



LIBERTY DENTAL PLAN
GUIDELINES FOR CHILDREN
UNDER 21 YEARS OF AGE

(ATTACHMENT A TO THE NEW YORK PROVIDER REFERENCE GUIDE)

Revision Date 1.1.2023

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SECTION 1. MEDICAID PROGRAM GUIDELINES



CHILD HEALTH PLUS (“CHP”)

A child is defined as anyone under 21 years of age. To be eligible for Child Health Plus, a child must be under the age of 19. The goal of the CHP program is to improve child health by increasing access to primary and preventive healthcare through a subsidized insurance program. A child eligible for Medicaid is not eligible for CHP. For more information on the benefits, please refer to the applicable Schedule of Benefits and to the New York State Medicaid Dental Policy and Procedure Code Manual.

EARLY AND PERIODIC SCREENING, DIAGNOSTIC AND TREATMENT SERVICES (EPSDT)

Dental services for children are provided as a part of Medicaid’s EPSDT program. Services may not be limited to emergency services. Dental screenings by the primary care physician in this context means, at a minimum, observation of tooth eruption, occlusion patterns, presence of caries, and/or oral infection. The Primary Care Physician is required to refer a child to the dentist by one year of age or soon after the eruption of the first primary tooth for a minimum of 2 dental visits a year. It is mandated that the PCP follow up during well child visits to ensure that all needed preventive and definitive dental services are provided thereafter through the age of twenty (20). A referral to a dental specialist or dentist that provides dental treatment to patients with special needs shall be allowed when a primary care dentist requires a consultation for services by that specialty provider. For more information, please see EPSDT/CTHP Provider Manual for CHP, by visiting the following link: www.emedny.org/ProviderManuals/EPSDTCTHP/index.aspx.

ESSENTIAL SERVICES

The Medicaid dental benefit is limited and includes only essential services, rather than comprehensive care. The following general guidelines related to treatment of children are used:

- Treatment of deciduous teeth when exfoliation is reasonably imminent will not be routinely reimbursable.
- Claims submitted for the treatment of deciduous cuspids and molars for children 10 years of age or older, or for deciduous incisors in children 5 years of age or older will be pended for professional review.

ORTHODONTIC CARE

When Prior Approval is obtained for orthodontic care for severe physically handicapping malocclusions, the care will be reimbursed for an eligible member for a maximum of three years of active orthodontic care plus one year of retention care. Cleft palate or approved orthognathic surgical cases may be approved for additional treatment time. Treatment not completed within the maximum allowed period must be continued to completion without additional compensation from the NYS Medicaid program, the member or family. For Medicaid members, treatment must be approved, and active therapy begun (appliances placed and activated) prior to the member's 21st birthday. Treatment of cleft palate or approved orthognathic surgical cases may be approved after the age of 21 or for additional treatment time. For Child Health Plus members, treatment must be approved and active therapy begun (appliances placed and activated) prior to the member's 19th birthday.

With the exception of D8210, D8220 and D8999, orthodontic care is reimbursable only when provided by an orthodontist or an Article 28 facility which have met the qualifications of the DOH and are enrolled with the appropriate specialty code.

See Dental Policy and Procedure Code Manual, by visiting www.emedny.org/ProviderManuals/Dental/.

FOSTER CARE PROGRAM

Effective July 1, 2021, children/youth in direct placement foster care in New York City and children/youth placed in foster care in the care of Voluntary Foster Care Agencies (VFCAs) have been enrolled into managed care. Children who enter foster care placement receive a dental screening during their initial medical assessment. It is required that foster care children up to age three have their mouths examined at such medical examination and where appropriate, referred for dental care. Foster care children over the age of three (3) are required to see a dentist at minimum, once a year, and must be provided dental care when needed. Children often come into foster care having never seen a dentist. It is critical that these children receive expedited access to care. Please consider making an extra effort to accommodate these children into your dental practice by ensuring availability of appointments. Foster care parents should never be charged for services that are already covered.

