

New LIMITED Benefit – Periodontal Services for Qualifying Adults Beginning January, 1 2024

Qualifying HUSKY and Covered CT members are eligible to receive certain periodontal services.

Prior Authorization for Treatment is Required.

FREQUENTLY ASKED QUESTIONS (FAQs)

1. Who qualifies?

- a. **Children age 20 and younger** are already eligible for this service regardless of medical conditions.
- b. **Adults 21+ qualify when they have both of the following:**
 - i. Treatable periodontal disease determined by assessment performed by provider and reviewed during the prior authorization process. *AND*
 - ii. A diagnosis of at least ONE of the following medical conditions evidenced by medical claim history (the member has to have a diagnosis of condition in their medical claim history):
 - 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
 - Prosthetic heart valve
 - 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
 - Congenital malformations of aortic and mitral valves
 - Congenital malformations of pulmonary and tricuspid valves
 - Nonrheumatic tricuspid valve disorders
 - Nonrheumatic pulmonary valve disorders
 - Rheumatic tricuspid valve diseases
 - Viral endocarditis
 - Endocarditis in systemic lupus
 - Erythematosis
 - Nonrheumatic aortic valve disorders

- 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
- Post – transplant -Status:
 - Heart Transplant
 - Hepatobiliary Transplant
 - Intestinal Transplant
 - Pulmonary Transplant
 - Kidney Transplant
- Stem Cell Transplant

2. What Services are Covered?

A. Comprehensive Evaluation of the Patient (D0180) which includes:

- Medical History
- Dental Examination – Extraoral (head, neck, face etc.) and the Intraoral
- Charting of all teeth including restorations, any pathologies and pocket depths
- Radiographic Exam – complete mouth series and photographs if necessary
- Oral Hygiene Instruction – Including emphasis on Oral Health Home Care
- Formulation of a definitive dental treatment plan

NO PRIOR AUTHORIZATION REQUIRED – but if the office or clinic is not going to perform the scaling and root planing and/or debridement procedure(s), the Comprehensive Periodontal Evaluation should not be performed and will be recouped and assigned to another provider. Recoupment for the periodontal examination will not occur if the CTDHP does not approve the periodontal services.

B. Periodontal Scaling and Root Planing (D4341 or D4342)

Prior Authorization Required

- a. Scaling is the process of removing dental tartar from the surface of the teeth below the gumline.
- b. Root planing is the process of smoothing the root surfaces.

C. Full Mouth Debridement (D4355)

Prior Authorization Required

- a. Removes extensive plaque and tartar buildup from teeth and under gums. It is more extensive and takes longer than a routine cleaning.

D. Periodontal Maintenance (D4910)

Prior Authorization Required

- a. Follow up care following root planing and scaling. Periodontal pockets are reassessed and recorded.
- b. Caries/restorative treatment in completed.
- c. Extractions as needed.
- d.

3. Who can perform these services?

- a. A Comprehensive Evaluation must be performed by a Dentist. It can be performed by a General Dentist, Pediatric Dentist, Periodontist or Prosthodontist
- b. Scaling, Root Planing, and Full Mouth Debridement can be performed by a Dentist or Dental Hygienist.

4. What is the reimbursement rate and frequency of the services?

CDT Code & Service	Frequency/Limitation	Reimbursement
D0180 – Comprehensive Periodontal Evaluation	<p>1 comprehensive Periodontal Evaluation per HUSKY Health member, older than 21 years, per lifetime.</p> <p>HUSKY members under the age of 21 years may qualify for additional evaluations under the Early, Periodic, Screening, Diagnosis and Treatment (EPSDT).</p> <p><i>If the office or clinic is not going to perform the scaling and root planing and/or debridement procedure(s), the Comprehensive Periodontal Evaluation should not be performed.</i></p>	\$97.00
D4342 – Periodontal Scaling and Root Planing per Quadrant	4 Quadrants per 36-month period.	\$223.00
D4342- Periodontal Scaling and Root Planing per 1 to 3 Teeth	Rolls up to no more than 4 quadrants per 36-month period	\$129.00
D4355- Full Mouth Debridement	<p>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.</p> <p>HUSKY Health members under the age of 21 years may qualify for additional debridement under EPSDT guidelines.</p>	\$153.00
D4910- Periodontal Maintenance	Two times in any 12-month period for both children and adults.	\$138.00

