



State of New Jersey
Department of Human Services
Division of Medical Assistance & Health Services

NEWSLETTER

Volume 20 No. 14

August 2010

TO: Dentists and Federally Qualified Health Centers – **For Action**
Health Maintenance Organizations – **For Information only**

SUBJECT: Revisions to Criteria for Orthodontic Treatment in the Fee For
Service Medicaid Program

EFFECTIVE: July 1, 2010

PURPOSE: To advise dental providers that the Division of Medical Assistance and Health Services has revised the requirements and criteria for determining approval for orthodontic services.

BACKGROUND: The NJ Family/Care Medicaid program has revised the criteria for orthodontic services for children. In order to qualify for orthodontic services, medical exemption must be met by demonstrating functional difficulties in speech and mastication, such as cases involving developmental anomalies of facial bones, results of facial trauma or birth defects causing functional difficulties. **If prior authorization was given, but extractions were not provided or banding did not occur by July 1, 2010, the case must be resubmitted for evaluation based on the new criteria.**

ACTION: Many orthodontic services will only be approved to an orthodontist or pediatric dentist when the treatment criteria are met. **All orthodontic services will require prior authorization.**

These services will include:

- Minor Treatment to control harmful habits;
- Comprehensive orthodontic treatment ;
- Limited and Interceptive orthodontic treatment whether they are definitive service or part of a planned comprehensive case;
- Replacements of lost or broken retainers; and,
- Rebonding, recementing and/or repairs of fixed retainers.

Pre-orthodontic treatment visit D8660 (for work up, evaluation and assessment) must be approved and the active treatment started prior to the 18th birthday with the orthodontic benefit ending at the age of 21 or when eligibility is lost.

For Comprehensive Orthodontic Treatment:

- Approval for orthodontic work up and assessment for comprehensive orthodontic treatment will only be considered for the permanent dentition. The point score is secondary to the skeletal and oral malformation and defect resulting in the functional difficulties;
- The maximum treatment reimbursable including retention is thirty-six (36) treatment visits;
- Reimbursement for comprehensive orthodontic treatment includes removal and retention as required at no additional charge;
- A written and signed attestation by the treating provider that the comprehensive orthodontic treatment plan has been completed, must be submitted upon case completion to The Bureau of Dental Services, P.O. Box 713, Trenton, NJ 08625-0713.

As of July 1, 2010, The HLD (NJ-Mod) index will be used as an assessment tool and not the Definition and Criteria for Handicapping Malocclusion Permanent Dentition Form (FD-10). The new HLD form for New Jersey and instructions are attached.

Prior Authorization of Pre Orthodontic treatment visit (D8660) and the related Orthodontic Treatment

The following shall be submitted with the prior authorization request for the comprehensive orthodontic case:

1. Dental diagnosis, and a comprehensive medical and dental treatment summary;
2. Medical diagnosis to include Medical ICD-9 diagnosis codes;
3. The completed HLD (NJ-Mod) Index for comprehensive orthodontic treatment requests;
4. Diagnostic models or digital models;
5. Quality photographs;
6. X-rays, digital x-rays or cephalometric film with tracing (when applicable); and,
7. A narrative describing clinical findings affecting mastication and speech;
8. A narrative describing on extenuating circumstances from a health care professional to demonstrate medical necessity when applicable.

New Prior Authorization for Orthodontic Services:

- Prior authorization for pre-orthodontic treatment visit and comprehensive treatment must be submitted together and include a maximum of twelve (12) treatment visits.
- Additional treatment visits require evaluation of case progression. A prior authorization form for the remaining expected visits must be submitted along with the treatment notes to demonstrate case progression.
- Approval for interceptive orthodontic services (D8050 and D8060) will include approval for the appliance and the treatment visits.

Prior Authorization for Orthodontic Services in progress:

For cases currently in treatment a prior authorization must be submitted to request the remaining treatment visits. It is advisable that these remaining orthodontic treatment visits be submitted for prior authorization as soon as possible. As a reminder, all prior authorizations are active three months prior to the date of review and one year after. This prior authorization request for remaining treatment visits must include:

- A copy of the orthodontic treatment notes;
- Expected number of months for active treatment and retention; and,
- The completed pre treatment Handicapping Malocclusion Assessment form scored prior to start of active treatment.

If you have any questions concerning this Newsletter, please contact Molina Medicaid Solutions Provider Relations at 800-776-6334.

RETAIN THIS NEWSLETTER FOR FUTURE REFERENCE

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

The intent of the HLD (NJ-Mod) 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 exception.

GENERAL INFORMATION:

- **Only cases with permanent dentition will be considered.**
- 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 X is placed if the condition exists and no further scoring is needed;
- For sections 6B to 13, 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. They must be properly poured, adequately trimmed without voids or bubbles and marked for centric occlusion.
- **Digital models** to show right and left lateral, frontal and posterior and maxillary and mandibular occlusal views;
- **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. Deep Impinging Overbite** – destruction of soft tissue on palate is present. Submit intraoral photographs of tissue damage. Score an X if present.
- 4. Crossbite of Individual Anterior teeth** – Score an X if present.
- 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 score form.
- 8. Mandibular protrusion (reverse overjet) equal to or less than 3.5 mm** – 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. Count **ONLY** one tooth. 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. Anterior Crowding – Arch length insufficiency must exceed 3.5 mm. 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 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.

12. 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.

13. 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.**

NEW JERSEY ORTHODONTIC EVALUATION

Derived from California Modification of the Handicapping Labiolingual Deviation
HLD (NJ-Mod) Index

Name: _____ Medicaid ID # _____

Age: _____ Sex: M / F Class/Type of Case: _____

Treatment: Comprehensive / Interceptive

Provider Name: _____ Medicaid Billing Provider #: _____

Notes: Follow instructions for completing form. Conditions 1-6A are automatically qualifying conditions and need no further scoring. Indicate with an "X" when condition is present. Conditions 6B-13 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.	Deep impinging overbite (resulting in destruction of soft tissue of the palate)	
4.	Crossbite of individual anterior teeth (when soft tissue destruction is present)	
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.	Anterior crowding MX_____ MD_____ Total_____ (mm) x 5	
12.	Labiolingual spread (mm)	
13.	Posterior unilateral crossbite (involving molar): Score 4 if present	
	TOTAL	

- Medical exceptions (score totals less than 26)
1. Dental diagnosis, prognosis and comprehensive medical/dental treatment summary.
 2. Medical diagnosis
 3. Clinical significance or functions impairment to speech and mastication

For consultant use only:

APPROVED

EXCEPTION

DENIED