

# Why listen to me?

- 1972: B.S. Applied Physics in Electrical Engineering, Tufts University
- 1975: D.M.D. Washington University School of Dental Medicine
- 1978: M.S. in Orthodontics, St. Louis University
- 1978-2020: Private Orthodontic Practice, Century Orthodontics, Manchester Mo
- 1980-1990 (school closes): Adjunct Professor, Washington University School of Dental Medicine, Orthodontic Department
- 2008 –present: member, Missouri HealthNet Division, Dental Advisory Committee
- 2011-present: Orthodontic Consultant, Missouri HealthNet
- 2014-present: Assistant Professor, Missouri School of Dentistry and Oral Health
- 2014-present: Specialty Care Unit Director (orthodontics), MOSDOH

# I treated Medicaid patients in my private office for over 10 years...the last few years exclusively Medicaid

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# Missouri Medicaid Program

I am the orthodontic consultant for the Mo HealthNet  
medicaid dental program



# Why did I start?

I got tired of simple Invisalign cases!



I wanted to do more cases like this!



Which patient really needs your level of expertise?



Which patient's treatment is really life changing?





**THINGS YOU  
SHOULD KNOW**

You don't have to take everyone who calls...you may limit the number of Medicaid patients to as many or as few as you wish





As long as you treat these patients with the normal 'standard of care' nobody at the State will be looking over your shoulder and monitoring your treatment  
This took me less than one year of treatment...I just did things differently!



# New fees!

D8080	Comprehensive Orthodontic Treatment of Adolescent Dentition	\$4,487.20
D8680	Orthodontic Retention (Removal Of Appliances/Placement Of Retainers) Not Part Of Contract Treatment	\$407.20
D8696	Rep Of Ortho Appliance Max	\$202.40
D8697	Rep Of Ortho Appliance Man	\$200.80
D8698	Recement Fixed Retainer Max	\$220.80
D8699	Recement Fixed Retainer Man	\$222.40
D8701	Repair Fixed Retainer Max	\$257.60
D8702	Repair Of Fixed Retainer Man	\$250.40
D8703	Replace Broken Retainer Max	\$240.80
D8704	Replace Broken Retainer Man	\$240.80

# Who Qualifies

**Dental Insurance**

**is it Covered by Medicare?**

**MEDICARE HEALTH INSURANCE**

MEMBER NAME  
**JOHN L. SMITH**

MEMBER IDENTIFICATION NUMBER  
**TE04-TES-88672**

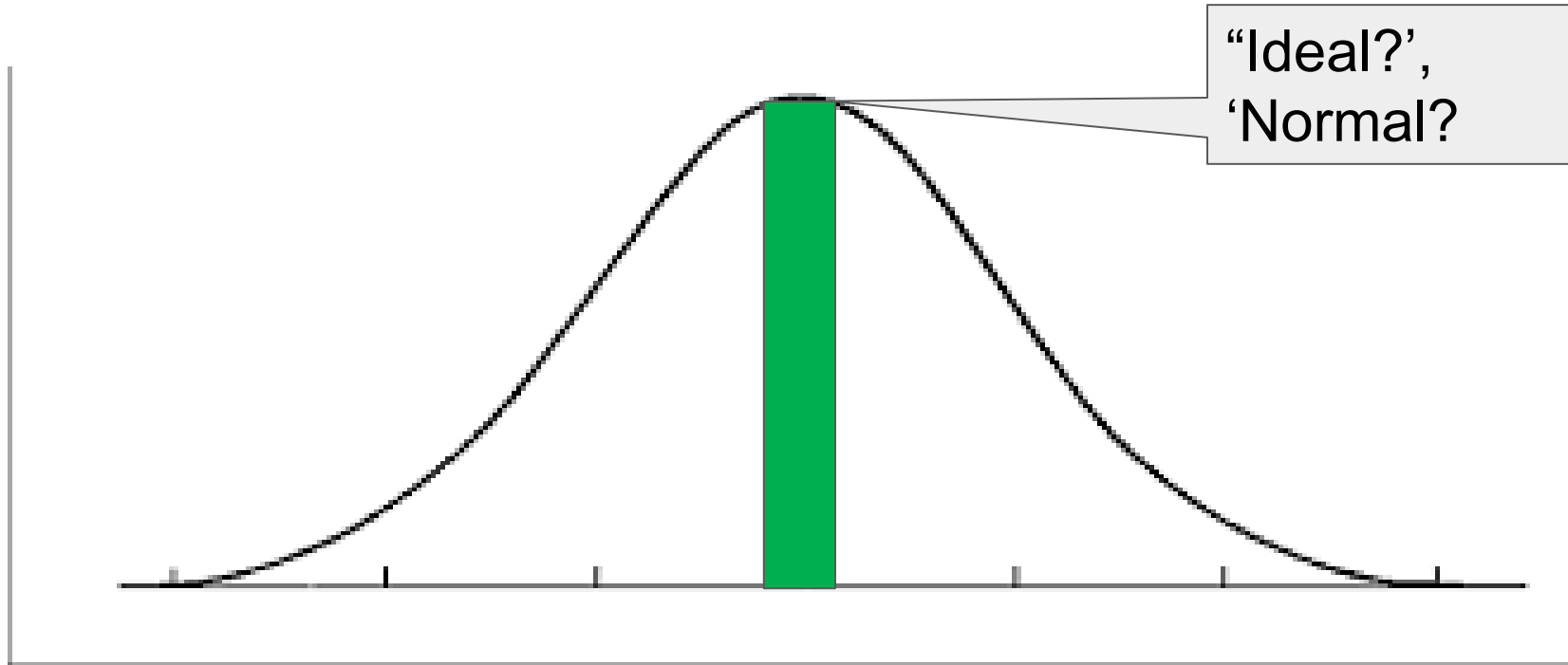
Effective Date of Enrollment  
**HOSPITAL (PART A) 03-01-20**

