

Washington State Health Care Authority

Medicaid Provider Guide

Orthodontic Services
[Chapter 182-535A WAC]



Washington State
Health Care Authority

A Billing Instruction

About This Guide

This guide supersedes all Agency Orthodontics Billing Instructions previously published by the Washington State Department of Social and Health Services.

What Has Changed?

Reason for Change	Effective Date	Section/ Page No.	Subject	Change
PN 12-47	07-01-12	Coverage C.2	Limits for orthodontic treatment and orthodontic-related services	Clarify language in bulleted list to be more explanatory.
	07-01-12	Coverage C.4	Requests for orthodontic treatment for clients eligible for EPSDT program	Clarify when the Agency reviews requests for orthodontic treatment and related services.
	07-01-12	Coverage C.4	Coverage Table	Add limits for radiographs when using procedure codes D0330 and D0340.
	07-01-12	Coverage	Coverage Table	Add procedure code D8220.
	07-01-12	Coverage C.12	Coverage Table	Clarify the maximum allowance criteria for codes D8050 and D8060.
	07-01-12	Authorization D.3	Where Do I Send Requests for Prior Authorization?	Clarify information providers use to submit information to the Agency to request prior authorization.

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Important Contacts

Note: This section contains important contact information relevant to orthodontic services. For more contact information, see the *Agency Resources Available* web page at:
http://hrsa.dshs.wa.gov/Download/Resources_Available.html

Topic	Contact Information
Becoming a provider or submitting a change of address or ownership	See the <i>Agency Resources Available</i> web page at: http://hrsa.dshs.wa.gov/Download/Resources_Available.html
Finding out about payments, denials, claims processing, or Agency managed care organizations	
Electronic or paper billing	
Finding Agency documents (e.g., billing instructions, # memos, fee schedules)	
Requesting prior authorization	

Definitions & Abbreviations

This section defines terms and abbreviations, including acronyms, used in these billing instructions. Please refer to the Agency *Glossary* at:

http://hrsa.dshs.wa.gov/download/medical_assistance_glossary.htm for additional definitions.

Adolescent Dentition – The dentition that is present after the normal loss of primary teeth and prior to cessation of growth that would affect orthodontic treatment.

Adult – For the general purposes of the Agency’s dental program, means a client 21 years of age and older.

Appliance placement – The application of orthodontic attachments to the teeth for the purpose of correcting dentofacial abnormalities. [WAC 182-535A-0010]

Child – For the general purposes of the Agency Dental Program, means a client 20 years of age or younger

Cleft – An opening or fissure involving the dentition and supporting structures, especially one occurring in utero. These can be:

1. Cleft lip;
2. Cleft palate (involving the roof of the mouth); or
3. Facial clefts (e.g., macrostomia).
[WAC 182-535A-0010]

Comprehensive full orthodontic treatment – Utilizing fixed orthodontic appliances for treatment of the permanent dentition leading to the improvement of a client’s severe handicapping craniofacial dysfunction and/or dentofacial deformity, including anatomical and functional relationships.
[WAC 182-535A-0010]

Craniofacial anomalies – Abnormalities of the head and face, either congenital or acquired, involving disruption of the dentition and supporting structures.
[WAC 182-535A-0010]

Craniofacial team – A cleft palate/maxillofacial team or an American Cleft Palate Association-certified craniofacial team. These teams are responsible for the management (review, evaluation, and approval) of patients with cleft palate craniofacial anomalies to provide integrated case management, promote parent-professional partnership, and make appropriate referrals to implement and coordinate treatment plans.
[WAC 182-535A-0010]

Dental dysplasia – An abnormality in the development of the teeth. [WAC 182-535A-0010]

Hemifacial microsomia – A developmental condition involving the first and second brachial arch. This creates an abnormality of the upper and lower jaw, ear, and associated structures (half or part of the face appears smaller sized). [WAC 182-535A-0010]

Interceptive orthodontic treatment – Procedures to lessen the severity or future effects of a malformation and to affect or eliminate the cause. 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 cross-bite, or recovery of recent minor space loss where overall space is adequate. [WAC 182-535A-0010]

Limited transitional orthodontic treatment – Orthodontic treatment with a limited objective, not involving the entire dentition. It may be directed 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. [WAC 182-535A-0010]

