

Criteria for Orthodontics (Child Members aged 20 and younger)

Orthodontic treatment is available only to Health First Colorado child members aged 20 and younger who qualify through the prior authorization process as having a severe handicapping malocclusion. The qualifying criteria for severe handicapping malocclusion are listed in Appendix A - Colorado Criteria Index Forms.

Please note:

- Orthodontists may use a wide range of services in the diagnosis, evaluation, and treatment of orthodontic cases. Claims payment from Health First Colorado is considered payment in full and providers may not balance bill members for additional services or supplies, including cosmetic service, supply, or material upgrades.
- Cosmetic service upgrades include but are not limited to clear bracket/aligner systems such as Invisalign.
- Orthodontic treatment is not a benefit to treat dental conditions that are primarily cosmetic in nature [10 C.C.R. 2505-10, Vol. 8.280.5.F].
- Orthodontic treatment is not a benefit when there is no severe handicapping malocclusion, and self esteem is the primary reason for treatment [10 C.C.R. 2505-10, Vol. 8.280.5.F].
- The current ADA claim form is required for prior authorization requests (PARs) and claims.
- Health First Colorado does not pay for all types of services that can possibly be used.

Only dental providers enrolled with an orthodontic specialty designation are allowed to provide orthodontic treatment. Enrollment with this specialty designation requires an evaluation of provider credentials. Providers will not be reimbursed for any orthodontic services rendered until they are enrolled by the Department as an Orthodontic specialist. See section 10.00 of this ORM for more information on provider credentialing and enrollment.

Orthodontic Services that Are Not Covered:

- Orthodontic treatment codes D8030, D8040.

Initial Orthodontic Examination (D8660) and Prior Authorization Requirements

Orthodontists may examine a eligible member that they believe is likely to qualify through the prior authorization process as having a severe handicapping malocclusion. A provider may not bill D8660 in conjunction with allowed oral evaluation codes for orthodontics (D0120, D0140, D0150, D0160, and/or D0170).

DentaQuest strongly discourages submission of PARs for mild and moderate malocclusions, unless there is a concurrent medical condition, (e.g., cleft palate, fetal alcohol syndrome, etc.) that should be evaluated under EPSDT utilization management guidelines.

Please reference the most current CDT ADA publication for accepted descriptions of primary, transitional, adolescent, and adult dentitions. Providers are required to submit the appropriate Colorado Orthodontic Criteria Index Form(s). The Colorado Orthodontic Criteria Index Form (A)- Orthodontic Treatment (D8070, D8080 and D8090) and the Colorado Orthodontic Index Form (B) (D8010/D8020) will be used to determine medical necessity.

The following documentation is required to show medical necessity:

- Colorado Orthodontic Criteria Index Form(s)
- Lateral cephalometric radiograph
- Panoramic radiograph
- Study models or OrthoCad equivalent or appropriate photographs
- Appropriate photographic requirements include:
 - Frontal view, in occlusion, straight-on view
 - Frontal view, in occlusion, from a low angle
 - Right buccal view, in occlusion
 - Left buccal view, in occlusion

- Maxillary Occlusal view
- Mandibular Occlusal view

In addition to, or in lieu of, the above photographic requirement, DentaQuest will accept quality photographs of study models with the following parameters:

- Occlusal view of the maxillary arch
- Occlusal view of the mandibular arch
- Right buccal view, in occlusion
- Left buccal view, in occlusion
- Facial views, straight on and low angle, in occlusion
- Posterior view of models in occlusion

DentaQuest will make a determination for orthodontic treatment upon receipt of all the work-up materials as outlined above for the prior authorization process following a review for medical necessity per 42 CFR § 438 and by the Department as in Rule 8.076.1.8, and Early Periodic Screening, Diagnostic and Treatment (EPSDT) Medical Necessity as in Rule 8.280. as well as 42 C.F.R. § 440.167.

