MEDICAID SERVICES MANUAL
TRANSMITTAL LETTER

February 23, 2021

TO: CUSTODIANS OF MEDICAID SERVICES MANUAL

FROM: JESSICA KEMMERER, HIPAA PRIVACY AND CIVIL RIGHTS OFFICER

SUBJECT: MEDICAID SERVICES MANUAL CHANGES
CHAPTER 1000 – DENTAL

BACKGROUND AND EXPLANATION

Revisions to Medicaid Services Manual (MSM) Chapter 1000 – Dental are being proposed to update the American Dental Association's (ADA) Dental Claim Form required for all prior authorization requests, claims, adjustments, and voids. Currently, the ADA 2012 version is required. The Division of Health Care Financing and Policy (DHCFP) proposes to allow the continued use of the ADA Dental Claim Form version 2012 and allow newer versions of this form. Additionally, the DHCFP is proposing to remove a duplication of congenitally missing teeth, listed as part of the Medically Necessary Orthodontic Automatic Qualifying Conditions.

Throughout the chapter, grammar, punctuation and capitalization changes were made, duplications removed, acronyms used and standardized, and language reworded for clarity. Renumbering and re-arranging of sections was necessary.

Entities Financially Affected: This proposed change affects all Medicaid enrolled Provider Type (PT 22) – Dentists, all specialties.

Financial Impact on Local Government: None.

These changes are effective February 24, 2021.

MATERIAL TRANSMITTED	MATERIAL SUPERSEDED
MTL OL MSM Chapter 1000 – Dental	MTL 14/20 MSM Chapter 1000 – Dental

Manual Section	Section Title	Background and Explanation of Policy Changes, Clarifications and Updates
1003.8(A)(2)(a)	**Orthodontics Coverage and Limitations**	Removed duplicate medically necessary orthodontic automatic qualifying condition "a. Congenitally missing teeth (excluding third molars) of at least one tooth per quadrant."

Manual Section	Section Title	Background and Explanation of Policy Changes, Clarifications and Updates
1003.8(D)(1)	**Authorization Process**	Removed duplicate medically necessary orthodontic automatic qualifying condition "a. Congenitally missing teeth (excluding third molars) of at least one tooth per quadrant."
1005.2	**Forms**	Clarified 2012 or newer version of ADA dental claim form required is for all prior authorization requests, claims, adjustments, and voids.

1003.7 ORAL AND MAXILLOFACIAL SURGERY (D7000 – D7999)

The branch of dentistry using surgery to treat disorders/diseases of the mouth.

Nevada Medicaid authorizes payment of oral surgery for qualified recipients.

A. COVERAGE AND LIMITATIONS

1. Services are covered under EPSDT for persons less than 21 years of age. For pregnant women and persons 21 years of age and older, services are covered as emergency care or palliative treatment.

2. Tooth extraction coverage is limited to cases involving symptomatic teeth with clinical symptoms and/or signs of pathology, including acute or chronic pain, inflammation, infection or peri-radicular radiographic evidence of defect.

3. Elective tooth extractions are not covered by Medicaid. “Elective Tooth Extraction” is the extraction of asymptomatic teeth, that is, teeth without symptoms and/or signs of pathology. It includes the extraction of other asymptomatic teeth without clinical evidence of pathology, including third molars (tooth numbers 1, 16, 17 and 32). The exception is extractions that are deemed medically necessary as part of a prior authorized orthodontic treatment plan.

B. AUTHORIZATION REQUIREMENTS

No PA is necessary for most oral and maxillofacial surgery services under EPSDT and for persons 21 years of age and older if the service is considered an emergency extraction or palliative care.

Reference Nevada Medicaid’s Dental Benefit Schedule (Attachment A of the PT 22 Billing Guide) document located in the QIO-like vendor’s web portal at www.medicaid.nv.gov for a list of covered CDT codes, prior authorization requirements and service limitations.

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 when certain conditions are met that confirm medical necessity.

Diagnostic Code D0350 is considered to be an “Orthodontia” service only code when required for Orthodontia treatment prior authorization. Nevada Medicaid reimburses for D0350 to Orthodontists only, unless prior authorization is received through EPSDT.

A. COVERAGE AND LIMITATIONS

1. Nevada Medicaid excludes orthodontic work, except that which is authorized by Medicaid's QIO-like vendor as medically necessary Nevada Medicaid has adopted the automatic qualifying conditions list developed by the American Association of Orthodontists' (AAO) Committee on Medically Necessary Orthodontic Care. If a recipient under age 21 does not meet the criteria for any of the AAO's automatic qualifying conditions, but the orthodontist finds there is a medical need for orthodontic work as defined under Section 1003.8.D.2, services can be requested under EPSDT.