Malocclusion – The improper alignment of biting or chewing surfaces of upper and lower teeth. [WAC 182-535A-0010]

Maxillofacial – Relating to the jaws and face. [WAC 182-535A-0010]

Occlusion – The relation of the upper and lower teeth when in functional contact during jaw movement. [WAC 182-535A-0010]

Orthodontics – Treatment involving the use of any appliance, in or out of the mouth, removable or fixed, or any surgical procedure designed to redirect teeth and surrounding tissues. [WAC 182-535A-0010]

Orthodontist – A dentist who specializes in orthodontics, who is a graduate of a postgraduate program in orthodontics that is accredited by the American Dental Association, and who meets the licensure requirements of the Department of Health. [WAC 182-535A-0010]

Primary Dentition – Teeth developed and erupted first in order of time.

Transitional Dentition – The final phase of the transition from primary to adult teeth, in which the deciduous molars and canines are in the process of shedding and the permanent successors are emerging.

Client Eligibility

Who Is Eligible? [Refer to WAC 182-535A-0020 (1) and (3)]

The Agency covers medically necessary orthodontic treatment and orthodontic-related services for severe handicapping malocclusions, craniofacial anomalies, or cleft lip or palate for clients 20 years of age and younger on a Benefit Service Package (BSP) that covers such services. Orthodontic treatment must be completed prior to the client's 21st birthday.

Note: Refer to the *Scope of Coverage Chart* web page at: <http://hrsa.dshs.wa.gov/Download/ScopeofHealthcareSvcsTable.html> for an up-to-date listing of Benefit Service Packages.

Note: Clients who are eligible for services under the EPSDT program may receive orthodontic treatment and orthodontic-related services under the provisions of WAC 182-534-0100.

Eligible clients may receive the same orthodontic treatment and orthodontic-related services in recognized out-of-state bordering cities on the same basis as if provided in-state. [See WAC 182-501-0175.]

Please see the Agency *ProviderOne Billing and Resource Guide* at: http://hrsa.dshs.wa.gov/download/ProviderOne_Billing_and_Resource_Guide.html for instructions on how to verify a client's eligibility.

Provider Requirements

Who May Provide and Be Paid for Orthodontic Treatment and Orthodontic-Related Services? [Refer to WAC 182-535A-0030]

The following provider types may furnish and be paid for providing covered orthodontic treatment and orthodontic-related services to medical assistance clients:

- Orthodontists;
- Pediatric dentists;
- General dentists; and
- Agency-recognized craniofacial teams or other orthodontic specialists approved by the Agency.

What Are the Requirements for Out-of-State Providers? [Refer to WAC 182-535A-0060(6)]

Orthodontic providers who are in Agency-designated bordering cities must meet:

- The licensure requirements of their state; and
- The same criteria for payment as in-state providers, including the requirements to contract with the Agency.

Coverage

What Orthodontic Treatment and Orthodontic-Related Services Does the Agency Cover? [Refer to WAC 182-535A-0040 (1), (2), (3), and (5)]

The Agency covers:

- Orthodontic treatment and orthodontic-related services for a client who has a malocclusion associated with one of the following medical conditions. **Treatment and follow-up care must be performed only by an orthodontist or Agency-recognized craniofacial team:**
 - ✓ Cleft lip and palate, cleft palate, or cleft lip with alveolar process involvement.
 - ✓ The following craniofacial anomalies:
 - Hemifacial microsomia;
 - Craniosynostosis syndromes;
 - Cleidocranial dental dysplasia;
 - Arthrogyryposis; or
 - Marfan syndrome.

Note: The Agency *may* cover orthodontic treatment for dental malocclusions other than those listed above on a case-by-case basis and when prior authorized. The Agency or the Office of Children with Special Health Care Needs (OCSHCN) does not require written prior authorization for services to a client with cleft palate and/or craniofacial anomalies when the client is case-managed by a Agency-recognized craniofacial team that has a Special Agreement with the Agency.

- Medical conditions as indicated on the Washington Modified Handicapping Labiolingual Deviation (HLD) Index Score that result in a score of 25 or higher. The Agency reviews all requests for treatment for conditions that result in a score of less than 25 on a case-by-case basis, with consideration of medical necessity.

