



Division of Medical Services
Program Development & Quality Assurance

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TO: Arkansas Medicaid Health Care Providers – Dental
DATE: August 1, 2013
SUBJECT: Provider Manual Update Transmittal DENTAL-3-13

Table with 4 columns: REMOVE Section, REMOVE Date, INSERT Section, INSERT Date. Lists updates for sections 219.200, 226.000, 226.100, 226.110, 226.200, 226.300, 226.310, 226.400, 226.410, 226.500, 226.600, 226.610, and 226.700.

Explanation of Updates

Section 219.200 is updated to add annual limits to amalgam and composite restorations.
Section 226.000 is updated to reflect policy changes for Orthodontics.
Section 226.100 is a new section outlining requirements for comprehensive orthodontic treatment.
Section 226.110 is a new section outlining the included services for comprehensive orthodontic treatment.
Section 226.200 is a new section outlining criteria for the limited treatment of eligible orthodontics beneficiaries (under 21 years of age).
Section 226.300 is a new section explaining the potential orthodontic beneficiary's candidacy for treatment and beneficiary's responsibility for ancillary services.
Section 226.310 is a new section explaining orthodontic records requirements for reimbursement.
Section 226.400 is a new section providing information on forms and submission options for prior authorization for orthodontics.
Section 226.410 is a new section confirming dentist's responsibility for checking beneficiary eligibility for orthodontic services.
Section 226.500 is a new section regarding proof of orthodontic service prior to reimbursement.

Section 226.600 is added for conditions and requirements of orthodontics beneficiary transfer from another state.

Section 226.610 is added to outline acceptable reasons for premature removal of an orthodontic appliance.

Section 226.700 is added to define which beneficiary records must be retained by providers of orthodontic services and how long the records must be retained.

The paper version of this update transmittal includes revised pages that may be filed in your provider manual. See Section I for instructions on updating the paper version of the manual. For electronic versions, these changes have already been incorporated.

If you have questions regarding this transmittal, please contact the HP Enterprise Services Provider Assistance Center at 1-800-457-4454 (Toll-Free) within Arkansas or locally and Out-of-State at (501) 376-2211.

If you need this material in an alternative format, such as large print, please contact the Program Development and Quality Assurance Unit at 501-320-6429.

Arkansas Medicaid provider manuals (including update transmittals), official notices, notices of rule making and remittance advice (RA) messages are available for downloading from the Arkansas Medicaid website: [www.medicaid.state.ar.us](http://www.medicaid.state.ar.us).

Thank you for your participation in the Arkansas Medicaid Program.

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Andrew Allison, PhD  
Director

**TOC required****219.200 Composite Resin Restorations 8-1-13**

Composite-resin restorations may be performed for anterior teeth for beneficiaries of all ages. Four or more surface composite-resin restorations require prior authorization. When submitting a claim for composite restorations, the tooth number(s) and all surfaces to be restored must be indicated on the same line with appropriate code and provider fee. **If a provider chooses to do posterior composites, reimbursement will be given at the amalgam reimbursement rate.** See Sections 262.100 and 262.200 for applicable procedure codes.

Only one amalgam or composite restoration per surface is allowed every 2 years.

**226.000 Orthodontics 8-1-13**

Medically necessary orthodontic procedures are covered services, but require prior approval. **ARKids First-B does not cover orthodontic treatment, nor is orthodontic treatment available for beneficiaries age 21 and over.**

Orthodontics is only approved for the **most severe** malocclusions. Assessment of the most severe malocclusion is determined by the magnitude of the following variables: degree of malalignment, missing/impacted teeth, overjet, overbite, openbite and crossbite.

Because a case must be severe to be accepted for orthodontic treatment, beneficiaries whose molars and bicusps are in good occlusion seldom qualify. Crowding or spacing alone does not qualify. Arkansas Medicaid does not cover orthodontic services primarily for cosmetic purposes.