2. Medically Necessary Orthodontic Automatic Qualifying Conditions are deemed medically necessary and are qualified for reimbursement when it is part of a case involving treatment of cranio-facial anomalies, malocclusions caused by trauma or a severe malocclusion or cranio-facial disharmony that include, but are not limited to:

~~a. Congenitally missing teeth (excluding third molars) of at least one tooth per quadrant.~~

~~b.~~a. Overjet equal to or greater than 9 millimeters.

~~c.~~b. Reverse overjet equal to or greater than 3.5 millimeters.

~~d.~~c. Anterior and/or posterior crossbite of three or more teeth per arch.

~~e.~~d. Lateral or anterior open bite equal to or greater than 2 millimeters; of four or more teeth per arch.

~~f.~~e. Impinging overbite with evidence of occlusal contact into the opposing soft tissue.

~~g.~~f. Impactions where eruption is impeded but extraction is not indicated (excluding third molars).

~~h.~~g. Jaws and/or dentition which are profoundly affected by a congenital or developmental disorder (craniofacial anomalies), trauma or pathology.

~~i.~~h. Two or more congenitally missing teeth (excluding third molars) of at least one tooth per quadrant.

~~j.~~i. Crowding or spacing of 10 millimeters or more, in either the maxillary or mandibular arch (excluding third molars).

Note: For conditions not listed above, providers may request orthodontic treatment under the EPSDT "Healthy Kids Exception" by demonstrating medical need as defined in Section 1003.8(D)(2).

3. Prior to the Orthodontist requesting a PA for Orthodontic services, the following criteria must be met:

   a. the recipient must have received dental services by a referring dentist on at least two occasions, on separate days; and

   b. missed no more than 30 percent of any scheduled appointments, for any reason on all Client Treatment History forms submitted.

   c. The referring provider must provide the applicable dental appointment history and not submit more than two years of dental appointment history.

   When a recipient is unable to attend dental appointments for any reason, the treatment plan could be jeopardized or caused to extend beyond the anticipated time to complete the treatment, for which the Orthodontist is not reimbursed.

4. Orthodontia treatment is limited to once per a recipient's lifetime for limited transitional treatment (Dental Codes D8010, D8020 and D8040), and once per lifetime for comprehensive orthodontic treatment (Dental Codes D8080 and D8090). If treatment is discontinued for any reason, including the recipient's non-compliance, Medicaid will not authorize a second orthodontia treatment.

5. Medicaid reimburses for orthodontia services only to those providers enrolled with Nevada Medicaid with the orthodontia specialty (PT 22 with Specialty Code 079).

B. PROVIDER RESPONSIBILITY

1. Only Dentists with a specialty of Orthodontia: PT 22 with the Specialty Code 079 will be reimbursed for orthodontic services. Payment for orthodontia covers the length of treatment.

2. A copy of the Client Treatment History form must be completed by the recipient's treating general or pediatric dentist and is to be in the orthodontic PA request. The treating orthodontist must complete a new Client Treatment History form when requesting a PA for a second phase of orthodontic treatment.

3. Medicaid shall deny any orthodontic prior authorization requests when the attached Client Treatment History form report does not show the recipient has a good history of keeping dental appointments. "Good history "is defined as: missing no more than 30 % of scheduled appointments for any reason within a 24 month period or not complying with dental care treatment plans, as evidenced by active carious lesions,

acute gingivitis, acute periodontitis, poor oral hygiene or other unresolved dental factors that could result in poor orthodontic case success.

4. Prior to the Orthodontist requesting a PA for Orthodontic services, the following criteria must be met:

   a. the recipient must have received dental services by a referring dentist on at least two occasions, on separate days; and

   b. missed no more than 30% of any scheduled appointments, for any reason on all Client Treatment History forms submitted.

   c. The referring provider must provide the applicable dental appointment history and not submit more than two years of dental appointment history.

   When a recipient is unable to attend dental appointments 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.

5. 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.

   a. Additionally, the treating orthodontist must coordinate with the recipient's general dentist, or provide in their own orthodontic practice, routine cleanings and examinations according to the AAPD periodicity schedule.

6. 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 active 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 the reimbursement to a Nevada Medicaid contracted Orthodontist, selected by the recipient, to complete the 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 or approved to the new Orthodontist for the completion of the treatment. Without such an agreement, the originating provider must return the unused

fund (see Section 8 below) to the Medicaid fiscal agent at the address listed in Section 1005.1 of this chapter.

c. Medicaid payment for orthodontic services includes the removal of any banding and providing retainers at no additional cost to the recipient. The Orthodontist accepts this responsibility as part of providing Medicaid services.

