

# ORTHODONTIC SERVICES PROCESSES & POLICIES

## PRIOR AUTHORIZATIONS AND CLAIMS PROCESS

### Prior Authorization Process

Authorizations for medically necessary orthodontic services will be issued by DentaQuest. Provider must indicate the “EPSDT” field on the PA form. PA request must include all appropriate documentation such as the HLD Assessment form, a detailed narrative of medical necessity, diagnostic images and/or other supporting documentation that will assist in the determination of Medical Necessity.

For transfer cases, provider continuing the orthodontic treatment must file the PA indicating the remaining visits for treatment completion and include the Orthodontic Continuation of Care form, a copy of the approved PA for orthodontic treatment issued by the SCDHHS or other state’s Medicaid program, beneficiary’s current orthodontic history status, photographic and diagnostic images, and treatment plan with the anticipated length of the remaining treatment, and orthodontic treatment records from the previous provider including records that indicate Medicaid payment up to the point of transfer.

For limited or comprehensive orthodontic treatment, only one PA will be issued per case (regardless of number of visits needed to complete treatment). The PA form must include all the procedures codes that are allowed to be billed during the course of treatment for the limited or comprehensive cases. For details, refer to Appendix B, Orthodontic Services Criteria in this manual.

### Claims Process

Claims for medically necessary orthodontic services must be filed under the EPSDT benefit. Providers must indicate the “EPSDT” field and include the DentaQuest’s approved authorization number on the claim form.

## POLICY AND CLINICAL CRITERIA

### Orthodontic Services

Beneficiaries eligible to receive medically necessary orthodontic services must meet the following:

#### I. Eligibility criteria:

1. The anticipated treatment completion date must occur prior to the loss of benefit eligibility due to age. Only beneficiaries, whose treatment plan shows completion before the child reaches the age of 21 years, will be considered eligible for orthodontic services.
2. Beneficiary must be Medicaid eligible on the dates of billable services. Provider must always check to ensure eligibility of the member throughout treatment as eligibility may change.

#### II. Compliance Criteria:

1. Providers must take into consideration the following patient’s ability when selecting the patient for orthodontic treatment:

- a. Tolerate the treatment
  - b. Keep multiple appointments over several months and years
  - c. Maintain good oral hygiene
  - d. Be cooperative and complete all needed dental preventive and treatment visits.
  - e. Medicaid will not reimburse for de-banding/ removal if treatment has not been completed due to patient's poor compliance.
2. Providers must take into consideration their own ability to complete the treatment when selecting the patient for orthodontic care.
- a. Providers are expected to complete treatment for all cases that they started.
  - b. Orthodontic Transfer cases for a Medicaid beneficiary due to:
    - i. Provider unable to complete treatment due to unforeseen circumstances such as (moving out of state, retiring, death).
      - The beneficiary's orthodontic treatment must continue and shall be transferred to another qualified Medicaid enrolled provider. The treating provider who started the case will be responsible to coordinate care for their patient of record for continuation of treatment with another qualified Medicaid provider. Financial arrangements reflecting the care already provided at the point of transfer, shall be between the two providers. Medicaid will reimburse only for the remaining billable visits as defined in the EPSDT Orthodontic Services "Benefit Limitations" section below.
      - Provider continuing the orthodontic treatment must file a prior authorization indicating the remaining visits for treatment completion and include the following documentation:
        - Orthodontic Continuation of Care Form
        - A copy of the approved authorization for orthodontic treatment issued by the Medicaid program.
    - ii. Beneficiary moved from another state Medicaid Program
      - A beneficiary's orthodontic treatment may be completed by a qualified Medicaid provider. Only orthodontic treatment approved by another state's medical assistance/ Medicaid program will be considered for continuation of treatment. Medicaid will reimburse only for the remaining billable visits as defined in the EPSDT Orthodontic Services "Benefit Limitations" section below.