Effective Date of Enrollment  
**MEDICAL (PART B) 03-01-20**

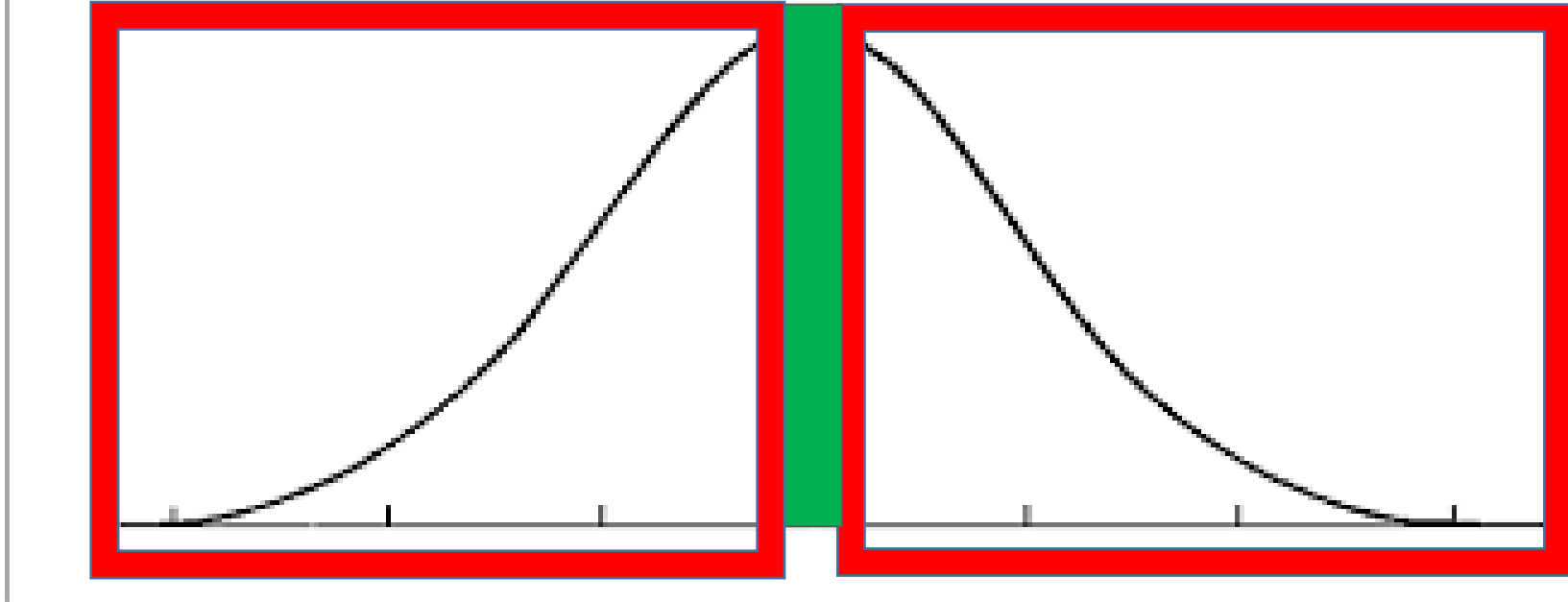
[www.InsuranceCenterHelpline.com](http://www.InsuranceCenterHelpline.com)

The graphic includes a magnifying glass icon over the Medicare card and a tooth icon below it. A large 'SAMPLE' watermark is visible across the center.