SECTION 2. REFERRAL AND PRIOR AUTHORIZATION GUIDELINES



PEDODONTICS

Referral Guidelines for the General Dentist - Members may self-refer or the general dentist can complete a LIBERTY Specialty Care Authorization and provide the:

- Patient's name, the Primary Member's name, LIBERTY identification number, group name and group number;
- Name, address and telephone number of the contracted LIBERTY network Pediatric Dentist;
- Comments concerning the member's condition.
- Inform the member that:
 - Referrals are subject to a member's plan-specific benefits, limitations and exclusions;
 - The member will be financially responsible for non-covered services provided by the Pediatric Dentist;
 - Payment by the Plan is subject to eligibility at the time services are rendered.

ORTHODONTICS

Referral Guidelines for the General Dentist - Members may self-refer or the general dentist can complete a LIBERTY Specialty Care Authorization and provide the:

- Patient's name, the Primary Member's name, LIBERTY identification number, group name and group number;
- Name, address and telephone number of the contracted LIBERTY network Orthodontist;
- Comments concerning the member's malocclusion.
- Inform the member that:
 - Referrals are subject to a member's plan-specific benefits, limitations and exclusions
 - The member will be financially responsible for non-covered services provided by the Orthodontist;

- o Payment by the Plan is subject to eligibility at the time services are rendered.

Referral Guidelines for the Orthodontist - To be eligible for orthodontia services, the recipient must meet all the following general requirements:

- Be under twenty-one (21) years of age (Medicaid) or under nineteen (19) years of age (Child Health Plus).
- Meet the financial standards for Medicaid or Child Health Plus eligibility.
- Exhibit a **SEVERE PHYSICALLY HANDICAPPING MALOCCLUSION**.
- HLD Index score of 26 or higher or one of the automatically qualifying conditions.

HLD Index: <https://www.emedny.org/ProviderManuals/index.aspx>

Diagnostic services including D0330, D0340, D0350, and D0470 will be paid in addition to code D8660. Frequency limitations will not apply for code D0330 if it is the initial film taken at the orthodontist's office.

SECTION 3. FORMS AND RESOURCES

FORMS

THE FOLLOWING FORMS ARE AVAILABLE TO DOWNLOAD FROM LIBERTY DENTAL PLAN'S RESOURCE LIBRARY BY VISITING <https://www.libertydentalplan.com/Providers/Provider-Resource-Library.aspx>

- ADA Caries Risk Assessment Form (Age 0-6)
- ADA Caries Risk Assessment Form (Age > 6)
- AAP Oral Health Risk Assessment Tool
- Clinical Guidelines for Prescribing Fluoride Supplements for Caries Prevention
- Handicapping Labio-Lingual Deviation (HLD) Index

ORTHODONTIC PROVIDER ORIENTATION BRUSH PROGRAM

BENEFITS AND

REWARDS FOR

UTILIZATION,

SERVICES AND

HEALTHY OUTCOMES

WITH THE BRUSH PROGRAM, LIBERTY INVESTS DOLLARS BACK INTO OUR PROVIDER COMMUNITY TO REWARD PREVENTION, EARLY INTERVENTION, AND ULTIMATELY, SUSTAINING WELLNESS. THIS INNOVATIVE PROGRAM REWARDS PARTICIPATING PROVIDERS WITH INCENTIVES FOR:

- PRACTICING PREVENTIVE DENTISTRY THAT LEADS TO HEALTHY OUTCOMES
- ENCOURAGING PATIENTS TO ESTABLISH A DENTAL HOME
- ENGAGING PATIENTS TO TAKE AN ACTIVE ROLE IN THEIR OWN CARE TO HELP ENSURE THEIR ORAL HEALTH

FOR INFORMATION ABOUT JOINING LIBERTY'S BRUSH PROGRAM, PLEASE CONTACT YOUR LOCAL NETWORK MANAGER. FOR PROVIDERS ALREADY PARTICIPATING IN THE BRUSH PROGRAM, ADDITIONAL RESOURCES ARE AVAILABLE IN THE PROVIDER PORTAL.