5. What are the requirements for Prior Authorization for Treatment?

Providers will need to submit the following documentation:

- Comprehensive Phased Treatment Plan
- Comprehensive Periodontal Evaluation charting and/or narrative that includes:
- Probing for all six aspects for each tooth surface
 - a. Condition of the gingivae and oral tissues (if bleeding is present or not)
 - b. Tooth Mobility Grading Scores
 - c. Plaque Scores
 - d. Description of the location and severity of both supra- and sub-gingival calculus deposits
 - e. Recession and attachment loss (if present)
 - f. All oral disease states
 - g. Medical history including alcohol consumption, illicit drug use, drugs that cause xerostomia or gingival hyperplasia, history of tobacco (vaping, chewing, smoking) and cannabis use.
- The most recent Complete Mouth Imaging Series no older than 36 months supplemented with current bitewing imaging and/or preapical imaging or photographs showing quadrants or sites with periodontal involvement.
- Assessment of the patient that demonstrates the patient is motivated to pursue and maintain periodontal treatment and a copy of the completed and signed CTDHP Periodontal Treatment Pledge and Action Plan **In your Dental Provider Toolkit (Forms) on ctdhp.org at <https://ctdhp.org/dental-providers/dental-provider-toolkit/dental-provider-forms-and-compliance/> or <https://ctdhp.org/wp-content/uploads/2023/12/Periodontal-Treatment-Oral-Health-Action-Plan.pdf>**

(Examples on next page)

PERIODONTAL TREATMENT PLEDGE AND ACTION PLAN

Periodontitis (per-e-o-don-TIE-tis), also called gum disease, is a serious gum infection that damages the hard and soft tissue around teeth. Without treatment, periodontitis destroys the bone that supports your teeth. This can cause teeth to loosen or lead to early tooth loss.*

TREATMENT

HUSKY Health now covers limited periodontal treatment for members who have certain health conditions. Your dentist can let you know if you qualify. If you do, your dental provider may perform a deep cleaning of your tooth root surfaces – called scaling and root planing.



First, your dental provider will scale (deep clean) beneath the gumline to remove tartar, plaque and other bacterial toxins from periodontal pockets. Root planing allows your dental provider to smooth the tooth root. In time, with proper post-treatment oral hygiene, you can reduce gum pain and discomfort and possibly avoid tooth loss.

Periodontitis is a lifelong condition and requires regular maintenance after your treatment to prevent a return of the disease and discomfort.

Patients will require ongoing home care maintenance and more frequent visits to the dentist to sustain periodontal health.

This Periodontal Treatment Pledge and Action Plan must be signed in order to obtain treatment.

* <https://www.mayoclinic.org/diseases-conditions/periodontitis/symptoms-causes/syc-20354473>

Our mission is to enable all HUSKY Health members to achieve and maintain good oral health. We work to ensure all members have equitable access to oral health services.

(more oral health info: www.ctdhp.org)

see other side →

YOUR ACTION PLAN

Actions I Will Do Every Day:

- Action Step 1:** Brush my teeth at least twice a day with a soft bristle toothbrush and replace the toothbrush every 3 months.
- Action Step 2:** Floss my teeth at least once a day or as instructed by my dental provider.
- Action Step 3:** Rinse my mouth after each meal or snack or as instructed by my dental provider.
- Action Step 4:** Limit foods and drinks high in sugar like soda, candy, or gum.
- Action Step 5:** Avoid all forms of tobacco (smoking or chewing) – do not smoke tobacco or cannabis. If you need help quitting, you should seek assistance. One good resource is: The Connecticut Quit Line: 800-QUIT NOW (800) 784-8669.
- Action Step 6:** Visit my dental provider every 3-12 months or as instructed by my provider for further maintenance and to check on how I am doing with my oral hygiene home care.