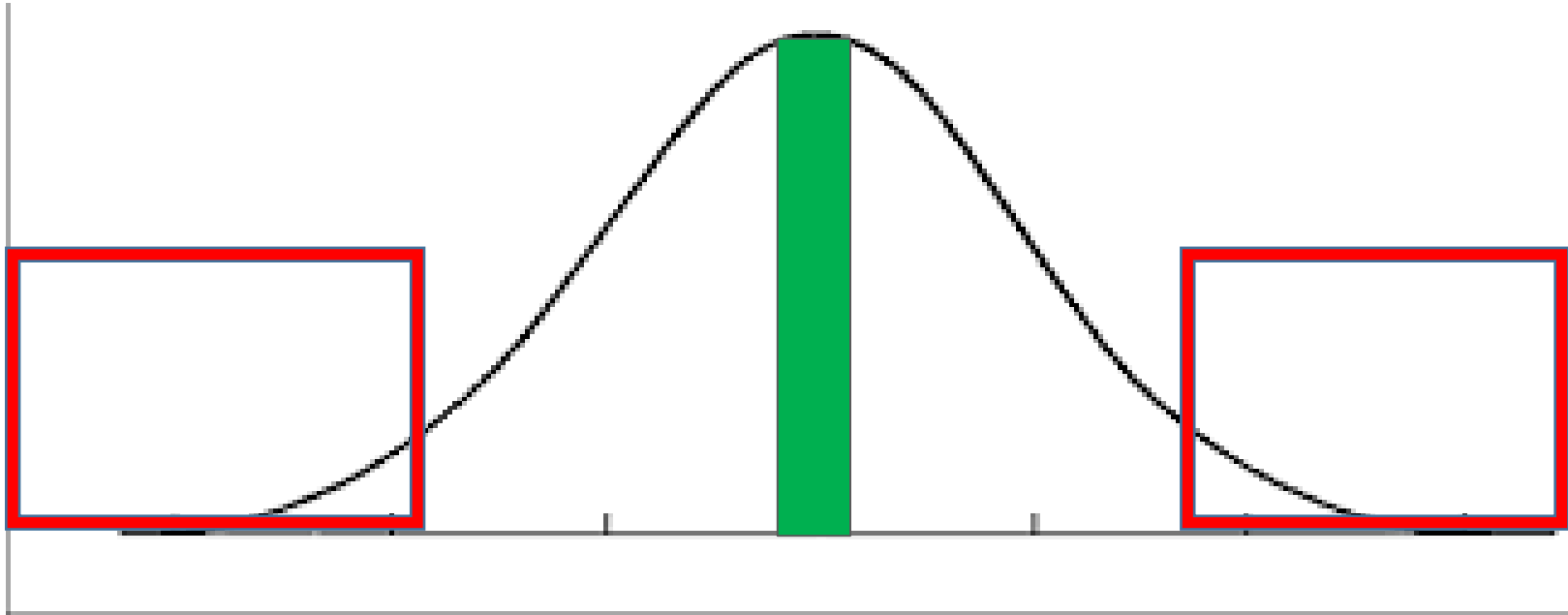
# Most Orthodontic problems are not a disease but a variation from “ideal”



# Scope of 'Utopian' Orthodontic Care!



**Scope of Medicaid covered Tx.  
Only the extremes can be considered for  
taxpayer funded orthodontic treatment**



# General requirements

- Patient must be enrolled in one of the current Missouri Medicaid dental managed care programs
- Patient must have a primary care dentist that they see regularly and are up to date on treatment (no untreated decay etc.)
- Patient must exhibit excellent oral hygiene
- Patient must be willing to undergo long-term treatment and parents must be able to make appointments

# Really two programs

- Comprehensive full brace treatment

MO HealthNet

HANDICAPPING LABIO-LINGUAL DEVIATION INDEX SCORE SHEET

Providers should complete, sign and submit this form to determine whether or not a participant will be approved for orthodontia services. The form must be fully completed and must be submitted with a Prior Authorization form. Refer to MO HealthNet Orthodontia Coverage Criteria on page two of this form and to the Dental Provider Manual for more information.

Name: \_\_\_\_\_ MO HealthNet ID Number: \_\_\_\_\_ Date of Birth: \_\_\_\_\_

**All Dental Work Must Be Completed and Oral Hygiene Must Be Good BEFORE Orthodontic Treatment is Approved.**

All Necessary Dental Work Completed?  Yes  No Patient Oral Hygiene:  Yes  No

**Procedure (Use This Score Sheet and a Ruler Gauge if Deposible Ruler)**

Indicate Which Criteria Being Submitted for Review and Complete The Appropriate Section  
 Score:  A – Automatic Qualifier  
 B – Must Score 28 Points or More to Qualify  
 C – Medical Necessity

**A. Automatic Qualifier**

Cleft Palate  
 Deep impinging bite with signs of tissue damage, not just touching palate  
 Anterior cross bite with gingival recession  
 Severe Traumatic deviation (i.e., accidents, tumors, etc. attach description)  
 Overjet 9 mm or greater or reverse overjet 3.5 mm or greater  
 Irregular maxillary central incisor (can be 7% in early mixed dentition)

**B. Must Score 28 Points or More to Qualify**

Overjet	One upper central incisor to labial of the most labial lower incisor	mm	x 1 =	
Overbite	Maxillary central incisor relative to lower anterior	mm	x 1 =	
Underbite	Mandibular protrusion, reverse overjet	mm	x 5 =	
Openbite	Measure from a maxillary central incisor to mandibular incisors	mm	x 4 =	
Ectopic teeth	Excluding third molars – If anterior crowding and ectopic eruption are present in the anterior portion of the mouth, score only the most severe condition, do not score both	# teeth	x 3 =	
Anterior crowding of maxilla	Greater than 3.5 mm, if present score	1	x 5 =	
Anterior crowding of mandible	Greater than 3.5 mm, if present score	1	x 5 =	
Labio-Ling	Either measure a displaced tooth from the normal arch form	mm	x 1 =	

