

# Gross Debridement

*Insurance code D4355 is designed to be used for the removal of calculus deposits that are so heavy accurate periodontal probing cannot be done.*

**oldrdh**

Posted: 5/22/2011

Post: 1 of 7

I am looking for documentation to present to my dentist that D4355 (gross debridement) isn't considered standard of care. Any feedback would be appreciated. ■

**konarocky**

Posted: 5/23/2011

Post: 3 of 7



What do you mean it is not standard of care? How is it being used in your office? ■

**scottingham**

Posted: 5/25/2011

Post: 4 of 7



The definition of the D4355 is: full-mouth debridement (FMD) is done to enable comprehensive evaluation and diagnosis. The gross removal of plaque and calculus that interfere with the ability of the dentist to perform a comprehensive oral evaluation. This preliminary procedure does not preclude the need for additional procedures (as stated in the CDT 2011-2012).

This code does not indicate that if a patient has not had his or her teeth cleaned in a couple of years he or she must have a FMD and then a prophylaxis. This code is not to be used if you simply think it's going to take you longer. This code shouldn't be used just because you heard at some seminar it's a great way to increase production.

The D4355 is only used in order to facilitate the examination of the teeth! Which means, by definition, it should come before the comprehensive exam and some insurance companies will not allow it to be billed on the same day as the comprehensive exam. The exam has to come after the FMD.

Standard of care is to complete the proper diagnostics, examine all structures, periodontal chart, review health history and all of the other details required in a detailed comprehensive exam, and determine what the best course of action for the patient is. If the exam could not be performed due to not being able to see the teeth, then stop the exam, remove the excess build up and reschedule for the comprehensive exam after the tissue has had a chance to settle down. Then you can get an accurate picture of what will best benefit the patient. ■

**twigs**

Posted: 5/31/2011

Post: 5 of 7

I have used this code a number of times, and I do tell the patients to come back for a full exam and periodontal charting after the debridement and explain to the them that cleaning is not complete and I just need their tissues to heal a bit. Also give them some home care instruction. Eight out of 10 times they never return and the boss' wife is angry at me because we lost the exam and any work, so I've been told I'm not allowed to do FMDs anymore. If they don't need quadrant scaling, I'm just to do what I can. Frustrating! ■

**konarocky**

Posted: 5/31/2011 ■ Post: 6 of 7

I've often wondered how "gross" does it have to be to properly use the D4355 code? I've seen many patients who present with gross supra gingival around 22 to 27 or

23 to 26 that prevents accurate probing. Do we need a partial mouth debridement (PMD) code for cases like this or is it OK to bill a D4355 FMD? ■

As I previously discussed, the FMD is really an over-used and mis-used code for the most part. If we consider that the majority of the population has some form of periodontal disease then why are we not diagnosing the condition and providing the necessary treatment (SRP) more often?

Personally I rarely used the D4355 when I practiced clinically, as the areas of town that I worked in did not have a clientele that required the service, so there was more treatment going directly into SRP.

If there are areas of the mouth that cannot be diagnosed due to the amount of calculus, then you can use the D4355 code. So if the lower anteriors are heavily loaded, this would apply. It is overkill if you are moving right into SRP and it is a clear cut perio diagnosis. The question is does doing an FMD prior to SRP make your job easier or harder? I would love to hear your responses. ■



**scottingham**

Posted: 6/2/2011

Post: 7 of 7

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