
Orthodontic Treatment

4.205 Orthodontic Treatment (05/12/2017, GCR 16-120)

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 comprehensive orthodontic treatment is limited to those that are medically necessary to correct a minimum of one major or two minor malocclusions 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 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.