Ural spread	or labio-lingual distance between adjacent anterior teeth			
Posterior Crossbite	One must be a molar; score only one time; is present score	1	x 4 =	

Must Score 28 Points or More to Qualify; Total Score: \_\_\_\_\_

**C. Medical Necessity**

MO HealthNet will consider whether orthodontia services should be provided based upon other evidence that orthodontia services are medically necessary as indicated in Section 13.42.C of the Dental Provider Manual and in 13 CSR 10. 05-010(05C). The treating dentist/orthodontist must submit a written detailed explanation of the medical necessity of the orthodontia services along with the completed Handicapping Labio-Lingual Deviation (HLD) Index, PA request form and treatment plan.

Provider Signature: \_\_\_\_\_ Date: \_\_\_\_\_

'Interceptive' treatment under the federal Early Periodic Screening, Diagnosis and Treatment regulations

## 13.41.C EXPANDED HCY SERVICES

The Omnibus Reconciliation Act of 1989 (OBRA 89) mandated that Medicaid-covered services be provided for participants *under the age of 21* when the service is medically necessary, regardless of whether the service is covered by the State Medicaid Plan.

## 19.1.L ORTHODONTIC SERVICES

D8010 Limited orthodontic treatment of the primary dentition P.A. required. 0-20 MP/PA

D8020 Limited orthodontic treatment of the transitional dentition P.A. 0-20 MP/PA required.

D8030 Limited orthodontic treatment of the adolescent dentition. P.A. required.0-20 MP/PA

D8040 Limited orthodontic treatment of the adult dentition P.A. required. 0-20 MP/PA

D8050 Interceptive orthodontic treatment of the primary dentition P.A.required.0-20 MP/PA

D8060 Interceptive orthodontic treatment of the transitional dentition P.A.required.0-20 MP/PA

D8070 Comprehensive orthodontic treatment of the transitional dentition P.A. required.

0-20 MP/PA

D8080 Comprehensive orthodontic treatment of the adolescent dentition P.A. required.



# General requirements for comprehensive treatment

- Patient must have no remaining primary teeth EXCEPT for the following
  - Patient is 13 or older but no older than 21
  - Primary teeth are retained due to ectopic or missing permanent teeth
  - Patient has certain specific orthodontic problems
    - Cleft palate
    - Impacted central incisors
    - Documented problems that require immediate treatment

## HANDICAPPING LABIO-LINGUAL DEVIATION INDEX SCORE SHEET

Providers should complete, sign and submit this form to determine whether or not a participant will be approved for orthodontia services. The form must be fully completed and must be submitted with a Prior Authorization form. Refer to MO HealthNet Orthodontia Coverage Criteria on page two of this form and to the Dental [Provider Manual](#) for more information.

Name	MO HealthNet ID Number	Date of Birth
------	------------------------	---------------

**All Dental Work Must Be Completed and Oral Hygiene Must Be Good BEFORE Orthodontic Treatment is Approved**

All Necessary Dental Work Completed? <input type="checkbox"/> Yes <input type="checkbox"/> No	Patient Oral Hygiene: <input type="checkbox"/> Yes <input type="checkbox"/> No
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**Procedure (Use This Score Sheet and a Boley Gauge or Disposable Ruler)**

Indicate Which Criteria Being Submitted for Review and Complete The Appropriate Section Below:

- A – Automatic Qualifiers
- B – Must Score 28 Points or More to Qualify
- C – Medical Necessity

**A. Automatic Qualifiers**

- Cleft Palate
- Deep impinging bite with signs of tissue damage, not just touching palate
- Anterior cross bite with gingival recession
- Severe Traumatic deviation (i.e., accidents, tumors, etc. attach description)
- Overjet 9 mm or greater or reverse overjet 3.5 mm or greater
- Impacted maxillary central incisor (can be TX in early mixed dentition)

**B. Must Score 28 Points or More to Qualify**

Overjet	One upper central incisor to labial of the most labial lower incisor	mm		x 1 =
Overbite	Maxillary central incisor relative to lower anteriors	mm		x 1 =
Underbite	Mandibular protrusion, reverse overjet	mm		x 5 =
Openbite	Measure from a maxillary central incisor to mandibular incisors	mm		x 4 =
Ectopic Teeth	Excluding third molars – If anterior crowding and ectopic eruption are present in the anterior portion of the mouth, score only the most severe condition, do not score both	# teeth		x 3 =
Anterior crowding of maxilla	Greater than 3.5 mm, if present score		1	x 5 =
Anterior crowding of mandible	Greater than 3.5 mm, if present score		1	x 5 =
Labio-Lingual spread	Either measure a displaced tooth from the normal arch form or labial-lingual distance between adjacent anterior teeth	mm		x 1 =
Posterior Crossbite	One must be a molar, score only one time, is present score		1	x 4 =

**Must Score 28 Points or More to Qualify: Total Score:**

**C. Medical Necessity**

MO HealthNet will consider whether orthodontia services should be provided based upon other evidence that orthodontia services are medically necessary as indicated in Section 13.42.C of the Dental Provider Manual and in 13 CSR 70-35.010(5)(C). The treating dentist/orthodontist must submit a written detailed explanation of the medical necessity of the orthodontia services along with the completed Handicapping Labio-Lingual Deviation (HLD) Index, PA request form and treatment plan.

