

V. SUBJECT: Orthodontic Services

A. POLICY STATEMENT

State and/or federal funds will be used for orthodontic treatment required for satisfactory correction of functional impairment resulting from congenital or acquired conditions of the face, mouth, jaw, or teeth.

B. DEFINITIONS

1. **Adolescent dentition:** Teeth present after the normal loss of primary teeth, and prior to cessation of growth that would affect orthodontic treatment; and
2. **Adult dentition:** Teeth present after the cessation of growth that would affect orthodontic treatment.
3. **Comprehensive orthodontic treatment** is definitive treatment to correct problem malocclusion. This treatment usually includes use of fixed appliances (braces) on adult teeth, and may:
 - a. Begin with transitional, adolescent or adult dentition;
 - b. Require several phases, with specific objectives identified for each stage of dentition;
 - c. Require adjunctive procedures (e.g., extractions; maxillofacial, nasopharyngeal or orthognathic surgery, restorative or periodontal care);
 - d. Incorporate use of appliances or procedures that might also be used interceptively, (such procedures are not considered "interceptive" when used in context of comprehensive treatment).
4. **Craniofacial surgery** is a subspecialty of maxillofacial surgery, plastic surgery, and ENT to reduce or eliminate congenital and acquired deformities of the skull, face, and jaws through manipulation of bone, skin, muscle, and/or teeth (but not the brain or eye).
5. **Interceptive orthodontic treatment** of the primary or transitional dentition is completed to eliminate underlying cause(s) of functional impairment, lessen severity of the malformation, and/or reduce complexity of future comprehensive therapy.
6. **Oral and maxillofacial surgery** is performed by dental specialists with training in medicine and dentistry to treat congenital or acquired defects of hard and soft tissues of the head, mouth, teeth, gums, jaws and neck, including congenital craniofacial malformations (e.g. cleft lip and palate) and cranial vault malformations.
Interventions include, but are not limited to, removal of impacted teeth, difficult tooth extractions, bone grafting, pre-prosthetic surgery (to provide better anatomy for the placement of dental prostheses), orthognathic surgery, and maxillo-mandibular advancement.
7. **Orthognathic ("jaw") surgery** is performed by oral and maxillofacial surgeons, or craniofacial surgeons in collaboration with an orthodontist for modifying or repositioning bones and other structures in upper and/or lower jaw to achieve realignment required to reduce or eliminate malocclusion (relationship of upper to lower jaw). Orthognathic surgery is often needed after reconstruction of cleft palate or other major craniofacial anomalies. It usually involves braces before and after surgery and retainers after the final removal of braces.
8. **Primary dentition:** Teeth developed and erupted first in order of time.
9. **Transitional dentition:** Final phase of the transition from primary to adult teeth, in which the deciduous molars and canines are in the process of shedding, and permanent teeth are emerging.
10. **Satisfactory outcome** means correction or improvement of functional impairment with acceptable aesthetic appearance.

C. STANDARDS

1. Eligibility requirements for orthodontic services
 - a. US citizenship or lawful permanent residency;
 - b. South Carolina residency;
 - c. Age 15 or under at time application is reviewed;
 - d. Current Medicaid enrollment; or verified household income at or below 250% of federal poverty guidelines; and

- e. Severe functional impairment based on CSHCN orthodontic consultant review of approved screening tool ([DHEC 0762](#)) and supporting documentation submitted by licensed orthodontist; or
- f. Medically documented craniofacial anomaly affecting skeletal and functional development including, but not necessarily limited to: cleft lip and/or palate; Pierre Robin sequence; hemifacial or craniofacial microsomia; condylar aplasia; or Crouzon syndrome.

Orthodontic treatment will be approved for these diagnoses or others associated with similar impairment upon request of treating orthodontist who has verified the condition.

The diagnosis and general description of planned treatment may be submitted on an orthodontic referral form ([DHEC 0762](#)). No scoring or supporting documentation is required. The request will be reviewed by the CSHCN orthodontic consultant.

2. Covered services

- a. Orthodontist services and codes included in the [orthodontic fee schedule](#) as needed to achieve satisfactory correction of functional impairment.
- b. General dentistry or other in-office procedures as recommended by orthodontist.
- c. Surgical intervention (outpatient, ambulatory surgical center, or inpatient) when needed in conjunction with approved orthodontic treatment and included on orthodontic plan of care.
- d. Continuation of orthodontic treatment initiated prior to CSHCN orthodontic eligibility determination, if applicant meets clinical requirements based on current findings or documentation of status before or during previous orthodontic treatment. Orthodontist must submit DHEC 0762 and supporting documentation (evaluations, images or medical diagnosis craniofacial anomaly).
- e. Removal of braces only for any Medicaid recipient.

3. Non-covered orthodontic services

- a. Costs associated with completion of orthodontic referral form and/or preparation of supporting documentation;
- b. Dental implants; and
- c. Services provided without applicable prior authorization.