Orthodontic Services

- The following orthodontic treatment and orthodontic-related services are subject to the limitations listed:
 - ✓ Panoramic radiographs (x-rays), allowed every 12 months and meet the following criteria:
 - The service is medically necessary;
 - The client is in active orthodontic treatment; and
 - The banding occurred at least 6 months prior.
 - ✓ Cephalometric Film, allowed every 12 months and meet the following criteria:
 - The service is medically necessary;
 - The client is in active orthodontic treatment; and
 - The banding occurred at least 6 months prior.
 - ✓ Interceptive orthodontic treatment once per a client's lifetime.
 - ✓ Limited transitional orthodontic treatment, once per a client's lifetime. The treatment must be completed within 12 months of the date of the original appliance placement (see Section D within these billing instructions for information on limitation extensions).
 - ✓ Comprehensive full orthodontic treatment once per a client's lifetime. The treatment must be completed within 30 months of the date of the original appliance placement (see Section D within these billing instructions for information on limitation extensions).
 - ✓ Orthodontic appliance removal only when:
 - The client's appliance was placed by a different provider or dental clinic; and
 - The provider removing the appliance has not furnished any other orthodontic treatment or orthodontic-related services to the client.
 - ✓ Other medically necessary orthodontic treatment and orthodontic-related services as determined by the Agency on a case-by-case basis.
 - ✓ Treatment plan must reflect that the course of treatment will be completed prior to the client's 21st birthday.

What Orthodontic Treatment and Orthodontic-Related Services Does the Agency *Not* Cover?

[Refer to WAC 182-535A-0040 (4)]

The Agency does not cover the following orthodontic treatment or orthodontic-related services:

- Lost or broken orthodontic appliances;
- Orthodontic treatment for cosmetic purposes;
- Orthodontic treatment that is not medically necessary (see *Definitions and Abbreviations* section);
- Out-of-state orthodontic treatment; or

Exception: Providers in Agency-designated bordering cities may be eligible for payment for services provided to Agency clients. Refer to the *Provider Requirements* section for information.

- Orthodontic treatment and orthodontic-related services that do not meet the requirements listed in this billing instruction manual.

Note: The Agency evaluates a request for orthodontic treatment and orthodontic-related services that are:

- In excess of the limitations or restrictions listed in this section, according to WAC 182-501-0169; and
- Listed as noncovered according to WAC 182-501-0160.

What about Clients on the Early Periodic Screening, Diagnosis & Treatment (EPSDT) Program?

[Refer to WAC 182-535A-0040(8)]

The Agency reviews requests for orthodontic treatment and orthodontic-related services for clients who are eligible for services under the EPSDT program **when a referral for services is the result of an EPSDT exam**, according to the provisions of WAC 182-534-0100.

Coverage Table

General

Clinical Evaluations

CDT Code	Description	PA? ¹	Limitations/ Requirements	Maximum Allowable Fee
D0160	Detailed and extensive oral evaluation – orthodontic only	NO	Includes orthodontic oral examination, taking and processing clinical photographs, completing required form(s) and obtaining the Agency’s authorization decision. Allowed once per client, per billing provider	On line Fee Schedules
D0170	Re-evaluation – limited, problem focused (established patient; not post-operative visit)	NO	Allowed once per client, per visit. Not allowed in combination with periodic/limited/comprehensive oral evaluations.	

Radiographs

D0330	Panoramic Film – Maxilla and Mandible	NO	Allowed every 12 months, when medically necessary for a client in active orthodontic treatment and banding occurred at least 6 months prior. Doing both a panoramic film and an intraoral complete series is not allowed.	On line Fee Schedules
D0340	Cephalometric Film	NO	Allowable for orthodontic purposes only. Allowed every 12 months, when medically necessary for a client in active orthodontic treatment and banding occurred at least 6 months prior.	

¹ PA-Prior Authorization

Orthodontic Services

CDT Code	Description	PA?	Limitations/ Requirements	Maximum Allowable Fee
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Other Orthodontic Services

D8220	Fixed appliance therapy	YES	Considered for a Thumb Crib	On line Fee Schedules
D8680	Appliance Removal if placed by Non-Medicaid Provider	YES	Use this code for a client whose appliance was placed by an orthodontic provider not participating with the Agency, and/or whose treatment was previously covered by another third-party payer. Fee includes debanding and removal of cement.	On line Fee Schedules

Coverage Table

For Cleft Lip and Palate, Cleft Palate, or Cleft Lip with Alveolar Process Involvement

Note: You must correctly indicate the appliance date on all orthodontic treatment claims.

