

~~REPEALED RULE~~~~Orthodontic Treatment~~~~4.205 Orthodontic Treatment (05/12/2017, GCR 16-120)~~~~4.205.1 Definition~~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~~

-REPEALED RULE

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Orthodontic Treatment

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Prior authorization is required for all orthodontic treatment.