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A. 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

1. ~~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 Reimbursement for orthodontic services is available when prior authorized by Medicaid's QIO-like vendor dental consultant based on qualifying Handicapping Labio-Lingual Deviation (HLD) scoring, or when determined to be as medically necessary under EPSDT Healthy Kids Exception Guidelines.~~

~~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.~~

2. The recipient must have received dental services by a dentist on at least four (4) occasions, and missed no more than 30 percent of the scheduled appointments, for any reason, in a 24-(~~twenty-four~~) month period, prior to the Orthodontist requesting a Prior Authorization (PA) for orthodontic services. The provider must submit no more than three (~~3~~)-years of Dental appointment history. The intent of this policy is to provide for success of the orthodontic treatment. When a recipient is unable to attend dental appointments for any reason, the treatment plan could be

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jeopardized, or could cause the treatment plan to extend beyond the anticipated time to complete the treatment, for which the orthodontist is not reimbursed.

3. Orthodontia treatment is limited to once per recipients' lifetime, for limited transitional treatment (D8020), and once per lifetime for comprehensive treatment (D8080). If treatment is discontinued for any reason, including recipient's non-compliance, Medicaid will not authorize a second Orthodontia treatment, nor will transfer of treatment to another provider be allowed.
4. Medicaid reimburses for orthodontia services only to those providers enrolled with Nevada Medicaid with the orthodontia specialty.

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 (Provider Type 22 with the specialty code 079) are reimbursed for orthodontic services. ~~will be allowed to bill D8660 for reimbursement.~~
2. A copy of the Client Treatment History Form must be completed by the recipient's treating general or pediatric dentist and ~~submitted with the billing.~~ is to be included with the orthodontic Prior Authorization (PA) request.
3. ~~Medicaid may~~ shall deny an orthodontic ~~orthodontist's payment for their billings~~ prior authorization request ~~if~~ when the attached Client Treatment History ~~referral~~Form report does not show the recipient has a good history of keeping appointments ~~(missed no more than 30 percent of scheduled appointments for any reason within a 24 (twenty-four) month period)~~ and complying ~~with dental~~with dental care treatment.
4. The recipient must have received dental services by a dentist on at least four ~~(4)~~ occasions, and missed no more than 30 percent of the scheduled appointments, for any reason, in a 24 ~~(twenty-four)~~ month period, prior to the Orthodontist requesting a Prior Authorization (PA) for orthodontic services. The orthodontic referring provider must submit no more than three ~~(3)~~ years with a minimum of two ~~(2)~~ years of Dental appointment history. The intent of this policy is to provide for success of the proposed orthodontic treatment. When orthodontic appointments are missed, rescheduled, or cancelled, for any reason, the treatment plan could be jeopardized, or could cause the treatment plan to extend beyond the anticipated time to complete the treatment, for which the orthodontist is not reimbursed.

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5. ~~Orthodontists should advise recipients to establish good compliance and appointment keeping histories before requesting initial or subsequent orthodontic treatment.~~ Medicaid will deny any orthodontic prior authorization requests when the submitted documentation shows that the recipient has evidence of active carious lesions, acute gingivitis, acute periodontitis, poor oral hygiene, or other unresolved dental factors that could result in poor orthodontic case success.
6. Coordination with Ancillary Dentists: The orthodontist and any ancillary dentists must coordinate with each other to assure Medicaid will pay for the ancillary dental services. For example, the orthodontist's proposed treatment plan should show he/she will be referring the child for extractions or other services. The ancillary dentist need not obtain separate approval for his/her services.
7. A recipient may select a new orthodontist if the recipient becomes dissatisfied with the original orthodontist or must geographically move before completion of the treatment plan. When a recipient changes providers during treatment, the provider must comply with the following:
 - a. Acceptance of reimbursement by the orthodontist is considered their agreement to prorate and forward any unused portion of reimbursement to a Nevada Medicaid contracted orthodontist, selected by the recipient, to complete the orthodontic treatment.
 - b. The originating provider must not release Medicaid funds to anyone other than another Medicaid orthodontic provider who agrees to use the funds to complete the approved treatment plan. No additional funds will be allocated to the new orthodontist for completion of treatment. Without such an agreement, the originating provider must return the unused funds to the Medicaid fiscal agent at the address listed in Section 1005.1 of this chapter.
 - c. Medicaid holds the refunding orthodontist responsible for removing any banding and providing retainers at no additional cost to the recipient. The orthodontist accepts this responsibility as part of providing Medicaid services.
8. Circumstances in which a provider may discontinue treatment:
 - a. Due to the recipient's poor oral hygiene compliance, when identified and documented by the orthodontist.
 - b. The recipient fails to contact the orthodontist's office within a four (4) month period and/or:

