridement”
	Supporting Information
	• Updated *References* sections to reflect the most current information
	• Archived previous policy version CSDEN427OH.A

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.

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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
11/01/2025 – 11/30/2026	CSDEN427OH.A	Full Mouth Debridement
12/01/23 – 10/31/2025	CSDEN313OH.A	Full Mouth Debridement

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