

Bulletin Number: MSA 13-51

Distribution: Dentists and Dental Clinics

Issued: December 23, 2013

Subject: Revisions to Orthodontic Policy

Effective: February 1, 2014

Programs Affected: Children's Special Health Care Services (CSHCS)

Effective February 1, 2014, the Children's Special Health Care Services (CSHCS) orthodontic benefit has been revised. Orthodontic treatment is covered for CSHCS clients who have a qualifying dental diagnosis that includes orthodontia. It is the responsibility of the provider to verify CSHCS eligibility prior to rendering services.

NOTE: CSHCS coverage ends at age 21. Services completed after the client's 21st birthday cannot be reimbursed.

Information regarding CSHCS medical eligibility criteria and qualifying diagnoses for specialty dental services can be found in the CSHCS chapter of the Medicaid Provider Manual available online at:

www.michigan.gov/medicaidproviders >> Policy and Forms >> Medicaid Provider Manual. Information regarding procedure codes and parameters is maintained on the dental database at www.michigan.gov/medicaidproviders >> Billing and Reimbursement >> Provider Specific Information >> Dental.

Pre-Orthodontic Treatment Visit

The pre-orthodontic treatment visit includes the examination and diagnostic casts. Radiographs (full mouth series, cephalometric, panoramic) are reimbursed separately from the evaluation. The pre-orthodontic treatment visit does not require Prior Authorization (PA).

Prior Authorization

PA is required for each phase of orthodontic treatment including interceptive, comprehensive, and continued care. PA requests for orthodontic services must be submitted on the Dental PA Request form (MSA 1680-B). PA requests must be approved prior to the placement of bands. Requests submitted after the initiation may result in the denial of the PA request or non-payment of services.

The following documentation must be included with each PA request as applicable to each phase of treatment:

- A completed MSA 1680-B
- Tooth chart documenting teeth present/absent
- A complete orthodontic treatment plan
- Proposed surgery
- Expected timeframe for completion of treatment
- Radiographs (cephalometric, panoramic, full series)
- Optional: Intraoral and facial photographs (not reimbursed by Medicaid)

Interceptive Orthodontic Treatment

Interceptive orthodontic treatment is considered intervention in the early stages of a developing problem. It must be completed during the appropriate developmental stage for success. The treatment must be deemed necessary to lessen the severity or prevent future effects of a malformation and may involve non-surgical appliances used for palatal expansion. Refer to the dental database for procedure codes and age limits for each stage of interceptive treatment. Interceptive orthodontic treatment is a one-time PA request for the entire time period of treatment. Early phases of comprehensive treatment are not considered interceptive treatment.

Billing Instructions: A single claim is submitted for the entire interceptive treatment phase. The banding/start date is the Date of Service (DOS) and the PA number must be included on the claim. Reimbursement is made for the entire treatment time period and is considered payment in full.

Comprehensive Orthodontic Treatment

Comprehensive orthodontic treatment codes are used when multiple phases of treatment are provided at different stages of orofacial development. Comprehensive orthodontic treatment services are covered for a lifetime maximum of six years, with each phase of treatment covered for up to two years. There is an initial reimbursement for each stage with a maximum allowable amount within the two year period. The submission of the first PA request for comprehensive orthodontic treatment should list the appropriate procedure code and the banding/start date of treatment.

Billing Instructions: Comprehensive procedure codes are used in the first stage of each comprehensive treatment phase. The DOS is the banding insertion date, and the PA number must be included on the claim. An initial payment is made with a claim submission using the comprehensive orthodontic procedure code and the banding/insertion date as the DOS. Subsequent payments are made bi-annually using the periodic orthodontic treatment procedure code.

Periodic Orthodontic Treatment

Periodic orthodontic treatment requires PA. For each six-month time period, a new PA request must be approved **prior to** the continuation of treatment. **To facilitate timely approval, it is recommended that PA requests for periodic orthodontic treatment be submitted 30 days prior to the desired start date of the treatment period.**

For each additional six-month time period, a separate PA request for a Periodic Orthodontic treatment visit must be submitted including the periodic treatment code and description of service. In addition, the start date of the entire stage of orthodontic treatment should be included. The periodic orthodontic treatment procedure code may be used up to a maximum of four times per comprehensive orthodontic treatment. This information is necessary for reviewing case histories and verifying the payment status of the client. No additional PAs will be approved if the provider has received the maximum allowable reimbursement for treatment.

Billing Instructions: When billing the periodic orthodontic treatment visit, the DOS is the first day of the six-month treatment period. The DOS cannot be the same as the banding/insertion date. The beginning and end dates for the entire time period should be entered into the Remarks Section of the claim form. The PA number must be included on the claim.

Periodic orthodontic treatment is reimbursed based on a six-month time period. If treatment ends prior to the completion of the six-month time period, the provider pro-rates the charges according to the treatment time frame (e.g., If only three months are needed to complete treatment, the charges should reflect half of the current periodic orthodontic treatment fee).

When the amount already paid to the provider has met the maximum allowable for the specific phase of treatment, no additional reimbursement will be made and the case is considered paid in full.

Debanding/Retention

Debanding and retention are considered part of the interceptive and comprehensive orthodontic treatment phases and are included in the reimbursement rate.

Replacement of lost or broken retainers is allowed twice per lifetime per client.

Manual Maintenance

Retain this bulletin until the information has been incorporated into the Michigan Medicaid Provider Manual.

Questions

Any questions regarding this bulletin should be directed to Provider Inquiry, Department of Community Health, P.O. Box 30731, Lansing, Michigan 48909-8231, or e-mail at ProviderSupport@michigan.gov. When you submit an e-mail be sure to include your name, affiliation, and phone number so you may be contacted if necessary. Providers may phone toll-free 1-800-292-2550.

Approved



Stephen Fitton, Director
Medical Services Administration`