



**Department of Health and Social Services**  
**Division of Health Care Services**

# Orthodontic Services

Statement of Coverage  
12/29/2021

# Orthodontic Services

Alaska Medicaid and Denali KidCare cover orthodontic services in accordance with service-specific requirements of 7 AAC 110.153 and general program requirements of 7 AAC 105 – 7 AAC 160. The purpose of this guide is to provide additional information about orthodontic services policy and procedures, including eligibility criteria and service authorization requirements.

## Orthodontic Regulations

In addition to orthodontic services regulations (7 AAC 110.153), orthodontists must comply with all applicable requirements of 7 AAC 105 – 7 AAC 160, including:

- 7 AAC 110.153(a), that requires that orthodontic services be performed by an orthodontist.
- 7 AAC 145.005(h)2), that prohibits a provider from charging a higher rate to a Medicaid recipient than the provider charges others (except for an amount billed Medicare)

## Recipient Eligibility for Orthodontic Services

- Orthodontic services are restricted to recipients aged 20 years and younger. It is expected that treatment will be completed before the recipient turns 21 years of age.
- If a recipient's eligibility ends before the conclusion of treatment, payment for remaining services is the responsibility of the recipient, or the parent or guardian if the recipient is a minor. The provider may require the parent or guardian to sign a statement accepting responsibility for payment of the remaining treatment if the minor recipient's Medicaid eligibility ends during orthodontic treatment, the parent or guardian may be held responsible for payment of the remaining orthodontic treatment. Alaska Medicaid will not cover remaining treatment for a recipient who is no longer eligible for Medicaid or Denali KidCare.
- If the orthodontist determines that treatment needs to be discontinued either because of non-compliance, or because the recipient is no longer eligible for Medicaid or Denali KidCare, the orthodontist will need to remove the brackets and, if needed, replace with orthodontic retention.
- When a patient is uncooperative for any reason, termination of treatment will be left to the discretion of the provider. A statement reporting the termination of treatment must be sent to Xerox State Healthcare within 30 days of termination of treatment.

## Limited Orthodontic Treatment

### *Definition and criteria for services*

Orthodontic treatment utilizing any therapeutic modality with a limited objective or scale of treatment. Treatment may occur in any stage of dental development or dentition.

The objective may be limited by not involving the entire dentition, not attempting to address the full scope of the existing or developing orthodontic problem, mitigating an aspect of a greater malocclusion (i.e., crossbite, overjet, overbite, arch length, anterior alignment, one phase of multi-phase treatment, treatment prior to the permanent dentition, etc.) or a decision to defer or forego comprehensive treatment.

### *Prior Authorization Requirements*

All orthodontic services including limited orthodontic treatment must be prior authorized. The orthodontist's authorization request must include:

- A completed and signed Dental Service Authorization (SA) Request that describes the condition and the recommended appliance(s);
- A scored Handicapping Labiolingual Deviation (HLD) Index Report, completed and signed by the orthodontist;
- An Orthodontic Referral Oral Health and Hygiene Assessment, completed and signed by the referring dentist;
- Panoramic films, intra and extra oral photos;
- Written comprehensive orthodontic treatment plan; and
- Other pertinent medical or dental information to support the requested orthodontic treatment (e.g. extractions, gingivectomy or orthognathic surgery).

The Dental Service Authorization (SA) Request, the Handicapping Labiolingual Deviation (HLD) Index Report, and the Orthodontic Referral oral Health and Hygiene Assessment forms are available at <http://manuals.medicaidalaska.com/docs/forms.htm>.

Prior approval for limited orthodontics is not considered approval for interceptive or comprehensive orthodontics in a multi-phase plan.

**Reimbursement for limited Orthodontic Treatment**

A one-time reimbursement is provided for limited orthodontic treatment to include the appliance(s) and all medically necessary treatment.

<b>CDT Code</b>	<b>Description</b>	<b>Maximum Allowable Fee</b>
D8010	Limited orthodontic treatment of the primary dentition	\$2,000.00
D8020	Limited orthodontic treatment of the transitional dentition	\$2,145.00
D8030	Limited orthodontic treatment of the adolescent dentition	\$2,000.00

If a second phase is anticipated after limited orthodontic treatment has begun, submission of a completed Handicapping Labiolingual Deviation (HLD) Index Report is mandatory. In the event that less than eighteen (18) months have elapsed between the last treatment of limited orthodontics and the commencement of an approved comprehensive plan, the reimbursement received for the limited plan will be deducted from the reimbursement for the comprehensive plan.

# Interceptive Orthodontic Treatment

## ***Definition and criteria for services***

According to the American Dental Association's Current Dental Terminology publication, interceptive orthodontic treatment is indicated for procedures to lessen the severity or future effects of a malformation and to eliminate its cause and may include localized tooth movement. Such treatment may occur in the primary or transitional dentition and may include such procedures as the redirection of ectopically erupting teeth, correction of isolated dental crossbite or recovery of recent minor space loss where overall space is adequate.

Alaska Medicaid and Denali KidCare consider successful interception to be intervention in the incipient stages of a developing problem to lessen the severity of the malformation and eliminate its cause. Complicating factors such as skeletal disharmonies, overall space deficiency, or other conditions may require future comprehensive therapy.

