

May 24, 2010

Montana Healthcare Programs Notice

Dentists, Denturists, Dental Hygienists

Orthodontia Prior Authorization Reminders

The Department has recently received a large volume of Orthodontia Prior Authorization requests that fall outside the established Medicaid orthodontia criteria. As a reminder the following criteria must be met for a prior authorization request to be considered:

Service and Limitation Criteria:

- Comprehensive full band orthodontia for cleft lip/palate, congenital anomalies, cases related to malocclusion caused by traumatic injury and cases related to interceptive orthodontia must receive prior authorization from the departments designated peer reviewer to determine individual eligibility for such orthodontia services.
- Comprehensive full band orthodontia for recipients under 21 and who have malocclusion caused by traumatic injury or needed as part of treatment for a medical condition with orthodontic implications are covered in the department's Dental and Denturist Program Provider Manual.
- Interceptive orthodontia is limited to children 12 years of age or younger with one or more of the following conditions:
 - (a) Posterior crossbite with shift,
 - (b) Anterior crossbite and/or anterior deep bite at 80% or greater vertical incisor overbite.

Client Compliance with Treatment Plan

-Orthodontic treatment not progressing to the extent of the treatment plan because of non-compliance by the recipient and which jeopardizes the health of the recipient may result in termination of orthodontic treatment. If termination of orthodontic treatment occurs because of noncompliance by the recipient, Medicaid will not authorize any future orthodontic requests for that recipient.

Payment

-Orthodontia services will be reimbursed at 85% of the provider's usual and customary charge, subject to the maximum allowable charge as published in the department's Dental and Denturist Program Provider Manual effective July 2009. Orthodontia for recipients age 21 and older (with FULL Medicaid) who have maxillofacial anomalies that must be corrected surgically and for which the orthodontia is a necessary adjunct to the surgery is a covered service.

Protocol to obtain prior authorization:

All Medicaid clients must have a treatment plan completed and submitted to the Claims Processing Unit. Prior authorization must include the following information:

- Documentation of oral hygiene status,
- Appliances or therapies,
- Number of treatment months requested,
- The estimated time and cost of the service,
- X-rays, molds, and/or photographs must also be included to allow prior authorization determination completion.

Contact Information

Please access the new Dental and Denturist Medicaid Manual on the Medicaid Provider Website, or if you have questions call Provider Relations.

Medicaid Provider Website: <http://www.mtmedicaid.org> Provider Relations in Helena (406) 442-1837 and out-of-state toll-free: 1-800-624-3958.

For policy questions contact Jan Paulsen, Dental Program Officer: 406-444-3182.