Information on CMS efforts working with states to improve access to oral health services for children enrolled in Medicaid and CHIP can be found in CMS, Improving Access to and Utilization of Oral Health Services for Children in Medicaid and CHIP Programs: CMS Oral Health Strategy (April 11, 2011). Approaches states can use to improve the delivery of dental and oral health services to children in Medicaid and CHIP can be found in Keep Kids Smiling: Promoting Oral Health Through the Medicaid Benefit for Children and Adolescents and in Improving Oral Health Care Delivery in Medicaid and CHIP: A Toolkit for States. All of these documents are available at [Oral Health Care & Dental Insurance\(dentaquest.com\)](http://OralHealthCare&DentalInsurance.dentaquest.com) CMS, State Medicaid Manual §5124.B.2.b. CMS, State Medicaid Manual § 5124.B.2.b 21 42 C.F.R. § 441.56(b)(vi). 22 CMS, State Medicaid Manual § 5123.2.G.

Prior Authorization Request (PAR) Effective Dates

PARs include span dates, which are the dates for which the PAR is effective. Providers will receive written notification of the approval or denial of a PAR. Included in this notification will be the effective date and end date of the PAR (span date). In order to be reimbursed for approved orthodontic services, the date of service on your claim must be within approved span dates on the PAR. Should the start of orthodontic treatment be delayed for any reason past the end date of the approved PAR, the Provider must submit a new PAR before starting treatment.

General Billing Information for Orthodontics:

Once a PAR has been approved for orthodontic treatment services may be rendered. Payment for orthodontic treatment for eligible members will be made per the following schedule:

Code	PAR Required?	Payment Structure	Additional Benefit Details
D8010/D8020	Yes	Providers will be reimbursed full fee at time of banding	Approved PAR is valid for 1080 days. Approved PAR not valid if member is no longer eligible for Health First Child plan.

		COC not eligible	PAR must be consumed prior to member reaching 21yrs of age.
D8070/D8080/ D8090	Yes	<p>Providers will be reimbursed for one of approved banding code at time of banding</p> <p>Providers will be reimbursed no more than three D8670's during the 24 months</p> <p>Providers will be reimbursed one of D8680 at de-banding and retention</p> <p>COC eligible</p> <p>If it has been more than 24 months since banding and member meets criteria and is approved for severe handicapping malocclusion, provider will receive full case rate.</p> <p>If it has been less than 24 months since and the member still has a severe handicapping malocclusion, provider will receive payment based off chart below.</p>	<p>Approved PAR is valid for 1080 days.</p> <p>Approved PAR not valid if member is no longer eligible for Health First Child plan.</p> <p>If the eligible child member's orthodontic treatment extends beyond the recipients 21st birthday, it is the members responsibility to pay for continued treatment if the member desires to go forward with treatment and pay out of pocket. Member is not obligated to continue treatment; reference Section 4.10 Payment for Noncovered Services for more information.</p>

Providers must submit a claim for D8010, D8020, D8070, D8080, or D8090 on the date of banding. This payment includes all orthodontic care necessary to complete treatment. Once the PAR has been approved, all care is considered inclusive in the case rate, and no services will be reimbursed separately.

Orthodontic treatment for codes D8070/D8080/D8090:

- The first submission for D8670 must be at least five months (or more) after banding and correspond with a date of service.
- Maximum of three D8670's in total.

Submission of D8680 must correspond to the date of de-banding. D8670 may be billed on the same day as D8680.

During orthodontia treatment, Providers will ONLY be paid for one D8070, D8080, or D8090; three D8670's, and one D8680. Members must be eligible for services on the date of service. If the child member loses eligibility during orthodontic treatment, and chooses to continue treatment, it is the member's responsibility to pay for the continued treatment, unless the treatment has already been paid in full. Acknowledgment of the member's understanding of this responsibility is required; please reference Section 4.10 Payment for Non-Covered Services for more information.

If the child member does not return for the completion of services, or for any other reason that orthodontic care needs to be terminated or is not completed; the orthodontic provider must submit the Orthodontic Termination of Care Submission Form to DentaQuest (Appendix A,). Recoupment of pre-paid fees will be determined by DentaQuest. Using the 24 month chart below.

Continuation of Care (COC) to another Health First Colorado Orthodontic Provider

Current Orthodontic Provider

The orthodontic provider should maintain the orthodontic member as a patient of record until DentaQuest confirms in writing that PAR approval has been received for continuation of care from the new orthodontic provider.

