

SUBJECT: Orthodontic Services

A. POLICY STATEMENT

State and/or federal funds will be used for orthodontic treatment required for satisfactory correction of functional impairment resulting from craniofacial anomalies.

B. DEFINITIONS

1. **Adolescent dentition:** Teeth present after the normal loss of primary teeth, and prior to cessation of growth that would affect orthodontic treatment; and
2. **Comprehensive orthodontic treatment** is definitive treatment to correct problem malocclusion. This treatment usually:
 - a. Begins with transitional or adolescent dentition;
 - b. Require adjunctive procedures (e.g., extractions; maxillofacial, nasopharyngeal, or orthognathic surgery, restorative, or periodontal care);
 - c. Incorporate use of appliances or procedures that might also be used in interceptive treatment, (such procedures are not considered “interceptive” when used in context of comprehensive treatment).
3. **Craniofacial surgery** is a subspecialty of maxillofacial surgery, plastic surgery, and ENT to reduce or eliminate congenital and acquired deformities of the skull, face, and jaws through manipulation of bone, skin, muscle, and/or teeth (but not the brain or eye).
4. **Limited orthodontic treatment** of the primary or transitional dentition is completed to eliminate underlying cause(s) of functional impairment, lessen severity of the malformation, and/or reduce complexity of future comprehensive therapy.
5. **Oral and maxillofacial surgery** is performed by dental specialists with training in medicine and dentistry to treat congenital or acquired defects of hard and soft tissues of the head, mouth, teeth, gums, jaws and neck, including congenital craniofacial malformations (e.g. cleft lip and palate) and cranial vault malformations.

Interventions include, but are not limited to, removal of impacted teeth, difficult tooth extractions, bone grafting, pre-prosthetic surgery (to provide better anatomy for the placement of dental prostheses), orthognathic surgery, and maxillo-mandibular advancement.
6. **Orthognathic (“jaw”) surgery** is performed by oral and maxillofacial surgeons, or craniofacial surgeons in collaboration with an orthodontist for modifying or repositioning bones and other structures in upper and/or lower jaw to achieve realignment required to reduce or eliminate malocclusion (relationship of upper to lower jaw). Orthognathic surgery is often needed after reconstruction of cleft palate or other major craniofacial anomalies. It usually involves braces before and after surgery and retainers after the final removal of braces.
7. **Transitional dentition:** Final phase of the transition from primary to adult teeth, in which the deciduous molars and canines are in the process of shedding, and permanent teeth are emerging.

8. **Satisfactory outcome** means correction or improvement of functional impairment with acceptable aesthetic appearance.

C. STANDARDS

1. Eligibility requirements for orthodontic services

- a. US citizenship or lawful permanent residency;
- b. South Carolina residency;
- c. Before the 16th birthday at time application is reviewed;
- d. Verified household income at or below 250% of federal poverty guidelines and enrolled in no other system of care such as Medicaid or Medicaid HMO;
- e. Medically documented craniofacial anomaly affecting skeletal and functional development including any of the following: amelogenesis imperfecta; Apert syndrome; cleft lip and/or palate; cleidocranial dysostosis; condylar aplasia; Crouzon syndrome; dental aplasia > 2 teeth; Fragile X syndrome; hemifacial microsomia; Pierre Robin sequence; or Treacher Collins syndrome.

Orthodontic treatment will be approved for these diagnoses or others associated with similar impairment upon request of treating orthodontist who has verified the condition. Any condition not listed above would need to be reviewed/approved by CYSHCN Program office using Special Request Form ([DHEC 0758](#)).

2. Covered services

- a. Orthodontist services and codes included in the [orthodontic fee schedule](#) as needed to achieve satisfactory correction of functional impairment.
- b. General dentistry or other in-office procedures as recommended by orthodontist for active clients.
- c. Surgical intervention (outpatient, ambulatory surgical center, or inpatient) when needed in conjunction with approved orthodontic treatment and included on orthodontic plan of care ([DHEC 0911](#)).
- d. Continuation of orthodontic treatment initiated prior to CYSHCN orthodontic eligibility determination, if applicant meets clinical requirements based on current findings or documentation of status before or during previous orthodontic treatment. Orthodontist must submit supporting documentation: Orthodontic Plan of Care ([DHEC 0911](#)), pictures, and documentation of medical diagnosis of craniofacial anomaly

3. Non-covered orthodontic services

- a. Costs associated with completion of orthodontic referral form and/or preparation of supporting documentation;
- b. Dental implants; and
- c. Services provided without applicable prior authorization.

4. Treating orthodontists must:

- a. Be licensed to practice orthodontics in SC (or site of service delivery);

- b. Have SC vendor number (required for Department of Finance payment);
 - c. Agree to guidelines in [Appendix 11](#).
5. Program services will be terminated for nonadherence with treatment regimen when treating orthodontist and assigned care coordinator determine that client nonadherence has or will reduce effectiveness of services, or a provider has ceased treatment for nonadherence. Client closed for nonadherence is not eligible to reapply.
6. Review of requests for services and eligibility determination will be completed by the regional CYSHCN office.