Provider Signature	Date
--------------------	------

**MO HealthNet Orthodontia Coverage Criteria**

- (A) To be eligible for orthodontia services, the participant must meet all of the following general requirements:
1. Be under 21 years of age; and
  2. Have all dental work completed; and
  3. Have good oral hygiene documented in the child's treatment plan; and
  4. Have permanent dentition. Exceptions to having permanent dentition are as follows:
    - A. Participant has a primary tooth retained due to ectopic or missing permanent tooth; or
    - B. Participant may have primary teeth present if they have cleft palate, severe traumatic deviations, or an impacted maxillary central incisor; or
    - C. Participant may have primary teeth if they are 13 years of age or older.
    - D. The orthodontia provider has provided to the Division written documentation which proves that orthodontic treatment is medically necessary under one of the criteria in (C) below.
- (B) The determination whether or not a participant will be approved for orthodontic services shall be initially screened using the Handicapping Labio-Lingual Deviation (HLD) Index. The HLD Index must be fully completed in accordance with the instructions in Section 14.3 of the MO HealthNet Dental Provider Manual and must be submitted with the Prior Authorization (PA) form. MO HealthNet will approve orthodontic services when the participant meets all the criteria in section (A) above and one of the criteria listed in paragraphs 1 to 7 below:
1. Has a cleft palate;
  2. Has a deep impinging overbite when the lower incisors are damaging the soft tissue of the palate (lower incisor contact only on the palate is not sufficient);
  3. Has a cross-bite of individual anterior teeth when damage of soft tissue is present;
  4. Has severe traumatic deviations;
  5. Has an over-jet greater than nine millimeter (9mm) or reverse over-jet of greater than three and one-half millimeters (3.5mm);
  6. Has an impacted maxillary central incisor; or
  7. Scores twenty-eight (28) points or greater on the HLD Index.
- (C) If the participant does not meet any of the criteria in subsection (B), MO HealthNet will consider whether orthodontic services should be provided based upon other evidence that orthodontic services are medically necessary as indicated in Section 13.42.C of the MO HealthNet Dental Provider Manual and in 13 CSR 70-35.010 (5)(C). The treating orthodontist/dentist must submit a written, detailed explanation of the medical necessity of the orthodontia services along with the completed HLD Index, the prior authorization request form and treatment plan. All documentation must be completed, signed and dated by the treating orthodontist/dentist. If medical necessity is based on a medical condition (as stated in 13 CSR 70-35.010 (5)(C)(2)), additional documentation from a licensed medical doctor, board certified to diagnose the medical condition, justifying the need for the orthodontia services must be submitted along with documentation from the treating orthodontist/dentist. Likewise, if medical necessity is based on the presence of mental, emotional, and/or behavioral problems, disturbances or dysfunctions (as stated in 13 CSR 70-35.010 (5)(C)(3)), additional documentation from a licensed psychiatrist or a licensed psychologist who has limited his or her practice to child psychiatry or child psychology justifying the need for orthodontia services must be submitted along with the required documentation from the treating orthodontist/dentist.

# Missouri Medicaid

## A. Automatics

1. 9 mm overjet or 3.5 mm underbite (underjet!)
2. Cleft palate
3. Deep bite with tissue damage
4. Anterior crossbite with tissue damage
5. Severe traumatic deviation
6. Impacted maxillary incisor



# Missouri Medicaid

## A. Automatics

1. 9 mm overjet or 3.5 mm underbite (underjet!)
2. Cleft palate
3. Deep bite with tissue damage
4. Anterior crossbite with tissue damage
5. Severe traumatic deviation
6. Impacted maxillary incisor

## B. Or 28 points on the Handicapping Labio-Lingual Deviation (HLD) index

# This is how hard it can be to get to 28 points!

U and L crowding 10 pts

Overjet 7 points

Overbite 5 points

Lab-Ling 7 points

Total 29!