YOUR PLEDGE

You can do this! Your oral health plays a large role in your overall health. In addition to avoiding mouth pain and discomfort or tooth loss, take these steps that will get you closer to having a healthier mouth.*

By signing this periodontal treatment pledge and action plan, you are committing to taking these actions.

Patient Name

Date

Signature

Date



www.ctdhp.org

* Periodontal procedures have limitations. When non-surgical treatment does not achieve optimal periodontal health, your periodontist may recommend gum surgery. Also, note that additional periodontal treatment options may be recommended, but will not be covered by HUSKY Health or Covered CT.

If you have any additional questions, ask your provider, your Oral Health Navigator or call: 855-CT-DENTAL (855-285-5682).
Hearing impaired members, please dial 711 for Relay Connecticut assistance.

6. What is needed for providers to submit claims?

Providers will need to enter the following information in the ADA Claim Form:

Service	ADA Claim Form Fields	Descriptor	
		Code	Description
Scaling and Root Planing (D4341 or D4342)	Area 25 "Area of Oral Cavity"	10	Upper Right Quadrant
		20	Upper Left Quadrant
		30	Lower Left Quadrant
		40	Lower Right Quadrant
Scaling and Root Planing for 1-3 Teeth (D4342)	27 "Tooth Number"	A tooth number must be submitted in addition to the quadrant indicating the central tooth in the site. Example: Teeth #19, 21, and 23, tooth number 21 is designated as the central tooth of the site for Scaling and Root Planing with three or less teeth.	
Medical Diagnosis ICD-10 Codes	29a Diagnosis Code or Pointer	Providers are required to enter an appropriate diagnosis code (ICD-10) for the patient's condition on the claim submission code. The claim form can accommodate up to four diagnosis codes. Primary diagnosis code should be in 34a "A". Only a limited set of codes are being accepted at this point. <i>See the following codes:</i>	
	34 Diagnosis Code List Qualifier		
	34a Diagnosis Code		
<p>ICD 10 Codes</p> <p>1. Periodontitis:</p> <ul style="list-style-type: none"> a. K05.211 – Aggressive periodontitis, localized, slight b. K05.212 - Aggressive periodontitis, localized, moderate c. K05.213 - Aggressive periodontitis, localized, severe d. K05.221 - Aggressive periodontitis, generalized, slight e. K05.222 - Aggressive periodontitis, generalized, moderate f. K05.223 - Aggressive periodontitis, generalized, severe g. K05.311 - Chronic periodontitis, localized, slight h. K05.312 - Chronic periodontitis, localized, moderate i. K05.313 - Chronic periodontitis, localized, severe j. K05.314 – Periodontitis <p>2. Caries – Risk factors</p> <ul style="list-style-type: none"> a. Z91.841 caries – low caries risk b. Z53.09 caries – moderate risk 			

c. Z91.843 caries – high risk

3. Tooth wear

- a. K03.0 – Excessive attrition of teeth
- b. K03.1 - Attrition of teeth
- c. K03.2-Erosion of teeth

4. Gingivitis:

- a. K05.00 – Acute gingivitis, plaque induced
- b. K05.01-Acute gingivitis, non – plaque induced
- c. K05.10 -Chronic gingivitis, plaque induced
- d. K05.11 -Chronic gingivitis, plaque induced

5. Gingival Recession:

- a. K06.011 – Localized gingival recession, minimal
- b. K06.12 – Localized gingival recession, moderate
- c. K06.13 - Localized gingival recession, severe
- d. K06.021 - Generalized gingival recession, minimal
- e. K06.022 - Generalized gingival recession, moderate
- f. K06.22 - Generalized gingival recession, severe

6. K066.Other Gingival Conditions

- a. K06.1 – - Generalized enlargement
- b. K06.2 – Gingival and edentulous alveolar ridge regions associated with trauma
- c. K06.3 – Horizontal alveolar bone loss

