



# Dental Clinical Policy

**Subject:** Dental Prophylaxis

**Guideline #:** 01 -101

**Status:** Revised

**Publish Date:** 01/01/2026

**Last Review Date:** 09/26/2025

---

## Description

Dental prophylaxis is a routine preventative procedure performed to remove supragingival plaque, stain, and calculus from tooth structures and implants in the primary and transitional dentition. It is intended to control local irritational factors and typically includes their removal from above the gingival sulcus using hand instruments or an ultrasonic scaler.

## Clinical Indications

A dental prophylaxis is a routine preventative procedure performed to remove supragingival plaque, stain, and calculus from teeth surfaces and may utilize scaling (above the gingival sulcus) ultrasonic or hand instruments. This procedure includes the observation of hard and soft tissues. Appropriate frequency of prophylaxis will depend on individual risk factors.

Full mouth debridement is sometimes necessary as a preliminary treatment for individuals who have plaque and calculus that interferes with the ability of the dentist to perform a comprehensive oral evaluation and diagnosis on a subsequent visit.

During a dental prophylaxis, it may be necessary to provide oral hygiene instructions to the patient or a caregiver of the patient.

## Criteria

Indications for a dental professional prophylaxis include:

1. The presence of plaque, stain, or calculus
2. The presence of factors that influence the build-up and retention of plaque
3. Improper oral hygiene
4. Maintenance of gingival health

Risk assessments typically include:

1. A medical and dental history including any medications
2. Age
3. Compliance with treatment recommendations
4. Previous and current evidence of caries
5. Previous and current periodontal health evaluation
6. Family or patient history of periodontal disease

7. Oral hygiene compliance
8. Presence of plaque
9. Presence of gingivitis – bleeding (spontaneous or upon probing)
10. Presence of calculus
11. Presence of external tooth staining
12. Local factors influencing the build-up and retention of plaque

### Coding

*The following codes for treatments and procedures applicable to this document are included below for informational purposes. Inclusion or exclusion of a procedure, diagnosis or device code(s) does not constitute or imply member coverage or provider reimbursement policy. Please refer to the member's contract benefits in effect at the time of service to determine coverage or non-coverage of these services as it applies to an individual member.*

**CDT Including, but not limited to, the following:**

|       |  |
|-------|--|
| D1110 | Prophylaxis – adult  |
| D1120 | Prophylaxis – child  |
| D1330 | Oral hygiene instructions  |
| D4341 | Periodontal scaling and root planing – four or more teeth per quadrant   |
| D4342 | Periodontal scaling and root planing – one to three teeth per quadrant   |
| D4346 | Scaling in presence of generalized moderate or severe gingival inflammation – full mouth after oral evaluation |
| D4355 | Full mouth debridement to enable a comprehensive periodontal evaluation and diagnosis on a subsequent visit    |
| D4910 | Periodontal maintenance  |

**ICD-10 CM** Diagnoses for Dental Diseases and Conditions: See the current CDT code book for details

### References

1. U.S Food & Drug Administration. The Selection of Patients for Dental Radiographic Examinations. fda.gov. Revised 2012.
2. American Academy of Pediatric Dentistry. Policy on the Role of Dental Prophylaxis in Pediatric Dentistry. aapd.org. Revised 2022.
3. American Academy of Pediatric Dentistry. Treatment of Plaque-induced Gingivitis, Chronic Periodontitis, and Other Clinical Conditions. aapd.org. Endorsed 2004.
4. McClanahan SF, Bartizek RD, Biesbrock AR. Identification and consequences of distinct Löe-Silness gingival index examiner styles for the clinical assessment of gingivitis. J Periodontol. 2001;72(3):383-392. doi:10.1902/jop.2001.72.3.383
5. American Academy of Periodontology. Dental plaque-induced gingival conditions. aap.onlinelibrary.wiley.com. Published June 21, 2018.
6. Ripa LW. Need for prior toothcleaning when performing a professional topical fluoride application: review and recommendations for change. J Am Dent Assoc. 1984;109(2):281-285. doi:10.14219/jada.archive.1984.0318
7. Giannobile WV, Braun TM, Caplis AK, Doucette-Stamm L, Duff GW, Kornman KS. Patient stratification for preventive care in dentistry. J Dent Res. 2013;92(8):694-701.

doi:10.1177/0022034513492336

8. Research, Science and Therapy Committee Guidelines of the American Academy of Periodontology. Treatment of plaqueinduced gingivitis, chronic periodontitis, and other clinical conditions. *J Periodontol* 2001;72:1790-1800.

9. American Dental Association. ADA Code of Ethics: Veracity. [ada.org](http://ada.org). Revised 2023.

10. American Academy of Pediatric Dentistry. Caries-Risk Assessment and Management for Infants, Children, and Adolescents. [aapd.org](http://aapd.org). Revised 2022.

11. U.S Food & Drug Administration. The Selection of Patients for Dental Radiographic Examinations. [fda.gov](http://fda.gov). Revised 2012.

### History

| Revision History | Version       | Date       | Nature of Change  | SME               |
|------------------|---------------|------------|---|-------------------|
|                  | initial       | 12/14/2016 | creation  | M Kahn G Koumaras |
|                  | Revision      | 02/08/2017 | General verbiage  | Rosen             |
|                  | Revision      | 02/06/2018 | Appropriateness/medical necessity   | M Kahn            |
|                  | Annual Review | 09/12/2018 | Annual Revision   | Committee         |
|                  | Annual Review | 05/20/2020 | Annual Revision   | Committee         |
|                  | Revised       | 12/04/2020 | Annual Revision   | Committee         |
|                  | Revised       | 10/30/2021 | Annual Revision   | Committee         |
|                  | Revised       | 10/26/2022 | Annual Revision   | Committee         |
|                  | Reviewed      | 08/23/2023 | Annual Review   | Committee         |
|                  | Reviewed      | 10/24/2024 | Minor editorial refinements to description, clinical indications, criteria, and references; intent unchanged. | Committee         |
|                  | Reviewed      | 09/26/2025 | Minor editorial refinements to description, clinical indications, criteria, and references; intent unchanged. | Dr. Balikov       |

---

Federal and State law, as well as contract language, takes precedence over Dental Clinical Policy. Dental Clinical Policy provides guidance in interpreting dental benefit application. The Plan reserves the right to modify its Dental Clinical Policies and guidelines periodically and as necessary. Dental Clinical Policy is provided for informational purposes and does not constitute medical advice. These Policies are available for general adoption by any lines of business for consistent review of the medical or dental necessity and/or appropriateness of care of dental services. To determine if a review is required, please contact the customer service number on the member's card.

No part of this publication may be reproduced, stored in a retrieval system or transmitted, in any form or by any means, electronic, mechanical, photocopying, or otherwise, without permission from the Plan.

Current Dental Terminology - CDT © 2026 American Dental Association. All rights reserved.