Interceptive orthodontic treatment is limited to individuals up to 13 years of age. A one-time reimbursement is provided for interceptive orthodontic treatment to include the appliance(s) and all medically necessary treatment.

## ***Prior Authorization Requirements***

All orthodontic services, including interceptive orthodontic treatment requires prior authorization. The orthodontist's authorization request must include:

- A completed and signed Dental Service Authorization (SA) Request that describes the condition and the recommended appliance(s);
- A scored Handicapping Labiolingual Deviation (HLD) Index Report, completed and signed by the orthodontist;
- An Orthodontic Referral Oral Health and Hygiene Assessment, completed and signed by the referring dentist;
- Panoramic films, intra and extra oral photos;
- Written comprehensive orthodontic treatment plan; and
- Other pertinent medical or dental information to support the requested orthodontic treatment (e.g. extractions, gingivectomy or orthognathic surgery).

The Dental Service Authorization (SA) Request, the Handicapping Labiolingual Deviation (HLD) Index Report, and the Orthodontic Referral oral Health and Hygiene Assessment forms are available at <http://manuals.medicaidalaska.com/docs/forms.htm>.

Prior approval for interceptive orthodontics is not considered approval for comprehensive orthodontics in a multi-phase plan.

**Reimbursement for Interceptive Orthodontic Treatment**

Reimbursement is available for fixed or removable appliance therapy and is based on the type of appliance and treatment plan up to the maximum allowable.

A one-time reimbursement for interceptive orthodontics includes the appliance(s), the placement of the appliance(s), all active treatment visits and all follow-up visits.

<b>CDT Code</b>	<b>Description</b>	<b>Maximum Allowable Fee</b>
D8010	Limited orthodontic treatment of the primary dentition	\$2,000.00
D8020	Limited orthodontic treatment of the transitional dentition	\$2,145.00

If a second phase is anticipated after interceptive orthodontic treatment has begun, submission of a completed Handicapping Labiolingual Deviation (HLD) Index Report is mandatory. In the event that less than eighteen (18) months have elapsed between the last treatment of interceptive orthodontics and the commencement of an approved comprehensive plan, the reimbursement received for the interceptive plan will be deducted from the reimbursement for the comprehensive plan.

# Comprehensive Orthodontic Treatment

## ***Definition and criteria for services***

According to the American Dental Association's Current Dental Terminology publication, comprehensive orthodontic treatment is used to improve a patient's craniofacial dysfunction and or dentofacial deformity including anatomical, functional and aesthetic relationships. Treatment usually, but not necessarily, utilizes fixed orthodontic appliances. Adjunctive procedures, such as extractions, maxillofacial surgery, nasopharyngeal surgery, myofunctional or speech therapy and restorative or periodontal care may be coordinated disciplines. Optimal care requires long-term consideration of patient's needs and periodic re-evaluation. Treatment may incorporate several phases with specific objectives at various stages of dentofacial development.

## ***Prior Authorization Requirements***

All orthodontic services, including comprehensive orthodontic treatment requires prior authorization. The orthodontist's authorization request must include:

- A completed and signed Dental Service Authorization (SA) Request that describes the condition and the recommended appliance(s);
- A scored Handicapping Labiolingual Deviation (HLD) Index Report completed and signed by the orthodontist;
- An Orthodontic Referral Oral Health and Hygiene Assessment, completed and signed by the referring dentist
- Panoramic films, intra and extra oral photos;
- Written comprehensive orthodontic treatment plan; and
- Other pertinent medical or dental information to support the requested orthodontic treatment (e.g. extractions, gingivectomy or orthognathic surgery).

The Dental Service Authorization (SA) Request, the Handicapping Labiolingual Deviation (HLD) Index Report, and the Orthodontic Referral oral Health and Hygiene Assessment forms are available at <http://manuals.medicaidalaska.com/docs/forms.htm>.

When requesting approval for orthodontic treatment the provider should consider the patient's willingness and ability to attend scheduled appointments and the patient's ability to maintain an acceptable level of oral hygiene, which is vital to the success of orthodontic treatment.



***Policies for approval of Comprehensive Orthodontic Treatment***

- The score for the HLD must be 26 or greater
- If the score is less than 26, then additional medical information is required to determine the recipient’s functional abilities
- Prior authorizations will not be approved for treatment rendered prior to the date of the prior authorization submission

***Reimbursement for Comprehensive Orthodontic Treatment***

<b>CDT Code</b>	<b>Description</b>	<b>Requirements</b>	<b>Maximum Allowable Fee</b>
D8080 or D8070	Comprehensive orthodontic treatment of the adolescent dentition  Comprehensive orthodontic treatment of the transitional dentition	Reimbursement is provided for the initial placement when the appliance placement date and the date of service are the same. Initial placement includes the first three months of treatment and the appliance(s).	\$1,500.00
D8670	Periodic orthodontic treatment visit (as part of contract)	Reimbursement is provided for three units of service. The provider must examine the patient in the provider’s office and document the actual service dates in the client’s record to support claiming a unit of service. The Department expects providers to submit a claim for reimbursement following 6 and 12 months of treatment with the final claim submitted after removal of the braces.	\$1,348.00 x three units
Total Maximum Allowable:			\$5,544.00