Benefit Information for Clients with Cleft Palates

Information posted October 24, 2008

Reminder: Texas Health Steps (THSteps) clients with cleft palates are eligible for THSteps dental and orthodontic benefits.

Orthodontic services to improve function are a benefit for Texas Health Steps (THSteps) clients with severe handicapping malocclusion, cleft palates with gross handicapping malocclusion, and deviations due to severe facial trauma or crossbite. Orthodontic services for cosmetic purposes only are not a benefit of Texas Medicaid or THSteps.

Orthodontic services include correction of severe handicapping malocclusion as measured on the Handicapping Labiobuccal Deviation (HLD) Index. Cleft palate cases do not have to meet the HLD 26-point scoring requirement; however, providers must submit a sufficient narrative and/or outline of the proposed treatment plan when requesting authorization for orthodontic services on cleft palate cases.

Comprehensive orthodontic services (procedure code D8080) are restricted to clients who are 12 years of age or older or who have exfoliated all primary dentition.

The orthodontic diagnostic workup procedures are considered to include the workup and any necessary appliances. Procedure codes D0330, D0340, D0350, and D0470 will be denied when billed with procedure code D8050, D8060, or D8080.

Appliances required as part of the cleft palate treatment plan may be reimbursed separately when billed with an appropriate procedure code. Special orthodontic appliances may also be used with full banding and crossbite therapy with approval by the Texas Medicaid & Healthcare Partnership (TMHP) Dental Director. Full banding is allowed on permanent dentition only, and treatment should be accomplished in one stage and is allowed once per lifetime.

Exception: Cases of mixed dentition are permitted when the treatment plan includes extractions of remaining primary teeth or cleft palate.

Prior authorization is required for all THSteps orthodontic services except for procedure code D8660. Procedure code D8660 may be reimbursed when no other orthodontia services or treatments are requested or provided within six months of the visit and one of the following occurs:

- The client is referred to an orthodontist and elects to receive services from another orthodontic provider for justifiable reasons.
- The client must make repeat visits at different age levels to determine the appropriate time to initiate orthodontic treatment.

Prior Authorization

If orthodontic treatment is medically indicated, providers are responsible for obtaining prior authorization for a complete orthodontic treatment plan while the client is 20 years of age or younger and eligible for Texas Medicaid and THSteps.
The prior authorization request must contain the date of service that the orthodontic records were produced. If the request is approved, the date that the records were produced is considered to be the date on which orthodontic treatment begins. Approved orthodontic treatment must be initiated before the loss of Medicaid eligibility and completed within 36 months of the authorization date.

Orthognathic surgery, which includes extractions that are required or provided in conjunction with the application of braces, must be completed while the client is Medicaid-eligible in order for reimbursement to be considered.

Requests for orthodontic services must be accompanied by all the following documentation:

- An orthodontic treatment plan. The treatment plan must include all procedures that are required to complete full treatment, such as extractions, orthognathic surgery, upper and lower appliance, monthly adjustments, anticipated bracket replacements, appliance removal, if indicated, and special orthodontic appliances. The treatment plan should incorporate the least number of appliances required to treat the case properly. Requests for multiple appliances to treat an individual arch are reviewed for duplication of purpose.
- Cephalometric radiograph with tracing models.
- Completed and scored HLD sheet with diagnosis of Angle class. Cleft palate cases do not have to meet the HLD 26-point scoring requirement.
  - Providers should submit a cleft palate case with mixed dentition only if the narrative shows why treatment before the client is in the full dentition can be justified. Intermittent treatment requests may exceed the allowable 26 reimbursable treatment visits.
- Facial photographs.
- Full series of radiographs or a panoramic radiograph. Diagnostic-quality films are required. Copies are accepted, and radiographs will not be returned to the provider.
- Any additional pertinent information as determined by the dentist or requested by TMHP’s Dental Director.

The provider should ensure that radiographs, photographs, and other information are properly packaged to avoid damage.

A completed THSteps Dental Mandatory Prior Authorization Request Form, along with all required documentation, must be submitted to the following address to request prior authorization:

Texas Medicaid & Healthcare Partnership
THSteps and ICF-MR Dental Authorization
PO Box 202917
Austin, TX 78720-2917

Providers may refer to the 2008 Texas Medicaid Provider Procedures Manual, Section 19.18, “Orthodontic Services (THSteps)” for additional orthodontic services benefit information.

For more information, call the Dental Inquiry Line at 1-800-568-2460.