



## Connecticut Medical Assistance Program

Provider Bulletin 2023-69

Policy Transmittal 2023-38

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Andrea Barton Reeves, J.D., Commissioner

Effective Date: January 1, 2024

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**TO: All Dental Providers, Dental Clinics & Federally Qualified Health Centers**

**RE: UPDATED: Addition of Periodontal Benefits**

Effective for dates of service January 1, 2024, and forward, the Department of Social Services (DSS) will pay for select Periodontal Procedure Codes for the evaluation and non-surgical treatment and non-surgical management of Periodontal Disease, regardless of whether surgical intervention may be recommended or required in the future. The select Healthcare Common Procedure Coding System (HCPCS) for the current Dental Terminology (CDT) periodontal procedure codes have been added to the Dental Adult and Dental Pediatric fee schedules.

The changes apply to services reimbursed under the HUSKY A, B, C, D and Covered CT programs.

HUSKY and Covered CT members are eligible to receive periodontal scaling and root planing if the person has treatable periodontal disease, regardless of whether surgical intervention may be recommended in the future; services require Prior Authorization (PA). Members who are eligible for the services must have periodontal disease and a diagnosis of a co-morbid condition(s) that affects systemic health conditions contained in the list below.

### **Dental Provider Specialties that are Eligible to Deliver Periodontal Services**

The following dental specialties will be permitted to perform the added periodontal services since each provides continuous care dental services.

- 271 General Dentist
- 274 Pediatric Dentist

- 275 Periodontist
- 294 Public Health Dentist
- 295 Prosthodontist
- 278 Dental Hygienist – Hygienist may perform debridement and scaling and root planing services as defined in sections 20-126h to 20-126w, inclusive, of the Connecticut General Statutes, Scope of Practice for Hygienist.

### **Qualifying Conditions that Affect Oral and Systemic Health:**

- Acute rheumatic endocarditis
- Acute and subacute endocarditis
- Congenital malformations of aortic and mitral valves
- Congenital malformations of pulmonary and tricuspid valves
- Nonrheumatic tricuspid valve disorders
- Nonrheumatic pulmonary valve disorders
- Presence of prosthetic heart valve
- Presence of xenogeneic heart valve
- Presence of other heart-valve replacement(s)
- Rheumatic aortic valve diseases
- Rheumatic diseases of the endocardium and valve(s)
- Rheumatic mitral valve diseases
- Rheumatic tricuspid valve diseases
- Viral endocarditis
- Endocarditis in systemic lupus Erythematosus
- Nonrheumatic aortic valve disorders

- Encounter for anti-neoplastic agents including ionizing pellets placed in the head, neck or thorax
- Personal history of antineoplastic chemotherapy
- Head, neck and/or thorax radiation therapy
- Long term (current) use of chemotherapeutic agents
- Epilepsy/Seizure disorder with a current or past history of Dilantin/Phenytoin use and a history of current and documented clinical evidence of Gingival Hyperplasia
- Diabetes Mellitus Type I
- Diabetes Mellitus Type II
- End Stage Renal Disease Organ Transplant – Candidate or Post – status:
  - Heart Transplant
  - Hepatobiliary Transplant
  - Intestinal Transplant
  - Pulmonary Transplant
  - Kidney Transplant
  - Stem Cell Transplant

**Prior Authorization Requirements:**

The following documentation is required for the submission of Prior Authorization (PA) to deliver periodontal services to HUSKY and Covered CT members:

