

---

 Orthodontic Treatment
 

---

4.205 ~~7314~~ Orthodontic Treatment (12/26/2012, 12-07)4.205.1 Definition

For the purposes of this rule, the term:

- (a) ~~“Medically necessary o~~**“Medically necessary o**Orthodontic treatment” means involves the use of one or more prosthetic devices to correct or prevent a severe malocclusion.
- (b) **“Limited orthodontic treatment”** means orthodontic treatment with a limited objective, not necessarily involving the entire dentition.
- (c) **“Interceptive orthodontic treatment”** means treatment before a malocclusion has fully developed.
- (d) **“Comprehensive Orthodontic Treatment”** means treatment for major or minor malocclusions.

~~—[See 42 CFR §440.120(e)]~~

4.205.2 Covered Services (12/26/21012, 12-07)

Medically necessary ~~services-orthodontic~~ treatments include but are not limited to the following categories:

- (a) Limited ~~o~~**Orthodontic t**Treatment.
- (b) Interceptive ~~o~~**Orthodontic t**Treatment.
- (c) Comprehensive ~~o~~**Orthodontic t**Treatment, and
- (d) Orthodontic ~~t~~**Treatment to c**Control h**Harmful h**Habits.

~~The Dental Fee Schedule contains a detailed list of covered orthodontic procedures and indicates which require prior authorization.~~

7314.14.205.3 Eligibility for Care (12/26/2012, 12-07)

Medically necessary orthodontic treatments are covered for beneficiaries who are:

- (a) ~~Beneficiaries U~~nder the age of 21 or;
- (a)(b) ~~—when such services are medically necessary; or~~ Pregnant women through the duration of their pregnancy and through the end of the calendar month during which the 60th day following the end of pregnancy occurs. ~~—when such services are medically necessary~~

4.205.4 ~~7314.2~~ Qualified Providers (12/26/2012, 12-07)

~~Interceptive or comprehensive O~~orthodontic treatment services must be provided by a licensed dentist ~~or orthodontist working within the scope of his or her practice and~~ enrolled in the Green Mountain Care Network in Vermont Medicaid.

4.205.5 Conditions for Coverage

- ~~—To be considered medically necessary, the beneficiary's condition must have one major or two minor malocclusions according to diagnostic criteria adopted by DVHA or if otherwise necessary under EPSDT found at rule 2.02 (e).~~
- (a) Coverage for orthodontic treatments is limited to those that are medically necessary to correct or prevent a severe malocclusion according to diagnostic criteria adopted by the Department of Vermont Health Access, or if a beneficiary has a functional impairment that is equal to or greater than the severity of a functional impairment resulting from meeting the diagnostic criteria.

---

## Orthodontic Treatment

---

(b) Orthodontic treatments for cosmetic purposes are not covered.

~~7314.5 Reimbursement (12/26/2012, 12-07)~~

~~Approved interceptive treatment is reimbursed in one installment when treatment is started.~~

~~Comprehensive orthodontic services are reimbursed in four one installments. The first pPayment is made when treatment is started. The next three payments are made at the end of subsequent six-month intervals. As long as the beneficiary is eligible on the first day of the six-month period, full payment will be made for that period, except when the beneficiary will lose coverage during the period due to age limits. In the latter case, partial payment will be made for that portion of the period in which the beneficiary was eligible.~~

~~If a beneficiary is receiving orthodontic services and becomes eligible for Medicaid coverage and the treatment plan is approved by the DVHA, a partial payment will be made based on the portion of the period covered by Medicaid.~~

~~Reimbursement for orthodontic services is described in the Dental Supplement and the Dental Fee Schedule.~~

~~7314.4 4.205.6 Prior Authorization Requirements (12/26/2012, 12-07)~~

Prior authorization is required for all orthodontic treatment.