

**Division of Health Care Financing & Policy**  
**Medicaid Services Manual Chapter 1000**  
**Dental – Orthodontics, Section 1003.8**

**Public Workshop**

**May 9, 2016**

# Outline:

- Costs and Utilization of Orthodontic Services
- Proposed Changes:
  - Coverage and Limitations
  - Provider Responsibility
  - Recipient Responsibility – New Section
  - Authorization Requirements
  - QIO-Like vendor's Forms revisions

# Nevada Medicaid Cost and Utilization of Orthodontic Services

State Fiscal Year 2014	Fee for Service	Nevada Check-Up	Total
<b>Service Count</b>	12,684	2,544	15,228
<b>Cost</b>	\$12,963,784	\$2,615,923	\$15,597,707
State Fiscal Year 2015	Fee for Service	Nevada Check-Up	Total
<b>Service Count</b>	18,777	3,134	21,911
<b>Cost</b>	\$19,940,879	\$3,090,844	\$23,031,723

Source: DHCFP Dental Dashboards SFY 2014/2015

Increase of 30.5% in Service Count from 2014 to 2015

Increase of 32.3% increase in Costs from 2014 to 2015

# Proposed Changes

- Coverage and Limitations: Section 1003.8.A
  - Include language that orthodontia patients must have received treatment from a dentist on at least four (4) occasions and not have missed more than 30% of the scheduled appointments for any reason in a 2 year period. Submit no more than 3 years of dental history.
  - Orthodontic treatment is limited to once per lifetime.
  - Medicaid considers orthodontist claims for “pre-orthodontic treatment visits” under Dental Code D8660 and related procedures.
  - Medicaid will not reimburse claims for “pre-orthodontic treatment visits” under Dental Code D8660 for claims submitted by General Dentists.

# Proposed Changes

- Provider Responsibility: Section 1003.8.B
  - Clarified policy on transfer of orthodontia care
  - Included policy for when a provider may discontinue orthodontia treatment. ( both were moved from the Authorization section)
- New Section – Recipient Responsibilities: Section 1003.8.C
  - Include language that orthodontia patients must have received treatment from a dentist on at least four (4) occasions and not have missed more than 30% of the scheduled appointments for any reason in a 2 year period. Prior to seeking orthodontic treatment.
  - Maintain good oral hygiene during orthodontic treatment.
  - Attend all scheduled and follow-up appointments.
  - Contact the provider of missed appointments, change providers, change eligibility or relocating.

# Proposed Changes

- Authorization Requirements - Section 1003.8.D
  - The Authorization Process changes include an increase in the Handicapping Labio-Lingual Deviation Index (HLD) report from a minimum qualifying score of 26, to a minimum qualifying score of thirty (30), and increased documentation requirements of Medical Necessity for a prior authorization of orthodontic treatment.
  - Clarified the documentation required for orthodontic Prior Authorization (PA).
    - Forms required - identified by form numbers
    - Radiographic images, diagnostic photographs, and any measurements as required on the HLD form.
    - A statement from the Orthodontist addressing the diagnosis, treatment plan and prognosis.

# QIO-Like Vendor's Form Revisions

- Handicapping Labio-Lingual Deviation (HLD) Index Report Form – (FA-25).
  - Increased documentation requirements
  - Clarification of Conditions
- Client Treatment History Form (FA-26).
  - Increasing number of dental visits prior to Orthodontic referral
  - Clarification of Appointment attendance to align with policy.

# Contacts

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Charles (Chuck) F. Damon, RN

Clinical Policy Team

775-684-3774 [chuck.damon@dncfp.nv.gov](mailto:chuck.damon@dncfp.nv.gov)

Kathy Stoner, RN, Supervisor Hospital and Dental Services

Clinical Policy Team

775-684-3693 [kathy.stoner@dncfp.nv.gov](mailto:kathy.stoner@dncfp.nv.gov)

HPES <http://www.medicaid.nv.gov/>