

Prior Authorization Requirements for Orthodontic Services and Crossbite Therapy to Change for the CSHCN Services Program

Information posted September 30, 2011

Effective for dates of service on or after October 1, 2011, prior authorization requirements will change for orthodontic services and crossbite therapy for the Children with Special Health Care Needs (CSHCN) Services Program.

In addition to all other required documentation, prior authorization requests for orthodontic services and crossbite therapy will now require the following:

- Diagnostic models
- Cephalometric radiograph with tracing
- Facial photographs
- Full series of radiographs or a panoramic radiograph

Prior authorization requests for orthodontic treatment or crossbite therapy that are submitted without a [CSHCN Services Program Prior Authorization Request for Dental or Orthodontia Services form](#), diagnostic model, radiographs (X-rays), and any other necessary supporting documentation will not be considered and will be returned to the provider as incomplete. Requests submitted with damaged diagnostic models will also be returned to the provider as incomplete.

Note: *Diagnostic models, radiographs (X-rays), and any other paper diagnostic tools that are submitted to TMHP will be returned to the submitting provider.*

For more information, call the TMHP-CSHCN Services Program Contact Center at 1-800-568-2413.