

## OHCA Guideline

<b>Dental Procedure Class:</b>	Orthodontics
Initial Implementation Date:	12/21/2021
Last Review Date:	7/7/2022
Effective Date:	12/21/2021
Next Review/Revision Date:	December 2022
<b>Reviewed By</b>	
<p>* This document is not a contract, and these guidelines do not reflect or represent every conceived situation. Although all items contained in these guidelines may be met, this does not reflect, or imply, any responsibility of this agency or department to change the plan provision to include the stated service as an eligible benefit.</p>	
<input type="checkbox"/> New Criteria <input checked="" type="checkbox"/> Existing Criteria <input type="checkbox"/> Revision of Existing Criteria	
<b>Summary</b>	
<b>Purpose:</b>	To provide guidelines to assure medical necessity and consistency in the prior authorization process.
<b>Descriptions</b>	
<b>Orthodontics:</b> Prior authorized (PA) services include limited/comprehensive orthodontic treatment, habit therapy, and other ortho services.	
<b>Document Requirements</b>	
<p><b>Comprehensive Orthodontics:</b></p> <ul style="list-style-type: none"> <li>• DEN-2 orthodontic referral;</li> <li>• Complete and scored DEN-6 Handicapping Labio-Lingual Deviation (HDL) Index with Diagnosis of Angle's classification;</li> <li>• Detailed description of any oral maxillofacial anomaly;</li> <li>• Estimated length of treatment;</li> <li>• Intraoral photographs showing teeth in centric occlusion and/or photographs of trimmed anatomically occluded diagnostic casts. A lingual view of casts may be included to verify impinging overbites;</li> <li>• Cephalometric images with tracing, and panoramic film, with a request for prior authorization of comprehensive orthodontic treatment;</li> <li>• Completed OHCA caries risk assessment form;</li> <li>• If diagnosed as a surgical case, submit an oral surgeon's written opinion that orthognathic surgery is indicated and the surgeon is willing to provide this service; and</li> <li>• Additional pertinent information as determined necessary by the orthodontist or as requested by the OHCA.</li> </ul>	

### **Habit Appliance Therapy/Limited Orthodontic Treatment:**

- Intraoral photos and letter of medical necessity.

**Other Orthodontic Services(D8695):** Intraoral photos and detailed narrative.

### **CPT Codes Covered Requiring Prior Authorization (PA) and Frequency**

**D8020:** Limitations apply based on prior authorization review of medical necessity.

**D8080:** Approved services covered up to 36 months.

**D8220:** Limitations apply based on prior authorization review of medical necessity.

**D8695:**

- Once per lifetime.
- Limited reimbursement for D8080 if requested after D8695.

### **Approval Criteria**

Orthodontic services are available for members who are SoonerCare-eligible and under eighteen (18) years of age at the time the request for prior authorization for treatment is received. In order to be eligible for SoonerCare orthodontic services, members must be referred through an OHCA contracted primary care dentist using the DEN-2 form found on the Oklahoma Health Care Authority (OHCA) website; a member can receive a referral from a primary care dentist to the orthodontist only after meeting the following:

(1) The member has had a caries free initial visit; or

(2) Has all decayed areas restored and has remained caries free for twelve 12 months; and

(3) Has demonstrated competency in maintaining an appropriate level of oral hygiene.

(b) Member with cleft palate can be referred directly by their treating physician without a dental referral and are exempt from above requirements.

(c) The SoonerCare Orthodontic Program limits orthodontic services to handicapping malocclusions determined to be severe enough to warrant medically necessary treatment. The orthodontic provider has the ability to determine if members may qualify with a visual screening. Diagnostic record accumulation and/or submission should only occur for members with high potential for acceptance. These orthodontic services include the following:

(1) A handicapping malocclusion, as measured on the Oklahoma Health Care Authority (OHCA) Handicapping Labio-Lingual Deviation Index of Malocclusion (DEN-6) form, with a minimum score of thirty (30);

(2) Any classification secondary to cleft palate or other maxillofacial deformity;

(3) If a single tooth or anterior crossbite is the only medical need finding, service will be limited to interceptive treatment;

(4) Fixed appliances only; and

(5) Permanent dentition with the exception of cleft defects.

