

IHCP *bulletin*

INDIANA HEALTH COVERAGE PROGRAMS BT201778 DECEMBER 5, 2017

Indiana Health Coverage Programs (IHCP) Bulletin [BT201769](#) published October 24, 2017, with information on the topic addressed in this bulletin. Some content in the previous bulletin, however, was not clearly stated, possibly leading to confusion on the part of providers. This bulletin is published to replace the previous bulletin to add clarity. The policies and effective dates of the previous bulletin are not changed by this replacement bulletin. Providers should consider [BT201769](#) obsolete and refer to this bulletin in its stead.

IHCP revises PA criteria for orthodontic services and allows for phased treatment

The Indiana Health Coverage Programs (IHCP) covers orthodontic services for members 20 years of age or younger only for cases of craniofacial deformities, whether congenital or acquired. Prior authorization (PA) is required for all orthodontic services. PA requests for orthodontic services are submitted on the *Indiana Health Coverage Programs Prior Authorization Request Form* (universal PA form), available on the [Forms](#) page at indianamedicaid.com; do not submit requests on the *IHCP Prior Review and Authorization Dental Request Form*.



Effective November 27, 2017, the IHCP will use revised medical necessity and PA criteria for coverage of orthodontic services. IHCP policy will also expand allowances and definitions for phased orthodontic treatment. These changes will apply to dates of service (DOS) on or after November 27, 2017.

Medical necessity/PA criteria

The IHCP will adopt the criteria established by the American Association of Orthodontists (AAO) for determining medical necessity for orthodontic treatment. PA requests for DOS on or after November 27, 2017, must document medical necessity based on AAO criteria.

Members meet the criteria for medical necessity for orthodontic care when it is part of a case involving treatment of craniofacial anomalies, malocclusion caused as the result of trauma, or a severe malocclusion or craniofacial disharmony that includes, but is not limited to:

- Overjet equal to or greater than 9 mm
- Reverse overjet equal to or greater than 3.5 mm
- Posterior crossbite with no functional occlusal contact
- Lateral or anterior open bite equal to or greater than 4 mm

- Impinging overbite with either palatal trauma or mandibular anterior gingival trauma
- One or more impacted teeth with eruption that is impeded (excluding third molars)
- Defects of cleft lip and palate or other craniofacial anomalies or trauma
- Congenitally missing teeth (extensive hypodontia) of at least one tooth per quadrant (excluding third molars)

The member's diagnosis must include information descriptive of facial and soft tissue, skeletal, dental/occlusal, functional, and applicable medical or other conditions. Diagnostic records required to establish medical necessity include:

- Panoramic radiograph
- Cephalometric radiograph
- Intraoral and extraoral photographs

Members with malocclusions associated with a craniofacial anomaly must be diagnosed by a member of a craniofacial anomalies team recognized and endorsed by the American Cleft Palate-Craniofacial Association (ACPA), presumably an orthodontist, and treated by an orthodontist who may or may not be a member of a recognized craniofacial anomalies team. Members with malocclusions *not* associated with a craniofacial anomaly could be diagnosed and treated by an orthodontist who may or may not be a member of a recognized craniofacial anomalies team. The treating provider is not required to be associated with a recognized craniofacial anomalies team.

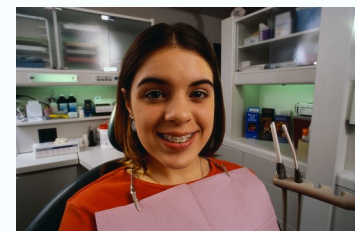
Covered orthodontic treatments

The IHCP allows the following orthodontic treatments, including phased treatments, as defined below.

