

MEDICAID SERVICES MANUAL
TRANSMITTAL LETTER

February 11, 2016

TO: CUSTODIANS OF MEDICAID SERVICES MANUAL
FROM: LYNNE FOSTER, CHIEF OF DIVISION COMPLIANCE
SUBJECT: MEDICAID SERVICES MANUAL CHANGES
CHAPTER 1000 – DENTAL

BACKGROUND AND EXPLANATION

A revision to Medicaid Services Manual (MSM) Chapter 1000 is being proposed to clarify coverage and limitations regarding initial diagnostic services when required for prior authorization of Orthodontia treatment. The codes include D0470-diagnostic cast, D0330-panoramic x-rays, and D0350-diagnostic photographs. These diagnostic services are considered to be Orthodontia services only for reimbursement to Provider Type 22 Dental with specialty 079-Orthodontist.

These changes are effective February 12, 2016.

MATERIAL TRANSMITTED

CL 29660
CHAPTER 1000 - DENTAL

MATERIAL SUPERSEDED

MTL 14/15
CHAPTER 1000 - DENTAL

Manual Section	Section Title	Background and Explanation of Policy Changes, Clarifications and Updates
1003.8	Orthodontics (D8000-D8999)	Added clarification of coverage of Current Dental Terminology (CDT) codes outside D8000 series that are considered part of Orthodontia treatment only when required for Prior Authorization (PA) and provided by an Orthodontists.

DRAFT	MTL-14/15CL 29660
DIVISION OF HEALTH CARE FINANCING AND POLICY	Section: 1003
MEDICAID SERVICES MANUAL	Subject: POLICY

b. AUTHORIZATION REQUIREMENTS

No PA is necessary under EPSDT and for some pregnancy related services, or for persons 21 years of age and older, if the service is considered an emergency extraction or palliative care.

Reference the Coverage, Limitations, and Prior Authorization Requirements document located in the QIO-like vendor's web portal at www.medicaid.nv.gov in Provider Type 22 Dentist Billing Guide.

1003.8 ORTHODONTICS (D8000-D8999)

The branch of dentistry used to correct malocclusions (the "bite") of the mouth and restore it to proper alignment and function.

Nevada Medicaid authorizes payment for orthodontics for qualified recipients under 21 years of age.

The diagnostic codes D0330, D0350, and D0470 are considered to be "Orthodontia" services only when required for Orthodontia treatment prior authorization.

a. COVERAGE AND LIMITATIONS

Medicaid excludes orthodontic work, except that which is authorized by the Children with Special Health Care Needs Program and reimbursed by Medicaid, or when specifically authorized by Medicaid's QIO-like vendor dental consultant as medically necessary under EPSDT.

Panoramic films. After an initial panoramic film, additional x-rays of this type require PA, except in an emergency. Examples of emergencies include fractured jaw, unusual swelling, etc.

b. PROVIDER RESPONSIBILITY

1. Medicaid considers orthodontist billings for "Pre-orthodontic treatment visits" under code D8660 and related procedures. Medicaid will not reimburse billings for "pre-orthodontic treatment visits" under code D8660 and related procedures billed by general dentists. Only dentists with a specialty of orthodontia will be allowed to bill D8660 for reimbursement. A copy of the Client History Form must be completed by the recipient's treating general or pediatric dentist and submitted with the billing. Medicaid may deny orthodontist's payment for their billings if the attached referral report does not show the recipient has a good history of keeping appointments and complying with dental care treatment. Orthodontists should