



# Dental Clinical Policy

**Subject:** Scaling and Root Planing

**Guideline #:** 04-301

**Status:** Revised

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## Description

Scaling and root planing (SRP) involves instrumentation of the crown and root surfaces of the teeth to remove plaque and calculus.

Scaling in the presence of generalized, moderate, or severe gingival inflammation is the removal of plaque, calculus, and stain from supra- and sub-gingival tooth surfaces when there is inflammation but no bone loss.

Full mouth debridement involves the preliminary removal of plaque and calculus that interferes with the ability of the dentist to perform a periodontal evaluation. This allows for definitive diagnosis and treatment planing at a subsequent visit when diagnostics are obtainable.

## Clinical Indications

Scaling and root planing is a nonsurgical procedure meeting generally accepted standards of dental care for the treatment of mild to severe periodontal disease. Periodontal scaling and root planing involves instrumentation of the crown and root surfaces of teeth to remove plaque and calculus. This periodontal procedure involves the removal of cementum and dentin permeated by calculus, toxins, and microorganism. It is a non-surgical therapeutic procedure, rather than prophylactic, to treat periodontal disease where migration of the epithelial attachment has caused the formation of periodontal pockets of at least 4 mm.

Periodontal scaling and root planing is:

1. A demanding and time-consuming procedure, which is technique sensitive involving instrumentation of the tooth crown and root structures.
2. Performed to remove plaque and biofilm, adherent calculus deposits, and diseased cementum (root structure) that may be permeated with calculus, microorganisms and microbial toxins.
3. Performed utilizing hand instrumentation and/or ultrasonic scalers.
4. Routinely performed utilizing local anesthetic.

**Documentation Requirements** To perform review of the scaling and root planning service, diagnostic information is required. The following is considered appropriate diagnostic information for scaling and root planing.

- Current (within 12 months), dated, pretreatment full mouth radiographic images and/or a panoramic radiographic image including bitewing radiographs to demonstrate either horizontal and/or vertical osseous defects.

- Current (within 12 months), dated, pretreatment periodontal charting (6-point periodontal charting).

#### **Adjunctive Documentation**

- Documentation of the duration of treatment times for periodontal scaling and root planing may be required for individual case review.
- In addition to 4-millimeter pocket depths, parameters for periodontal therapy with scaling and root planing include clinically evident inflammation and/or bleeding.
- Post-initial therapy evaluations and treatment planning recommendations following completion of scaling and root planing are considered integral components of this procedure.

Criteria
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| 1. Archived   |
| 2. Teeth to be treated must demonstrate at least 4-millimeter (mm) pocket depths, bleeding on probing, with demonstrable radiographic evidence of bone loss (either vertical or horizontal) of the alveolar crest. Bone loss is considered to be a bone level that is greater than 1.5 mm apical to the CEJ (cementoenamel junction). |
| 3. Periodontal scaling and root planing requires administration of local anesthesia by intramucosal injection. Topical anesthetics and other anesthetic preparations placed subgingivally do not qualify as local anesthesia for scaling and root planing procedures.   |
| 4. Archived   |
| 5. When more than two quadrants of periodontal scaling and root planing are performed in one appointment, clinical and administrative records may be requested, including treatment notes, intraoral photographs, medical and dental histories, and the patient's ledger and schedule.  |
| 6. Archived   |
| 7. Archived   |
| 8. At least one tooth in the quadrant has a pocket depth of 4 mm or more (partial quadrant) or at least four teeth in the quadrant have pocket depths of 4 mm or more (full quadrant).  |
| 9. The following diagnoses would qualify for payment; chronic periodontitis, localized and generalized aggressive periodontitis, localized and generalized periodontitis as a manifestation of systemic disease, and necrotizing periodontal diseases.  |
| 10. Archived  |
| 11. Scaling and debridement of implants is considered inclusive with scaling and root planing procedures.   |
| 12. Archived  |
| 13. Archived  |
| 14. A diagnosis in accordance with current American Academy of Periodontology (AAP) classification of staging and grading of periodontitis is required.   |
| 15. Local delivery of chemotherapeutic agents/local delivery of antimicrobial agents (LDCA/ LDAA) adjunctive therapy will not be considered for benefit, when performed on the same date of service as scaling and root planing.  |

Coding
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*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
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 exam
D4355	Full mouth debridement to enable a comprehensive periodontal evaluation and diagnosis on a subsequent visit

## References

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6. American Dental Association. D4355 – ADA Guide to Reporting Full Mouth Debridement. D4355 – Debridement Guidance. ada.org. Revised January 1, 2023.
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History				
Revision History	Version	Date	Nature of Change	SME
	revision	03/04/2019	External facing policy	committee
	Revision	04/22/2019	Criteria numbering	Dr. Kahn
	Revision	07/23/2019	Verbiage	Committee

	Revision	05/20/2020	Annual revision	Committee
	Revised	12/04/2020	Annual Review	Committee
	Revised	10/30/2021	Annual Review	Committee
	Revised	10/28/2022	Annual Review	Committee
	Revised	10/18/2023	Annual Review	Committee
	Revised	08/29/2024	Minor editorial refinements to description, clinical indications, criteria, and reference; intent unchanged. Annual Review Archived #10 Added Criteria #14 Added code D4355	Committee
	Revised	10/27/2025	Minor editorial refinements to description, clinical indications, criteria, and reference; intent unchanged. Added Criteria #15.	Dr. Balikov

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