

GOVERNMENT OF THE DISTRICT OF COLUMBIA
Department of Health Care Finance



DHCF Transmittal No. 10-26

Office of the Director

TO: Dental Providers of Medicaid Fee-for-Services, Beneficiaries
FROM: Julie Hudman, Ph.D. *Julie M. Hudman*
Director
DATE: November 8, 2010
SUBJECT: Prior Authorization for Scaling and Root Planing

The purpose of this transmittal is to inform dental providers of updated documentation required for prior authorization for scaling and root planing (D4341) when such procedures are medically necessary. Effective for dates of service on or after November 8, 2010, **the Department of Health Care Finance (DHCF) has updated the criteria submitted for prior authorization for scaling and root planing procedures** in circumstances in which the dental provider is unable to submit a full mouth series of x-rays, Panorex, or periodontal charting due to non-compliance by the patient. The changes described in this transmittal letter, will be effective November 8, 2010.

Periodontal scaling and root planing is a covered service under the Medicaid State Plan, if:

1. Evidence of bone loss is present on current radiographs to support the diagnosis of periodontitis;
2. There is a current periodontal charting with six point mobility noted, including the presence of pathology and periodontal prognosis;
3. The pocket depths are greater than four millimeters; and
4. Classification of the periodontology case type in accordance with documentation established by the American Academy of Periodontology.

Periodontal scaling and root planing, per quadrant involves instrumentation of the crown and root surfaces of the teeth to remove plaque and calculus from these surfaces. It is indicated for patients with periodontal disease and is therapeutic, not prophylactic in nature. Root planing is the definitive procedure designed for the removal of cementum and dentin that is rough, and/or permeated by calculus or contaminated with toxins or microorganisms. Some soft tissue removal occurs. This procedure may be used as a definitive treatment in some stages of periodontal disease and as a part of pre-surgical procedure in others.

When radiographic evidence or periodontal charting is not possible:

The request for authorization without radiographic evidence and periodontal charting must be submitted with a detailed written narrative of the reason for the inability to provide radiographic evidence and periodontal charting. All written documentation submitted on the 719A form must be supported by

documentation in the patient's record of treatment indicating the medical necessity for this service as required by District of Columbia Municipal Regulations (DCMR), Title 17, Chapter 42, Section 4213.4. **This documentation is subject to review upon request by the District.**

Prior authorization for scaling and root planing will not be granted without the submission of sufficient justification. Justification includes both clinical findings and the reason for the inability to submit x-rays and periodontal charting. The narrative submitted requesting authorization for scaling and root planing must include the following:

- Classification of the periodontal case type according to the American Academy of Periodontology;
- Documentation of teeth with mobility noted including the presence of pathology and periodontal prognosis;
- A minimum of four (4) teeth must be affected in the quadrant;
- Quadrants requested for scaling and root planing;
- Documentation of the teeth in quadrant with root surface calculus; and
- Documentation of the teeth in quadrant with loss of clinical attachment.

Annual Authorizations

Based on the evidence provided above, the provider can request prior authorization for the service for up to one year. In the prior authorization request, the provider must indicate the time period and the number of procedures that will be completed. For example, if the individual requires two scaling procedures in all four quadrants in calendar year 2010, the prior authorization request on the 719A should specify the beginning date and end date (January 1 – December 31) and 8 units of D4341. If approved, the provider will receive a prior authorization number that must be placed on the claim when it is submitted to DHCF for reimbursement for the services rendered.

In order to obtain a prior authorization please submit the completed 719A and all supporting documentation to:

Delmarva Foundation for Medical Care
Attention: Dental Coordinator
2175 K Street NW, Suite 250
Washington, DC 20037
Fax number: 1-866-906-3293

Should you have any questions or need additional information, please call Colleen Sonosky, Associate Director, Office of Preventive and Acute Care, DHCF, on (202) 442-5913 or colleen.sonosky@dc.gov.