D8660	Cleft Palate Pre-Orthodontic Treatment Visit	EPA	<p>Requires use of EPA # 870000970 when billing for cleft palate and craniofacial anomaly cases.</p> <p>Billable only by the treating orthodontic provider. Includes preparation of comprehensive diagnostic records (additional photos, study casts, cephalometric examination), formation of diagnosis and treatment plan from such records, and formal case conference.</p> <p>Treating provider must be an orthodontist and either be a member of a recognized craniofacial team or approved by the Agency's Dental Consultant to provide this service.</p> <p>One of the following medically necessary ICD-9-CM diagnosis codes must be documented in the client's record:</p> <p>749.00-749.04, 749.10-14, 749.20-749.25, 754.0, 755.55</p>	On line Fee Schedules
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CDT Code	Description	PA?	Limitations/ Requirements	Maximum Allowable Fee
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Limited Orthodontic Treatment for Cleft Palate

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

D8010 D8020 D8030	Limited Orthodontic Treatment for Cleft Palate	EPA	<p>Requires use of EPA # 870000970 when billing for cleft palate and craniofacial anomaly cases.</p> <p>This reimbursement is for the initial placement when the appliance placement date and the date of service are the same. Includes first 3 months of treatment and appliance(s).</p>	On line Fee Schedules
D8010 D8020 D8030	Limited Orthodontic Treatment for Cleft Palate	EPA	<p>Reimbursement is for each subsequent three month period when the appliance placement date and the date of service are different. The Agency reimburses a maximum of 3 follow-up visits.</p> <p>Requires use of EPA # 870000970 when billing for cleft palate and craniofacial anomaly cases.</p> <p>Note: To receive reimbursement for each subsequent three-month period:</p> <ul style="list-style-type: none"> The provider must examine the client in the provider’s office at least twice during the 3-month period; Continuing treatment must be billed after each 3-month interval; Document the actual service dates in the client’s record; For billing purposes, use the last date of each 3-month billing interval as the date of service. 	

CDT Code	Description	PA?	Limitations/ Requirements	Maximum Allowable Fee
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Interceptive Orthodontics for Cleft Palate

D8050 **Interceptive Orthodontic Treatment for Primary Dentition**
D8060 **Interceptive Orthodontic Treatment for Transitional Dentition**

D8050 D8060	Interceptive Orthodontic Treatment for Cleft Palate	EPA	<p>Requires use of EPA # 870000980 when billing for cleft palate and craniofacial anomaly cases.</p> <p>Payable only once per client. The maximum allowance includes all professional fees, laboratory costs, and required follow-up. No allowance for lost or broken appliance.</p>	<p>On line Fee Schedules</p>
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CDT Code	Description	PA?	Limitations/ Requirements	Maximum Allowable Fee
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Comprehensive Orthodontic Treatment for Cleft Palate

D8070 Comprehensive Orthodontic Treatment of the Transitional Dentition
D8080 Comprehensive Orthodontic Treatment of the Adolescent Dentition

D8070 D8080	Comprehensive Orthodontic Treatment for Cleft Palate	EPA	<p>This reimbursement is for the initial placement when the date of service and the appliance placement date are the same.</p> <p>Requires the use of EPA # 870000990. This verifies that the client has a cleft palate or craniofacial anomaly.</p> <p>Includes first 6 months of treatment and appliances.</p> <p>Treating provider must be an orthodontist and be either a member of a recognized craniofacial team or approved by the Agency’s Dental Consultant to provide this service.</p>	On line Fee Schedules
D8070 D8080	Comprehensive Orthodontic Treatment for Cleft Palate	EPA	<p>This reimbursement is for each subsequent three-month period when the appliance placement date and the date of service are different. The Agency reimburses a maximum of 8 follow-up visits.</p> <p>Requires the use of EPA # 870000990. This verifies that the client has a cleft palate or craniofacial anomaly.</p> <p>Treating provider must be an orthodontist and be either a member of a recognized craniofacial team or approved by the Agency’s Dental Consultant to provide this service.</p> <p>Note: To receive reimbursement for each subsequent three-month period:</p> <ul style="list-style-type: none"> • The provider must examine the client in the provider’s office at least twice during the 3-month period, with the first 3-month interval beginning 6 months after the initial appliance placement; • Continuing treatment must be billed after each 3-month interval; • Document the actual service dates in the client’s record; • For billing purposes, use the last date of each 3-month billing interval as the date of service. 	