- Provider continuing the orthodontic treatment must file a prior authorization indicating the remaining visits for treatment completion and include the following documentation:
    - Orthodontic Continuation of Care Form
    - Beneficiary's current orthodontic history status, photographic and diagnostic images, and treatment plan with the anticipated length of the remaining treatment.
    - A copy of the approved orthodontic treatment issued by the other state's Medicaid program.
    - Orthodontic treatment records from the previous provider including records that indicate Medicaid payment up to the point of transfer.
3. Providers must provide a consent form to be signed by the patient or parent/guardian, informing them of the following:
- a. The age limit for the orthodontic coverage
  - b. Length of treatment
  - c. Consequences of excessive breakage of appliance(s) and/ or other behavior that is not conducive of completing treatment in a timely manner, and
  - d. The patient's/ parent's responsibilities, including financial responsibilities should the eligibility and coverage be lost

### III. **Clinical criteria:**

1. Minor Treatment to Control Harmful Habits
  - a. Minor treatment can be used for correction of oral habits in any dentition. Prior authorization is required for such treatment when not part of the comprehensive orthodontic cases.
  - b. The following documentation must be submitted with the PA and maintained in patient's record:
    - i. a narrative of clinical findings justifying the medical necessity for the treatment,
    - ii. diagnostic images, such as radiographs, photographs, etc.,
    - iii. a treatment plan, and estimated treatment length with prognosis.

- c. Reimbursement for the appliance to control harmful habits includes all the materials, supplies, equipment, procedures, and appointments necessary for the diagnosis, measurement, fabrication, insertion, adjustments, repairs, removal, retention, and treatment visits.
2. Comprehensive orthodontic treatment
    - a. SCDHHS utilizes the Handicapping Labio-Lingual Deviation Index (HLD) Assessment tool, to determine the medical necessity for the comprehensive orthodontic treatment. The Assessment form and instructions for its completion can be found on the [Forms](#) section of this manual. A beneficiary may be eligible for comprehensive orthodontic treatment when one of the following criteria is met:
      - i. At least one of the automatic qualifying conditions are present and documented on the HLD Assessment form. Documentation supporting the diagnosis of the qualifying condition is required to be submitted and maintained in patient's record. OR
      - ii. The HLD Assessment form has a documented score of 30 or more. Documentation supporting the score is required to be submitted and maintained in patient's record.
    - b. Reimbursement for the comprehensive orthodontic cases includes all the materials, supplies, equipment, procedures, and appointments necessary for the diagnosis, HLD assessment, measurement, fabrication, and banding, adjustments, repairs, removal, retention, and treatment visits. The orthodontic examination and preparation of orthodontic records are not separately reimbursable and are part of the comprehensive treatment fee. Reimbursement for comprehensive orthodontic cases is based on the total amount allowed per case and will be issued in four (4) payments corresponding with the allowed billable visits as described below. Comprehensive orthodontic cases include:
      - i. Comprehensive orthodontic treatment includes but not limited to initial clinical evaluation, diagnostic work up, HLD assessment, orthodontic treatment plan, and banding. Allowed one (1) comprehensive orthodontic treatment per lifetime, per patient.
      - ii. Periodic orthodontic treatment visit includes but is not limited to the treatment visits, adjustments, repairs, and any diagnostic services for treatment progress. Allowed to bill two (2) periodic treatment visits per comprehensive case. Not allowed within 5 months of the initial orthodontic visit. Not allowed within 5 months of the periodic orthodontic visit.
      - iii. Orthodontic retention includes removal of appliances (de-banding), adjustments, fabrication and placement of retainer(s), post treatment diagnostic services. Allowed one (1) orthodontic retention per comprehensive case. Not allowed within 5 months of the periodic orthodontic visit.

- c. Replacements for maxillary or mandibular retainers allowed one (1) per arch, within 12 month(s) of the orthodontic retention visit.

