

# Full Mouth Debridement

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[Instructions for Use](#)

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## Related Dental Policy

- [Non-Surgical Periodontal Therapy](#)

## Coverage Rationale

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

### Coverage Limitations

Limited to once per consecutive 36 months

## 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 oral evaluation and diagnosis on a subsequent visit

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## 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 typically be 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.

## References

American Dental Association (ADA); CDT 2020 Dental Procedure Code Book.

American Dental Association Glossary of Dental Clinical and Administrative Terms.

UnitedHealthcare 2018 Dental Certificate of Coverage.

## Guideline History/Revision Information

Date	Summary of Changes
03/15/2021	<ul style="list-style-type: none"><li>Updated dental entity brand logo</li></ul>
01/01/2021	<b>Template Update</b> <ul style="list-style-type: none"><li>Reformatted policy; transferred content to new template</li></ul>
11/01/2020	<b>Coverage Rationale</b> <ul style="list-style-type: none"><li>Simplified content (no change to guidelines)</li></ul> <b>Supporting Information</b> <ul style="list-style-type: none"><li>Updated <i>Description of Services</i> section to reflect the most current information</li><li>Archived previous policy version DCG001.05</li></ul>

## Instructions for Use

This Dental Coverage Guideline provides assistance in interpreting UnitedHealthcare standard dental benefit plans. When deciding coverage, the member specific benefit plan document must be referenced as the terms of the member specific benefit plan may differ from the standard dental plan. In the event of a conflict, the member specific benefit plan document governs. Before using this guideline, 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 Coverage Guideline is provided for informational purposes. It does not constitute medical advice.