The Handicapping Labio-Lingual Deviation (HLD) Index is used to determine the eligibility for orthodontic services. The Form DMS-32-0 must be completely filled out and submitted along with diagnostic records. [View or print Form DMS-32-0.](#)

**226.100 Comprehensive Orthodontic Treatment 8-1-13**

The following requirements must be met to obtain comprehensive orthodontic treatment through Arkansas Medicaid. The beneficiary must:

- A. Be under 21 years of age with severe malocclusions.
- B. Exhibit good oral hygiene.
- C. Be over 13 years of age or have no deciduous teeth remaining (unless the primary teeth are retained due to ectopic position of the underlying permanent tooth or a missing permanent tooth in this area) or the remaining deciduous teeth have no root structure remaining; permanent dentitions are not required for beneficiaries with cleft palate or craniofacial cases.
- D. Score at least 28 points on the HLD Index.

Only those cases that score 28 points or more on the HLD Index will be considered for comprehensive orthodontic services. This value will be scored by a Medicaid dental consultant based on the diagnostic records provided with the request. This is not to imply that cases scoring less than 28 points do not represent some degree of malocclusion, but simply that the severity of the malocclusion does not qualify for coverage under the Arkansas Medicaid program. It is important to note that when scoring the HLD Index, the provider is not diagnosing malocclusion but simply measuring and/or noting the presence or absence of certain key indicators. It is the intention of Arkansas Medicaid to cover only medically necessary orthodontic services.

Medically necessary care is defined by the American Dental Association as the reasonable and appropriate diagnosis, treatment, and follow-up care (including supplies, appliances and

devices) as determined and prescribed by qualified, appropriate health care providers in treating any condition, illness, disease, injury, or birth developmental malformations. Care is medically necessary for the purpose of: (a) controlling or eliminating infection, pain, and disease and (b) restoring facial configuration or function necessary for speech, swallowing or chewing.

#### **226.110 Comprehensive Orthodontic Treatment**

**8-1-13**

Comprehensive orthodontic treatment includes, but is not limited to:

- A. Complete diagnostic records and a written treatment plan.
- B. Placement of all necessary appliances to properly treat the beneficiary (both removable and fixed appliances).
- C. All necessary adjustments.
- D. Removal of appliances at the completion of the active phase of treatment.
- E. Placement of retainers or necessary retention techniques.
- F. Adjustment of the retainers and observation of the beneficiary for a proper period of time (approximately 18 to 24 months).

#### **226.200 Limited Orthodontic Treatment**

**8-1-13**

Limited orthodontic benefits may be available to eligible beneficiaries under 21 years of age that meet one or more of the following criteria:

- A. Single or multiple tooth anterior crossbite.
- B. Unilateral crossbite with functional shift. Documentation of the shift must be provided, i.e. frontal photo showing midlines off and facial photo showing chin off, etc., and must be essentially all teeth on one side.
- C. Bilateral posterior crossbite. There must be two or more teeth on each side to be considered.
- D. Impacted teeth. In order to be considered, the impacted teeth must:
  1. Have an abnormal eruptive path.
  2. Be an anterior tooth.
  3. Be covering a portion of the root of an adjacent tooth as assessed on the panoramic film.

#### **226.300 Orthodontic Evaluation**

**8-1-13**

The beneficiary must be a good candidate for comprehensive orthodontic treatment as assessed by the potential provider. The beneficiary must exhibit a history of good oral hygiene; be under the care of a dentist for routine care; and all necessary dental care (i.e. prophylaxis, restorations, etc.) must be completed prior to submission of the Request for Orthodontic Treatment form (Form DMS-32-0). [View or print Form DMS-32-0.](#)

The beneficiary must also make the necessary arrangements for ancillary services, such as extractions. Extractions are not included in the fee for the orthodontic treatment but are separately covered under the Dental Program.

