

**Children's Medicaid Dental Services
Managed Care Orthodontia Review Policy and Procedure- Texas**

Subject: Orthodontia Review Policy and Procedure
Effective Date: March 1, 2012
Date Last Revised: December 20, 2011; January 18, 2012; January 30, 2012

Purpose

The Dental Contractors established a managed care policy and process to ensure consistent and equitable determination of orthodontic coverage for the children's Medicaid and CHIP dental services. Comprehensive medically necessary orthodontic services are a covered benefit for Texas Medicaid Members who have a severe handicapping malocclusion or special medical conditions including cleft palate, post-head trauma injury involving the oral cavity, and/or skeletal anomalies involving the oral cavity.

Orthodontic services are covered for Texas CHIP Members for pre-and postsurgical cases related to cleft palate, post-head trauma injury involving the oral cavity, and/or skeletal anomalies involving the oral cavity.

Definitions

Severe handicapping malocclusion is defined as an occlusion that is severely functionally compromised and is described in detail in Levels I, II, III, and IV.

Orthodontic terminology and extent of orthodontic services are based on the American Dental Association's Current Dental Terminology (CDT) definitions and explanations of the orthodontic codes utilized within this policy. The following definitions of dentition established by the CDT manual are recognized by the Children's Medicaid dental services:

Primary Dentition: Teeth developed and erupted first in order of time.

Transitional Dentition: The final phase of the transition from primary to adult teeth, in which the deciduous molars and canines are in the process of shedding and the permanent successors are emerging.

Adolescent Dentition: The dentition that is present after the normal loss of primary teeth and prior to cessation of growth that would affect orthodontic treatment.

Adult Dentition: The dentition that is present after the cessation of growth that would affect orthodontic treatment.

Policy

The Dental Contractors recognize four orthodontic service levels for severe handicapping malocclusion, and each requires a different amount of time for treatment. These levels require different levels of skill, orthodontic procedures, and time for completion of the treatment plan.

1.1 Level I: Dedicated to resolution of early signs of handicapping malocclusion in the early mixed dentition which may significantly impact the health of the developing dentition, alveolar bone, and symmetrical growth of the skeletal framework. (Presence of the maxillary and mandibular permanent molars, and the maxillary and mandibular incisors fully erupted, and deciduous teeth shall constitute the early mixed dentition.)

- Anterior crossbite that is associated with clinically apparent severe gingival inflammation and/or gingival recession, or severe enamel wear.
- Posterior crossbite with an associated midline deviation and asymmetric closure pattern.
- Dental cross bites, other than the above described shall not be eligible for treatment in Level I.

1.2 Level I orthodontic services must be completed within 12 months unless an exception is granted by DentaQuest upon approval of a prior authorization request submitted by the provider.

1.3 Exceptions to the expected treatment time may allow for additional treatment months for one of the following circumstances:

- The Member is the child of a migrant farm worker
- The Member’s orthodontic services were delayed as a result of temporarily being in state custodial care (foster care).

1.4 Providers may submit the following procedure codes for Level I review:

Procedure Code	Description
D8010	Limited orthodontic treatment of the primary dentition.
D8020	Limited orthodontic treatment of the transitional dentition.
D8210	Removable appliance therapy
D8220	Fixed appliance therapy

1.5 Providers may prior authorize for additional services that may be deemed medically necessary due to overall health of the patient or extenuating circumstances. Each case will be reviewed and evaluated on a case by case basis for medical necessity.

2.1 Level II:

2.2 Qualification for treatment at Level II requires submission of documentation to support the classification of handicapping malocclusion. FOUR of the following conditions must be clearly apparent in the supporting documentation:

- A. Full cusp Class II malocclusion with the distal buccal cusp of the maxillary first molar occluding in the mesial buccal groove of the mandibular first molar.

- B. Full cusp Class III malocclusion with the maxillary first molar occluding in the embrasure distal to the mandibular first molar or on the distal incline of mandibular molar distal buccal cusp.
 - C. Overbite measurement shall be in excess of 5 mm.
 - D. Overjet measurement shall be in excess of 8 mm.
 - E. More than four congenitally absent teeth, one or more of which shall include an anterior tooth/ or teeth.
 - F. Anterior crowding shall be in excess of 6 mm. in the mandibular arch.
 - G. Anterior cross bite of more than two of the four maxillary incisors.
 - H. Generalized spacing in both arches of greater than 6 mm. in each arch.
 - I. Recognition of early impacted maxillary canine or canines. Radiographs shall support the diagnosis demonstrating a severe mesial angulation of the erupting canine and the crown of the canine superimposed and crossing the image of the maxillary lateral incisor.
- 2.3 Level II orthodontic services must be completed within 24 months unless an exception is granted.
- 2.4 Exceptions to the expected treatment time may allow for additional treatment months for one of the following circumstances:
- The Member is the child of a migrant farm worker
 - The Member's orthodontic services were delayed as a result of temporarily being in state custodial care (foster care).
- 2.5 Providers must use the appropriate procedure code that is applicable for banding:

