

## D4355 – ADA Guide to Reporting Full Mouth Debridement

Developed by the ADA, this guide is published to educate dentists and others in the dental community on this procedure and its code, first published in *CDT-2* (1995) and newly revised in *CDT 2018*.

### Introduction

CDT code D4355 became effective on January 1, 1995 and, after a long period of stability, now has revisions effective January 1, 2018. The revisions are addition of “...– on a **subsequent visit**” to the nomenclature, and a related explanation added to the descriptor. The current full CDT Code entry as seen in *CDT 2018* follows. Please note that these text additions are highlighted for emphasis.

#### **D4355 full mouth debridement to enable a comprehensive oral evaluation and diagnosis on a subsequent visit**

Full mouth debridement involves the preliminary removal of plaque and calculus that interferes with the ability of the dentist to perform a comprehensive oral evaluation. **Not to be completed on the same day as D0150, D0160, or D0180.**

The need for this procedure arises when it is not possible to adequately access tooth surfaces or periodontal areas because excessive plaque and calculus. These deposits prevent a thorough evaluation of the patient’s teeth and supporting gingival structures.

Upon completion of the procedure the patient would be expected to display generalized moderate to severe gingival inflammation, bleeding and edematous gingival tissue. Healing must occur in order to perform an accurate evaluation and diagnosis, which is why a comprehensive evaluation cannot be performed at the same appointment.

### Questions and Answers

1. How can I deliver the D4355 procedure without an initial evaluation that establishes the need for the gross removal of plaque and calculus?

There are two CDT Codes available to document and report how the dentist, or other health care practitioner acting within the scope of her or his state law, determines the need for a D4355 procedure –

#### **D0191 assessment of a patient**

A limited clinical inspection that is performed to identify possible signs of oral or systemic disease, malformation, or injury, and the potential need for referral for diagnosis and treatment.

#### **D0140 limited oral evaluation – problem focused**

An evaluation limited to a specific oral health problem or complaint. This may require interpretation of information acquired through additional diagnostic procedures. Report additional diagnostic procedures separately. Definitive procedures may be required on the same date as the evaluation.

Typically, patients receiving this type of evaluation present with a specific problem and/or dental emergencies, trauma, acute infections, etc.

Either D0140 or D0191 is applicable in scenarios when a patient is examined but a comprehensive oral evaluation cannot be completed because debridement is necessary to properly assess the periodontal health. You would be in the best position to determine which one

of these could apply. Note too that if D0140 is reported this may affect reimbursement for other oral evaluation procedures reported later in the dental benefit plan's term.

2. I understand that the full mouth debridement procedure does not include fine scaling of tooth surfaces or subgingival scaling and root planing. Could these procedures be delivered during the same appointment as the D4355?

Although there is nothing in the full CDT Code entries for D1110 (prophylaxis), D4341/D4342 (SRP) or D4355 that precludes their delivery at the same appointment – good practice indicates that either should be performed on a subsequent date. One reason is that the patient has not received a complete oral evaluation, which includes diagnosis and treatment planning. Second, would delivery of either procedure be clinically appropriate considering that the traumatized tissue has not had time to heal? If you cannot complete a comprehensive oral evaluation, how would you know if delivery of a prophylaxis or SRP is appropriate?

3. The D4355's descriptor states that this procedure is not to be completed on the same day as a D0150, D0160, or D0180. What are my options when a patient is not able to schedule multiple appointments for necessary dental services due to job demands or distance or travel expense; how might these services be reimbursed by the dental benefit plan?

Request an exception from the patient's dental benefit plan – explaining the situation before the date of service (recommended) or by submitting a narrative with the claim. For a group plan, ask your patient to involve their employer in requesting an exception so that the evaluation procedures are neither declined nor disallowed.

4. What is the rationale for reporting "D0191 assessment of a patient" as the preliminary procedure that led to delivery of D4355?

The answer is in the first words of this code's descriptor – "A limited clinical inspection..." A patient who presents with significant plaque clearly suggests the presence of bacterial biofilm whose acidic nature may be causing decay, and excessive plaque is an indicator of likely gingival inflammation. The assessment procedure's goal is to refer at risk patients for diagnosis and treatment, and the D4355 procedure is the first step to the necessary oral evaluation.

5. How can I justify reporting D0140 as the evaluation that led to delivery of D4355 – isn't D0140 for emergency visits?

This is a continuing misperception. The "D0140A limited oral evaluation – problem focused" descriptor's first sentence says this type of evaluation is "...limited to a specific oral health problem or complaint." The patient's complaint could be pain or bleeding gums, which could be caused by the accumulation of plaque or calculus. Hence the need for a full mouth debridement, a definitive procedure that, as the D0140 descriptor says "...may be required on the same date..."

### Questions or Assistance?

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Additional information about the D4355 procedure, including clinical scenarios, is found in the ADA publication CDT 2018 Companion (to purchase online go to [www.adacatalog.org](http://www.adacatalog.org); or call 800-947-4746)

One-on-one assistance for ADA members – call 800-621-8099 or send an email to [dentalcode@ada.org](mailto:dentalcode@ada.org)

### Notes:

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- Version History

Date	Version	Remarks – Change Summary
01/29/2018	1	Initial publication