CDT Code	Description	PA?	Limitations/ Requirements	Maximum Allowable Fee
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Coverage Table

For Severe Handicapping Malocclusion

Note: You must correctly indicate the appliance date on all orthodontic treatment claims.

Clinical Evaluations

D8660	Severe Malocclusion Pre-orthodontic Visit	YES	Use this code for Orthodontist Case Study. Billable only by the treating orthodontic provider. Includes preparation of comprehensive diagnostic records (additional photos, study casts, cephalometric examination), formation of diagnosis and treatment plan from such records, and formal case conference.	On line Fee Schedules
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CDT Code	Description	PA?	Limitations/ Requirements	Maximum Allowable Fee
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Limited Orthodontic Treatment for Severe Malocclusion

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

D8010 D8020 D8030	Limited Orthodontic Treatment for Severe Malocclusion	YES	This reimbursement is for the initial placement when the appliance placement date and the date of service are the same. Includes first 3 months of treatment and appliance(s).	On line Fee Schedules
D8010 D8020 D8030	Limited Orthodontic Treatment for Severe Malocclusion	YES	<p>This reimbursement is for each subsequent three-month period when the appliance placement date and the date of service are the different.</p> <p>The Agency reimburses a maximum of 3 follow-up visits.</p> <p>Note: To receive reimbursement for each subsequent three-month period:</p> <ul style="list-style-type: none"> • The provider must examine the client in the provider’s office at least twice during the 3-month period; • Continuing treatment must be billed after each 3-month interval; • Document the actual service dates in the client’s record; • For billing purposes, use the last date of each 3-month billing interval as the date of service. 	On line Fee Schedules

CDT Code	Description	PA?	Limitations/ Requirements	Maximum Allowable Fee
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Interceptive Orthodontics for Severe Malocclusion

D8050 **Interceptive Orthodontic Treatment for Primary Dentition**
D8060 **Interceptive Orthodontic Treatment for Transitional Dentition**

D8050 D8060	Interceptive Orthodontic Treatment for Severe Malocclusion	YES	The maximum allowance includes all professional fees, laboratory costs, and required follow-up.	On line Fee Schedules
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CDT Code	Description	PA?	Limitations/ Requirements	Maximum Allowable Fee
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Comprehensive Orthodontic Treatment for Severe Malocclusion

D8070 **Comprehensive Orthodontic Treatment of the Transitional Dentition**
D8080 **Comprehensive Orthodontic Treatment of the Adolescent Dentition**

D8070 D8080	Comprehensive Orthodontic Treatment for Severe Malocclusion	YES	This reimbursement is for the initial placement when the appliance placement date and the date of service are the same. Includes first 6 months of treatment and appliances.	On line Fee Schedules
D8070 D8080	Comprehensive Orthodontic Treatment for Severe Malocclusion	YES	<p>This reimbursement is for each subsequent three-month period when the appliance placement date and the date of service are different. The Agency reimburses a maximum of 8 follow-up visits.</p> <p>Note: To receive reimbursement for each subsequent three-month period:</p> <ul style="list-style-type: none"> • The provider must examine the client in the provider’s office at least twice during the 3-month period; • Continuing treatment must be billed after each 3-month interval, with the first 3-month interval beginning 6 months after the initial appliance placement; • Document the actual service dates in the client’s record; • For billing purposes, use the last date of each 3-month billing interval as the date of service. 	

Authorization

What Orthodontic Treatment and Orthodontic-Related Services Require Prior Authorization? [Refer to WAC 182-535A-0050]

When the Agency authorizes an interceptive orthodontic treatment, limited orthodontic treatment, or full orthodontic treatment for a client, including a client eligible for services under the EPSDT program, that authorization indicates only that the specific service is medically necessary; it is not a guarantee of payment. The client must be eligible for the covered service at the time the service is provided.