# Missouri Medicaid

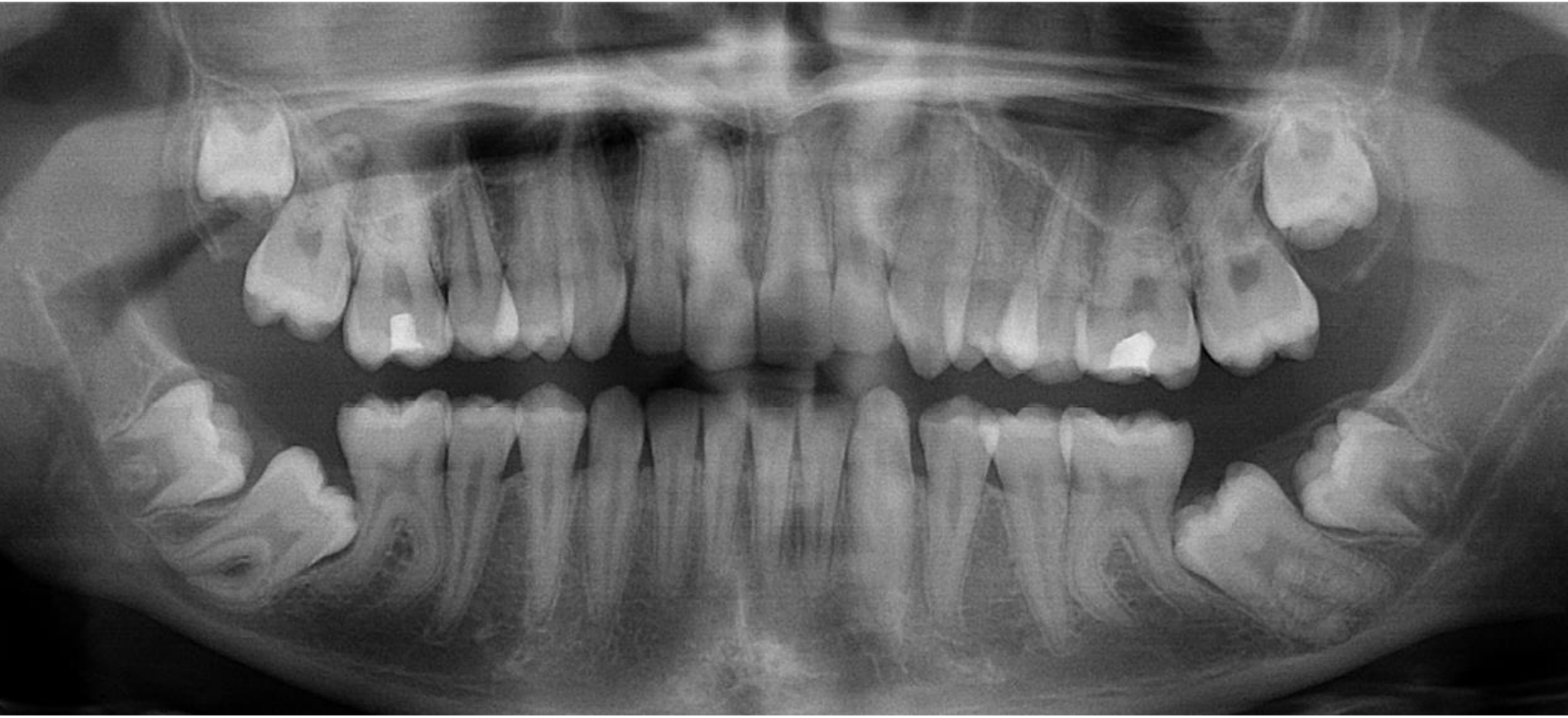
## A. Automatics

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5. Severe traumatic deviation
6. Impacted maxillary incisor

## B. Or 28 points on the Handicapping Labio-Lingual Deviation (HLD) index

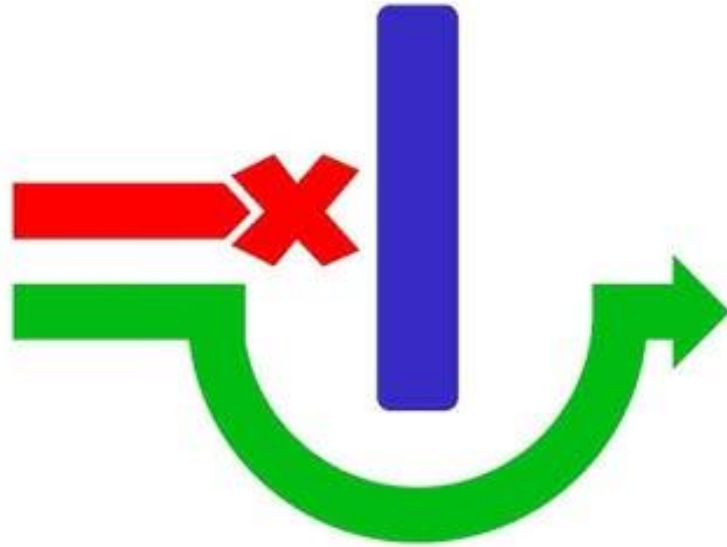
## C. Medical Necessity































Medical Necessity is an underused option!



# Medical (dental) necessity boilerplate paragraphs

... > Medical Necessity > Medical Necessity Para... ▾ ⓘ

Type ▾ People ▾ Modified ▾

Name ↓	Owner
 xrays ⓘ	 me
 transfer pts. ⓘ	 me
 spaces and bimax ⓘ	 me
 Removals ⓘ	 me
 psychologic ⓘ	 me
 posterior openbite ⓘ	 me
 posterior constriction ⓘ	 me
 perio ⓘ	 me
 Missing teeth ⓘ	 me
 impaction ⓘ	 me
 deepbite ⓘ	 me
 crowding-gingival recession ⓘ	 me

# Narrative example for Medical Necessity Approval

This is a request for coverage of orthodontic treatment based on medical necessity as described in Subsection 13.43.C of the MO HealthNet regulation. The participant does not meet the HLD index criteria for orthodontic treatment. However; there are deviations if left untreated will cause irreversible damage to the teeth and underlying structures, resulting in disease-related bone loss and possible tooth loss.