D. GENERAL PROCEDURES

1. Orthodontist completes the Services Request Form ([DHEC 4290](#)) and orthodontic plan of care ([DHEC 0911](#)) and sends to regional CYSHCN office with supporting documentation.
2. Regional CYSHCN office:
 - a. Verifies that applicants meet CRS enrollment and income eligibility, age, and qualifying diagnosis requirements to orthodontic services.
 - b. Obtains agency-required consents and permissions.
 - c. Completes the Financial Assistance Eligibility Determination Form ([DHEC 0936](#)), CSHCN Intake Form ([DHEC 0935](#)), CYSHCN Assessment of Family Strengths and Needs ([DHEC 3454](#)), CYSHCN Client/Family Responsibilities ([DHEC 3150](#)), and CYSHCN Care Plan ([DHEC 3449](#)).
 - d. Create a health record and send letter of approval or denial to client and provider.
3. Upon approval, the care coordinator (or designee) will:
 - a. Issue authorization(s) for covered services required in conjunction with orthodontic treatment (i.e., by providers other than the treating orthodontist) based on orthodontist recommendations and treatment plan.
 - b. Complete annual update per the [Care Coordination Services](#) policy.
 - c. Contact treating orthodontist or office staff during annual update to review client's progress and provide assistance as needed.
4. Income changes during approved orthodontic treatment
If household income rises above threshold for orthodontic program participation during the course of treatment, regional office will consult with Central Office for review to continue services. If household income falls below 208% of [federal poverty guidelines](#) after orthodontic program services have been approved, potentially eligible clients should be instructed to apply for Medicaid within 60 days in order to conserve limited CYSHCN funds.

E. AUTHORIZATION PROCEDURES

1. Initial treatment visit

Upon approval for orthodontic treatment (or direction from appropriate staff member): Prepare authorization for treating orthodontist for initial orthodontic treatment visit using following codes:

- a. Limited interceptive treatment visit (D8020)
- b. Comprehensive visit code depends on stage of dentition
 1. Transitional dentition (D8070)
 2. Adolescent dentition (D8080)

Use D8080 as default code if dentition information is not available when authorization is prepared.
- c. Include authorization for habit appliances (D8220) with initial visit authorization if requested. Orthodontist may also request later if not applied during initial visit.

2. Periodic office visits (D8670)

Create and issue a periodic authorization at midpoint of treatment for limited treatment, or at the 1/3 and 2/3 points for comprehensive treatment.

3. Orthodontic retention (D8680)

The date of service for orthodontic retention signals the end of limited or comprehensive treatment. Request approximate date for completion of interceptive or comprehensive treatment from orthodontist office before final authorization for periodic visits or based on treatment plan on file. Prepare and send authorization in time for orthodontist to receive it at least 5 working days prior to anticipated date of service for orthodontic retention.

4. Comprehensive treatment following limited treatment

Limited treatment will be approved, when necessary, prior to comprehensive treatment. Limited treatment ends with date of service for orthodontic retention. Client is then closed to the CYSHCN Orthodontia Program.

Comprehensive treatment may be authorized following completion of limited treatment as requested by the orthodontist. The CYSHCN Services Request Form ([DHEC 4290](#)), Orthodontic Plan of Care ([DHEC 0911](#)), and photos must be submitted to the regional office for approval of comprehensive.

5. Replacement Retainer (D8703 and D8704)

Replacement retainers may be authorized upon orthodontist request up to one year after retention. One replacement retainer per arch may be authorized.

F. TERMINATION PROCEDURES

1. When there is need to terminate services prior to completion of the approved course of treatment, or care coordinator has been notified by the treating provider of nonadherence: Care coordinator (or designee) will document nonadherence findings and actions taken in DHEC health record.
2. Termination of services will be considered whenever the treating orthodontist and care coordinator determine that further action will not result in improved adherence.

3. Termination notice will include reason for termination, instructions to family and treating orthodontist regarding appliance removal and final billing and notice that client not eligible for future CYSHCN orthodontic services.

Appliances will be removed as soon as possible, and no later than three months from notice of service termination letter. DHEC will reimburse the treating orthodontist for removal of appliances within three months of the date on termination notice sent to the family. After that date, the family is responsible for cost of appliance removal unless alternate arrangements are approved by CYSHCN Central Office.

4. Client will be closed to “orthodontic program” in CARES on the date that all appliances are removed, or three months after date on termination notice, whichever comes first.
5. For clients who are not in active treatment, and whom care coordinators have been unable to contact for annual update or financial eligibility, regional staff will close.
6. If a client has received no services in three years, verification of treatment status should be obtained, and client should be closed per agency policy.

Date of Approval: 3/1/2001

Revision Dates: 2/24/2004, 9/29/2011, 4/1/2014, 4/1/2019

Revisions 3/25/2022:

Replaced “interceptive treatment” with “limited treatment” throughout policy.

Removed all Medicaid reference related procedures.

Revised Definitions to align with current practice.

Removed “Orthodontic Referral Form (DHEC 0762)” throughout policy.

Removed Orthodontic Consultant responsibilities and central office responsibilities.

Standards 1. F. listed craniofacial anomalies for eligible diagnoses.

D. Procedures 2.c. Added form to be completed on enrollment.

D. Procedures 2. D. Added the creation of a health record.

E. Procedures- removed Central Office Responsibilities

E. Procedures 2. Revised Periodic Office Visits.

E. Procedures 5. Revised replacement retainer description.