- **Limited orthodontic treatment** is defined as “orthodontic treatment with a limited objective, not involving the entire dentition.” It may be directed at the only existing problem, or at only one aspect of a larger problem in which a decision is made to defer or forego more comprehensive treatment. There is a code for limited treatment in each of the four stages of dental development. An example might be treatment to aid in the alignment of one tooth or closing a space. **The IHCP does not accept limited orthodontic treatment as part of a multiphased treatment plan, as these codes indicate a specific, limited objective.** Limited orthodontic treatment codes are as follows:

- D8010 – *Limited orthodontic treatment of the primary dentition*
- D8020 – *Limited orthodontic treatment of the transitional dentition*
- D8030 – *Limited orthodontic treatment of the adolescent dentition*
- D8040 – *Limited orthodontic treatment of the adult dentition*

- **Interceptive orthodontic treatment** is defined as treatment for procedures to lessen the severity or future effects of a malformation and to eliminate its cause. It can be considered an extension of preventive orthodontics that may include localized tooth movement. Such treatment may occur in the primary or transitional dentition. An example might be use of a palatal expander to correct a



damaging one-sided crossbite. Interceptive orthodontic treatment codes are as follows:

- D8050 – *Interceptive orthodontic treatment of the primary dentition*
- D8060 – *Interceptive orthodontic treatment of the transitional dentition*

■ **Comprehensive orthodontic treatment** is the treatment of the dentition as a whole. Treatment usually, but not always, uses fixed orthodontic appliances or braces. The comprehensive treatment codes include appliances, retainers, and repair or replacement of retainers; these codes may not be billed separately if comprehensive treatment is rendered. Comprehensive orthodontics may incorporate treatment phases focusing on specific objectives at various stages of dentofacial development. Comprehensive orthodontic treatment codes are as follows:

- D8070 – *Comprehensive orthodontic treatment of the transitional dentition*
- D8080 – *Comprehensive orthodontic treatment of the adolescent dentition*
- D8090 – *Comprehensive orthodontic treatment of the adult dentition*

■ **Phased orthodontic treatment:**

The IHCP allows for phased orthodontic treatment, based on the following guidelines, for DOS on or after November 27, 2017. Orthodontic treatment may incorporate more than one phase of treatment, with specific objectives at various stages of dentofacial development. For example, the use of an expander, partial fixed appliances, and a headgear may be stage one of a two-stage treatment. In this situation, placement of full-arch fixed appliances generally will be stage two of a two-stage phased treatment plan.



The IHCP accepts PA requests for phased orthodontic treatment. The provider must submit

a step-by-step treatment plan with the treatment phase and length of treatment specified. One PA is issued per phase of treatment. The PA lasts for the length of treatment specified. PA requests for limited, interceptive, or comprehensive orthodontic treatment are reviewed on a case-by-case basis. A PA request for removable or fixed-appliance therapy must show that the patient meets the criteria outlined in this policy and has a harmful habit in need of correction.

When providing multiphased treatment, the IHCP does not accept limited orthodontic treatment codes as part of the treatment plan. By definition, limited orthodontic treatment has a specific, limited objective and is not part of a multiphased treatment approach. Interceptive orthodontic treatment codes should be billed as the first phase of a multiphased treatment plan and should set the stage for future phases of comprehensive care. Orthodontic treatment plans should use comprehensive orthodontic treatment codes as the second phase of a multiphase treatment plan and will account for the remaining duration of the orthodontic treatment.

When billing for multiple phases of orthodontic treatment, use the following guidance:

- **Phase 1** – Providers should use the most appropriate interceptive orthodontic treatment code (D8050 or D8060).
- **Phase 2** – Providers should use the most appropriate comprehensive orthodontic treatment code (D8070, D8080, or D8090).

The IHCP will reimburse for a maximum of two phases of orthodontic treatment: a maximum of one interceptive phase and a maximum of one comprehensive phase. All requests for PA must include detail on time frames and the expectations of both phases of treatment.



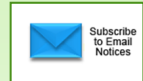
Coverage information will be reflected in updates to the [Dental Services](#) provider reference module and the [Professional Fee Schedule](#) at indianamedicaid.com. Reimbursement, PA, and billing information apply to services delivered under the fee-for-service (FFS) delivery system. Questions about FFS PA should be directed to Cooperative Managed Care Services (CMCS) at 1-800-269-5720. Individual managed care entities (MCEs) establish and publish reimbursement, PA, and billing information within the managed care delivery system. Questions about managed care billing and PA should be directed to the MCE with which the member is enrolled.

QUESTIONS?

If you have questions about this publication, please contact Customer Assistance at 1-800-457-4584.

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