

B.4.2.11 Orthodontic Services

The following standards and procedures apply to the provision of orthodontic services for children in the Medicaid/NJ FamilyCare (NJFC) programs.

Orthodontic Consultation - A visual examination and completion of the HLD (NJ-Mod2) assessment tool by the attending provider or a provider in the same group who will be providing the service will be considered a consultation (D9310) and does not require prior authorization. The consultation can be provided once a year and will be linked to the provider and not to the patient which allows for a second opinion with a different provider.

Pre-orthodontic Treatment Visit D8660 (for diagnostic workup, clinical evaluation, orthodontic treatment plan and completion of HLD (NJ-Mod2) assessment tool) is required for consideration of interceptive and comprehensive orthodontic treatment. It is provided by the attending provider or a provider in the same group who will be providing the service and includes the visual examination and completion of the HLD (NJ-Mod2) assessment tool.

For comprehensive orthodontic treatment, if the total score on the HLD (NJ-Mod2) Assessment Tool is equal to or greater than 26 the pre-orthodontic treatment work-up can proceed. A total score of less than 26 points on the HLD (NJ-Mod2) assessment tool requires that documentation of the extenuating functional difficulties and/or medical anomaly is included in the submission.

- The pre-orthodontic treatment visit does not require prior authorization and should occur with the expectation that the case will be completed prior to the client exceeding the age of eligibility for the benefit;
- This service can be provided once a year and will be linked to the provider and not to the patient;
- The pre-orthodontic treatment visit includes the consultation; therefore, consultation will not be reimbursed separately.

The new HLD (NJ-Mod2) Index and instructions are attached.

Orthodontic Treatment Services

Limited, Interceptive and Comprehensive orthodontic services **must be prior authorized**. Limited and Interceptive orthodontic services will be considered for the treatment of the primary dentition, permanent dentition or mixed dentition. Comprehensive orthodontic services will be considered for treatment of the permanent dentition.

Prior authorization determinations shall be made and notice provided to the provider within ten (10) days of receipt of all necessary information.

In cases where prior authorization is denied, the denial documentation must contain a detailed explanation of the reason(s) for denial; indicate whether additional information is needed and the process for reconsideration. Additionally, denial documentation must include the name and

contact information of the dental consultant that reviewed and denied the treatment request which will allow the provider an opportunity to discuss the case.

An approved case must be started within six (6) months of receiving the approval.

Limited Orthodontic Treatment

Limited orthodontic treatment can be considered for minor treatment to control harmful habits in the primary dentition or mixed dentition and for correction of anterior crossbite in the permanent dentition that demonstrates severe conditions as noted under 4.2.11A.

For prior authorization the following shall be submitted:

- Narrative of clinical findings, treatment plan and estimated treatment time;
- Diagnostic photographs;
- Diagnostic X-rays or digital films of the entire dentition;
- Diagnostic study models or diagnostic digital study cast images with measuring tool in place to demonstrate measurement as noted on assessment tool; and,
- The referring dentist **must** provide on letterhead attestation that all needed preventive and dental treatment services have been completed. A copy **must** be submitted with the orthodontic treatment request.

The reimbursement for the service includes the appliance, insertion, all adjustments, repairs, removal, retention and treatment visits. As a result, the case shall be completed even if eligibility is terminated. Replacement of retainers or removable appliances due to loss or damage beyond repair requires prior authorization and can be considered once for each arch without additional cost to the patient.

If it is determined that limited orthodontic treatment is part of a comprehensive treatment plan for the permanent dentition, it will be considered as part of the comprehensive case and not approved or reimbursed separately. In this case the prior authorization should be submitted for comprehensive orthodontic treatment with an attached treatment plan that indicates the limited treatment phase.

Upon completion of the case pre-treatment and post-treatment photographs must be submitted.