7. Substance Abuse

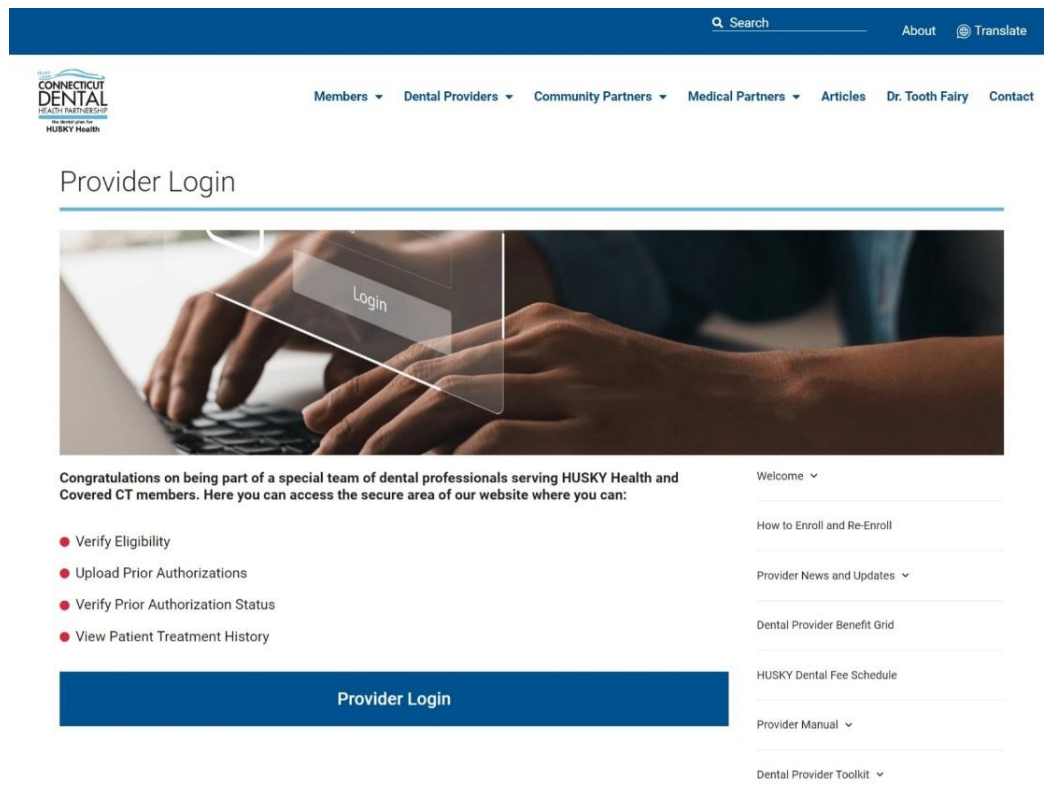
- a. F10.10- Alcohol use; uncomplicated
- b. F10.11-Alcohol abuse; in remission
- c. F10.19-Alcohol abuse with unspecified alcohol – induced disorder
- d. F10.29-Alcohol intoxication; unspecified
- e. Z71.6-Tobacco use counseling provided
- f. Z72.0-Nicotine dependence, unspecified, uncomplicated
- g. F17.200- Nicotine dependence, cigarettes uncomplicated
- h. F17.210 - Nicotine dependence, chewing tobacco, complicated
- i. F10.290-Nicotine dependence, other tobacco products, unspecified

8. Personal History

- a. F41.9-anxiety disorder, unspecified
- b. 45.0-Nervousness
- c. R92.9-Feeding disorder of newborn, unspecified
- d. Z91.19- Patient's noncompliance with medical treatment or regimen
- e. Z91.89- Other personal risk factors, otherwise non-specified
- f. Z92.3-Personal history of radiation unspecified
- g. Z79.01-Long term (current) use of anticoagulants
- h. Z79.82-Long term use of aspirin
- i. Z71.83-Long term use of bisphosphonate therapy
- j. Z79.891- Long term use (current) of opioid
- k. K00.9-Disorders of tooth development and /or eruption, unspecified
(i.e. Disorders of Odontogenesis NOS)

