

ForwardHealth **UPDATE**

Wisconsin serving you

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CLARIFICATION OF DENTAL POLICY FOR FULL MOUTH DEBRIDEMENT AND ORAL EVALUATIONS

ForwardHealth is clarifying dental policy for full mouth debridement and several oral evaluations effective October 5, 2026. These clarifications align with the American Dental Association's Current Dental Terminology (CDT) and 2026 coding guidance.

Full Mouth Debridement Coverage With a Prior Authorization on File

ForwardHealth requires prior authorization for CDT procedure code D4355 (Full mouth debridement to enable a comprehensive periodontal evaluation and diagnosis on a subsequent visit) if it is provided on the same date of service (DOS) as any of these oral evaluation codes:

- D0120 (Periodic oral evaluation—established patient)
- D0150 (Comprehensive oral evaluation—new or established patient)
- D0160 (Detailed and extensive oral evaluation—problem focused, by report)

AFFECTED PROGRAMS

BadgerCare Plus, Medicaid

TO

Dentists, Federally Qualified Health Centers, HMOs and Other Managed Care Programs

QUICK LINKS

- BadgerCare Plus/Medicaid Diagnostic, Preventive, Restorative, Endodontics, Periodontics, General Codes topic [#2808](#)
- Full-Mouth Debridement topic [#2883](#)

The information provided in this ForwardHealth Update is published in accordance with Wis. Admin. Code §§ DHS 106.03(2) and 107.07.



Full Mouth Debridement Coverage by Date of Service

ForwardHealth covers CDT procedure code D4355 when provided on a different DOS as:

- D1110 (Prophylaxis—adult)
- D1120 (Prophylaxis—child)
- D4346 (Scaling in presence of generalized moderate or severe gingival inflammation—full mouth, after oral evaluation)

Coverage Limitation

No other periodontal treatment codes (like D4341, D4342, or D4910) will be authorized within four weeks after full mouth debridement.

Documentation Retention

As a reminder, providers must follow the documentation retention requirements per Wis. Admin. Code § [DHS 106.02\(9\)](#). Providers are required to produce or submit documentation, or both, to the Wisconsin Department of Health Services (DHS) upon request. Per Wis. Stat. § [49.45\(3\)\(f\)](#), providers of services shall maintain records as required by DHS for verification of provider claims for reimbursement. DHS may audit such records to verify the actual provision of services and the appropriateness and accuracy of claims. DHS may deny or recoup payment for services that fail to meet these requirements. Refusal to produce documentation may result in denial of submitted claims, recoupment of paid claims, application of intermediate sanctions, or termination from the Medicaid program.

Information Regarding Managed Care Organizations

This ForwardHealth Update applies to dental policy that members receive on a fee-for-service basis and through BadgerCare Plus, Medicaid SSI, and other managed care programs. For information about managed care implementation of the updated policy, contact the appropriate managed care organization (MCO). MCOs are required to provide at least the same benefits as those provided under fee-for-service arrangements.

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The ForwardHealth Update is the first source of program policy and billing information for providers.

Wisconsin Medicaid, BadgerCare Plus, SeniorCare, and Wisconsin Chronic Disease Program are administered by the Division of Medicaid Services within the Wisconsin Department of Health Services (DHS). The Wisconsin HIV Drug Assistance Program and the Wisconsin Well Woman Program are administered by the Division of Public Health within DHS.

For questions, call Provider Services at 800-947-9627 or visit our website at www.forwardhealth.wi.gov/.