7. Circumstances in which an Orthodontist may discontinue treatment:

a. Due to the recipients' poor oral hygiene compliance, when identified and documented by the Orthodontist; and/or

b. The recipient fails to contact the Orthodontist's office within a four-month period; and/or

c. The recipient has not kept at least one appointment within a six-month period.

8. 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). The provider must contact the Fiscal Agent to request a balance of the remaining funds which should be refunded. The refund amount will be based on the approved treatment plan, the services already rendered and the residual amount that will be refunded to the Fiscal Agent. Any refunded unused funds are not available to be used for further or future orthodontic treatment for that recipient.

9. The Orthodontist may not bill the recipient or Medicaid for additional charges on broken bands, or other necessary services, even if the recipient's poor compliance or carelessness caused the need for additional services.

10. Providers must maintain a detailed, comprehensive, legible dental record of all orthodontia treatment and care. Legible electronic dental records are acceptable.

C. RECIPIENT'S RESPONSIBILITIES

1. Prior to the Orthodontist requesting a PA for Orthodontic services, the following criteria must be met:

a. the recipient must have received dental services by a referring dentist on at least two occasions, on separate days; and

b. missed no more than 30% of any scheduled appointments, for any reason.

c. The recipient's referring provider must provide the applicable dental appointment history and not submit more than two years of dental appointment history.

2. The recipient is responsible for maintaining good oral hygiene on a regular basis, as instructed by the Orthodontist and/or dentist, to maintain the orthodontia treatment plan or orthodontic appliances received.

3. The recipient is responsible to attend all scheduled and follow-up appointments as scheduled as part of the treatment plan.

4. The recipient is responsible for contacting the Orthodontic provider immediately when they are going to miss any scheduled appointments, change providers, or when they have a change in their eligibility status, or when they are moving out of the area.

D. AUTHORIZATION PROCESS

1. Requests for orthodontic treatment must be prior authorized. The PA request must include a completed Orthodontic Medical Necessity (OMN) form. To qualify for authorization, the form must explain the significance of at least one of the following Medically Necessary Orthodontic Automatic Qualifying Conditions, in the OMN form (form found at www.medicaid.nv.gov) or medical need under an EPSDT "Healthy Kids" exception. Clinical documentation must be submitted that substantiates and validates the condition(s) with diagnostic panoramic radiographs, diagnostic photos or photographs of diagnostic models with the automatic qualifying condition.

   Medically necessary Orthodontics are deemed necessary and qualified when it is part of a case involving treatment of cranio-facial anomalies, malocclusions caused as a result of trauma or a severe malocclusion or cranio-facial disharmony that includes, but not limited to:

   ~~a. Congenitally missing teeth (excluding third molars) of at least one tooth per quadrant.~~

   ~~b.~~a. Overjet equal to or greater than 9 millimeters.

   ~~c.~~b. Reverse overjet equal to or greater than 3.5 millimeters.

   ~~d.~~c. Anterior and/or posterior crossbite of three or more teeth per arch.

   ~~e.~~d. Lateral or anterior open bite equal to or greater than 2 millimeters; of four or more teeth per arch.

~~f.~~e. Impinging overbite with evidence of occlusal contact into the opposing soft tissue.

~~g.~~f. Impactions where eruption is impeded but extraction is not indicated (excluding third molars).

~~h.~~g. Jaws and/or dentition which are profoundly affected by a congenital or developmental disorder (craniofacial anomalies), trauma or pathology.

~~i.~~h. Two or more congenitally missing teeth (excluding third molars) of at least one tooth per quadrant.

~~j.~~i. Crowding or spacing of 10 millimeters or more, in either the maxillary or mandibular arch (excluding third molars).

Note: For conditions not listed above, providers may request orthodontic treatment under the EPSDT "Healthy Kids Exception" by demonstrating "Medical Need."

2. The automatic qualifying conditions specified by the AAO have been determined to be medically necessary. Requests for orthodontia under an ESPDT exception must demonstrate a functional impairment indicative of medical necessity. The PA request must 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.

   b. Factors related to the degree of deformity and malformation which produce a psychological need for the procedure. The PA request must include documentation from a Qualified Mental Health Practitioner (QMHP) acting within the scope of their practice that verifies the psychological need; the documentation must be based on objective evidence and reviewed by the 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. A functional impairment must be demonstrated.

   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

1005.2 FORMS

A. The ADA Dental Claim Form 2012 or newer version is required for all prior authorization requests, claims, adjustments and voids.

1005.3 DENTAL PERIODICITY SCHEDULE

The recommended periodicity schedule can be found at http://www.aapd.org/.