4. Treating orthodontists must:

- a. Be licensed to practice orthodontics in SC (or site of service delivery);
- b. Have SC vendor number (required for Department of Finance payment);
- c. Agree to guidelines contained on authorization form ([DHEC 0727](#)).

5. Program services will be terminated for noncompliance with treatment regime when treating orthodontist and assigned care coordinator determine that client noncompliance has or will reduce effectiveness of services, and that additional action is not likely to improve compliance.

6. Review of requests for services and eligibility determination will be completed by orthodontic consultant at least 10 times annually. Review dates will be posted and/or sent to regional CSHCN Coordinator (or designee) at least four weeks in advance. All completed requests must be received in central office at least two working days before the scheduled review. Review of requests received after that date would be held for following review.

D. GENERAL PROCEDURES

- 1. Orthodontist completes request for orthodontic referral form ([DHEC 0762](http://dhecnet/library/D-0762.pdf)) and sends to regional CSHCN office with supporting documentation.
- 2. Regional CSHCN office:
 - a. Verifies that applicants meet citizenship, residency, age, Medicaid enrollment and/or income criteria applicable to orthodontic services.
 - b. Obtains agency-required consents and permissions.

- e. Submits copy of Financial Assistance Eligibility Determination Form [DHEC 0936](#), CSHCN Orthodontic Services Request Form ([DHEC 0762](#)) with required supporting documentation (photographs, cephalogram and/or panorex if impacted teeth) provided by the orthodontist to central office for orthodontic consultant review.
- 3. CSHCN orthodontic consultant will review applications at least 10 times per year to determine clinical eligibility for orthodontic services. Applications will be reviewed *only* when complete referral form ([DHEC 0762](#)) and all required supporting documentation is available.
- 4. Following each orthodontic review CSHCN Program office will:
 - a. Send immediate email notification of approval status to regional CSHCN Coordinator (or designee);
 - b. Mail notice of approval status to parent/guardian;
 - c. Mail notice of approval status, copy of DHEC 0762, and supporting documentation to submitting orthodontist; and
 - d. Mail notice of approval status and copy of DHEC 0762 to regional CSHCN office for filing in DHEC health record.
- 5. Orthodontist should submit plan of care ([DHEC 0911](#)) to the authorizing CSHCN office as soon as possible. No additional orthodontic services may be authorized after the initial treatment visit unless the plan of care is filed in the DHEC health record and a copy is sent to the CSHCN Program office. Authorizing CSHCN office should try to obtain the plan of care before submitting invoice for initial treatment visit.
- 6. Upon approval, the care coordinator (or designee) will:
 - a. Use information in email notification to complete eligibility determination.
 - b. Complete care plan within 10 working days after approval notice received.
 - c. Contact family to review care plan and responsibilities contained in Client Agreement ([DHEC 0912](#)) with family.
 - d. Contact treating orthodontist or office staff as needed to review CSHCN orthodontic services, procedures and provider responsibilities with treating orthodontist (or office staff) and provide assistance as needed during course of approved treatment.
 - e. Issue authorization(s) to treating orthodontist for approved orthodontic treatment *if this has not completed by central office staff.*
 - f. Issue authorization(s) for covered services required conjunction with orthodontic treatment (i.e. by providers other than the treating orthodontist) based on orthodontist recommendations and treatment plan. (This does not apply to Medicaid enrollees.)
- 7. Income changes during approved orthodontic treatment (non-Medicaid)

If household income rises above threshold for orthodontic program participation during the course of treatment, regional office will send a completed Special Request form ([DHEC 0758](#)), client's fee ledger ([DHEC 0914](#)) and orthodontic plan of care ([DHEC 0911](#)) to CSHCN Program office for case by case review for continued reimbursement determination.
- 8. If household income falls below 200% of [federal poverty guidelines](#) after orthodontic program services have been approved, potentially eligible clients should be instructed to apply for Medicaid within 60 days in order to conserve limited CSHCN funds.

E. AUTHORIZATION PROCEDURES

1. Initial treatment visit

Upon receipt of approval for orthodontic treatment (or direction from appropriate staff member): Prepare authorization for treating orthodontist for initial orthodontic treatment visit using following codes:

- a. Initial interceptive treatment visit (D8060)
- b. Initial comprehensive visit code depends on stage of dentition
 - i. Transitional dentition (D8070)

ii. Adolescent dentition (D8080)

iii. Adult dentition (D8090).

Use D8080 as default code if dentition information is not available when authorization is prepared. Obtain and record correct code on the authorization form before submission to central office.

c. Include authorization for habit appliances (D8220) with initial visit authorization. Orthodontist may also request later if not applied during initial visit.

2. Periodic office visits (D8670)

Prepare authorizations for consecutive 3-month periods until a date of service is recorded for the maximum number of visits: 15 for interceptive treatment, and 34 for comprehensive treatment.