A posterior open-bite malocclusion by its nature is a form of traumatic occlusal disease that warrants coverage based on medical necessity. It is a craniofacial deformity associated with developmental disabilities in chewing and speaking as described in Subsection 13.43.C(1) of MO HealthNet regulation. Lack of posterior occlusion creates traumatic occlusal forces on the anterior teeth that can cause irreversible damage to the teeth and underlying structures. These forces affect gingival attachment loss, increased tooth mobility and alveolar bone loss. Occlusal disease is a destructive disease that can also cause tooth sensitivity, excessive attrition of tooth enamel, abfractions, and temporomandibular dysfunction related to masticatory muscle fatigue and pain.

Comprehensive orthodontic treatment and/or orthognathic surgical procedures are necessary to restore the participant's oral structures to health and function.

Thank you for your consideration of this request for coverage of these procedures.

Sincerely,

# Narrative example for Medical Necessity Approval

Kamiyah has severely impacted maxillary canines. Without treatment the following problems are at risk

- Resorption of roots of adjacent teeth
- Drifting of teeth due to arch collapse
- Extreme difficult to resolve dental problems when the primary canines are eventually lost as there will unlikely be enough room to place prosthetic canines of normal size and the presence of the impacted tooth would preclude implant placement without major surgical intervention
- Periodontal problem if the impacted tooth erupts to the point where there is a connection to the oral environment but is prevented from fully erupting
- Damage to the bone support of adjacent teeth
- Dentigerous Cyst, Odontogenic Keratocyst, etc.

Furthermore, a recent whitepaper, put out by the American Association of Orthodontists includes impacted teeth as a medical necessity definition: “impactions where eruption is impeded but extraction is not indicated (excluding third molars)”

Even if there are no immediate problems, failure to resolve impacted teeth (unlike failure to align crooked teeth) will result in more serious future problems if orthodontic treatment is ever desired, as it becomes progressively more difficult to bring impacted teeth into the arch as the patient ages.

Finally, the EPSDT standards require reasonable and timely correction of developmental problems

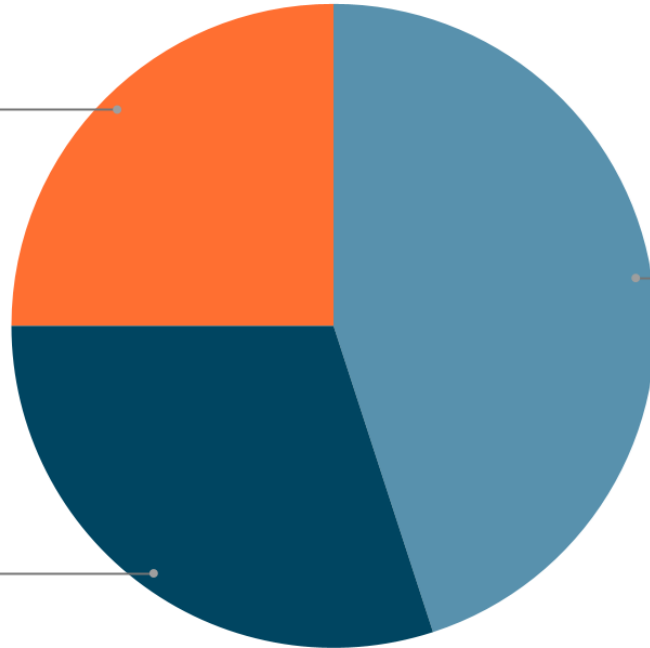
# My best guess on how patients 'should' qualify

Points scored

M. N.  
25.0%

HLD  
30.0%

Auto  
45.0%



## The second pathway



**And Dental!**

The second system covers interceptive and limited treatments. If a recipient does not qualify with an HLD score of 28 points or one of the automatic qualifiers listed, he/she may be eligible for services under the Health Kids (EPSDT) exception:

Missouri regulations leave little flexibility regarding what cases qualify for comprehensive treatment. There is however more leeway when it comes to limited or interceptive treatment options



Medicaid is a joint federal-state partnership program administered by the Centers for Medicare & Medicaid Services (CMS).

Congress enacted the Early and Periodic, Screening, Diagnostic, and Treatment (EPSDT) services benefit as part of the federal Medicaid Program.

