Appendix 17
Orthodontic Services

Proc. Code	Description of Service	PA Required?	Allowable Age	Limitations
08110	Removable appliance therapy, minor treatment for tooth guidance	Yes	< 21	HealthCheck referral required.
08120	Fixed appliance therapy, minor treatment for tooth guidance	Yes	< 21	HealthCheck referral required.
08210	Removable appliance therapy	Yes	< 21	HealthCheck referral required.
08220	Fixed appliance therapy	Yes	< 21	HealthCheck referral required.
08360	Interceptive orthodontic treatment, removable appliance therapy	Yes	< 21	HealthCheck referral required.
08370	Fixed appliance therapy, interceptive orthodontic treatment	Yes	< 21	HealthCheck referral required.
08560	Monthly treatment - comprehensive orthodontic treatment - permanent dentition, Class I malocclusion	Yes	< 21	HealthCheck referral required.
08570	Monthly treatment - comprehensive orthodontic treatment - permanent dentition, Class II malocclusion	Yes	< 21	HealthCheck referral required.
08580	Monthly treatment - comprehensive orthodontic treatment - permanent dentition, Class III malocclusion	Yes	< 21	HealthCheck referral required.

Appendix 17
Orthodontic Services
(continued)

Proc. Code	Description of Service	PA Required?	Allowable Age	Limitations
08650	Monthly treatment of atypical or extended skeleton cases, orthodontic	Yes	< 21	HealthCheck referral required.
W7910	Examination, models, consultation - orthodontic	Yes	< 21	HealthCheck referral required.
W7920	Initial orthodontic treatment - banding service	Yes	< 21	HealthCheck referral required.
08750	Post-treatment stabilization	Yes	< 21	HealthCheck referral required.

Appendix 17
Orthodontic Services
(continued)

COVERED SERVICES

DEFINITION

Orthodontic services are covered for interceptive orthodontic services to minimize future malocclusion during the developmental phases of the mixed dentition and to provide comprehensive orthodontic service due to handicapping malocclusion causing speech, eating/ mastication, or psychological problems.

HEALTHCHECK REQUIREMENT

Orthodontia treatment is available only through the HealthCheck program and is not available to adults over age 20 (the HealthCheck provider signature is required).

RECIPIENT ELIGIBILITY FOR COMPLETION OF ORTHODONTIC TREATMENT

Regardless of recipient eligibility, all approved orthodontic services, once started (bands placed during a period of eligibility) are reimbursed to completion of the approved services performed by a certified provider.

If an orthodontia patient becomes Medicaid-eligible in mid-treatment, Wisconsin Medicaid will approve a prior authorization (PA) request for continued services if all PA criteria are met.

FIXED OR REMOVABLE APPLIANCE THERAPY SERVICES

MINOR TOOTH GUIDANCE

This service is for correction of a minor malocclusion in which one to four teeth are involved. The service is considered especially for children under the age of 12 in the mixed dentition stage of development.

HARMFUL HABIT CORRECTING

This service is for correction of harmful habit such as thumb, finger, tongue or lip sucking and is considered especially for children under the age of 12 in the mixed dentition stage of development.

If this procedure is coordinated with any behavioral modification, either by the dentist or by another health care provider, it must be documented on the PA request.

INTERCEPTIVE ORTHODONTIC TREATMENT

This service is for the correction of a minor malocclusion in which one to four teeth are involved and is considered especially for children under the age of 12 in the mixed dentition stage of development. The correction of cross bites, orthopedic orthodontics, and 2 x 4 interceptive procedures are allowed services under this procedure. Interceptive procedures are not inclusive of permanent teeth Phase II orthodontic treatment of this malocclusion.

PRIOR AUTHORIZATION

GENERAL REQUIREMENTS

All orthodontic services require PA and a HealthCheck referral. For orthodontic records reimbursement, the following guidelines are applicable: examination, models, cephalometric x-ray, panoramic x-ray, or consultation are reimbursed if there is a HealthCheck exam (the HealthCheck provider signature is required). These procedures may be reimbursed even if the remaining orthodontic treatment is denied. Orthodontic services are not available to adults over age 20.