#### **226.310 Orthodontic (Diagnostic) Records**

**8-1-13**

All orthodontic records must be of diagnostic quality to be considered. Orthodontic records must include a detailed treatment plan, Cephalometric film, Panoramic film (or intraoral complete series) quality diagnostic casts, properly occluded and trimmed (so that the diagnostic casts simulate centric occlusion of the patient when the diagnostic casts are placed on their heels), at least 3 extraoral photographs (frontal, profile, smile frontal) and 5 intraoral photographs (right side occluded, left side occluded, anterior occluded, upper & lower arch occlusal views). The diagnostic cast must not be submitted separately, and the provider's and the beneficiary's full names must be clearly inscribed on the upper and lower casts. **All orthodontic records must have been obtained within 6 months of case submission.**

If the diagnostic casts, photographs and/or X-rays are non-diagnostic, they will be rejected and new records must be submitted prior to consideration for treatment.

The orthodontic examination and orthodontic records are only separately reimbursable when a case has been denied. **Records will not be reimbursed if the consultant determines the HLD score is 20 or less when comprehensive treatment has been requested, or 16 or less when limited treatment is requested.**

**Note: Diagnostic casts will only be returned if the orthodontic case is denied; if approved, they will be destroyed.**

#### 226.400 Prior Authorization for Orthodontics

8-1-13

When requesting prior authorization for orthodontic services, the provider *must* complete and submit the Request for Orthodontic Treatment form (Form DMS-32-0), J400 ADA claim form for the orthodontic records, and a written treatment plan along with the orthodontic records. [View or print Form DMS-32-0.](#) [View or print ADA-J400.](#)

Mail requested information to:

Dental Unit  
PO Box 1437 Slot S410  
Little Rock, AR 72203-1437

For electronic submissions options, contact the DMS Dental Care Unit.

[View or print DMS Dental Care Unit contact information.](#)

#### 226.410 Beneficiary Eligibility for Orthodontic Treatment

8-1-13

Upon receipt of an approved Prior Authorization Request form, the dentist must verify the beneficiary's eligibility prior to beginning orthodontic treatment. It is important for the dentist to verify eligibility each time a treatment/service is rendered. Even though a service is prior authorized, the beneficiary **MUST** be eligible on the date the treatment begins and at the time of each subsequent visit. If eligible, the dentist should proceed to treat the orthodontic condition as soon as possible, in accordance with the prior authorized treatment plan. For instructions on checking eligibility, see Section 223.000 of this manual, or contact your HP Provider Representative.

#### 226.500 Instructions for Reimbursement of Comprehensive and Limited Treatment

8-1-13

For reimbursement of comprehensive or limited orthodontic treatment, a frontal full face photograph, showing the orthodontic appliance in place, must be submitted to the Dental Unit prior to billing. See Section 226.400 for submission address. Allow 1 to 2 weeks for release of authorization.

#### 226.600 Orthodontic Transfer Cases

8-1-13

Any beneficiary transferring to Arkansas Medicaid from another state that has started orthodontic treatment may be allowed to complete orthodontic treatment. The amount of reimbursement for the remaining treatment will be based on the Arkansas Medicaid fee schedule and prorated based on the time left in treatment as evaluated by an orthodontic consultant. All requirements for orthodontic treatment as described in Section 226.300 must be met to be considered. Removal of fixed appliances with or without retention may be approved if any of these requirements are not met.

**226.610 Premature Termination of Orthodontic Treatment****8-1-13**

A release form for premature removal of an orthodontic appliance must be signed by the parent or legal guardian, or by the beneficiary if he/she is 18 years of age or older or an emancipated minor. A copy of the signed release form must be kept in the beneficiary's chart. The following are reasons for premature termination:

- A. The beneficiary is uncooperative or is non-compliant.
- B. The beneficiary requested the removal of orthodontic appliance(s).
- C. The beneficiary has requested the removal due to extenuating circumstances, including, but not limited to:
  - 1. Relocation.
  - 2. Incarceration.
  - 3. Mental health complications, with a recommendation from the treating physician.
  - 4. Foster Care placement.
  - 5. Induction in the Armed Forces.

**226.700 Retention of Records****8-1-13**

Providers are required to retain copies of the beneficiary's history, cephalometric X-rays, panoramic/intraoral series X-rays, photographs and diagnostic casts for a minimum of five (5) years.