

PROVIDER MANUAL FOR

Medically Necessary Orthodontic Services



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Delta Dental of Wyoming & Kid Care CHIP

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Wyoming
Department
of Health

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Brent D. Sherard, M.D., M.P.H., F.A.C.P., Director and State Health Officer

Governor Dave Freudenthal

June 16, 2010

Dear Wyoming Orthodontist,

We want to sincerely thank you for considering participation in the Kid Care CHIP program. Our program is only successful because we have Dentists and Orthodontists such as yourself who are willing to see and treat our children. Within this manual, you will see information about the Kid Care CHIP program and our current need to establish an Orthodontic Network of Providers.

This manual was designed to provide an overview of information that will assist you in understanding the new Kid Care CHIP Medically Necessary Orthodontics program. Please remember that Kid Care CHIP is not part of Medicaid and is not an entitlement program. Kid Care CHIP was designed to provide health and dental insurance to uninsured children in Wyoming through a Public/Private partnership with Blue Cross Blue Shield and Delta Dental of Wyoming.

If you have any questions relating to the information contained in the manual please contact Delta Dental at 1-800-735-3379 or in Cheyenne at 632-3313. Additional information is available on the Kid Care CHIP website located at www.health.wyo.gov/CHIP.

Thank you for your time and consideration of this worthwhile program.

Sincerely,

Patricia Guzman, CHIP Director &
Kid Care CHIP Program Manager
Wyoming Department of Health

Sincerely,

Kerry P. Hall, CEO
President
Delta Dental of Wyoming

KidCareCHIP

Wyoming's Choice for Healthy Kids

Office of Health Care Financing • Children's Health Insurance Program
6101 Yellowstone Rd, Suite 210 • Cheyenne WY 82002
E-Mail: kidcarechip@health.wyo.gov • WEB Page: <http://health.wyo.gov/chip>
1-888-996-8786 • 1-877-KIDSNOW (543-7669) • Fax 307-777-7085



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KEY CONTACTS

Delta Dental of Wyoming

Hours are 8:00 a.m. to 5:00 p.m. Monday through Thursday and 8:00 a.m. to 4:00 p.m. Friday (Mountain Standard Time).

Provider Enrollment & Provider Relations: For questions regarding provider enrollment, recipient eligibility, payments, denials or general claims processing questions:

(800) 735-3379 or email @ dsluss@deltadentalwy.org
(307) 632-3313
(307) 632-7309 Fax

Written inquiries can be sent to: Delta Dental of Wyoming
Attn: Provider Relations
P.O. Box 29
Cheyenne, WY 82003-0029

Kid Care CHIP

Hours are 8:00 a.m. to 5:00 p.m. Monday through Friday (Mountain Standard Time).

Eligibility Concerns/Issues: For questions about coverage under the Kid Care CHIP Program or Issues regarding Eligibility please call:

(877) 543-7669 or email @ kidcarechip@health.wyo.gov
(307) 777-8923
(307) 777-7085 Fax

Written inquiries can be sent to: Kid Care CHIP
Wyoming Dept. of Health
6101 Yellowstone Rd, Suite 210
Cheyenne, WY 82002

PROGRAM INFORMATION

Overview of CHIP

Kid Care CHIP is the Children's Health Insurance Program (CHIP) which began in Wyoming in December 1999. Kid Care CHIP is not Medicaid or an entitlement program. The program provides health and dental insurance to uninsured children in families with incomes too high to qualify for Medicaid but too low to afford private health insurance. The Department of Health has been partnering with Blue Cross Blue Shield and Delta Dental of Wyoming since 2003 through a Public/Private Partnership to provide the health and dental insurance to all children enrolled in Kid Care CHIP.

This partnership has been extremely successful over the years. This system provides the fastest method of claims processing and payment to providers.

Due to new federal requirements, Kid Care CHIP will now be required to provide coverage for Medically Necessary Orthodontic Services. Not all children will be eligible for this portion of the program. This benefit will provide medically necessary orthodontic coverage to children that are deemed eligible for Kid Care CHIP and who are determined to meet the medical necessity and eligibility requirements for this program. Medical necessity will be determined by the Delta Dental Orthodontic Consultant.