Transfer of a Health First Colorado orthodontic case to any orthodontist who is not a Health First Colorado provider is considered by Health First Colorado to be termination of care and an Orthodontic Termination of Care (TOC) Submission Form is required.

Newly enrolled Health First Colorado child members who have an approved PAR for severe handicapping malocclusion from another state Medicaid agency and were actively receiving treatment in the previous state may apply for COC. The following is required for consideration.

- Copy of the approved PAR dated within the last 24 months of COC request. Approved PAR's for D8070, D8080, D8090 will only be considered.
- CO Orthodontic Continuation of Care Submission Form.
- Submit PAR request using D8999

New Orthodontic Provider

The new orthodontic provider must submit a request for prior authorization (PAR) using code D8999 for the remaining orthodontic services to be rendered and include the Continuation of Care Submission Form (Appendix A). Please reference the Continuation of Care Submission Form for a list of required supporting documentation. The new orthodontist must receive notification from DentaQuest of orthodontic PAR approval before accepting responsibility for care. DentaQuest will determine and pay the accepting orthodontic provider the appropriate balance remaining up to the amount of the current case rate using the chart below.

Health First Colorado Orthodontic Payment for TOC/COC is based off of total case rate divided by 24 months for cases completed within 24 months .For cases past 24 months from banding, when the member meets the orthodontic medical necessity criteria, a full case rate will be approved. See table below.

Provider A is the original provider, Provider B is the provider submitting D8999 for COC.

Comprehensive Ortho TOC and COC calculation table (7.1.222 Standard Fee Schedule)						
CODES	1	2	3	4	5	6
D8070/80/90 A	\$ 137.81	\$ 275.62	\$ 413.43	\$ 551.23	\$ 689.04	\$ 826.85
D8070/80/90 B	\$ 3,169.59	\$ 3,031.78	\$ 2,893.98	\$ 2,756.17	\$ 2,618.36	\$ 2,480.55
	7	8	9	10	11	12
D8070/80/90 A	\$ 964.66	\$ 1,102.47	\$ 1,240.28	\$ 1,378.08	\$ 1,515.89	\$ 1,653.70
D8070/80/90 B	\$ 2,342.74	\$ 2,204.93	\$ 2,067.13	\$ 1,929.32	\$ 1,791.51	\$ 1,653.70
	13	14	15	16	17	18
D8070/80/90 A	\$ 1,791.51	\$ 1,929.32	\$ 2,067.13	\$ 2,204.93	\$ 2,342.74	\$ 2,480.55
D8070/80/90 B	\$ 1,515.89	\$ 1,378.08	\$ 1,240.28	\$ 1,102.47	\$ 964.66	\$ 826.85
	19	20	21	22	23	Total Case Rate
D8070/80/90 A	\$ 2,618.36	\$ 2,756.17	\$ 2,893.98	\$ 3,031.78	\$ 3,169.59	\$ 3,307.40
D8070/80/90 B	\$ 689.04	\$ 551.23	\$ 413.43	\$ 275.62	\$ 137.81	\$ 3,307.40

DentaQuest will use the current case rate for transfer cases, rather than determining the case rate when the service was originally approved.

Removal of Braces/De-banding or Fixed Retainers (D8695/D8680)

For the removal of braces or fixed retainers that were placed by another orthodontist outside of Health First CO, use code D8695. For the removal of braces that were part of an approved PAR by DentaQuest, use code D8680.

Lost Retainer

The loss or breakage of a retainer is an inevitable part of orthodontic care. Health First Colorado will reimburse providers separately for significant repairs or replacements. Generally, repairs that can be made at chair side or within the office laboratory during the scheduled appointment cannot be separately billed from the global orthodontic fee paid at the start of treatment. D8696 & D8697 require a PAR and D8703 & D8704 are pre-payment review.

Lost or Damaged Bands, Brackets, Wires, Headgear

DentaQuest does not separately reimburse orthodontic providers to repair or replace bands, brackets, wires, headgear nor any other device normally associated with routine orthodontic care.