Procedure Code	Description
D8050	Interceptive orthodontic treatment of the primary dentition.
D8060	Interceptive orthodontic treatment of the transitional dentition.
D8070	Comprehensive orthodontic treatment of the transitional dentition. (1 of D8070, D8080 or D8090 per lifetime)
D8080	Comprehensive orthodontic treatment of the adolescent dentition. (1 of D8070, D8080 or D8090 per lifetime)
D8090	Comprehensive orthodontic treatment of the adult dentition. (1 of D8070, D8080 or D8090 per lifetime)

- 2.6 Interceptive orthodontic treatment is not covered in conjunction with comprehensive orthodontic treatment. In addition, interceptive orthodontic treatment is not allowed when comprehensive orthodontic treatment is indicated unless there are extenuating circumstances.

- 2.7 Providers may prior authorize for additional services that may be deemed medically necessary due to overall health of the patient or extenuating circumstances. Each case will be reviewed and evaluated on a case by case basis for medical necessity.
- 3.1 Additional Services: There may be extenuating circumstances that warrant additional treatment, including but not limited to craniofacial anomalies and cleft palate. In the event that the Member requires additional treatment, the Provider may prior authorize for additional services that may be deemed medically necessary due to overall health of the patient or extenuating circumstances. Each case will be reviewed and evaluated on a case by case basis for medical necessity. Level III and Level IV described below are the clinical criteria that must be met in order to qualify for additional services.
- 3.2 To submit for additional services, the provider must complete the following:
- A. Submit a prior authorization on a 2012 or greater ADA claim form with the appropriate code(s) being requested
 - B. If the provider is requesting additional monthly adjustments, the code D8670 must be utilized
 - C. Recent radiographs (x-rays) showing the progress made to current
 - D. Photographs
 - E. Treatment plan
- 4.1 Level III: Dedicated to resolution of handicapping malocclusion in the adolescent or adult dentition.
- 4.2 Qualification for treatment at Level III requires submission of documentation to support the classification of handicapping malocclusion. FOUR of the following conditions must be clearly apparent in the supporting documentation.
- A. Full cusp Class II molar malocclusion as described in Level II.
 - B. Full cusp Class III molar malocclusion as described in Level II.
 - C. Anterior tooth impaction; unerupted with radiographic evidence to support a diagnosis of impaction (lack of eruptive space, angularly malposed, totally imbedded in the bone) as compared to ectopically erupted anterior teeth which may be malposed but has erupted into the oral cavity and is not a qualifying element.
 - D. Anterior crowding shall be in excess of 6mm in the mandibular arch.
 - E. Anterior open bite shall demonstrate that all maxillary and mandibular incisors have no occlusal contact and are separated by a measurement in excess of 6 mm.
 - F. Posterior open bite shall demonstrate a vertical separation by a measurement in excess of 5 mm. of several posterior teeth and not be confused with the delayed natural eruption of a few teeth.
 - G. Posterior cross bite with an associated midline deviation and mandibular shift, a Brodie bite with a mandibular arch totally encumbered by an overlapping buccally occluding maxillary arch, or a posterior maxillary arch totally lingually malpositioned to the mandibular arch shall qualify.

- H. Anterior cross bite shall include more than two incisors in cross bite and demonstrate gingival inflammation, gingival recession, or severe enamel wear.
 - I. Over bite shall be in excess of 5 mm.
 - J. Overjet shall be in excess of 8 mm.
- 4.3 Level III orthodontic services must be completed within 36 months unless an exception is granted.
- 4.4 Exceptions to the expected treatment time may allow for additional treatment months for one of the following circumstances:
- The Member is the child of a migrant farm worker
 - The Member's orthodontic services were delayed as a result of temporarily being in state custodial care (foster care).
- 5.1 Level IV: Dedicated to resolution of handicapping malocclusion in the adult dentition; complete eruption of the permanent dentition.
- 5.2 Qualification for treatment at level IV requires submission of documentation to support the classification of handicapping malocclusion. Documentation shall be submitted by an Oral Surgeon justifying the medical necessity of a surgical approach to treatment.
- A. Non-functional Class II malocclusion.
 - B. Non-functional Class III malocclusion
- 5.3 Models, panorex, Cephalogram, and photos shall be submitted with the above requested documentation for review. The correction of the malocclusion shall be beyond that of orthodontics alone and shall require pre-orthodontic and post-orthodontic procedures in conjunction with orthognathic surgery. The patient's medical needs shall be based on function and not esthetics.
- 5.4 Level IV orthodontic services must be completed within 48 months unless an exception is granted.
- 5.5 Exceptions to the expected treatment time may allow for additional treatment months for one of the following circumstances:
- The Member is the child of a migrant farm worker
 - The Member's orthodontic services were delayed as a result of temporarily being in state custodial care (foster care).

