



# Clinical UM Guideline

**Subject:** Clinical Policy on Dental Prophylaxis

**Guideline #:** 01 -101

**Current Effective Date:** 03/24/2017

**Status:** New

**Last Review Date:** 02/08/2017

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## Description

This document addresses the procedure of dental prophylaxis for children and adults.

**Note:** Please refer to the following documents for additional information concerning related topics:

Anthem Scaling and Root Planing (04-301)

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## Clinical Indications

### Medically Necessary:

A procedure performed to remove plaque, stain, and calculus from teeth surfaces. This procedure facilitates the examination of hard and soft tissues.

With children a professional prophylaxis is medically necessary to provide instructions to a caregiver and the child or adolescent in proper oral hygiene techniques while also introducing dental procedures to the child. This procedure allows the dentist to assess patient cooperation and the oral cavity.

Medically/Dentally Necessary or Medical/Dental Necessity means Medical/Dental Services that are:

- (1) Consistent with the Member's diagnosis or condition;
- (2) Is rendered:
  - (A) In response to a life-threatening condition or pain; or
  - (B) To treat an injury, illness or infection related to the dentition; or
  - (C) To achieve a level of function to the dentition consistent with prevailing community standards for the diagnosis or condition.

### Not Medically Necessary:

This procedure is not medically necessary when there is no true indication to perform it such as the absence of clinical disease, plaque, stain and calculus on the tooth surfaces. As determined by the treating dentist, a patient's

risk for developing caries/periodontal disease should help determine the interval of a prophylaxis treatment. Individuals who exhibit higher risks may require recall visits and treatments more frequently than every six months.

Note: Whether a service is covered by the plan, when any service is performed in conjunction with or in preparation for a non-covered or denied service, all related services are also either not covered or denied.

**Note:**

**A group may define covered dental services under either their dental or medical plan, as well as to define those services that may be subject to dollar caps or other limits. The plan documents outline covered benefits, exclusions and limitations. The health plan advises dentists and enrollees to consult the plan documents to determine if there are exclusions or other benefit limitations applicable to the service request. The conclusion that a particular service is medically or dentally necessary does not constitute an indication or warranty that the service requested is a covered benefit payable by the health plan. Some plans exclude coverage for services that the health plan considers either medically or dentally necessary. When there is a discrepancy between the health plan's clinical policy and the group's plan documents, the health plan will defer to the group's plan documents as to whether the dental service is a covered benefit. In addition, if state or federal regulations mandate coverage then the health plan will adhere to the applicable regulatory requirement.**

**Criteria**

Indications for a dental professional prophylaxis include:

1. Documentation of plaque, stain, and calculus
2. Elimination of factors that influence the build-up and retention of plaque
3. Documentation of improper oral hygiene as evidenced by the clinical examination
4. The type and frequency of prophylaxis recommendations are based on an individual patient's risk assessment for caries and periodontal disease.

Risk assessments typically include:

1. A medical and dental history including any medications
2. Age
3. Compliance
4. Previous and current evidence of caries
5. Previous and current periodontal health
6. Family or patient history of periodontal disease
7. Oral hygiene status
8. Presence of plaque
9. Presence of gingivitis – bleeding (spontaneous or upon probing)
10. Presence of calculus
11. Presence of external tooth staining (coffee or tea staining of teeth)
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**

D1110

*Including, but not limited to, the following:*  
Prophylaxis – adult

D1120

Prophylaxis - child

**CPT**

41899 Unlisted dentoalveolar procedure

**ICD-10 Diagnosis**

K03.6	Deposits (accretions) on teeth
K03.7	Post eruptive color changes of dental hard tissue
K05.00	Acute gingivitis, plaque induced
K05.1	Chronic gingivitis
K05.19	Chronic gingivitis, plaque induced
K05.4	Periodontosis
K06.1	Gingival enlargement

**Discussion/General Information**

A routine prophylaxis is applicable for patients with localized gingivitis to prevent progression of gingivitis to the more damaging condition of periodontal disease. A prophylaxis treatment and frequency is generally recommended by a treating dentist who evaluates the teeth and gingiva (gum tissue) on a regular basis. Patients who exhibit a higher risk for developing caries and/or periodontal disease should have recall and prophylaxis visits at intervals more frequently than every six months.

