

**Affected Programs:** BadgerCare Plus, Medicaid

**To:** Dentists, Federally Qualified Health Centers, Rural Health Clinics, HMOs and Other Managed Care Programs

## Revised Prior Authorization Criteria and Documentation Requirements for Periodontal Scaling and Root Planing

This *ForwardHealth Update* announces changes to prior authorization criteria and documentation requirements that were previously published in the March 2015 *Update* (2015-11), titled “Revised Prior Authorization Requirements for Periodontal Scaling and Root Planing.” The changes outlined in this *Update* are the result of feedback from dental providers.

This *ForwardHealth Update* announces changes to prior authorization (PA) criteria and documentation requirements that were previously published in the March 2015 *Update* (2015-11), titled “Revised Prior Authorization Requirements for Periodontal Scaling and Root Planing.” The changes outlined in this *Update* are the result of feedback from dental providers.

Prior authorization and documentation requirement changes outlined in this *Update* include a revised policy for healing time following debridement (the minimum healing time following debridement is now four weeks before periodontal scaling and root planing may be authorized) and clarification of some previously published requirements; all changes are effective September 16, 2015.

### Approval Criteria

According to Wis. Admin. Code § DHS 107.02(3)(a), ForwardHealth has the authority to require and define the terms of PA for dental services. All of the following criteria

must be met before PA requests for periodontal scaling and root planing can be approved:

- For PA requests indicating *Current Dental Terminology* (CDT) procedure code D4341 (Periodontal scaling and root planing — four or more teeth per quadrant), four or more teeth have at least one pocket measurement of 5–6 millimeters in a quadrant.
- For PA requests indicating CDT procedure code D4342 (Periodontal scaling and root planing — one to three teeth, per quadrant), one to three teeth have at least one pocket measurement of 5–6 millimeters in a quadrant.
- At least 50 percent of bony support is intact for the teeth to be treated. Calculus should be visible on the X-ray.
- Documentation exists that the member is a patient of record.
- If the patient is new and a full-mouth debridement is included in the treatment plan, at least four weeks of healing time has passed following debridement.

### Required Supporting Clinical Documentation

Prior authorization requests for periodontal scaling and root planing must include the following supporting clinical documentation:

- A complete periodontal charting of the oral cavity performed within one year of the date of request.

- Full-mouth X-rays with a current set of bitewing X-rays. The teeth to be extracted should be identified. (Note: A panoramic radiograph and set of bitewing X-rays may be substituted.) The following reimbursement limitations apply:
  - ✓ Full-mouth X-rays (or panoramic radiograph plus four bitewing X-rays) are reimbursable once every three years per provider.
  - ✓ A set of bitewing X-rays is reimbursable once per six month period.
- The dentist's statement of need, if requesting more than two quadrants per day using procedure code D4341. (Note: No statement of need is required when requesting more than two quadrants per day using procedure code D4342.)
- The dentist's statement supporting a request for periodontal scaling and root planing, if the member is under age 13. Dentists who submit PA requests either through the ForwardHealth Portal or on paper should use the additional information section of the Prior Authorization/Dental Attachment 1 (PA/DA1), F11010 (04/15), or the comments section of the Portal PA request for this information.

### **Documentation to Be Maintained in the Dental Record**

The following documentation should be maintained in the member's dental record and must be available upon request:

- Clinical notes stating that the member has been informed of the etiology of periodontal disease and the methods of treatment and prevention.
- Clinical notes stating that a long-term plan for maintenance, including annual re-evaluation and a review of periodontal disease, has been established.
- Status of oral hygiene since initiating periodontal treatment.
- Favorable prognosis to treatment.

### **Circumstances in Which Periodontal Scaling and Root Planing Are Not Covered**

Periodontal scaling and root planing are not covered by ForwardHealth in the following circumstances:

- The requested start date for periodontal scaling and root planing is within four weeks of a full-mouth debridement.
- The member received periodontal scaling and root planing within the last three years.
- The member's periodontal pockets per individual tooth are less than 5 millimeters or greater than 6 millimeters and no documentation exists to justify an exception to this guideline.
- The member has excessive bone loss, as determined by the ForwardHealth dental consultant or the dental provider.
- The member does not have bone loss, as determined by the ForwardHealth dental consultant or the dental provider.
- The member has an unfavorable periodontal prognosis, as determined by the ForwardHealth dental consultant or the dental provider.
- The member has long-standing chronic periodontal disease affecting multiple teeth in a quadrant.
- Documentation submitted with the PA request explicitly indicates a failure to attend appointments, poor dental hygiene, or other negative factors.

### **Submission**

Dental providers are required to submit the following to ForwardHealth with PA requests for periodontal scaling and root planing:

- A completed Prior Authorization Dental Request Form (PA/DRF), F-11035 (07/12), or the appropriate panels completed and submitted via the ForwardHealth Portal.
- A completed and signed PA/DA1, or the appropriate panels completed and submitted via the ForwardHealth Portal.
- Documentation supporting compliance with the approval criteria indicated in this *Update*. Providers have

the following options for submitting additional supporting clinical information for PA requests: upload electronically using the ForwardHealth Portal, mail, or fax.

### **Submission Options**

Providers may submit PA requests for periodontal scaling and root planing via any of the following:

- Portal.
- Fax.
- Mail.
- 278 Health Care Services Review — Request for Review and Response Transaction.

For specific information about each of these submission options, providers should refer to the Submission Options chapter of the Prior Authorization section of the Dental service area of the ForwardHealth Online Handbook.

Providers are reminded that if they fax or mail a PA request to ForwardHealth, they are required to include *all* documentation with the request, including the PA/DRF, PA/DA1, and required supporting clinical documentation.

### **Supporting Clinical Documentation**

ForwardHealth accepts additional supporting clinical documentation when the information cannot be indicated on the required PA request forms and is pertinent for processing the PA request or PA amendment request. Providers have the following options for submitting additional supporting clinical information for PA requests or PA amendment requests:

- Upload electronically to the Portal.
- Mail.
- Fax.

### **For More Information**

For additional information on periodontal scaling and root planing not covered in this *Update*, including information on allowable quadrants per DOS, coverage information, PA request submission, and follow-up care, refer to the ForwardHealth Online Handbook or *Update* 2015-11.

## **Information Regarding Managed Care Organizations**

This *Update* contains fee-for-service policy and applies to members who receive their dental benefits on a fee-for-service basis. For managed care policy, contact the appropriate managed care organization. Managed care organizations are required to provide at least the same benefits as those provided under fee-for-service arrangements.

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 Health Care Access and Accountability, Wisconsin Department of Health Services (DHS). The Wisconsin AIDS Drug Assistance Program and the Wisconsin Well Woman Program are administered by the Division of Public Health, Wisconsin DHS.

For questions, call Provider Services at (800) 947-9627 or visit our website at [www.forwardhealth.wi.gov/](http://www.forwardhealth.wi.gov/).

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