When filing claims with the Kid Care CHIP program, the provider **agrees to accept the payment as payment in full**, unless there is a co-payment as indicated on each recipient ID Card. The provider CANNOT BILL the recipient for any part of the bill unless the Remittance Advice indicates a recipient liability, a co-payment applies to the services, or it is a non-covered service.

This Provider Manual is designed to aid dental providers in billing Delta Dental for the Kid Care CHIP Medically Necessary Orthodontic program. Providers must be enrolled in the Kid Care CHIP Network to provide services to participants under the Kid Care CHIP program administered by Delta Dental of Wyoming. Please contact Delta Dental of Wyoming with any specific questions regarding contracting or the services covered under the Wyoming Kid Care CHIP program. Addresses and telephone numbers are listed in the Key Contacts section of this manual.

Any questions regarding Eligibility or program benefits or plan design should be directed to Kid Care CHIP at 877-543-7669.

Any disputes or questions on claims should be directed to Delta Dental, Provider Relations at 800-735-3379.

Background on the Program:

The Children's Health Insurance Program Reauthorization Act (CHIPRA) was signed in February 2009 by President Obama. This act reauthorized CHIP and with this reauthorization included benefit enhancements to the program.

As per CHIPRA, the Kid Care CHIP program is now required to cover medically necessary orthodontic services.

Kid Care CHIP has partnered with Delta Dental of Wyoming to provide this benefit. Not all children will be eligible for this portion of the program. This benefit will provide medically necessary orthodontic coverage to children that are deemed eligible for Kid Care CHIP and who are determined to meet the medical necessity and eligibility requirements for this program. Medical necessity will be determined by the Delta Dental Orthodontic Consultant.

Definition of Medical Necessity:

Patients are accepted based on Medically Necessary Orthodontic Services or Cranial Facial Orthopedic Deformities with an evaluation report from an Orthodontist. This benefit is not available for patients currently under treatment in another State run program or through a private pay arrangement. Medical Necessity will be determined by the Delta Dental Orthodontic Consultant.

HOW TO DETERMINE IF SERVICES WILL BE COVERED UNDER THE KID CARE CHIP MEDICALLY NECESSARY ORTHODONTIC PROGRAM

Prior authorization for Medically Necessary Orthodontic Services are a requirement under the Wyoming Kid Care CHIP program. Preauthorization or predetermination of benefits must be made for all Medically Necessary Orthodontic cases. This will be a relatively simple process and is explained in further detail below. Essentially, an analysis must be made by a Licensed Orthodontist and a written evaluation must be accompanied by photographs and a panoramic x-ray. The consulting Orthodontist will determine if models or any other diagnostic tests, etc are necessary for a determination to be made regarding benefits under the Kid Care CHIP program.

1. The standard process would be for a Kid Care CHIP recipient to be seen by a General Dentist and referred to an Orthodontist for evaluation under the Kid Care CHIP Medically Necessary Orthodontic Program. The General or Pediatric Dentist will complete the referral form (see page 11). The Family must bring this form with them to the Orthodontist in order to be evaluated for possible treatment. Please note this is not a Standard Orthodontic Plan as generally administered by Pre-paid Dental Plans or Dental Insurance Companies.
2. The Orthodontist will then perform a general evaluation to determine if the patient would meet the standard criteria for coverage under the Kid Care CHIP Medically Necessary Orthodontic Program. (Please do not submit cases to Delta Dental for evaluation that do not appear to be severe in nature for coverage under this program.)
3. For each case to be evaluated for coverage, the Orthodontist must send the referral form, the service evaluation form, the evaluation narrative, 5 inter-oral photographs, 2 facial photographs and a panoramic x-ray to Delta Dental for consideration by the Orthodontic Consultant. (The 5 inter-oral photographs should include: 1) left facial, 2) right facial, 3) frontal facial, 4) maxillary occlusal, 5) mandible occlusal. Please make sure photographs are taken with teeth in centric occlusion. And the facial photographs should include: 1) frontal facial and 2) lateral facial.) The narrative must include a description of the malocclusion and treatment plan.
4. The Orthodontic Consultant may ask for additional information. The written narrative must include enough information for complete evaluation. (This will provide the Consulting Orthodontist with enough information to evaluate the case for benefit determination.)
5. Cases that meet the criteria for evaluation will be reviewed in a timely manner for benefit determination. The covered services referenced above will be reimbursed accordingly. (Please do not submit cases that don't meet the criteria for medically necessary orthodontic services.) **THIS APPROVAL DOES NOT GUARANTEE PAYMENT OR ENSURE THE ELIGIBILITY OF THE INDIVIDUAL AT THE TIME DENTAL PROCEDURES ARE COMPLETED.** Payment will be based on the fee schedule on the date of service.

