



PROVIDER BULLETIN

BT 200230

JUNE 19, 2002

To: All Dentists and Physicians

Subject: Criteria for Orthodontic Services

Overview

Current coverage criteria for dental orthodontic procedure codes from *D8010* to *D8692* are as follows:

"No orthodontic procedures are approved except in cases of craniofacial deformity or cleft palate."

Orthodontic procedures for Indiana Health Coverage Programs (IHCP) are covered only for members younger than 21 years old. The Office of Medicaid Policy and Planning (OMPP) will require prior authorization (PA), effective August 5, 2002, for all orthodontic services. Prior authorization requests must be submitted on the *IHCP Medical Prior Authorization Form*, **not** the *IHCP Prior Authorization Dental Request Form*. This form can be accessed through the IHCP Web site at www.indianamedicaid.com under the publications section tab or in *Chapter 6* of the *IHCP Provider Manual*, in the *Prior Authorization* section. This bulletin clarifies the craniofacial disorders and diagnoses that must be documented in order for orthodontic procedures to be approved for IHCP members.

Criteria for Orthodontic Services

The patient must be diagnosed by a member of a recognized craniofacial anomalies team, such as a member of the American Cleft Palate-Craniofacial Association. The patient must be treated by a licensed practitioner, who minimally accepts routine craniofacial patients for orthodontic services, such as those patients with cleft lip and palate.

Orthodontic services will be covered for patients with documentation of one or more of the diagnoses or conditions listed in Table 1.1. The criteria were developed with the help of cleft palate and craniofacial specialists.

A signed statement from the practitioner, who is a member of a hospital based craniofacial team, will certify the correct craniofacial diagnosis and malocclusion. The diagnosis must include information descriptive of facial and soft tissue, skeletal, dental/occlusal, functional, and applicable medical or other conditions. A step-wise treatment plan must be submitted with the treatment phase and length of treatment specified. The PA will be for the time period of the length of treatment specified. It is expected that most patients who meet the criteria will require comprehensive orthodontic treatment. Prior authorization requests for limited or interceptive orthodontic treatment (procedure codes *D8010* through *D8060*) will be reviewed on a case-by-case basis. Prior authorization requests for removable or fixed appliance therapy (procedure codes *D8210* or *D8220*) must show that the patient meets the criteria in this bulletin and has a harmful habit in need of correction. Prior authorization requests will be denied for any member who does not meet the criteria outlined in this bulletin.

Table 1.1 Diagnoses or Conditions Appropriate for Orthodontic Services

Category I. The following diagnoses and/or conditions are appropriate for orthodontic services.
<i>Patients in Category I and Category II do not require additional information to be submitted for approval of PA requests.</i>
Cleft Lip and Palate and Facial Clefts
Oculoauriculovertebral Dysplasia
Mandibulofacial Dysostosis (Treacher Collins Syndrome)
Pierre Robin
Cleidocranial Dysplasia
Frontonasal Malformation
Crouzon Syndrome
Apert Syndrome
Pfeiffer's Syndrome
Ectodermal Dysplasia
Hemifacial Microsomia
Amniotic Band Syndrome
Neurofibromatosis of the Facial Region
Holoprosencephaly
Gorlin Syndrome

(Continued)

Table 1.1 Diagnoses or Conditions Appropriate for Orthodontic Services

Category I: The following diagnoses and/or conditions are appropriate for orthodontic services.
Beckwith-Wiedmann Syndrome
Klippel-Feil
Category II: The following conditions, when accompanied by moderate to severe malocclusions are appropriate for orthodontic services.
Fetal Alcohol Syndrome
Encephalocele
Down Syndrome
Werdnig-Hoffman Disease
Spina Bifida
Developmental disturbances related to oncology radiation
Cerebral Palsy
Achondroplasia
Osteogenesis Imperfecta
Arthrogryposis of the Temporomandibular Joint (Congenital Contractures)
Ankylosis of the Mandibular Condyles
VATER Association
Hemimandibular Hypertrophy
Condylar Hyperplasia
Condylar Hypoplasia
Arcofacial Dysostosis
Rieger Syndrome
Category III: For patients in Category III, Severe Atypical Craniofacial Skeletal Pattern, accompanied by moderate to severe malocclusion, the following listed documentation must be submitted for approval of prior authorization requests.
<p>Patients in this category will likely have a secondary diagnosis of a maxillary or mandibular skeletal problem, such as maxillary vertical hyperplasia, mandibular hypoplasia, maxillary excess, vertical maxillary deficiency, and so forth.</p> <p><i>Documentation is by special report, and must include frontal and lateral photographs of the face and of the occlusion, a panoramic film, and a lateral cephalometric film (with tracing). For Category III patients with vertical skeletal problems, as noted in guideline number 10 on the next page, the practitioner must enclose a posterior-anterior cephalometric film.</i></p>

