Prophylaxis, Scaling and Root Planing Codes and Billing Guidelines

- **D1110 prophylaxis—adult**
  Age 14 or older
- **D1120 prophylaxis—child**
  Age 13 or younger

**PAYMENT LIMITATION:** Subject to each client’s contract.* The most common limitation is two per 12-month period or calendar year. Additional prophylaxes are optional and may be charged to the patient. A prophylaxis is not payable with periodontal maintenance (D4910) or full mouth periodontal scaling and root planing when rendered on the same day.

- **D4341 periodontal scaling and root planing**
  Four or more teeth per quadrant
- **D4342 periodontal scaling and root planing**
  One to three teeth per quadrant

**DEFINITION:** A definitive treatment procedure involving instrumentation of the crown and root surfaces of the teeth designed to remove cementum and dentin that is rough, and/or permeated by calculus or contaminated with toxins or microorganisms.

**INDICATIONS:** May be used as a definitive treatment in earlier stages of periodontal disease or as a pre-surgical phase in more advanced stages.

**PAYMENT LIMITATION:** Subject to each client’s contract.* The most common limitation is one per 24-month period. If special circumstances exist, special consideration for retreatment may be given by report. If special consideration is denied, the participating dentist may not charge the scaling and root planing fee to the patient.

- **D4355 full mouth debridement**

**DEFINITION:** The removal of subgingival and/or supragingival plaque and calculus that interferes with the performance of a comprehensive oral evaluation.

**INDICATIONS:** This procedure may require multiple visits to complete.

**PAYMENT LIMITATION:** Subject to each client’s contract.* The most common limitation is one per lifetime. An additional D4355 will be paid as a routine prophylaxis (D1110/D1120), with the patient being responsible for the additional fee.

- **D4910 periodontal maintenance**
  For patients who have previously been treated for periodontal disease

**DEFINITION:** Includes removal of bacterial plaque and calculus from supragingival and subgingival regions, site specific scaling and root planing where indicated, and polishing of the teeth.

**INDICATIONS:** Maintenance following active periodontal treatment.

**PAYMENT LIMITATION:** Subject to each group’s contract.* The most common limitation is two per 12-month period or calendar year.

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*Payment limitations vary according to the benefit plan selected by the client. The number of prophylaxes (D1110, D1120, D4355, or D4910) allowed may vary from one to four per contract period.