6.1 Other Orthodontic Services:

6.2 The following procedure codes are used to bill for other orthodontic services:

Procedure Code	Description
D8670	Periodic orthodontic treatment visit - the number of monthly adjustments will vary based on which level was approved.
D8680	Debanding- Orthodontic retention (removal of appliances,

	construction and placement of retainers).
D8691	Repair of orthodontic appliance- 1 per arch per lifetime.
D8692	Replacement of lost or broken retainer- 1 per arch per lifetime. Documentation of medical necessity needed.
D8693	Rebonding or recementing; and/or repair, as required, of fixed retainers- Documentation of medical necessity needed.

7.1 Provider Requirements:

- 7.2** All dental providers must comply with the rules and regulations of the Texas State Board of Dental Examiners (TSBDE), including the standards for documentation and record maintenance that are stated in the TSBDE Rules 108.7 Minimum Standards of Care, General and 108.8 Records of Dentist.
- 7.3** Dentists (DDS, DMD) who want to provide any of the four levels of orthodontic services addressed in this policy must be enrolled as a dentist or orthodontist in Texas Health Steps and must have the qualifications listed below for the relevant level of service:

Level of Orthodontic Service	Qualifications
Level I or II	Completion of pediatric dental residency; or a minimum of 200 hours of continuing dental education in orthodontics.
Level I, II, III, or IV	Dentists who are orthodontic board certified or orthodontic board eligible.

- 7.4** Provider Type 90 – Orthodontist: Board eligible or board certified by an ADA recognized orthodontic specialty board. This provider type is eligible to provide Level I-IV.
- 7.5** Provider Type 48 – Texas Health Steps – Dental: In order to perform and be reimbursed for Level I and II, provider must attest to either:
- A. Completion of pediatric specialty residency.
 - B. Minimum of 200 hours of continuing dental education in orthodontics within the last ten years.

8.1 Orthodontic Prior Authorization Requirements

- 8.2** The following documentation must be submitted with the request for prior authorization:
- A. ADA 2012 or newer claim form with service codes noted
 - B. Duplicate diagnostic models or a complete set of diagnostic photographs
 - C. Radiographs (x-rays)
 - D. Cephalometric x-ray with tracings
 - E. Photographs (if plaster models are submitted)
 - F. Treatment plan
 - G. **For CHIP Members Only** – a copy of the medical prior authorization approval letter for surgery

9.1 Completion of Comprehensive Orthodontic Services

- 9.2** Prior authorization is required for completion of services (last payment) and must be reviewed for proof of completion of case.
- 9.3** The following documentation must be submitted with the request for prior authorization:
- A. Post treatment panorex film
 - B. Photographs
 - C. A signed statement from the treating Provider indicating that treatment is complete
- 9.4** Providers must use the following procedure code for debanding:

Procedure Code	Description
D8680	Orthodontic Retention (removal of appliances, construction and placement of retainer(s))

10.1 Transfer of Comprehensive Orthodontic Services

- 10.2** Prior authorization issued to a provider for orthodontic services is not transferable to another provider. The new provider must request a new prior authorization to complete the treatment initiated by the original provider.
- 10.3** The new provider must obtain his/her own records. The following supporting documentation of medical necessity must be submitted with the request for transfer of services:
- A. All of the documentation that is required for the original request,
 - B. The reason the Member left the previous provider,
 - C. Narrative noting the treatment status.