There are several methods used by dentists, dental hygienists and patients to remove plaque, stain, and calculus from patients' teeth. The simplest method is the toothbrush prophylaxis which involves primarily a toothbrush and toothpaste to remove plaque from tooth surfaces. Another procedure performed by the dentist or dental hygienist is a rubber cup prophylaxis, a dental polishing paste applied to tooth surfaces with a rotary rubber cup or rotary bristle brushes to remove plaque and stains from teeth. Dental scaling (above the gingival sulcus) is a routine procedure in which ultrasonic or hand instruments are used to remove dental calculus and stain that has not breached the periodontal margins. A procedure entitled a full mouth debridement is sometimes necessary as a preliminary treatment for individuals who are not able to perform daily brushing of the teeth.

By cleaning the teeth using any of these techniques, the dental clinical examination experience is enhanced. In addition, the preventive visit and examination that follows a prophylaxis helps to demonstrate proper oral hygiene to the patient. It was previously believed that routine rubber cup prophylaxis at preventive visits was necessary prior to topical fluoride application to allow for better uptake of fluoride. However, several studies have indicated that plaque is not a barrier to enamel fluoride uptake. According to the AAPD (American Academy of Pediatric Dentistry), there is also no evidence of a difference in caries rates or fluoride uptake in individuals who receive rubber cup prophylaxis or a toothbrush prophylaxis prior to fluoride treatment. The potential for abrasives causing tooth wear and loss of the fluoride-rich zone of enamel gained attention in the late 1960s and 1970s and has been cited as a consideration for decreasing the need for pumice prophylaxis. As a result of these findings, the selective polishing procedure and the toothbrush prophylaxis procedure have gained popularity. Selective polishing procedures involve individual evaluation of each patient so that only specific teeth that have indications (e.g., stain) receive a rubber cup pumice prophylaxis. The toothbrush prophylaxis has gained acceptance in the professional and the dental insurance industry as a way to remove plaque, provide oral hygiene education, and facilitate the clinical examination. The clinician should select the least aggressive technique that fulfills the goals of the procedure and minimizes the loss of enamel. A patient's risk for caries/periodontal disease, as determined by the patient's dental provider, should help determine the interval of the prophylaxis. An individualized preventive plan increases the probability of good oral health by demonstrating proper oral hygiene methods and techniques and removing plaque, stain, calculus, and the factors that influence their buildup.

**Definitions**

**Biofilm** - a group of microorganisms where cells stick to each other and to a tooth surface

**Calculus** – a biofilm or mass of bacteria that grows on surfaces within the mouth. It is a sticky colorless deposit at first, but when it forms tartar it is brown or pale yellow that is commonly found between the teeth, front of teeth, behind teeth, on chewing surface, along the gumline, or below the gumline cervical margins

**Gingivitis** - a common and mild form of gum disease that causes irritation, redness and swelling of the gums \

**Microorganisms** - a bacterium, virus, or fungus that is microscopic

**Plaque** - a sticky deposit on teeth in which bacteria grow

**Prophylaxis** - a cleaning procedure performed to thoroughly clean the teeth

**Reference:**

**Peer Reviewed Publications:**

1. American Dental Association Statement on Regular Dental Visits: Press room news release: American Dental Association: 2013
2. Council on Clinical Affairs: Guideline on the Role of Dental Prophylaxis in Pediatric Dentistry: adopted 1986 – revised 1993, 2000, 2003, 2007; American Academy of Pediatric Dentistry Clinical guidelines; 151-152

**Government Agency, Medical Society, and Other Authoritative Publications:**

History		
Status	Date	Action
Reviewed	12/14/2016	

Federal and State law, as well as contract language, and Dental Policy take precedence over Clinical UM Guidelines. We reserve the right to review and update Clinical UM Guidelines periodically. Clinical guidelines approved by the Clinical Policy Committee are available for general adoption by plans or lines of business for consistent review of the medical or dental necessity of services related to the clinical guideline when the plan performs utilization review for the subject. Due to variances in utilization patterns, each plan may choose whether to implement a particular Clinical UM Guideline. To determine if review is required for this Clinical UM Guideline, please contact the customer service number on the member's card.

Alternatively, commercial or FEP plans or lines of business which determine there is not a need to adopt the guideline to review services generally across all providers delivering services to Plan's or line of business's members may instead use the clinical guideline for provider education and/or to review the medical or dental necessity of services for any provider who has been notified that his/her/its claims will be reviewed for medical or dental necessity due to billing practices or claims that are not consistent with other providers, in terms of frequency or in some other manner.

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