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c. When the recipient has not kept at least one appointment within a six ~~(6)~~-month period.

9. When treatment is discontinued due to any of the reasons listed above, the provider must refund any unused portion of the reimbursement to the Medicaid fiscal agent (address listed in Section 1005.1 of this chapter), with a written explanation for the Medicaid fiscal agents records. Any refunded unused funds are not available to be used for further or future orthodontic treatment for that recipient.
10. The orthodontists may not assess the recipient for additional charges on broken bands, and other necessary services, even if the recipient's poor compliance or carelessness caused the need for additional services.
11. Providers must maintain a detailed, comprehensive, legible dental record of all orthodontia treatment and care. Legible electronic dental records are acceptable.

C. RECIPIENT RESPONSIBILITY

1. The recipient is responsible to have received dental services by a dentist on at least four ~~(4)~~-occasions, and missed no more than 30 percent of the scheduled appointments, for any reason, in a 24 ~~(twenty-four)~~-month period prior to seeking orthodontic services.
2. The recipient is responsible for maintaining good oral hygiene on a regular basis to maintain orthodontia treatment or devices received.
3. The recipient is responsible to attend all scheduled and follow-up appointments.
4. The recipient is responsible for contacting the provider immediately when they are going to miss any scheduled appointments, change providers, when they have a change in eligibility status, or when moving out of the area.

C.D. AUTHORIZATION ~~REQUIREMENTS~~ PROCESS

- ~~1. Medicaid dental consultants use the assistance of board certified and/or board eligible orthodontists and other dentists for authorization decisions. Consultants may require documentation to substantiate their decisions.~~
12. Requests for orthodontia treatment must be prior authorized. The PA request must include a completed Handicapping Labio-Lingual Deviation (HLD) form. A HLD score of thirty ~~(30)~~, or higher may qualify for authorization or must explain the significance of at least one ~~or more~~ of the following Automatic Qualifying

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~~Conditions considerations of “medical need”~~: in the HLD form (form found at www.medicaid.gov). Clinical documentation must be submitted and validate the conditions with diagnostic photos or photographs of diagnostic models with the conditions scored or the automatic qualifying condition.

Requests for orthodontia must also explain the significance of one or more of the following considerations of “medical need”:

- a. Functional factors relating to conditions that hinder effective functioning, including, but not limited to, impaired mastication and muscular dysfunction. ~~Orthodontic treatment is not authorized under medical necessity for the following: but not limited to, a possibility of risk of a future condition, ease of hygiene, or esthetic improvement.~~
- b. Factors related to the degree of deformity and malformation which produce a psychological need for the procedure. The psychological need must be based on objective evidence ~~provided by a Qualified Mental Health Practitioner (QMHP) within the scope of their practice to be and reviewed by the dental consultant QIO-like vendor.~~
- c. The recipient's overall medical need for the service in light of his/her total medical condition. For example, an orthodontia need which might be slight in an otherwise healthy child may become quite severe for a child suffering from complicating ailments such as cerebral palsy or epilepsy.
- d. ~~The medical appropriateness of an orthodontic treatment plan as opposed to other available dental treatment. Appropriate consideration may be given, for example, to a child's inability to understand and follow a treatment plan where failure to follow the plan would result in medical complications of the child's condition.~~
- e. ~~A score of 26 or higher on the Handicapping Labiolingual Deviation Index (HLD). (form found at: www.medicaid.nv.gov)~~

