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## Orthodontic Treatment

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### 4.205 Orthodontic Treatment

#### 4.205.1 Definition

For the purposes of this rule, the term:

- (a) **“Orthodontic treatment”** means 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.

#### 4.205.2 Covered Services

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

- (a) Limited orthodontic treatment,
- (b) Interceptive orthodontic treatment,
- (c) Comprehensive orthodontic treatment, and
- (d) Orthodontic treatment to control harmful habits.

#### 4.205.3 Eligibility for Care

Medically necessary orthodontic treatments are covered for beneficiaries who are:

- (a) Under the age of 21 or;
- (b) Pregnant 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.

#### 4.205.4 Qualified Providers

Orthodontic treatment must be provided by a licensed dentist working within the scope of his or her practice and enrolled in Vermont Medicaid.

#### 4.205.5 Conditions for Coverage

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

#### 4.205.6 Prior Authorization Requirements

Prior authorization is required for all orthodontic treatment.

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