For orthodontic treatment of a client with cleft lip, cleft palate, or other craniofacial anomaly, prior authorization (PA) is **not** required if the client is **being treated** by a Agency-recognized craniofacial team, or an orthodontic specialist who has been approved by the Agency to treat cleft lip, cleft palate, or other craniofacial anomalies.

Subject to the conditions and limitations in this section and in applicable WAC, the Agency requires PA for orthodontic treatment and/or orthodontic-related services for other dental malocclusions that are not listed in the *Coverage* section of these billing instructions.

When Do I Need to Get Prior Authorization?

PA must be received from the Agency **before** the service is provided.

Authorization is based on the establishment of medical necessity as determined by the Agency. When PA is required for a service, the Agency considers these requests on a case-by-case basis.

The Agency may require second opinions and/or consultations before authorizing any procedure.

In an acute emergency, the Agency *may* authorize the service after it is provided when the Agency receives justification of medical necessity. This justification must be received by the Agency within 72 hours of the emergency service.

How Do I Request Written Prior Authorization?

Note: The Agency requires an orthodontic provider who is requesting PA to submit sufficient, objective, clinical information to establish medical necessity.

The request must be submitted in writing on a completed Orthodontic Information sheet, HCA 13-666, and include the following:

- The client's name and date of birth;
- The client's ProviderOne Client ID;
- The provider's name and address;
- The provider's telephone number (including area code);
- The provider's unique NPI;
- The physiological description of the disease, injury, impairment, or other ailment;
- The most recent and relevant radiographs that are identified with client name, provider name, and date the radiographs were taken. *Radiographs should be duplicates as originals are to be maintained in the client's chart;*
- The proposed treatment; and
- Diagnostic color photographs.

To download available Agency forms go to <http://hrsa.dshs.wa.gov/mpforms.shtml>. Refer to Section F - Orthodontic Information Sheet for more information.

Medical Justification

1. All information pertaining to medical necessity must come from the client's prescribing orthodontist. Information obtained from the client or someone on behalf of the client (e.g., family) will not be accepted.
2. Measurement, counting, recording, or consideration for treatment is performed only on teeth that have erupted and can be seen on the diagnostic study models. All measurements are made or judged on the basis equal to, or greater than, the minimum requirement.
3. Only permanent natural teeth will be considered for full orthodontic treatment of severe malocclusions.
4. Use either of the upper central incisors when measuring overjet, overbite (including reverse overbite), mandibular protrusion, and open bite. The upper lateral incisors or upper canines may not be used for these measurements.
5. Impacted teeth alone are not considered a severe handicapping malocclusion.

Documentation

The billing provider must keep documentation of the criteria in the client's file. This documentation must be readily available for review by Agency staff on request.

Note: Upon audit, if specified criteria are not met, the Agency has the authority to recoup any payments made, based on RCW 74.02.050; 74.08.090; 74.09.290; WAC 182-502-0020; WAC 182-502-0230; and the Agency's Core Provider Agreement.

Where Do I Send Requests for Prior Authorization?

Prior authorization (PA) requests must be faxed to the Agency at 1-866-668-1214 using the General Information for Authorization form, HCA 13-835, which may be obtained at: <http://hrsa.dshs.wa.gov/mpforms.shtml>.

See:

http://hrsa.dshs.wa.gov/download/ProviderOne_Billing_and_Resource_Guide/PA_Chapter.pdf for information regarding submitting prior authorization requests to the Agency.

Without X-rays or Photos

For procedures that do not require X-rays, fax the PA request to the Agency at: 1-866-668-1214.

With X-rays or Photos

In order for the scanning and optical character recognition (OCR) functions to work, you *must* pick one of following options for submitting X-rays or photos to the Agency:

- Use the FastLook™ and FastAttach™ services provided by National Electronic Attachment, Inc. (NEA). You may register with NEA by visiting www.nea-fast.com and entering “FastWDSHS” in the blue promotion code box. Contact NEA at 1-800-782-5150, ext. 2, with any questions.