7. Uploading the Periodontal Detail in the Secure Provider Portal - <https://ctdhp.org/dental-providers/login/>

First – Log in to the Secure Provider Portal



The screenshot shows the top navigation bar with a search field, 'About', and 'Translate' options. The main navigation menu includes 'Members', 'Dental Providers', 'Community Partners', 'Medical Partners', 'Articles', 'Dr. Tooth Fairy', and 'Contact'. The 'CONNECTICUT DENTAL HEALTH PARTNERSHIP' logo is on the left. The page title is 'Provider Login'. Below the title is a banner image of hands typing on a laptop with a 'Login' overlay. A congratulatory message follows: 'Congratulations on being part of a special team of dental professionals serving HUSKY Health and Covered CT members. Here you can access the secure area of our website where you can:'. A list of actions includes 'Verify Eligibility', 'Upload Prior Authorizations', 'Verify Prior Authorization Status', and 'View Patient Treatment History'. A large blue 'Provider Login' button is centered. On the right, a sidebar menu lists: 'Welcome', 'How to Enroll and Re-Enroll', 'Provider News and Updates', 'Dental Provider Benefit Grid', 'HUSKY Dental Fee Schedule', 'Provider Manual', and 'Dental Provider Toolkit'.

Provider Login

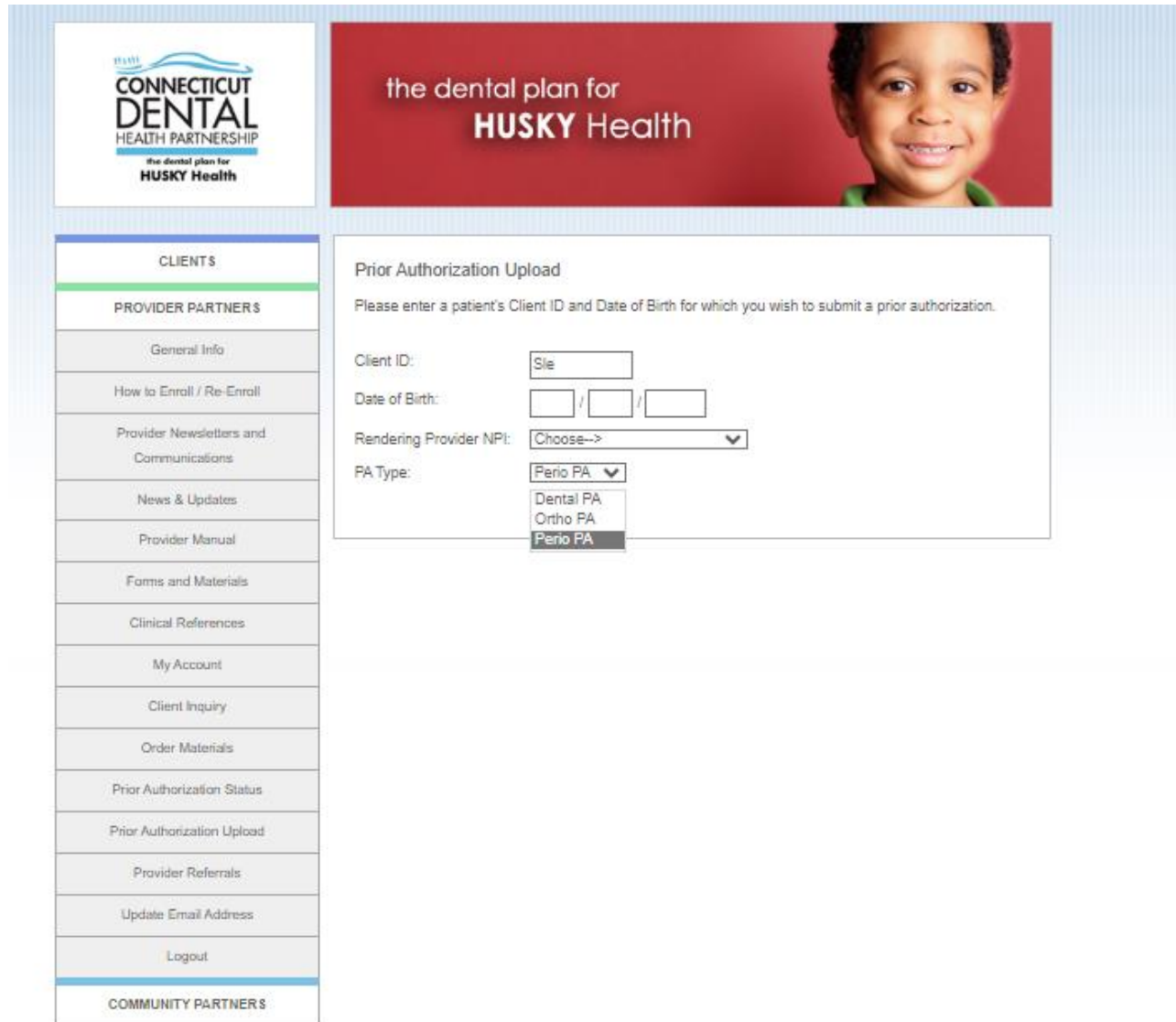
Billing NPI Number:

Tax ID or SSN:

Please sign in using the NPI number under which your office is enrolled and under which you submit claims. Your Billing NPI may be your office's Type I or Type II NPI depending upon how you are enrolled. Please use the Tax ID or Social Security Number under which you receive IRS reporting information (1099s).

Next - Select "Prior Authorization Upload" in the Selection Bar on the left.

Enter Client ID, Date of Birth, Rendering Provider NPI, and select for PA Type.



The screenshot displays the website interface for the Connecticut Dental Health Partnership. At the top left is the logo for the dental plan for HUSKY Health. To the right is a banner with the text "the dental plan for HUSKY Health" and a photo of a smiling child. On the left side, there is a vertical navigation menu with the following items: CLIENTS (highlighted), PROVIDER PARTNERS, General Info, How to Enroll / Re-Enroll, Provider Newsletters and Communications, News & Updates, Provider Manual, Forms and Materials, Clinical References, My Account, Client Inquiry, Order Materials, Prior Authorization Status, Prior Authorization Upload, Provider Referrals, Update Email Address, Logout, and COMMUNITY PARTNERS. The main content area is titled "Prior Authorization Upload" and contains the following text: "Please enter a patient's Client ID and Date of Birth for which you wish to submit a prior authorization." Below this text are four input fields: "Client ID:" with a text box containing "Sle", "Date of Birth:" with three date input boxes, "Rendering Provider NPI:" with a dropdown menu set to "Choose-->", and "PA Type:" with a dropdown menu showing "Perio PA", "Dental PA", "Ortho PA", and "Perio PA" (highlighted).

If Patient Does Not Qualify

If the patient does not qualify for treatment due to lack of medical claims of the qualifying medical condition, you will get the message below.

Prior Authorization Upload

Please enter a patient's Client ID and Date of Birth for which you wish to submit a prior authorization.

Client ID: 004287471
Date of Birth: 06/19/1992

Member does not qualify for periodontal treatment based on the qualifying medical history.

Please contact the member's PCP for additional clinical documentation.

Client ID:	<input type="text"/>
Date of Birth:	<input type="text"/> / <input type="text"/> / <input type="text"/>
Rendering Provider NPI:	<input type="text" value="Choose-->"/>
PA Type:	<input type="text" value="Dental PA"/>
	<input type="button" value="Continue"/>

Suggested Steps when the Member does not Qualify

When the Member does not qualify based on the lack of claim history for their medical condition:

1. Inform the member they do not qualify for Periodontal Treatment given lack of HUSKY Health claim history of the qualifying medical condition.
2. Confirm last visit with provider. Providers may need to contact the PCP to obtain additional clinical documentation confirming diagnosis.
3. If the member has not been to their provider, Instruct the member to contact their Primary Care physician or Specialist to schedule a visit.
4. If there are questions, contact the Connecticut Dental Health Partnership **Member Services Call Center at 855-283-3682.**

TIP: Providers can always check for member's claim history qualification using this tool. This includes when conducting D0180 Comprehensive Periodontal Evaluation.