6. Treatment may/should begin after appropriate approval from Delta Dental has been received. Orthodontic Offices may call to check on status of a particular case.
7. Payment for services rendered will be paid as they are completed and while the participant is still eligible under the Kid Care CHIP Program. If/when the child's eligibility ends, prior to completion of Orthodontic Services and if said services have been preauthorized, then payment will be made with the expectation that the services will be completed. Delta Dental will routinely verify that active treatment is being completed in order to accurately report back to Kid Care CHIP.
8. The Wyoming Kid Care CHIP Program reserves final authority to approve or deny any submitted dental treatment plan.
9. Submit completed pre-authorizations to: Delta Dental of Wyoming
Orthodontic Consultant
P.O. Box 29
Cheyenne, WY 82003-0029

CLINICAL ORAL EXAMINATIONS

If oral examinations exceed frequency limitations, then prior authorization is required. Frequency limitations include two exams per year for recipients 18 and under. Exams D0120, D0140, D0145, D0150, D0160, and D0170 apply to the frequency limitations.

RADIOGRAPHS

Kid Care CHIP covers one panoramic film (D0330) every three years. Prior authorization is required if more than one is needed within a three-year time frame for review.

MEDICALLY NECESSARY ORTHODONTIC SERVICES

Orthodontic treatment requires prior authorization and is only payable for recipients under the age of 19.

ORTHODONTIC PROCEDURES

Delta Dental will reimburse interceptive or comprehensive orthodontic treatment only after the case has been submitted for review for determination and if the malocclusion falls within the Wyoming guidelines for the Kid Care CHIP program.

Orthodontists must submit prior treatment authorization requests for interceptive or comprehensive orthodontic services.

Delta Dental has worked with the Kid Care CHIP program to define treatment options for orthodontic services. They are as follows:

- (1) Interceptive orthodontic treatment under the Kid Care CHIP program will include the ADA codes related to primary D8050 and transitional D8060 dentition.
- (2) Comprehensive orthodontic treatment under the Kid Care CHIP program includes ADA codes for treatment of transitional D8070, adolescent D8080 and adult D8090 dentition; and is begun when a child is approximately 12 years old or older but no older than 18 years of age.

As with all services, the child must be eligible at the beginning of each treatment or service.

PROVIDERS MUST USE THE MALOCCLUSION INDEX TO EVALUATE THE NEED FOR ORTHODONTIC TREATMENT OF WYOMING KID CARE CHIP RECIPIENTS.

HOW IT WORKS

Please note the steps to follow for a successful conclusion:

- 1) The General Dentist or Pediatric Dentist refers the child (family) to the Orthodontist for possible coverage under the program. (A referral form must be supplied by the General or Pediatric Dentist - Please see sample on page 11.)
- 2) The Orthodontist completes the initial evaluation (narrative), the Service Request form, photographs and x-rays required for program evaluation.
- 3) The referral form, service evaluation form, narrative, and all required photographs and x-rays are submitted to Delta Dental for benefit determination.
- 4) The Delta Dental Orthodontic Consultant reviews the documentation to determine if the child's condition meets the program guidelines.