23. ~~When the orthodontist has assured the above requirements are met, use a separate Prior authorization request must be submitted on an American Dental Association (ADA) claim form. to bill the following initial services: examination, diagnosis, diagnostic cast, panoramic x-rays and diagnostic films. These can be provided by a dentist or orthodontist according to services limitations.~~

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The following documents are required to be attached with the prior authorization request to the QIO-like vendor's ~~Dental Consultant~~:

- a. HLD Index Report Form. (form FA-25)
- b. Client Treatment History Form.(form FA-26)
- c. A copy of the oral examination record(s), including diagnostic photographs, or photos of diagnostic models demonstrating measurements. Diagnostic photographs and/or photographs of diagnostic models must be of sufficient quality to confirm the diagnosis. Must also include any other documentation or measurements as required in the HLD Index Report Form (form FA-25), to confirm the diagnosis.
- d. The provider must submit the appropriate level of documentation to support the diagnosis. Providers are encouraged to use the recommendations for diagnostic records encompassed in the most current edition of the American Association of Orthodontists, "Clinical Practice Guidelines for Orthodontics and Dentofacial Orthopedics".
- ee. A Sstatement addressing the diagnosis, /treatment plan, and prognosis, to include the following:-
 1. Principal diagnosis and any significant associated diagnosis.
 2. Prognosis
 3. Date of onset of the illness or condition and etiology if known.
 4. Clinical significance or functional impairment caused by the illness or condition.
 5. Specific services to be rendered by each discipline and anticipated time for achievement of goals.
 6. Therapeutic goals to be achieved by each discipline and anticipated time for achievement of goals.
 7. Extent of previous services that were provided to address the illness/condition and results of the prior care.
 8. Any additional documentation which may assist in the prior authorization decision.

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~~d. Any other documentation that may be required to substantiate prior authorization decision.~~

All forms and instructions are located on the QIO-like vendor's web portal at www.medicaid.nv.gov with the exception of the ADA claim form.

~~4. The Dental Consultant may require the orthodontist to shorten their treatment plan, periodically reviewing/determining the child's continuing need for active treatment and retention care.~~

35. ~~All orthodontic treatment authorizations by Medicaid will be to specialists in orthodontia only. Medicaid approves interceptive orthodontia for general dentists and pediatric dentists only. Medicaid's QIO-like vendor will accept prior authorization requests only from those providers with a specialty in Orthodontia.~~

a. ~~Orthodonticsts PA must requests must include use one of the codes for "limited" or "comprehensive" orthodontic treatment. for bills and payment PA requests. Coverage, Limitations, and Prior Authorization requirements document can be found on the QIO-like vendor's web portal at www.medicaid.nv.gov. One of the "limited" codes must be used whenever possible.~~

~~b. Use one of the "limited" codes whenever possible. The treating orthodontist should try to achieve tolerances below Medicaid's treatment-need criteria.~~

~~e.b. Failure to achieve sufficient results in the approved amount of time is sufficient for Medicaid to deny a treatment extension. Medicaid will definitely deny an extension of orthodontic treatment if results are poor and the recipient has failed to keep appointments and comply with treatment.~~

c. PA ~~submittals~~requests must ~~show~~indicate all proposed orthodontic procedures, and ~~list~~ the following at a minimum; initial banding, months of treatment including retention treatments, and any retainers. Medicaid expects the provider to render unlisted but necessary treatment components at no additional charge. The provider's usual and customary charge must show for each service. Stating a total fee for all services is not acceptable.

d. The QIO-like vendor may require the orthodontist to shorten their treatment plan.