When this option is chosen, you can fax your request to the Agency and indicate the NEA# in the NEA field on the PA Request Form. *There is a cost associated which will be explained by the NEA services.*

- Continue to mail your request to:
Authorization Services Office
P.O. Box 45535
Olympia, WA 98504-5535

If You Choose to Mail Your Requests, the Agency requires you to:

1. Place x-rays in a large envelope.
2. Attach the PA request form and any other additional pages to the envelope (i.e. tooth chart, periodontal charting etc.)
3. Put the client’s name, ProviderOne ID#, and Orthodontic on the envelope.
4. Place in a larger envelope for mailing. Multiple sets of requests can be mailed together.
5. Mail to the Agency.

Mail your request to:

Authorization Services Office
PO Box 45535
Olympia, WA 98504-5535

For procedures that do not require radiographs

Fax: 1-866-668-1214

Expedited Prior Authorization (EPA)

When do I need to bill with an EPA number?

Those orthodontic services listed in the Coverage section as “**Requires Expedited Prior Authorization**” must have the assigned EPA number for that procedure on the ADA claim form when billing. By placing the appropriate EPA number on the ADA claim form when billing the Agency, dental providers are verifying that the bill is for a cleft palate or craniofacial anomaly case. See Section C.

Note: The unique EPA number is to be used ONLY when indicated in the Coverage section.

Exceeding Limitations or Restrictions

A request to exceed stated limitations or other restrictions on covered services is called a limitation extension (LE), which is a form of prior authorization. The Agency evaluates and approves requests for LE for orthodontic services when medically necessary, under the provisions of WAC 182-501-0169.

The Agency evaluates a request for any orthodontic service not listed as covered in this section under the provisions of WAC 182-501-0070.

The Agency reviews requests for orthodontic treatment for clients who are eligible for services under the EPSDT program according to the provisions of WAC 182-534-0100.

[WAC 182-535A-0040 (5),(6), and (7)]

Note: Please see the Agency *ProviderOne Billing and Resource Guide* at: http://hrsa.dshs.wa.gov/download/ProviderOne_Billing_and_Resource_Guide.html for more information on requesting authorization.

Payment

Fee Schedule [Refer to WAC 182-535A-0060 (2) and (5)]

The Agency considers that a provider who furnishes covered orthodontic treatment and orthodontic-related services to an eligible client has accepted the Agency's fees as published in the Agency's fee schedules.

Payment for orthodontic treatment and orthodontic-related services is based on the Agency's published fee schedule.

You may access the Agency's Dental Program Fee Schedule at:
<http://hrsa.dshs.wa.gov/RBRVS/Index.html>.

Payment for Interceptive Orthodontic Treatment

Payment for interceptive orthodontic treatment is based on the Agency's published fee schedule. Interceptive orthodontic treatment is payable only once per client. The maximum allowance includes all professional fees, laboratory costs, and required follow-up. No allowance for lost or broken appliance.

Payment for Limited Transitional Orthodontic Treatment [Refer to WAC 182-535A-0060 (3)]

The Agency pays for limited transitional orthodontic treatment as follows:

- The first three months of treatment starts the date the initial appliance is placed and includes active treatment for the first three months. The provider must bill the Agency with the date of service that the initial appliance is placed.
- Continuing follow-up treatment must be billed after each three-month treatment interval during the treatment.
- Treatment must be completed within 12 months of the date of appliance placement. Treatment provided after one year from the date the appliance is placed requires a limitation extension. The Agency evaluates a request for orthodontic treatment and orthodontic-related services that are in excess of the limitations or restrictions listed in this section, according to WAC 182-501-0169.

Payment for Comprehensive Full Orthodontic Treatment [Refer to WAC 182-535A-0060 (4)]

The Agency pays for comprehensive full orthodontic treatment as follows:

- The first six months of treatment starts the date the initial appliance is placed and includes active treatment for the first six months. The provider must bill the Agency with the date of service that the initial appliance is placed.
- Continuing follow-up treatment must be billed after each three-month treatment interval, with the first three-month interval beginning six months after the initial appliance placement.
- Treatment must be completed within 30 months of the date of appliance placement. Treatment provided after 30 months from the date the appliance is placed requires a limitation extension. The Agency evaluates a request for orthodontic treatment and orthodontic-related services that are in excess of the limitations or restrictions listed in this section, according to WAC 182-501-0169.

Does the Agency Pay for Orthodontic Treatment Beyond the Client's Eligibility Period? [Refer to WAC 182-535A-0060 (7), (8), and (9)]

If the client's eligibility for orthodontic treatment (see Client Eligibility section) ends before the conclusion of the orthodontic treatment, payment for any remaining treatment is the individual's responsibility. The Agency does not pay for these services.