Interceptive and Comprehensive Orthodontic Treatment

For prior authorization requests the following shall be submitted:

- The completed HLD (NJ-Mod2) assessment tool;
- Narrative of clinical findings for dysfunction or deformity and dental diagnosis;
- The comprehensive orthodontic treatment plan and estimated treatment time;
- Attestation from the referring dentist that all needed preventive and dental treatment services have been completed;

- Diagnostic study models or diagnostic digital study models with measuring tool in place to demonstrate measurement as noted on HLD (NJ-Mod2) assessment tool;
- Diagnostic photographs;
- Diagnostic x-rays, digital x-rays or cephalometric film with tracing (when applicable); and,
- When applicable:
 - Medical diagnosis and surgical treatment plan
 - Detailed documentation from **a mental health professional** as described in the managed care contract indicating the psychological or psychiatric diagnosis, treatment history and prognosis and an attestation stating and substantiating that orthodontic correction will result in a favorable prognosis of the mental/psychological condition establishing medical necessity.

Interceptive Orthodontics

Approval for the interceptive treatment when not part of the comprehensive case will include all appliances, insertion, all adjustments, repairs, removal, retention and treatment visits and initial retainers. As a result, the case shall be completed even if eligibility is terminated. Replacement of retainers or removable appliances due to loss or damage beyond repair requires prior authorization and can be considered once for each arch without additional cost to the patient.

If it is determined that interceptive orthodontic treatment is part of a comprehensive treatment plan, it will be considered as part of the comprehensive case and not approved or reimbursed separately. In this case, the prior authorization should be submitted for comprehensive orthodontic treatment with an attached treatment plan that indicates the interceptive treatment phase.

Upon completion of the case, pre-treatment and post-treatment diagnostic photographs must be submitted.

Comprehensive Orthodontics

Eligibility should be checked prior to each visit.

The comprehensive case will include all appliances, insertion, all adjustments, repairs and removal as well as the retention phase of treatment. Initial retainer(s) are included with the service; however replacement of retainers or removable appliances due to loss or damage beyond repair requires prior authorization and can be considered once for each arch without additional cost to the patient.

Reimbursement for orthodontic services includes the placement and removal of all appliances and brackets; therefore should it become necessary to remove the bands due to loss of eligibility, non-compliance or elective discontinuation of treatment by the parent, guardian or patient the appliance can be removed at no additional charge because reimbursement for comprehensive orthodontics includes this service. In cases where treatment is discontinued, a “Release from Treatment” form must be provided by the dental office which documents the reason for

discontinuing care and releases the dentist from the responsibility of completing the case. The release form must be reviewed and signed by parent/guardian and patient and a copy maintained in the patient's records.

Beginning a case

Prior authorization for comprehensive orthodontic treatment will only be considered for the permanent dentition. As an exception, cases with late mixed dentition will require documentation of the planned treatment for the existing primary teeth and the reason for starting treatment prior to their natural exfoliation.

In addition to submission requirements already noted, the following must be met:

- The prior authorization request to start a case must include treatment visits. Treatment visits will be considered for intervals of 12 months or visits. The maximum number of treatment visits to be considered on any one prior authorization is twelve (12);
- Attestation from referring general dentist that all needed preventive and dental treatment services have been completed;
- The case start date is considered to be the banding date which must occur within six (6) months of approval;
- Twenty-four (24) months of active treatment are expected to be adequate to complete most cases with reimbursement for a maximum of thirty-six visits. This includes active and retention phase of treatment and is based on eligibility and age limit for the benefit.

Continuation of treatment

After completing twelve (12) treatment visits or expiration of an approval, a prior authorization request must be submitted for the additional visits with a maximum of twelve (12) being allowed. The following shall be included with the prior authorization request:

- A copy of the treatment notes;
- Documentation of any problems with compliance;
- Attestation from referring general dentist that recall visits occurred and that all needed preventive and dental treatment services have been completed;
- Pre-treatment and current treatment diagnostic photographs and/or diagnostic panoramic radiographs to show status and to demonstrate case progression;
- A copy of the initial approval if the case was started under a different NJ FamilyCare/Medicaid HMO or Fee for Service program.

