



MaineCare Services
An Office of the
Department of Health and Human Services

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Department of Health and Human Services
MaineCare Services
Prior Authorization Unit
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TTY: 1-800-423-4331

Provider Instructions for requesting Orthodontic Procedures

Policy: Chapter III, Section 25.03-8 (<http://www.maine.gov/sos/cec/rules/10/ch101.htm>)

Fax or mail request, please do not do both.

**Please allow up to 30 calendar days from the date the request is received in the
Prior Authorization Unit to review and make a decision.**

Orthodontic Services are restricted to eligible members under age 21 and requires prior approval.

Covered Services:

Limited and Interceptive Orthodontics (not comprehensive)

1. Limited: treatment with a limited objective, not involving the entire dentition. Providers may direct treatment only at the existing problem, or at only one aspect of a larger problem in which a decision is made to defer or forego more comprehensive therapy.
2. Interceptive: is indicated for procedures to lessen the severity or future effects of a malformation, eliminate its cause, and may include localized tooth movement. Such treatment may occur in the primary or transitional dentition and may include such procedures as the redirection of ectopically erupting teeth, correction of isolated dental crossbite or recovery of recent minor space loss where overall space is adequate.
3. Prior approval for limited and interceptive orthodontics *does not* require the submission of an Handicapping Labiolingual Deviation (HLD) index report, requests must include:
 - a. a description of the problem
 - b. a description of the appliance
 - c. a treatment plan for this problem including the number of treatments and total visits
 - d. the provider's usual and customary fee
 - e. the submission of models
 - f. panoramic films (upon Department request only)
4. Reimbursement for limited and interceptive orthodontics:
 - a. for fixed or removable appliance therapy, one time reimbursement includes the appliance, the placement of the appliance, all active treatment visits, and all the follow up visits even if the member becomes ineligible or reaches 21.
 - b. Retainer is lost or broken beyond repair, the Department will reimburse the provider the adjusted acquisition cost of the appliance and an additional fee to cover the cost of the impression and bite registration materials. The laboratory invoice should include:
 1. the provider's name

2. the member's name
 3. the name or a short description of the appliance constructed
 4. the cost of fabrication of the appliance
 5. the date of the fabrication of the appliance.
- c. A provider who normally utilizes an "in house" laboratory for the fabrication of custom-made appliances may submit a statement of the cost of the appliance in lieu of the laboratory invoice noted above.

Comprehensive Orthodontics

Needs prior approval, the condition must be extreme and if left untreated, would become an acute dental problem and/or cause irreversible damage to the teeth or supporting structures. The MaineCare Handicapping Labiolingual Deviation (HLD) Index Report is to be utilized by dentists to determine the extent of the malocclusion.

Orthodontic Consultation/Evaluation

- d. eligible member is determined to possess a malocclusion, the attending dentist *must* fill in the HLD Index Report.
- e. When a member scores less than 26 points, the attending dentist must determine if there are other conditions present, such as clefts, occlusal interferences, functional jaw limitations, facial asymmetry, speech impairment, severe maxillary, mandibular, or bi-maxillary protrusion, or other physical deviations. The dentist must also identify whether there are any indications of potential impairment of mood and/or conduct that may result from emotional distress related to the malocclusion.
- f. If no other conditions exist and the member scores less than 26 points on the HLD Index Report, the attending dentist must inform the member that he or she does not qualify for MaineCare coverage for orthodontic treatment.
- g. **Prior authorization will be expedited** for those HLD Index Reports that meet the qualifying criteria and indicate the presence of cleft palate deformities, a deep impinging overbite, individual anterior teeth crossbite, severe traumatic deviations or an overjet greater than 9 millimeters. When a member scores 26 or more points on the HLD Index Report (or there are other conditions as noted above) the attending dentist must submit the following information for prior authorization:
 1. **Handicapping Labiolingual Deviation Index Report**
 2. **the diagnosis**
 3. **a panoramic x-ray (when indicated) and cephalometric radiographs with a tracing (when orthognathic surgery is anticipated)**
 4. **diagnostic casts**
 5. **the preparation of a written comprehensive orthodontic treatment plan including the appliances to be utilized, records, number of visits and the length of retention necessary**
 6. **information regarding possible orthognathic surgery**
 7. **a list of any medical or dental treatment necessary to complete the orthodontic treatment (e.g. extractions, gingivectomy, or orthognathic surgery)**
 8. **the provider's usual and customary fees for the case**
- h. The professional reviewer at the Office of MaineCare Services will examine the HLD Index Report for accuracy and completeness. The professional reviewer will do one of the following:
 1. return the form to the dentist for additional information or

- 2. authorize the orthodontic services or
- 3. deny authorization for orthodontic services.
- i. The dentist may request separate reimbursement, without prior approval, for each of the following: the pre-orthodontic treatment visit that includes the completion of the HLD Index Report, preparation of the diagnostic casts, panoramic films (if performed), treatment plan and records.

PA Criteria for Orthodontic Procedures:

- Restricted to eligible members under age twenty-one (21).

Request will be Deferred (need additional information) when:

- Handicapping Labiolingual Deviation (HLD) Index Report was not included.
- Models were not sent.
- X rays were not sent.
- There is insufficient documentation of the clinical criteria listed above and medical necessity cannot be established by the Department.

Request will be Denied when:

- Requested/Deferred information was not received within 30 days.
- Malocclusion score was under 26.

Providers please note:

- for a **pre-treatment estimate/prior authorization request**, mail to:

Department of Health & Human Services
MaineCare Services
Attn: Prior Authorization Unit
11 State House Station
Augusta, ME 04333

- for submitting **paper claims**, mail to:

MaineCare Claims Processing
M-600
Augusta, ME 04332

- for submitting **adjusted claims**, mail to:

MaineCare Adjustments
M-1300
Augusta, ME 04332