Appendix 17
Orthodontic Services
(continued)

Procedure W7910 (examination models, consultation—orthodontic) includes an examination of the recipient, a consultation, and the obtaining of study models. This procedure must be performed and an orthodontic treatment plan must be included with any PA request for orthodontic treatment. Although this procedure requires PA, the procedure must be done to obtain PA. The PA request will be backdated to include date of record.

Before submitting a PA request for any orthodontic treatment, the provider must:

- Perform a clinical examination of the patient.
- Obtain orthodontic study models.
- Complete the PA dental request forms (PA/DRF and PA/DA).
- Submit the models with the PA request for orthodontic services.
- Obtain a written, signed verification that a HealthCheck exam has occurred. It must be dated within one year of the date the PA request is received by the fiscal agent.

SEVERE MALOCCLUSION CRITERIA FOR APPROVAL

The criteria for approving orthodontia are summarized below:

- A severe and handicapping malocclusion determined by a minimum Salzmann Index of 30.
- In extenuating circumstances, the dental consultant may, after comprehensive review of the case, determine that a severe handicapping malocclusion does exist and approve the orthodontia treatment even though the Salzmann score is less than 30.
- Transfer cases from out-of-state or within state must fulfill Medicaid criteria of age and Salzmann Index at time of initial treatment (banding).
- Certain cases of minor treatment (1-4 teeth) can be approved for minor fixed or removable orthodontic treatment
- If the request for orthodontic services is the result of a personality or psychological problem or condition and a patient does not meet the criteria listed above, then a referral from a mental health professional is required.

A copy of the Salzmann Index can be obtained by writing to:

Provider Maintenance
EDS
6406 Bridge Road
Madison, WI 53784-0006

Orthodontic treatment is *not* authorized for cosmetic reasons.

TERMINATED ORTHODONTIC TREATMENT

If any orthodontic treatment is terminated prior to completion, the provider must notify the prior authorization unit in writing within 30 day of termination. The notification must include the reason(s) for termination and treatment progress notes. This must be done before a new dentist can get a PA.

Appendix 17
Orthodontic Services
(continued)

ORTHODONTIC INITIAL TREATMENT AND BILLING DATE

When billing for the initial orthodontic banding service, the date used is the day the treatment started. This is defined as the date when the bands, brackets, or appliances are placed in the recipient's mouth. The recipient must be Medicaid eligible on this date of service.

RETAINERS

Providers can request retainers as part of any comprehensive orthodontic service. If retainers are separately identified on an approved PA for orthodontic service, they may be separately reimbursed. However, when submitting the PA request, the provider may normally include the placement, fees, and follow-up for retainers in the initial fee and monthly adjustments. In this case, a separate request for retainers will not be granted. Using either way of billing, the maximum fee for orthodontic treatment will be the same.

LOST OR DAMAGED RETAINERS

In the cases of lost or damaged retainers, the provider should submit a new PA request for a new retainer. New orthodontic records do not need to be submitted with the new PA. However, multiple lost retainers (due to recipient negligence) will *not* be replaced.

The following documentation must be submitted with all requests for orthodontic PA:

1. Orthodontic records of the exam, consultation, and study models. Study models must be securely packed, clearly labeled to identify the provider and the recipient, and must include a centric occlusion bite registration.
2. A completed PA/DRF.
3. Signed and dated evidence that a HealthCheck exam has occurred in the past year.
4. A treatment plan.

Although not covered by Wisconsin Medicaid, intraoral camera-ready photographs *may* be included in the request.

ADDITIONAL INFORMATION

In addition to this summary, refer to:

- The preceding pages for a complete listing of Medicaid-covered orthodontic services, procedure codes, and related limitations.
- Appendix 31 of this handbook for a summary of required billing documentation.
- Appendix 24 of this handbook for a summary of required documentation needed for PA requests.