Prior Authorization for Orthodontic Services Transferred or Started Outside of the NJFC/Medicaid Program

For continuation of care for transfer cases whether they were or were not started by another NJFC/Medicaid provider, a prior authorization must be submitted to request the remaining treatment visits to continue a case with a maximum of twelve (12) per prior authorization to be considered. The following must be submitted with the prior authorization:

- A copy of the initial orthodontic case approval if applicable;
- Attestation from the referring or treating general dentist that preventive and dental treatment services have been completed;
- A copy of the orthodontic treatment notes if available from provider that started the case;
- Recent diagnostic photographs and/or panoramic radiographs and pre-treatment photographs and/or panoramic radiographs if available;
- The date when active treatment was started and the expected number of months for active treatment and retention with a maximum of 24 visits to be expected to treat a case with reimbursement for a maximum of thirty-six visits. This includes active and retention phase of treatment and is based on eligibility and age limit for the benefit; and,
- If re-banding is planned, a new treatment plan, estimated treatment time and documentation to support the treatment change.

A case in treatment cannot be denied if the patient is eligible for orthodontic coverage based on age.

Orthognathic Surgical Cases with Comprehensive Orthodontic Treatment

- The surgical consult, treatment plan and approval for surgical case must be included with the request for prior authorization of the orthodontic services;
- Prior authorization and documentation requirements are the same as those for comprehensive treatment and shall come from the treating orthodontist;
- The parent/guardian and patient should understand that loss of eligibility at any time during treatment will result in the loss of all benefits and payment by the NJFC/Medicaid program.

Orthodontic Treatment for Missing Teeth due to Agenesis or Post Extraction

Requests for orthodontic treatment associated with missing permanent teeth due to agenesis or loss of space post extraction will require documentation of medical necessity and supporting diagnostic materials and be considered on a case by case review.

Documentation for Completion of Comprehensive Cases – Final Records

Attestation of case completion must be submitted on the provider's letterhead to document that active treatment had a favorable outcome and that the case is ready for retention. Procedure code D8680, orthodontic retention shall be submitted on the visit to remove the bands and place the case in retention.

The following **must** be submitted:

- Pre-treatment and final diagnostic photographs and panoramic radiograph; and,
- Final diagnostic study models or diagnostic digital study models.

If this is not received, reimbursement provided may be recovered until required documentation is submitted.

Behavior Not Conducive to Favorable Treatment Outcomes

It is the expectation that the case selection process for orthodontic treatment take into consideration the patient's ability over the course of treatment to:

- Tolerate the treatment;
- Keep multiple appointments over several years;
- Maintain an oral hygiene regimen;
- Be cooperative and complete all needed preventive and treatment visits.

If it is determined that the patient is exhibiting non-compliant behavior such as: multiple missed orthodontic and general dental appointments, continued poor oral hygiene, and/or failure to maintain the appliances and/or untreated dental disease; a letter must be sent to the parent/guardian that documents the factors of concern and the corrective actions needed and that failure to comply can result in discontinuation of treatment with de-banding. A copy must be sent to the HMO. If the case is discontinued, the "Release from Treatment" form should be signed by parent/guardian. **The reimbursement for appliance placement includes their removal**, however prior authorization to allow reimbursement can be considered when removal is by a provider that did not start the case.

If you have questions, please contact the Bureau of Dental Services at 609-588-7136.

Instructions for Completing the New Jersey Orthodontic Evaluation HLD (NJ-Mod2) Index Form

The intent of the HLD (NJ-Mod2) Index is to measure the presence or absence and the degree of the handicap caused by the components to be scored with the index and NOT to diagnose “malocclusion”. Presence of conditions 1 through 6A or a score total equal to or greater than 26 qualifies for medical necessity exception.

