



TO: All Dental Providers, Dental Clinics and Dental- Federally Qualified Health Centers

RE: Clarifying Billing Guidance for Periodontal Services

This provider bulletin (PB) will supplement guidance found in [PB 2023-69](#) “*UPDATED: Addition of Periodontal Benefits*” and clarify the dental examination parameters and requirements for the submission of prior authorization requests for Periodontal Services.

According to the 2024 Current Dental Terminology (CDT) coding, the following codes should be used under different circumstances.

D0150 Comprehensive Oral Evaluation, New or Established Patient. This CDT code is to be used by a general dentist or dental specialist when evaluating a patient comprehensively. For patients aged 21 years and over, CDT code D0150 may be billed once per HUSKY Health member per their lifetime. For new patients, or established patients who have had a significant change in their health conditions or other unusual circumstances, an additional comprehensive oral evaluation can be requested through the prior authorization process.

D0180 Comprehensive Periodontal Evaluation – new or established patient. This CDT code is billed when the patient is showing signs or symptoms of periodontal disease.

The comprehensive Periodontal Evaluation must include evaluating 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. Along with the periodontal charting, the patient should be evaluated and documented for tooth mobility grades, plaque scores, description of the location and severity both supra sub-gingival calculus deposits, recession, and attachment loss if present, all oral disease

states, and medical history inclusive of amount of alcohol consumption, illicit drug use, drugs that cause xerostomia or gingival hyperplasia, history including tobacco, “vaping” and cannabis use and oral tobacco.

The D0180 code should be used for the evaluation of an adult patient who has one of the medical conditions listed in Policy Bulletin [PB 2023-69](#) entitled “Addition of Periodontal Service Benefits.” If the adult patient does not have a qualifying medical condition yet has periodontal disease, the patient is not eligible for the periodontal benefit.

It is recommended to use the Connecticut Dental Health Partnership (CTDHP) prior authorization upload tool to determine if the patient has one of the specified conditions with a medical claim listing of the diagnosis prior to performing the comprehensive periodontal evaluation.

This can be done by selecting “Perio PA” on the Prior Authorization tool and entering the patient’s client ID and date of birth. If the error message “Member does not qualify for periodontal treatment based on the qualifying medical condition” that indicates the member does not have the specified condition with the presence of a valid medical claim.

CDT codes D0150 and D0180 cannot be billed together on the same date of service.

D0180 examination code may be used one time per member+ per lifetime.

As noted in the [PB 2023-69](#), **if your office or clinic is not going to perform the scaling and root planing and/or debridement procedure(s), you should not perform or bill for the comprehensive periodontal evaluation.**

Prior Authorization

[PB 2023-69](#) provides the detailed list of medical conditions a HUSKY Health member must be diagnosed with to qualify for receiving periodontal treatment covered under the HUSKY Health dental benefit.

The patient must have one of the specified conditions that is contained on the list and have had a medical claim listing the diagnosis. When a Prior Authorization (PA) is submitted, the authorization will either go through or you will receive a message that the patient does not qualify.

If you believe that the HUSKY Health member has a qualifying diagnosis, but appears ineligible in the PA Upload tool, the HUSKY Health member must contact his or her primary care provider or specialist to ensure there is a medical claim on file containing at least one of the qualifying medical diagnoses.

Please note, “pre-diabetes” is not a qualifying condition at this time.

For more information on the Prior Authorization Claims portal submission, please visit:

[Provider-Perio-Benefit-FAQs.pdf \(ctdhp.org\)](#)

[Providers News and Updates \(ctdhp.org\)](#)