5) The Delta Dental Orthodontic Consultant may contact the Orthodontist for additional information or to request additional diagnostic information necessary to perform the evaluation.

6) If the child is approved for services, the Orthodontist and the family will be notified in writing by Delta Dental.

7) The family will be required to sign a "contract" with the Kid Care CHIP program indicating their responsibilities to the program and treatment plan. (i.e. appointments, cost sharing, home care, etc.)

Kid Care CHIP Sample Draft Contract Language:

"I agree that I will keep my child's Orthodontic appointments and will comply with the treatment plan prescribed by the Orthodontist for my child's Medically Necessary Orthodontic treatment. I further understand that if we are not compliant with the Orthodontist regarding treatment, Kid Care CHIP will not be financially responsible for the treatment and Delta Dental can recommend to my Orthodontist that the braces and/or appliances be removed and treatment stopped. I will also notify Delta Dental and Kid Care CHIP if we move or need to seek treatment from another Orthodontist."

Parents Printed Name: _____

Parents Signature _____ Date _____

Orthodontic Offices please note this is a contract between Kid Care CHIP and the Child's Parents.

8) Treatment can begin.

**KID CARE CHIP DENTIST REFERRAL FORM
MEDICALLY NECESSARY ORTHODONTIC PROGRAM**

Date: _____

Child's Name: _____

Date of Birth: _____

Parent/Legal Guardian Name: _____

Address, City, Zip: _____

Phone Number(s): (H): _____ (C): _____

Dentist's Name: _____

Dentist's Signature: _____

Dentist's Address: _____

Reason for Referral: _____

The parent/legal guardian must provide this completed form to the Orthodontist in order for the Orthodontist to be able to conduct an initial examination of the child. Orthodontists may not screen a child for the Kid Care CHIP Medically Necessary Orthodontic program unless the child has been referred by their Dentist.

All restorative treatment must be complete before a child can be referred to the Kid Care CHIP Medically Necessary Orthodontic Program.

If you have questions regarding this form or the Kid Care CHIP Medically Necessary Orthodontic Program, please contact:

Delta Dental of Wyoming: 1-800-735-3379
Kid Care CHIP: 1-877-543-7669

**KID CARE CHIP ORTHODONTIC
SERVICE REQUEST FORM**

Child's Name: _____

Child's DOB: _____

Date of orthodontic evaluation: _____

Please complete this form and submit to Delta Dental of Wyoming along with a request for predetermination. Record all measurements in the order given and round to the nearest mm.

Please include: Treatment Plan and description of malocclusion, with required photographs and panoramic x-ray with this form for complete evaluation.

Has this case/child been submitted to any other State Program for Orthodontic Care?
 Yes No

If Yes, What Program: _____

Score all conditions listed below:

- 1. Overjet in mm -----
- 2. Overbite in mm -----
- 3. Mandibular protrusion in mm – Class III cases Only -----
- 4. Anterior open bite in mm -----
- 5. Number of impacted anterior teeth (upper & lower arch) -----
- 6. Mandible arch crowding -----
- 7. Maxilla arch crowding -----
- 8. Number of teeth in anterior crossbite -----
- 9. Number of teeth in posterior crossbite -----

PLEASE TURN OVER THIS PAGE AND COMPLETE THE BACK

**KID CARE CHIP ORTHODONTIC
SERVICE REQUEST FORM**

TREATMENT PLAN DESCRIPTION:

GOALS OF PROPOSED TREATMENT PLAN:

ESTIMATED LENGTH OF TREATMENT:

TOTAL COST OF TREATMENT:

INITIAL FEES/MONTHLY FEES:

I hereby certify the above information and measurements are accurate. I understand that the treatment goals and length of treatment will be completed within the originally authorized amount by Delta Dental. I understand the Delta Dental Orthodontist Consultant will determine medical necessity of this case prior to the start of treatment.

Provider's Name (please print): _____ Date: _____

Provider's Signature: _____