GENERAL INFORMATION:

- **Only cases with permanent dentition will be considered (see comprehensive orthodontics for exception).**
- A Boley Gauge or disposable ruler scaled in millimeters should be used;
- The patient’s teeth are positioned in centric occlusion;
- All measurements are recorded and rounded off to the nearest millimeter (mm);
- For sections 1 to 6A and 15 an X is placed if the condition exists and no further scoring is needed;
- For sections 6B to 14, indicate the measurement or if a condition is absent, a 0 is entered;
- The use of an assistant to record the findings is recommended;
- **Diagnostic models are required** with submission of prior authorization. Casts must be properly poured, adequately trimmed without voids or bubbles and marked for centric occlusion, or
- **Diagnostic Digital models may be submitted** to show right and left lateral, frontal and posterior and maxillary and mandibular occlusal views to include view with measuring tool;
- **Diagnostic quality photographs** to show facial, frontal and profile, intra-oral front, left and right side, maxillary and mandibular occlusal views (minimum of seven views).

INSTRUCTIONS FOR FORM COMPLETION:

1. **Cleft Palate Deformity** – acceptable documentation must include at least one of the following: intraoral photographs of the palate, written consultation report by a qualified specialist or craniofacial panel. Score an X if present.
2. **Cranio-facial Anomaly** – acceptable documentation must include written report by qualified specialist or craniofacial panel and photographs. Score an X if present.
3. **Impacted Permanent Anterior Teeth** – demonstrate that anterior tooth or teeth (incisors and cuspids) is or are impacted (soft or hard tissue); not indicated for extraction and treatment planned to be brought into occlusion. Arch space available for correction. Score an X if present.
4. **Crossbite of Individual Anterior teeth** –demonstrate that anterior teeth or tooth (incisors and cuspids) is or are in crossbite resulting in occlusal trauma with excessive

wear, significant mobility or soft tissue damage. Score X if present. If these conditions do not exist it is to be considered an ectopic eruption.

5. **Severe Traumatic Deviation** – damage to skeletal and or soft tissue as a result of trauma or other gross pathology. Include written report and intraoral photographs. Score an X if present.
- 6A. **Overjet greater than 9mm or mandibular protrusion (reverse overjet) greater than 3.5** – Overjet is recorded with the patient’s teeth in centric occlusion and is measured from the labial of the lower incisors to the labial of the corresponding upper central incisors. This measurement should record the greatest distance between any one upper central incisor and its corresponding lower central or lateral incisor. If the overjet is greater than 9mm or mandibular protrusion (reverse overjet) is greater than 3.5mm, score an X if present.
- 6B. **Overjet equal to or less than 9mm** – overjet is recorded as in condition in 6A. The measurement is rounded to the nearest millimeter and entered on the score form.
7. **Overbite** – A pencil mark on the tooth indicating the extent of the overlap facilitates the measurement. It is measured and rounded off the nearest millimeter and entered on the score form. “Reverse” overbite may exist and should be measured and entered on the score form.
8. **Mandibular protrusion (reverse overjet) equal to or less than 3.5mm** – Mandibular protrusion (reverse overjet) is recorded as a condition in 6A and rounded to the nearest millimeter. Enter the score on the form and multiply it by five (5).
9. **Open Bite in millimeters** – This condition is defined as the absence of occlusal contact in the anterior region. It is measured from the incisal edge of a maxillary central incisor to the incisal edge of a corresponding mandibular incisor, in millimeters. Enter the measurement on the score form and multiply by four (4). If case is such that measurement is not possible, measurement can usually be estimated.
10. **Ectopic Eruption** – Count each tooth, excluding third molars. Each qualifying tooth must be more than 50% blocked out of the arch. Enter the number of qualifying teeth on the score form and multiply by three (3). If anterior crowding (see condition #11) also exists in the same arch, score the condition that scores the most points. **DO NOT COUNT BOTH CONDITIONS**. However, posterior ectopic teeth can still be counted separately from anterior crowding when they occur in the same arch.
11. **Deep Impinging Overbite** – destruction of soft tissue on palate is present. Submit intraoral photographs of tissue damage/impingement. The presence of deep impinging overbite is indicated by a score of three (3) on the score form.
12. **Anterior Crowding** – Arch length insufficiency must exceed 3.5mm. Mild rotations are not to be scored as crowded. Score one (1) for a crowded maxillary arch and/or one for a