The following is a list of guidelines for defining moderate to severe malocclusion as a medical problem for Categories II and III in Table 1.1:

1. Cleft lip and palate and other craniofacial anomalies with a severe functional compromise of the occlusion
2. Hypodontia or malalignment (one tooth or more per quadrant) precluding routine restorative dentistry
3. Overjet greater than six millimeters (mm)
4. Reverse overjet (underbite) less than one mm
5. Anterior or posterior crossbite with greater than two mm discrepancy
6. Lateral or anterior openbite greater than four mm
7. Severe overbite with gingival or palatal trauma
8. Impaction or impeded eruption of teeth (other than third molars)
9. Dysplasia of the vertical dimension of occlusion, lower facial height (LFH) greater than 59 percent or less than 52 percent
10. Facialskeletal vertical asymmetry greater than two standard deviations (SDs) from the norm for menton-zygoma (left or right) or gonion-zygoma (left or right)

Required Medical Record Documentation for Orthodontic Services

Documentation for orthodontic services must be maintained in the patient's dental or medical record, as required by *405 IAC 1-5-1, Medical records; contents and retention*. This rule states "Medicaid records must be of sufficient quality to fully disclose and document the extent of services provided to individuals receiving assistance under the provisions of the Indiana Medicaid program. All providers participating in the Indiana Medicaid program shall maintain, for a period of three (3) years from the date Medicaid services are provided, such medical and/or other records, including x-rays, as are necessary to fully disclose and document the extent of the services. A copy of the claim form that has been submitted by the provider for reimbursement is not sufficient documentation, in and of itself, to comply with this requirement. Providers must maintain records which are independent of claims for reimbursement."

Billing and Reimbursement Information

Procedure code *D8680, Orthodontic retention – removal of appliances, construction and placement of retainer(s)*, will be made a noncovered service effective August 5, 2002. This service is included in the reimbursement for orthodontic treatment.

Procedure codes *D8691 – Repair of orthodontic appliance*, and *D8692 – Replacement*

of lost or broken retainer, will also be made non-covered effective August 5, 2002. These services are included in the reimbursement for orthodontic treatment and will not be separately reimbursed.

It is expected that most patients who meet the criteria for orthodontic services will require comprehensive orthodontic treatment, which is billed using one of the three procedure codes, *D8070*, *D8080*, or *D8090*, listed in the *Current Dental Terminology (CDT-3) Users Manual, Version 2000*. Appliances, retainers, and repair or replacement of retainers are all considered as included in the fee for the comprehensive treatment and may not be separately billed if comprehensive treatment is rendered. Because the comprehensive treatment codes have a manual-pricing indicator, reimbursement is calculated based on 90 percent of the billed amount. Practitioners are advised to carefully consider the appropriate amount to bill for the service and are to bill their *usual and customary charge* for the service rendered.

Patients are expected to continue treatment with the same practitioner for the period of treatment time that is prior authorized. In the unlikely event that the patient must discontinue treatment with one practitioner and begin treatment with another practitioner, the practitioner continuing the treatment must submit a new PA request. The first practitioner must refund part of the reimbursement to IHCP. Generally, one third of the reimbursement is for the evaluation and treatment plan, and two thirds of the reimbursement is for the actual treatment. Based upon the time remaining in the treatment rendered by a new practitioner, the first practitioner must prorate the amount to be refunded to the program.

Questions about prorating refund amounts for orthodontic services should be directed to the Health Care Excel (HCE) Medical Policy Department at (317) 347-4500. Refunds may be processed either through a claim adjustment or by submitting repayment with a check or money order to the IHCP. The address for refund payment is:

**EDS Refunds
P.O. Box 1937
Dept. 104
Indianapolis, IN 46206-1937**

The address for adjustments is:

**EDS Adjustments
P.O. Box 7265
Indianapolis, IN 46207-7265**

Additional Information

Questions about this bulletin can be directed to the EDS Customer Assistance Unit at (317) 655-3250, in the Indianapolis local area, or 1-800-577-1276, or to the HCE

Medical Policy Department at (317) 347-4500. For PA requests, contact the HCE PA Department at (317) 347-4511, in the Indianapolis local area, or 1-800-457-4518.

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