### **Additional Information**

Some children not receiving a minimum score of thirty (30) on the HDL Index may have other conditions to be considered. In the event an orthodontist believes there are other medical, social, or emotional conditions impacting the general health of the child, he/she refers to the conditions listed on the Early and Periodic Screening, Diagnostic and Treatment (EPSDT) exception section found on the HLD. The following guidelines and restrictions apply to other conditions:

- (1) Other medical, social, or emotional conditions are limited to those conditions that affect the medical, social or emotional function of the child;
- (2) Other medical, social, or emotional conditions are not scored if the sole condition sought to be improved is the cosmetic appearance of the child;
- (3) Such other medical, social, or emotional conditions must be demonstrated by objective evidence such as supported documentation outside the child's immediate family (e.g., a child's teacher, primary care physician, behavioral health provider, school counselor);
- (4) Objective evidence must be submitted with the HLD;

When such other medical, social, or emotional conditions are reflected on the HLD, the OHCA orthodontic consultant must review the data and use his or her professional judgment to score the value of the conditions.

Orthodontic treatment and payment for the services are approved within the scope of the SoonerCare program. If orthodontic treatment is approved, a computer generated notice is issued authorizing the first year of treatment.

Electronic images of casts and/or oral/facial images may be requested by OHCA or representatives of OHCA. Providers will be reimbursed for either the study model or images when obtained for orthodontic evaluation and/or therapy.

Documentation of casts and/or photographic images must be kept in the client's medical record and medical necessity identified on the submitted electronic claim.

For photographic images, the oral/facial portfolio must include a view of the complete lower arch, complete upper arch, and left and right maximum intercuspation of teeth.

Maximum intercuspation refers to the occlusal position of the mandible in which the cusps of the teeth of both arches fully interpose themselves with the cusps of the teeth of the opposing arch.

Intercuspation defines both the anterior-posterior and lateral relationships of the mandible and the maxilla, as well as the superior-inferior relationship known as the vertical dimension of occlusion.

3-D model images or photographic images not in compliance with the diagnostic guidelines will not be compensable. The provider may be allowed to resubmit new images that adhere to the diagnostic guidelines. If the provider does not provide appropriate documentation, the request for treatment will be denied.

#### **Approval of orthodontic treatment is given in accordance with the following:**

- (A) Authorization for the first year begins on the date of banding and includes the placement of appliances, arch wires, and a minimum of six (6) adjustments. It is expected that orthodontic members be seen every four (4) to eight (8) weeks for the duration of active treatment.

(B) Subsequent adjustments will be authorized in one (1) year intervals and the treating orthodontist must provide a comprehensive progress report at the twenty-four (24) month interval.

(C) All approved treatment is included on the original prior authorization and will include the total payment for that treatment year.

**Claim and payment are made as follows:**

(A) Payment for comprehensive treatment includes the banding, wires, adjustments as well as all ancillary services, including the removal of appliances, and the construction and placing of retainers.

(B) Payment is not made for comprehensive treatment beyond thirty-six (36) months.

(g) If the member moves from the geographic area or shows a need to change their provider, then the provider who received the yearly payment is financially responsible until completion of that member's orthodontic treatment for the current year.

(h) If the provider who received yearly payment does not agree to be financially responsible, then the OHCA may recoup funds paid for the member's orthodontic treatment.

(i) All orthodontic services are subject to post-utilization review. This review may include a request by the OHCA to submit medical documentation necessary to complete the review. After review is completed, these materials are returned to the orthodontist.

**References**

- 1. Oklahoma Health Care Authority Policy and Rules Policy and Rules SUBCHAPTER 5. INDIVIDUAL PROVIDERS AND SPECIALTIES PART 79. DENTISTS 317:30-5-700. Orthodontic services**
- 2. Oklahoma Health Care Authority Policy and Rules Policy and Rules SUBCHAPTER 5. INDIVIDUAL PROVIDERS AND SPECIALTIES PART 79. DENTISTS 317:30-5-700.1. Orthodontic prior authorization**