

Full Mouth Debridement

Policy Number: DCP001.13

Effective Date: September 1, 2025

[➔ Instructions for Use](#)

Table of Contents	Page
Coverage Rationale	1
Applicable Codes	1
Description of Services	1
References	1
Policy History/Revision Information	2
Instructions for Use	2

Related Dental Policy

- [Non-Surgical Periodontal Therapy](#)

Coverage Rationale

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

CDT® is a registered trademark of the American Dental Association

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 seen 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.

Pursuant to CA AB2585: While not common in dentistry, nonpharmacological pain management strategies should be encouraged if appropriate.

References

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

Policy History/Revision Information

Date	Summary of Changes
09/01/2025	<p>Coverage Rationale</p> <ul style="list-style-type: none">Replaced language stating “full mouth debridement is indicated when, <i>due to</i> the amount of calculus, plaque, and debris, a comprehensive periodontal examination <i>is not possible</i>” with “full mouth debridement is indicated when the amount of calculus, plaque, and debris <i>precludes</i> a comprehensive periodontal examination” <p>Definitions</p> <ul style="list-style-type: none">Removed definition of “Debridement” <p>Supporting Information</p> <ul style="list-style-type: none">Updated <i>References</i> section to reflect the most current informationArchived previous policy version DCG001.12

Instructions for Use

This Dental Clinical Policy provides assistance in interpreting UnitedHealthcare standard and Medicare Advantage dental 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 policy, 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 Clinical Policy is provided for informational purposes. It does not constitute medical advice.