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64. For orthodontia approvals, ~~a the QIO-like vendor dental consultant~~ will sign or validate the ~~returned PA~~ request form and indicate the “~~Total reimbursement amount~~” ~~shown~~ on the form. Medicaid’s QIO-like vendor will ~~maintain keep~~ a record of the approved ~~payment-reimbursement amount and amount~~ and treatment plan. ~~The fiscal agent will return denied orthodontia request forms to the provider.~~
75. When the provider ~~begins the authorized work~~ completes initial banding, ~~he/she~~ they must ~~enters that the service~~ date of service and the prior approved ~~reimbursement~~ amount on the claim form, ~~and returns it for resubmission to the~~ fiscal agent. The fiscal agent will make payment for the total specified on the approved treatment plan.
- ~~8. An orthodontist's acceptance of full payment is considered his/her agreement to prorate and forward payment to any orthodontist the recipient may select to complete the orthodontic treatment. The recipient may select a new orthodontist if the recipient becomes dissatisfied with the original orthodontist or must geographically move before finishing treatment. The orthodontist must refund any unused payment when the recipient fails to contact the orthodontist's office within a four month period. Also, the orthodontist must refund Medicaid if the recipient has not kept at least one appointment within a nine month period.~~
- ~~9. Medicaid will adjust the sending provider's future payments if the Medicaid dental consultants determine the provider allotted an insufficient amount of money to the receiving provider or Medicaid.~~
- ~~10. Orthodontists may not assess the recipient for additional charges on broken bands and other necessary services, even if the recipient's poor compliance or carelessness caused the need for additional services. However, orthodontic providers may discontinue treatment due to poor recipient compliance, returning any unused prorated expenditures to Medicaid with a written explanation for the Medicaid fiscal agent's records.~~
- ~~11. Under no circumstances should the provider release Medicaid money to anyone other than another orthodontist provider who promises to use the money to complete the purchased treatment. Without such a promise, return the money to the QIO-like vendor at the address listed in the cross reference of this chapter at Section 1005.1. Write refund checks payable to Nevada Medicaid.~~
- ~~12. Once the remaining portion of the payment is returned, no further payment can be made to complete care for recipients who have become ineligible. Most children who lose Medicaid coverage are seldom able to finance the completion of orthodontic care. Therefore, Medicaid understands and holds the refunding orthodontist responsible for removing any banding and providing retainers at no~~

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~~additional cost to the recipient. Orthodontists accept this responsibility as part of doing business with Medicaid.~~

1003.9 ADJUNCTIVE GENERAL SERVICES (D9000-D9999)

The branch of dentistry for unclassified treatment including palliative care and anesthesia.

Nevada Medicaid authorizes payment of adjunctive general services for qualified recipients under 21 years of age and for palliative care and anesthesia for persons 21 years of age and older.

A. COVERAGE AND LIMITATIONS

Coverage is limited to EPSDT, for persons less than 21 years of age, and for palliative care for persons 21 years of age and older.

B. AUTHORIZATION REQUIREMENTS

No PA is necessary under EPSDT. Persons 21 years of age and older require PA unless the service is for emergency extractions, palliative care, partials or dentures.

1003.10 PERSONS 21 YEARS OF AGE AND OLDER

Nevada Medicaid authorizes payment for qualified persons 21 years of age and older for partials, dentures, emergency extractions, and palliative care only.

A. COVERAGE AND LIMITATIONS

Reference Nevada Medicaid Fee Schedule, Coverage and Limitations and Prior Authorization document for Provider Type 22, can be found on the QIO-like vendor's web portal at www.medicaid.nv.gov.

B. PROVIDER RESPONSIBILITY

1. Providers must keep all substantiating x-rays on file for a minimum of six years following the date of service. Providers must keep the x-rays, related charting, and other case documentation easily available to Medicaid reviewers during this period.
2. The Medicaid program considers emergency extractions a program benefit without prior or post approval. This includes the use of in-office sedation or anesthesia. The program never covers extractions for cosmetic purposes. Dentists