1. Comprehensive Phased Treatment Plan: all phases should be described in detail as outlined in **PB 2022-61**.
2. Comprehensive Periodontal Evaluation charting which must include the condition of the gingivae and oral tissues, whether bleeding is present or not and recorded depths and bleeding on probing for all six aspects for each tooth surface – Mesial-buccal, Buccal, Distal-buccal, Distal-Lingual, Mesial-Lingual and Lingual aspects of each tooth.
3. The following documentation should be submitted with Periodontal Charting or in a separate narrative document:
  - a. Tooth mobility – Grade I, Grade II or Grade III,
  - b. Plaque score – calculated as a percent of all the total tooth surfaces,
  - c. Description of the location and severity of both supra and sub-gingival calculus deposits (ex: mild/moderate/severe and generalized or localized),
  - d. Recession (both Buccal and Lingual aspects) and attachment loss (if present),
  - e. All oral disease states including missing or unerupted teeth; caries and restorations must be included in the charting, and
  - f. Medical history must include the amount of alcohol consumption, illicit drug use, drugs that cause xerostomia or gingival hyperplasia, history including tobacco, “vaping” and cannabis use and oral tobacco (chewing tobacco, dip, or snuff).
4. The most recent Complete Mouth Imaging Series no older than 36 months, supplemented with current bitewing imaging and/or Periapical imaging showing quadrants or sites with periodontal involvement. The radiographs must be of diagnostic quality; the apices on periapical films must be visible and the bone level on bitewings must be visible.

Intraoral photographs may be submitted showing the periodontal condition such as plaque deposits and/or calculus and the patient’s overall gingival presentation/condition.

- An assessment of the patient that demonstrates the patient is motivated to pursue and maintain periodontal treatment (in a narrative format) and a copy of the completed and signed CTDHP Periodontal Action Plan that is also retained in the member’s record.

**Periodontal Codes Added to the Children and Adult Fee Schedule:**

CDT Code	Description	Rate for Children and Adults
D0180	Comprehensive Periodontal Evaluation	\$97.00
D4341*	Periodontal SCRP per Quadrant	\$223.00
D4342*	Periodontal SCRP; per 1 to 3 teeth	\$129.00
D4355	Full Mouth Debridement	\$153.00
D4910^	Periodontal Maintenance	\$138.00

“\*” Denotes no more than two combinations per quadrant per visit.

^ Can not be performed in conjunction with D0180, D4341 or D4342

**Code Limitations:**

D0180 Comprehensive Periodontal Evaluation is limited to 1 comprehensive Periodontal Evaluation per HUSKY Health member, older than 21 years per lifetime. HUSKY members under the age of 21 years may qualify for additional evaluations under the Early, Periodic, Screening, Diagnosis and Treatment (EPSDT).

D4355 Full Mouth Debridement is limited to one time per lifetime per HUSKY member, older than 21 years; additional Debridement services may be requested for reasons of medical necessity for adults who have special healthcare needs. HUSKY Health members under the age of 21 years may qualify for additional debridement under EPSDT guidelines.

D4910 Periodontal Maintenance may be authorized two times in any 12- month period for both children and adults.

D0180 Comprehensive Periodontal Evaluation does not require Prior Authorization but is limited to the office or clinic providing the periodontal scaling and root planing treatment. If the HUSKY member must go to another office or clinic to receive the periodontal treatment, the D0180 will be recouped.

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***Please note carefully, if your office or clinic is not going to perform the scaling and root planing and/or the debridement procedure(s), you should not perform the D0180 – Periodontal Examination.***

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**Prior Authorization Submission:**

Prior Authorization (PA) requests should be submitted electronically to the PA Authorization Unit. Requests may only be submitted electronically through the BeneCare/CTDHP secure portal at [www.ctdhp.org](http://www.ctdhp.org).

To electronically upload a PA request, follow the steps outlined below:

1. Access [www.ctdhp.org](http://www.ctdhp.org) and click on "Dental Providers" and click on "Provider Login."
2. Enter your Billing NPI and Tax ID numbers in the appropriate boxes and click "Submit."
3. A new screen will appear. Click "Prior Authorization Upload."
4. Follow instructions for the prior Authorization or post review request of periodontal services.

PA requests that are approved will be valid for twelve months from the date of issue.

If you have questions regarding the PA requirements or submission process, contact the BeneCare Provider Relations Center at 1-888-445-6665.