Step 1 – Add Procedure Code/s; Date/s, Oral Cavity Area, Tooth Number and Surfaces, and Fee

STEP 1: ADD PROCEDURE CODES TO BE PRIOR AUTHORIZED (MAX=10)

Procedure Date	Procedure Code	Tooth Number	Tooth Surface	Edit	Remove
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No procedure codes have been entered. Please add one below:

Add Procedure:

Procedure Code: (required)

Procedure Date:  mm/dd/yyyy

Oral Cavity Area: If D4341 is selected: Specify area of the mouth

Tooth Number: If D4342 is selected: Specify tooth number

Tooth Surface:
 B D F I L M O

Fee: \$

Periodontal Prior Authorization Upload

Please submit your Periodontal Prior Authorization request within 20 minutes to avoid being logged out of the system.

Client ID	Name	Date of Birth	Eligibility	Plan	Remove
00		/1971	N	N/A	<input type="button" value="Remove"/>

Step 2 – Upload X-RAYS or Supporting Documentation

STEP 2: ADD X-RAYS AND/OR SUPPORTING DOCUMENTATION

Please upload any x-rays or supporting documentation you may have. These documents must be in an image or PDF format.

File Name

Remove

No files have been uploaded yet. You may upload one below:

Upload File:

File Name:

Choose File

No file chosen

Upload File

Supporting Documentation to Include:

- Comprehensive Phased Treatment Plan
- Comprehensive Periodontal Evaluation charting and/or narrative that includes:
- Probing for all six aspects for each tooth surface
 - a. Condition of the gingivae and oral tissues (if bleeding is present or not)
 - b. Tooth Mobility Grading Scores
 - c. Plaque Scores
 - d. Description of the location and severity of both supra- and sub-gingival calculus deposits
 - e. Recession and attachment loss (if present)
 - f. All oral disease states
 - g. Medical history including alcohol consumption, illicit drug use, drugs that cause xerostomia or gingival hyperplasia, history of tobacco (vaping, chewing, smoking) and cannabis use.
- The most recent Complete Mouth Imaging Series no older than 36 months supplemented with current bitewing imaging and/or preapical imaging and photographs showing quadrants or sites with periodontal involvement.
- Assessment of the patient that demonstrates the patient is motivated to pursue and maintain periodontal treatment and a copy of the completed and signed **CTDHP Periodontal Treatment Pledge and Action Plan**.

Step 3 – Indicate the Missing Teeth, and Those That Need to Be Pulled if Applicable.

































STEP 3: INDICATE MISSING TEETH (X = MISSING, O = TO BE PULLED)





















Please remember to click the "Update Missing Teeth" button when you are finished with this section.

If your Client has no missing teeth, check here:

If your Client is edentulous, check here:

Otherwise, please indicate individual missing teeth or teeth to be extracted in the grids below:





PERMANENT															
															
1	2	3	4	5	6	7	8	9	10	11	12	13	14	15	16
▼	▼	▼	▼	▼	▼	▼	▼	▼	▼	▼	▼	▼	▼	▼	▼
▼	▼	▼	▼	▼	▼	▼	▼	▼	▼	▼	▼	▼	▼	▼	▼
32	31	30	29	28	27	26	25	24	23	22	21	20	19	18	17
															

PRIMARY									
									
A	B	C	D	E	F	G	H	I	J
▼	▼	▼	▼	▼	▼	▼	▼	▼	▼
▼	▼	▼	▼	▼	▼	▼	▼	▼	▼
									
T	S	R	Q	P	O	N	M	L	K

Update Missing Teeth

This example shows that Tooth 2 is missing and teeth 32 and 31 need to be pulled.



	
1	2
▼	X▼
O▼	O▼
32	31
	

Step 4 – Add Remarks / Notes

STEP 4: REMARKS

Please remember to click the "Update Remarks" button when you are finished in this section.

150 characters allowed. **150** characters left.

Update Remarks

Step 5 – Submit the Periodontal PA Request.

If you have questions:

Call our Member Services Call Center at 855-283-3682