### 3. Limited Orthodontic Treatment Services

- a. Medically necessary limited orthodontic treatment may be allowed for special circumstances and will be reviewed on case-by-case basis when a detailed justification is provided to support the necessity for the service. Provider must complete the HLD assessment form and provide justification if scoring is less than thirty (30) points. The following clinical circumstances, but not limited to, may be considered for the limited orthodontic cases:
  - i. Necessary treatment of primary and transitional dentition for cases involving functionally impairing malocclusions caused by cleft lip and palate or other severe craniofacial developmental anomalies or severe traumatic injuries.
- b. Reimbursement for the limited orthodontic cases includes all the materials, supplies, equipment, procedures, and appointments necessary for the diagnosis, measurement, fabrication, and banding, adjustments, repairs, removal, retention, and treatment visits. The orthodontic examination and preparation of orthodontic records are not separately reimbursable and are part of the limited treatment fee. Reimbursement for limited orthodontic cases is based on the total amount allowed per case and will be issued in three (3) payments corresponding with the allowed billable visits as described below. Limited orthodontic cases include:
  - i. Limited orthodontic treatment includes but not limited to initial clinical evaluation, diagnostic work up, HLD assessment, orthodontic treatment plan, and banding. Allowed one (1) limited orthodontic treatment visit per lifetime, per patient.
  - ii. Periodic orthodontic treatment visit includes but is not limited to the treatment visits, adjustments, repairs, and any diagnostic services for treatment progress. Allowed to bill one (1) periodic treatment visits per limited treatment case. Not allowed within 5 months of the initial orthodontic visit.
  - iii. Orthodontic retention includes removal of appliances (de-banding), adjustments, fabrication and placement of retainer(s), post treatment diagnostic services. Allowed one (1) orthodontic retention per comprehensive case. Not allowed within 5 months of the periodic orthodontic visit.
- c. Replacements for maxillary or mandibular retainers allowed one (1) per arch, within 12 month(s) of the orthodontic retention visit.

#### IV. Documentation Required

Documentation required to be submitted with PA and to maintained in the patient's record:

- a. The completed HLD Assessment form (only forms that have met the clinical criteria with at least one auto-qualifying condition or with a score of 30 or more (for comprehensive treatment), will be considered for review)
- b. Narrative of clinical findings for the craniofacial anomalies and/ or dental diagnosis; and medical diagnosis and surgical treatment plan (when applicable).
- c. Treatment plan and estimated treatment length
- d. Diagnostic intraoral and extraoral photographs
- e. Diagnostic radiographs, cephalometric

Non-State Plan Covered Services — EPSDT Services					
Procedure Codes	Eligible	Age (years)	Benefit Limitations	Pre-Payment Review	Prior Authorization
<b>EPSDT Orthodontic Services</b>					
<b>CDT Dental Codes</b> <b>D8010;</b> <b>D8020;</b> <b>D8070;</b> <b>D8080;</b> <b>D8220;</b> <b>D8670;</b> <b>D8680;</b> <b>D8692;</b> <b>D8703;</b> <b>D8704;</b>	Child	0-20	<ul style="list-style-type: none"> <li>• <b>D8010</b>- Limited orthodontic treatment of the primary dentition. Allowed one of (D8010 or D8020) per lifetime, per patient</li> <li>• <b>D8020</b>- Limited orthodontic treatment of the transitional dentition. Allowed one of (D8010 or D8020) per lifetime, per patient</li> <li>• <b>D8070</b>- Comprehensive orthodontic treatment of the transitional dentition. Allowed one of (D8070 or D8080) per lifetime, per patient</li> <li>• <b>D8080</b>- Comprehensive orthodontic treatment of the adolescent dentition. Allowed one of (D8070 or D8080) per lifetime, per patient</li> <li>• <b>D8670</b>- Periodic orthodontic treatment visit               <ul style="list-style-type: none"> <li>i. Limited treatment- Allowed one (1) D8670 per case (at midpoint of the course of treatment). Not allowed within 5 months of D8010 or D8020.</li> <li>ii. Comprehensive treatment- Allowed two (2) D8670 per case (at one-third and two-thirds through the course of comprehensive treatment). Not allowed within 5 months of D8070 or D8080. Not allowed within 5 months of D8670.</li> </ul> </li> <li>• <b>D8680</b>- Orthodontic Retention. Allowed one (1) D8680 per limited or comprehensive treatment. Not allowed within 5 months of D8670.</li> <li>• <b>D8220</b>- Fixed appliance therapy. Allowed one D8220 per lifetime, per patient</li> <li>• <b>D8703</b>- Replacement of lost or broken retainer- maxillary. Allowed one (1) D8703 within 12 months of treatment completion.</li> <li>• <b>D8704</b>- Replacement of lost or broken retainer- mandibular. Allowed one (1) D8704 within 12 months of treatment completion.</li> </ul>	No	Yes
	ID/RD Waiver	21+	<i>Not a covered service</i>		
	Adult	21+	<i>Not a covered service</i>		