crowded mandibular arch. Enter the total on the score form and multiply by five (5). If ectopic eruption exists in the anterior region of the same arch, count the condition that scores the most points. **DO NOT COUNT BOTH CONDITIONS.** However, posterior ectopic teeth can still be counted separately from anterior crowding when they occur in the same arch.

13. **Labio-Lingual Spread** – A Boley Gauge (or disposable ruler) is used to determine the extent of deviation from a normal arch. Where there is only a protruded or lingually displaced anterior tooth, the measurement should be made from the incisal edge of that tooth to the normal arch line. Otherwise, the total distance between the most protruded anterior tooth and the most lingually displaced adjacent anterior tooth is measured. In the event that multiple anterior crowding of teeth is observed, all deviations from the normal arch should be measured for the labio-lingual spread, but only the most severe individual measurement should be entered on the score form.
14. **Posterior Unilateral Crossbite** – This condition involves two or more adjacent teeth, one of which must be a molar. The crossbite must be one in which the maxillary posterior teeth involved may either be both palatal or both completely buccal in relation to the mandibular posterior teeth. The presence of posterior unilateral crossbite is indicated by a score of four (4) on the score form. **NO ADDITIONAL SCORE FOR BI-LATERAL CROSSBITE.**
15. **Psychological factors affecting child’s development** – This condition requires detailed documentation by a **mental health provider** as described in the managed care contract that contains the psychological or psychiatric diagnosis, treatment history and prognosis. An attestation from the mental health provider must state and substantiate that orthodontic correction will result in a favorable prognosis of the mental/psychological condition.

NJ ORTHODONTIC ASSESSMENT TOOL - HLD (NJ-Mod2)

****All needed preventive and dental treatment must be completed – attach attestation****

Name: _____ Medicaid ID # _____
 Age: _____ Sex: M / F Class/Type of Case: _____
 Treatment: Comprehensive / Interceptive Name of General Dentist: _____
 Name of orthodontist: _____ Billing Provider #: _____

Notes: Follow instructions for completing form found in newsletter. Conditions 1-6A are automatically qualifying conditions and need no further scoring. Indicate with an X when the conditions in 1-6A or 15 are present. Conditions 6B-14 must total 26 or more.

	Condition	Score
1.	Cleft palate deformity (attach description from credentialed specialist)	
2.	Cranio-facial Anomaly (attach description from credentialed specialist)	
3.	Impacted permanent anteriors where extraction is not indicated Note the number of teeth	
4.	Crossbite of individual anterior teeth	
5.	Severe traumatic deviations	
6A.	Overjet greater than 9 mm with incompetent lips or reverse overjet greater than 3.5 mm	
6B.	Overjet (mm)	
7.	Overbite (mm)	
8.	Mandibular protrusion (mm) x 5	
9.	Open bite (mm) x 4	
10.	Ectopic eruption (# of teeth x 3)	
11.	Deep impinging overbite (intra-oral photos that demonstrate palatal soft tissue impingement/destruction are required) Score 3 points if present	
12.	Anterior crowding MX _____ MD _____ Total _____ x 5 (score 1 per arch)	
13.	Labiolingual spread (mm)	
14.	Posterior unilateral crossbite (involving molar): Score 4 if present	
15.	Psychological factors affecting development (“X” requires detailed documentation by mental health provider as described per contract of psychological/psychiatric diagnosis, prognosis and that orthodontic correction will improve mental/psychological condition.)	
	TOTAL	

Medical exceptions with score total less than 26 (check one)
 ___ Dental diagnosis ___ Medical diagnosis ___ Clinical significance or functional impairment

For consultant use only:

APPROVED EXCEPTION DENIED