- Defined the benefit in 1967 and expanded it in 1989



For this reason, there are times when the patient does not qualify for comprehensive treatment, but would benefit from a more limited or interceptive option. Common examples:

1. A patient with relatively well aligned teeth but a very deep bite. Even with palatal impingement, if there is no sign of actual tissue damage, the patient will not qualify for comprehensive treatment. For such a patient, a simple biteplate appliance could prevent any tissue damage
2. A patient with crossbites of anterior teeth that has, as of yet, not caused tissue damage. For such patients a simple removable appliance can result in a “maintenance of dental health”
3. A patient with flared and spaced out maxillary anterior teeth that are disfiguring and potentially prone to damage can often be helped with a simple removable appliance
4. A patient with a constricted maxilla that could be helped with either a fixed or removable expander type appliance
5. A patient who, due to premature loss of a primary second molar, now has no room for the second premolar to erupt because of mesial drift of the first molar
6. A patient with missing teeth who needs the remaining teeth consolidated to construct an acceptable prosthetic appliance
7. A patient with a severe maxillary constriction and retrognathia who requires palatal expansion and reverse pull headgear



Before you even look into the mouth!



This is what you say!



*"BEFORE I EVEN LOOK AT YOUR CHILD LET ME TELL YOU THAT I AM SURE THEY HAVE AN ORTHODONTIC PROBLEM AND THAT I MIGHT EVEN RECOMMEND TREATING IT NOW.... HOWEVER, THERE ARE STRICT REGULATIONS ON WHICH PROBLEMS ARE COVERED UNDER MEDICAID. VERY FEW PATIENT ARE APPROVED!"*

*"THERE IS GOOD NEWS AND BAD NEWS. ONE WOULD BE: BAD NEWS..YOUR KID DOESN'T QUALIFY...GOOD NEWS...THEY DON'T HAVE A HORRIBLE ORTHODONTIC PROBLEM! ...WOULD YOU RATHER I SAID THE OPPOSITE?"*

# Cover these points

- “I’m sure your son or daughter HAS orthodontic problem!”
- In fact, most kids have some orthodontic issues
- BUT...most orthodontic problems do NOT qualify for Medicaid treatment
- WHY...because Medicaid is designed to provide treatment only for the most severe problems...simply not enough money to cover everyone
- The vast majority of my non-Medicaid patients would NOT qualify for Medicaid treatment!
- Not my decision but State and managed care company decisions

# Help them accept rejection

- Only really terrible problems qualify...do you really want your child to have a terrible orthodontic problem?
- There are alternatives to Medicaid
  - Smiles change lives has less restrictive criteria and is very affordable
  - There is no age limit for orthodontic treatment...your child still can get treatment in the future
  - If the child's orthodontic issues get worse they can be rescreened for approval



**smileschangelives**®

bracing kids for a better future

# Trouble getting approval?

[rwaxler@yahoo.com](mailto:rwaxler@yahoo.com) or [rwaxler@atsu.edu](mailto:rwaxler@atsu.edu)



## Managed Care Appeals

**What is an appeal, a grievance and a State Fair Hearing?**  
An appeal is a review by a Managed Care Organization (MCO) of an adverse benefit determination (i.e., denial, reduction, suspension or end of a requested or approved service or payment for a service). A grievance is dissatisfaction about any matter other than an adverse benefit determination, i.e., quality of care or services provided. A State Fair Hearing may be requested after a determination is upheld by the MCO.

**Who can file an appeal?**  
MCO members, a provider or an authorized representative may request an appeal on behalf of a member with the member's written consent, with the exception that providers cannot request continuation of benefits.

**How to file an appeal:**

Healthy Blue	Home State Health	United HealthCare
You must file an appeal within 60 days from the date of the Notice of Adverse Benefit Determination.	You must file an appeal within 60 days from the date of the Notice of Adverse Benefit Determination.	You must file an appeal within 60 days from the date of the Notice of Adverse Benefit Determination.
You may file by calling (855) 860-9122, fax to (855) 860-9122 or in writing to: Healthy Blue Grievance & Appeal Representative PO Box 62429 Virginia Beach, VA 23466-2509	You may file by calling (855) 694-4663 or in writing to: Home State Health 11720 Borman Drive St Louis MO, 63146	You may file by calling (866) 292-0359 or in writing to: UnitedHealthcare Community Plan, Grievances & Appeals PO Box 31364 Salt Lake City, UT 84131-0364
For help with a HB appeal, call (855) 388-1467	For help with a HSH appeal, call (855) 694-4663, TTY 711. Call (877) 236-1020 for Show Me Healthy Kids, TTY 711.	For help with a UHC appeal, call (866) 292-0359, TTY 711
HB will notify you within 10 days to let you know they got your appeal, and will provide a written determination within 30 days	HSH will give you written notice of a decision within 30 calendar days unless it is an expedited review	UHC will notify you within 10 days to let you know they got your appeal, and will provide a written determination within 30 days

**State Fair Hearing**  
MCO Members, providers or authorized representatives may request a State Fair Hearing when the appeal is not decided in the member's favor by writing to MO HealthNet Division, Constituent Services Unit, PO Box 6500, Jefferson City MO 65102-6500 or by fax to (573) 526-2471. For questions about State Fair Hearings, call (800) 392-2161.

MoHealthNet | UnitedHealthcare | Healthy Blue | home state health. | Show Me Healthy Kids

Missouri Department of SOCIAL SERVICES  
The appeal process may vary by MCO, contact the specific MCO for additional information.