

## Dental Clinical Policy: Comprehensive & Periodic Evaluations

Reference Number: CP.DP.1

Last Review Date: 12/24

[Coding Implications](#)

[Revision Log](#)

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### Description

When performing an oral health evaluation, the duly licensed provider performs a complete oral health evaluation, including history, examination, diagnosis, and initiates any necessary treatment plans. Included within each part of the evaluation is a series of tests particularly suited for the detection, diagnosis, and initiation of appropriate therapy for oral health disorders.

### Policy/Criteria

- I.** It is the policy of Centene Dental Services™ that a comprehensive oral evaluation is **medically necessary** when any of the following conditions are met:
  - A.** When a patient is a new patient of record;
  - B.** When a patient of record has significant health changes necessitating a comprehensive evaluation;
  - C.** When a patient of record has not been periodically evaluated for a period greater than three years;
  - D.** When none of the following contraindications are present:
    1. When a patient of record has an ongoing history of periodic evaluations;
    2. When a patient of record has no history of major health or dental changes;
- II.** It is the policy of Centene Dental Services™ that a periodic oral evaluation is **medically necessary** when any of the following conditions are met:
  - A.** When a patient of record returns for an evaluation on a regular and consistent basis;
  - B.** When none of the following contraindications are present:
    1. When an evaluation was completed within the previous six months;
- III.** It is the policy of Centene Dental Services™ that an oral evaluation for a patient under three years of age is **medically necessary** when any of the following conditions are met:
  - A.** When a patient is under the age of three years;
  - B.** When none of the following contraindication are present:
    1. When a patient is three years of age or older;
  - C.** Required documentation to support medical necessity include the following:
    1. Signed patient record notes indicating the findings of the evaluation;
    2. Diagnostic radiographs taken during the evaluation visit;
    3. Intra-oral photographs where necessary to support conditions not clearly represented with radiographs.
- IV.** It is the policy of Centene Dental Services™ that a comprehensive periodontal evaluation is **medically necessary** when any of the following conditions are met:
  - A.** When a patient has signs or symptoms of periodontal disease;
  - B.** When a patient has risk factors such as tobacco use or diabetes;
  - C.** When none of the following contraindication are present:
    1. When a patient has no signs or symptoms of periodontal disease;
    2. When a patient has no risk factors for periodontal disease;
  - D.** Required documentation to support medical necessity include the following:
    1. Signed patient record notes indicating the findings of the evaluation;

2. Diagnostic radiographs taken during the evaluation visit;
3. Intra-oral photographs where necessary to support conditions not clearly represented with radiographs.

**Coverage Limitation/Exclusions**

1. One D0150 per 36 months;
2. One D0120 per six months, not within six months of a D0120 or D0150;
3. One D0145 per six months, not within six months of a D0120 or D0150;
4. One D0180 per 36 months;
5. Subject to state-specific regulations.

**Coding Implications**

This clinical policy references Current Dental Terminology (CDT®). CDT® is a registered trademark of the American Dental Association. All CDT codes and descriptions are copyrighted 2024, American Dental Association. All rights reserved. CDT codes and CDT descriptions are from the current manuals and those included herein are not intended to be all-inclusive and are included for informational purposes only. Codes referenced in this clinical policy are for informational purposes only. Inclusion or exclusion of any codes does not guarantee coverage. Providers should reference the most up-to-date sources of professional coding guidance prior to the submission of claims for reimbursement of covered services.

Retrospective review/analysis or fraud, waste and abuse initiatives that identify mis-coding (upcoding) resulting in higher reimbursement than allowed for the correctly coded service, or does not provide documentation supporting performing and/or completing claimed services may result in the recoupment of the identified monetary variance by any of the following means: a) from the payment for other claimed services; or b) directly from the provider.

CPT® Codes	Description
D0120	<i>Periodic oral evaluations</i> are performed on established patients. The oral evaluations is intended to determine any changes in the patients dental and medical health status, since the previous periodic or comprehensive oral evaluation. This evaluation includes oral cancer evaluation and periodontal screening where indicated and may require interpretation of information acquired through additional diagnostic procedures.
D0145	<i>Oral evaluations for a patient under three years of age and counseling with primary care giver</i> include recording of the oral and physical health history and evaluation of caries susceptibility. This evaluation also includes development of an appropriate preventive oral health regimen and communication with and counseling of the child’s parent, legal guardian and or primary caregiver. Anticipatory guidance is the process of providing practical, developmentally appropriate information about children’s health to prepare parents for the significant physical, emotional, and psychological milestones. Individualized discussion and counseling should be an integral part of each visit.
D0150	<i>Comprehensive oral evaluation</i> of new or established patients are used when evaluating a patient comprehensively. This applies to new patients; established patients who have had a significant change in health conditions or other unusual circumstances, by report, or established patients who have been absent from active treatment for three or more