**Verifying Prior Authorization Status**

PA approval status may be verified via the CT Medical Assistance Program Web Portal at the [www.ctdssmap.com](http://www.ctdssmap.com) Web site. Providers can log onto their secure web account and access the "Prior Authorization Inquiry" link on the right-hand side to access the Prior Authorization Inquiry or select Prior Authorization from the Menu Bar.

Providers can search for Prior Authorization approvals via the client ID if you have not

received notification from BeneCare that has the PA number. Providers may also verify the Prior Authorization approval by entering the letter "B" followed by the Prior Authorization number provided by BeneCare.

**Additional Instructions for Federally Qualified Health Centers (FQHCs):**

All FQHCs are required to submit the same documentation for HUSKY and Covered CT members. One unit of each periodontal services will be authorized for each encounter. For example, a D0180 (Periodontal Examination) along with a complete mouth series should be performed on the same date of service. Procedures for debridement and scaling and root planing should be performed as one debridement encounter and one encounter for each periodontal scaling and root planing treatment.

Additional encounters may be necessary to complete the scaling and root planing procedures in rare instances and must be PA'd. Additional encounters will not be approved for the convenience of the HUSKY member or provider. The same will apply to the subsequent periodontal maintenance visits.

**Claim Submission:**

Claim form fields will need to be filled in for the new periodontal procedure codes. On the ADA claim form, area 25 – "area of oral cavity" is a required field when using codes D4341 (SRP quadrant) and D4342 (SRP 3 or less teeth).

**Quadrant designations:**

Code	Description
10	Upper Right Quadrant
20	Upper Left Quadrant
30	Lower Left Quadrant
40	Lower Right Quadrant

Please note for CDT code D4342 (Scaling and Root Planing 1-3 teeth) a tooth number must be submitted in addition to the quadrant indicating the central tooth in the site. For example, if the patient has teeth numbers 19, 21 and 23, for three or less teeth, tooth number 21 is designated as the central tooth of the site for SRP with three or less teeth.

### **Claim Form Fields:**

The American Dental Association (ADA) recognized that ICD codes would be required data elements for a patient. The ICD coding applies to three data elements on the ADA claim form:

Fields to be used on the ADA or electronic transactions forms:

- 29a – Diagnosis code or pointer (A through D as applicable on form item 34a)
- 34 – Diagnosis code List (A B qualifier for ICD-10)
- 34 – Diagnosis code(s) – A, B, C and D (up to four diagnosis codes can be used)

The instructions on how to use and fill out the information are available online at the ADA website:

[www.ada.org/instructions/cdc/ada-dental-claim-form](http://www.ada.org/instructions/cdc/ada-dental-claim-form) .

For further information on how to fill out a dental claim form, go to [www.ctdssmap.com](http://www.ctdssmap.com). Go to “Information” and select “Publications”. This will bring you to a new page, scroll down to Chapter 8 and select, “Dental”. This will bring up the chapter which describes the information needed on a dental claim form.

### **Additional Information and Resources:**

The CTDHP Website contains both provider specific and HUSKY Health member specific information regarding periodontal disease and reference resources. Please visit the website at [www.ctdhp.org](http://www.ctdhp.org). Information will be in the Provider section of the website. ICD codes are also available in the Toolkit.

Please note that a “Periodontal Treatment Pledge and Action Plan” must be reviewed and signed by every HUSKY member who will receive scaling and root planing. A copy of the form can be obtained at:

<https://ctdhp.org/wp-content/uploads/2023/12/Periodontal-Treatment-Oral-Health-Action-Plan.pdf>

To access the form in Spanish, French or Portuguese, please click on the link below: <https://ctdhp.org/dental-providers/dental-provider-toolkit/dental-provider-forms-and-compliance/>.

### **Posting Instructions:**

Policy transmittals can be downloaded from: [www.ctdssmap.com](http://www.ctdssmap.com).

**Distribution:** This policy transmittal is being distributed to all dental providers of the Connecticut Medical Assistance Program by Gainwell Technologies.

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