11.1 Continuation of Orthodontic Case Initiated through a Private Arrangement

- 11.2 Continuation of a case for a Member that began treatment through a private arrangement will be considered for prior authorization if the Member began treatment prior to becoming Medicaid eligible.
- 11.3 Continuation of a case for a Member that began treatment through a private arrangement will not be considered for prior authorization if the Member began treatment while Medicaid eligible and will be denied.
- 11.4 The following information is required for consideration of payment for continuation of care cases:
 - A. A completed Orthodontic Continuation of Care Form
 - B. A completed 2012 or greater ADA claim form listing the services to be rendered
 - C. A copy of the Member's prior approval including the total approved case fee and payment structure
 - D. Detailed payment history
- 11.5 If the Member is private pay, fee for service or transferring from a commercial insurance and now is Medicaid or CHIP eligible; the following information is required:
 - A. A completed Orthodontic Continuation of Care Form
 - B. A completed 2012 or greater ADA claim form listing the services to be rendered
 - C. A copy of the Member's prior approval including the total approved case fee and payment structure
 - D. Detailed payment history
 - E. A copy of the original study models prior to the patient being banded
 - F. Panorex film

12.1 Orthodontic Services authorized by TMHP prior to March 1, 2012

- 12.2 The Dental Contractor has the option to re-review any and/or all orthodontic cases authorized by TMHP prior to March 1, 2012 for medical necessity.
- 12.3 The following information is required for review and consideration of payment for continuation of care:
 - A. A completed Orthodontic Continuation of Care Form
 - B. A completed 2012 or greater ADA claim form listing the services to be rendered
 - C. A copy of the Member's prior approval including the total approved case fee and payment structure
 - D. Detailed payment history
 - E. A copy of the original study models prior to the patient being banded (only if requested)
 - F. Panorex film (only if requested)

- 12.4 The clinical criteria used in making the qualifying decision will be the criteria stated in this document (Level I, II, III and IV).
- 12.5 Should the request for continuation of payment be denied due to lack of medical necessity under the new clinical criteria; the Dental Contractor will authorize a treatment plan to deband the Member.

13.1 Premature Termination of Comprehensive Orthodontic Services

- 13.2 Premature termination of comprehensive orthodontic treatment by the originally treating provider is included in the comprehensive services.
- 13.3 Premature termination of orthodontic services includes all of the following:
 - A. Removal of brackets and arch wires
 - B. Other special orthodontic appliances
 - C. Fabrication of special orthodontic appliances
 - D. Delivery of orthodontic retainers
- 13.4 Premature removal of an orthodontic appliance must be prior authorized. A release form must be signed by the parent or legal guardian, or by the Member if he/she is 18 years of age or older or an emancipated minor. A copy of the signed release form and a completed prior authorization request form must be submitted, and one of the following must be documented on the prior authorization request:
 - A. The Member is uncooperative or is non-compliant
 - B. The Member requested the removal of the orthodontic appliance(s)
 - C. The Member has requested the removal due to extenuating circumstances to include, but not limited to:
 - 1. Incarceration
 - 2. Mental health complications with a recommendation from the treating physician
 - 3. Foster Care placement
 - 4. Child of a Migrant Farm Worker, with the intent to complete treatment at a later date if Medicaid eligibility for orthodontic services continues

*NOTE: A Member for whom removal of an appliance has been authorized due to the above, will be eligible for completion of their Medicaid orthodontic services if the services are re-initiated while Medicaid eligible. Should the Member choose to have the appliances removed for reasons other than those listed under "C", the Member **may not** be eligible for any additional Medicaid orthodontic services.*

- 13.5 The requesting provider is responsible for removal of the orthodontic appliances, final records and x-rays at the time of termination.
- 13.6 Providers must use the following procedure code for premature debanding:

Procedure Code	Description
D8680	Orthodontic Retention (removal of appliances, construction and placement of retainer(s))

14.1 Reimbursement:

- 14.2** An initial payment is payable when bands are placed. Providers must bill with the appropriate prior authorized procedure code.
- 14.3** Providers must bill the appropriate monthly adjustment code (D8670). The total number of monthly adjustments allowed will vary by level.
- 14.4** The last payment is payable when the treatment is complete. Providers must bill with the appropriate prior authorized procedure code (D8680).

15.1 General Information:

- 15.2** Providers may prior authorize for additional services that may be deemed medically necessary due to overall health of the patient or extenuating circumstances. Each case will be reviewed and evaluated on a case by case basis for medical necessity. For example, debanding in regular treatment would limit retainers and appliance removal to a single episode however in the case of cleft palate, craniofacial and head trauma with dental consequences; the case may involve multiple courses of treatment and would gain additional consideration based on the circumstances.
- 15.3** Orthodontic services that are performed solely for cosmetic purposes are not a benefit of Texas Medicaid.
- 15.4** Members enrolled in the Dental Contractor’s plan for at least one month and are receiving orthodontic treatment and either ages out or loses eligibility; the Dental Contractor is responsible for completion of payment for the course of treatment. The only exception is if the Member is disenrolled with cause, but is still Medicaid eligible.
- 15.5** There will be no payment for denied cases.
- 15.6** Payment for banding includes the initial work up.
- 15.7** Study models submitted with the request will not be returned to the provider unless a self-addressed postage paid box is included.