Office visit authorization should be issued quarterly: in December for January 1 – March 30; in March for April 1 – June 30; June for July 1 – September 30, and September for October 1 – December 31.

Authorizations must be prepared, signed and received by treating orthodontist at least five days before the first working day of the quarter.

Use the orthodontic fee ledger ([DHEC 0914](#)) to track date authorized services were rendered

3. Orthodontic retention (D8680)

The date of service for orthodontic retention signals the end of interceptive or comprehensive treatment. Request approximate date for completion of interceptive or comprehensive treatment from orthodontist office before final authorization for periodic visits, or based on treatment plan on file. Prepare and send authorization in time for orthodontist to receive it at least 5 working days prior to anticipated date of service for orthodontic retention.

4. Replacement retainer (D8692)

Replacement retainers may be authorized upon orthodontist request. One replacement retainer per arch may be authorized prior to 21st birthday.

Date of service for replacement retainer must be on or before last day of month of 21st birthday.

5. Comprehensive treatment following interceptive treatment

Interceptive treatment will be approved when necessary prior to comprehensive treatment. Interceptive treatment ends with date of service for orthodontic retention.

Comprehensive treatment may be authorized immediately following completion of interceptive treatment or as requested by orthodontist if not needed immediately. No additional approvals are required to begin comprehensive treatment. A treatment plan for comprehensive treatment must be submitted if not included in the treatment plan submitted at the start of interceptive treatment.

6. Removal of braces (D8680 only)

Regional office may approve removal of braces as the sole orthodontic service upon request for any individual under age 21 that meets citizenship, residency, Medicaid enrollment and/or income criteria applicable to orthodontic services.

If the orthodontist chooses to create and place a retainer, it will not be replaced.

F. PROCEDURES SPECIFIC TO MEDICAID RECIPIENTS

1. Loss of Medicaid Coverage:

- a. Medicaid will not reimburse the agency for services provided to a Medicaid member who loses coverage due to “aging” out of a coverage category. DHEC will pay for services for clients “aging out” of Medicaid coverage for clients whose treatment plans were approved prior to July 1, 2014. For plans approved after that date, payment for services provided when the client “ages out” will be the family’s responsibility.
- b. If a client loses eligibility because of an increase in the family’s income but the income is at or below 250% of federal poverty guidelines, the family will be enrolled in the CSHCN Orthodontia Program. Services can continue until the client’s 19th birthday. If the income is above 250% of federal poverty guidelines, regional office will send the following client information to CSHCN Program office for case by

case review for continued reimbursement determination: Special Request form ([DHEC 0758](#)), fee ledger ([DHEC 0914](#)) and orthodontic plan of care ([DHEC 0911](#)).

- c. If the client loses eligibility due to failure to complete the review process, the care coordinator must work closely with the family to ensure Medicaid is reinstated. If the family does not demonstrate proof of reapplication within 60 days, they will be closed to the program and payment for remaining services will become their responsibility.

Medicaid prior authorization (PA) may be required for services in conjunction with approved orthodontic treatment. Refer provider questions about Medicaid authorization or reimbursement should be directed to:

- a. **DentaQuest** 888-307-6553 (<http://dentaquest.com/state-plans/regions/southcarolina/>). for outpatient procedures or general billing questions;
- b. **Kepro** 855-326-5219 (<http://scdhhs.kepro.com/>) for inpatient procedures; or
- c. SC DHHS Provider Service Center (888) 289-0709.

G. TERMINATION PROCEDURES

1. When there is need to terminate services prior to completion of the approved course of treatment: Care coordinator (or designee) will document noncompliance findings and actions taken in DHEC health record. Final termination decision and formal notification will be done by CSHCN Program.

2. Termination of services will be considered whenever the treating orthodontist and care coordinator determine that further action will not result in improved compliance.

The care coordinator will prepare written recommendation for termination that includes identifying information (patient name, date of birth, MCI number), description of circumstances and including actions taken thus far, and recommendation for termination of program services.

Request for termination will be submitted to CSHCN Program office after regional CSHCN Coordinator review and approval.

3. CSHCN Program office will make final termination decision, and notify care coordinator, regional CSHCN Coordinator (or designee), family, and treating orthodontist.

Termination notice will include reason for termination, instructions to family and treating orthodontist regarding appliance removal and final billing, and notice that client not eligible for future CSHCN orthodontic services.

Appliances will be removed as soon as possible, and no later than six months from notice of service termination letter. DHEC will reimburse the treating orthodontist for removal of appliances within six months of the date on termination notice sent to the family. After that date, the family is responsible for cost of appliance removal unless alternate arrangements are approved by CSHCN Program office.

4. Client will be closed to "orthodontic program" in CARES on the date that all appliances are removed, or six months after date on termination notice, whichever comes first.