The client is responsible for payment of any orthodontic service or treatment received during any period of ineligibility, even if the treatment was started when the client was eligible. The Agency does not pay for these services.

The Agency will pro-rate payment for the timeframe a client was eligible for orthodontic services if the client becomes ineligible during the three-month treatment sequence.

Refer to WAC 182-502-0160 for the Agency's rules on billing a client and WAC 182-501-0200 for the Agency's rules on when a provider or a client is responsible to pay for a covered service.

Orthodontic Information Form

When Do I Need to Complete the Orthodontic Information form, HCA 13-666?

When orthodontic services are requested for an Agency client, you must complete the Orthodontic Information form, HCA 13-666. To download copies of this form, go to: <http://hrsa.dshs.wa.gov/mpforms.shtml>.

How Do I Complete and Submit the Orthodontic Information Form, HCA 13-666?

(To be completed by the performing orthodontist or dentist. Otherwise, your claims will be returned unpaid. Use either blue or black ink and a highlighter.)

Follow steps 1 and 2 below when applying for authorization to provide orthodontic services:

1. **Complete the Orthodontic Information form, HCA 13-666 [current version dated 11/2011]**
 - a) Fill in the *provider information* and *patient information* sections at the top of the sheet.
 - b) In Part 1, fill in the information requested in each area that applies to the treatment being provided.
 - c) In Part 2, fill in as much as possible to assist the Agency's orthodontic consultant in determining medical necessity.
 - d) Phone number of provider.

2. Submit the following full set of 8 dental color photographs to the Agency:

a) **Intraoral Dental Photographs:**

- 1) Anterior (teeth in centric occlusion)
- 2) Right lateral (teeth in centric occlusion)
- 3) Left lateral (teeth in centric occlusion)
- 4) Upper Occlusal View (taken using a mirror)
- 5) Lower Occlusal View (taken using a mirror)

b) **Extraoral Photographs:**

- 1) Frontal
- 2) Frontal Smiling
- 3) Lateral Profile

Mail the materials, with the patient's ProviderOne Client ID and name, to:

**Health Care Authority
PO Box 45535
Olympia, WA 98504-5535**

Note: Remember to include the authorization number in the appropriate field on the electronic billing or the ADA claim form when submitting a claim.

Orthodontic Information Review

The Agency's orthodontic consultant will review the photos and all of the information submitted for each case. The Agency's decision will be communicated to the requesting provider through correspondence generated by ProviderOne.

Submitting Additional Information

If your request for orthodontic treatment is not approved based on your initial submission, submit only the information requested by the Agency for re-evaluation. Such information may include:

- Claim for the full case study attached to the Orthodontic Information sheet, HCA 13-666; and
- Appropriate radiographs (e.g., panoramic and cephalometric radiographs);
- Diagnostic color photographs (eight).
- A separate letter with any additional medical information if it will contribute information that may affect the Agency's final decision.
- Study models. (Do not send study models unless they are requested.)
- Other information if requested.

Billing and Claim Forms

What Are the General Billing Requirements?

Providers must follow the Agency *ProviderOne Billing and Resource Guide* at: http://hrsa.dshs.wa.gov/download/ProviderOne_Billing_and_Resource_Guide.html. These billing requirements include, but are not limited to:

- Time limits for submitting and resubmitting claims and adjustments;
- What fee to bill the Agency for eligible clients;
- When providers may bill a client;
- How to bill for services provided to primary care case management (PCCM) clients;
- Billing for clients eligible for both Medicare and Medicaid;
- Third-party liability; and
- Record keeping requirements.

Completing the 2006 ADA Claim Form

Note: Refer to the Agency *ProviderOne Billing and Resource Guide* at: http://hrsa.dshs.wa.gov/download/ProviderOne_Billing_and_Resource_Guide.html for instructions on completing the 2006 ADA Claim Form.

Note: You must correctly indicate the appliance date on all orthodontic treatment claims. The Agency accepts ONLY the 2006 ADA dental claim form. Any other dental claims will not be processed and will be returned to the providers.

Remember: If you submit your claims electronically, the Agency will be able to process them faster.