	years. It is a thorough evaluation and recording of the extraoral and intraoral hard and soft tissues. It may require interpretation of information acquired through diagnostic procedures. This includes an evaluation for oral cancer where indicated, the evaluation and recording of the patients dental and medical history and a general health assessment. It may include the evaluation and recording of dental caries, missing or unerupted teeth, restorations, existing prostheses, occlusal relationships, periodontal conditions (including periodontal screening and/or charting), hard and soft tissue anomalies, etc. Established patients should be monitored using D0120. The use of D0150 on an established patient within a three-year window requires the submission of medical records for pre-payment review.
D0180	<i>Comprehensive periodontal evaluation of new or established patients</i> are indicated for patients who show signs and symptoms of periodontal disease and for patients with risk factors such as smoking or diabetes. These include evaluation of and recording of the patients’ dental and medical histories and general health assessments. These may include the evaluation and recording of dental caries, missing or unerupted teeth, restorations, occlusal relationships and oral cancer evaluation.

**ICD-10-CM Diagnosis Codes that Support Coverage Criteria**

ICD-10-CM Code	Description
Z01.20	Encounter for dental examination and cleaning without abnormal findings
Z01.21	Encounter for dental examination and cleaning with abnormal findings
Z13.84	Encounter screening for dental disorders

Reviews, Revisions, and Approvals	Date	Approval Date
Policy developed	9/19	9/19
Annual Review	12/21	12/21
Annual Review	12/22	12/22
Annual Review and New Format	12/23	12/23
Annual Review	12/24	12/24

**References**

1. American Dental Association. CDT 2024: Dental Procedure Codes. American Dental Association, 2024.
2. American Academy of Pediatric Dentistry. “Guideline on Periodicity of Examination, Preventive Dental Services, Anticipatory Guidance/Counseling, and Oral Treatment for Infants, Children, and Adolescents”. Adopted 1991; Updated 2022.
3. [http://www.aapd.org/media/policies\\_guidelines/g\\_periodicity.pdf](http://www.aapd.org/media/policies_guidelines/g_periodicity.pdf)

**Important Reminder**

This clinical policy has been developed by appropriately experienced and licensed health care professionals based on a review and consideration of currently available generally accepted standards of dental practice; peer-reviewed dental/medical literature; government agency/program approval status; evidence-based guidelines and positions of leading national dental and health professional

organizations; views of dentists practicing in relevant clinical areas affected by this clinical policy; and other available clinical information. Centene Dental makes no representations and accepts no liability with respect to the content of any external information used or relied upon in developing this clinical policy. This clinical policy is consistent with standards of dental practice current at the time that this clinical policy was approved. “Centene Dental” means a dental plan that has adopted this clinical policy and that is operated or administered, in whole or in part, by Envolve Benefit Options, Inc, or any of such health plan’s affiliates, as applicable.

The purpose of this clinical policy is to provide a guide to dental and medical necessity, which is a component of the guidelines used to assist in making coverage decisions and administering benefits. It does not constitute a contract or guarantee regarding payment or results. Coverage decisions and the administration of benefits are subject to all terms, conditions, exclusions and limitations of the coverage documents (e.g., evidence of coverage, certificate of coverage, policy, contract of insurance, etc.), as well as to state and federal requirements and applicable Centene Dental administrative policies and procedures.

This clinical policy is effective as of the date determined by Centene Dental. The date of posting may not be the effective date of this clinical policy. This clinical policy may be subject to applicable legal and regulatory requirements relating to provider notification. If there is a discrepancy between the effective date of this clinical policy and any applicable legal or regulatory requirement, the requirements of law and regulation shall govern. Centene Dental retains the right to change, amend or withdraw this clinical policy, and additional clinical policies may be developed and adopted as needed, at any time.

This clinical policy does not constitute dental or medical advice, dental treatment or dental care. It is not intended to dictate to providers how to practice dentistry. Providers are expected to exercise professional dental and medical judgment in providing the most appropriate care, and are solely responsible for the dental and medical advice and treatment of members. This clinical policy is not intended to recommend treatment for members. Members should consult with their treating dentist in connection with diagnosis and treatment decisions.

Providers referred to in this clinical policy are independent contractors who exercise independent judgment and over whom Centene Dental has no control or right of control. Providers are not agents or employees of Centene Dental.

This clinical policy is the property of Centene Dental. Unauthorized copying, use, and distribution of this clinical policy or any information contained herein are strictly prohibited. Providers, members and their representatives are bound to the terms and conditions expressed herein through the terms of their contracts. Where no such contract exists, providers, members and their representatives agree to be bound by such terms and conditions by providing services to members and/or submitting claims for payment for such services.

**Note: For Medicaid members,** when state Medicaid coverage provisions conflict with the coverage provisions in this clinical policy, state Medicaid coverage provisions take precedence. Please refer to the state Medicaid manual for any coverage provisions pertaining to this clinical policy.

**Note: For Medicare members,** to ensure consistency with the Medicare National Coverage Determinations (NCD) and Local Coverage Determinations (LCD), all applicable NCDs, LCDs, and

Medicare Coverage Articles should be reviewed prior to applying the criteria set forth in this clinical policy. Refer to the CMS website at <http://www.cms.gov> for additional information.

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