



Automated Medical Payments

Medicaid Bulletin Colorado Title XIX

Fiscal Agent



600 Seventeenth Street
Suite 600 North
Denver, CO 80202

Medicaid Provider Services

303-534-0146
1-800-237-0757

Mailing Addresses

Claims & PARs
P.O. Box 30
Denver, CO 80201-0030

Correspondence, Inquiries &
Adjustments
P.O. Box 90
Denver, CO 80201-0090

Provider enrollment, Provider
information, Changes, Signature
authorization,
and Claim requisitions
P.O. Box 1100
Denver, CO 80201-1100

Medicaid Fiscal Agent Information on the Internet

<http://coloradomedicaid.acs-inc.com>

Medicaid bulletins contain important policy and billing information and should be shared promptly with billing staff.

Bulletins supplement information in the Medicaid Provider Manual and should be retained with the provider manual for reference. Retain all bulletins until published notification advises that the information is obsolete or reproduced in subsequent bulletins or provider manual updates.

Please direct questions about bulletins and billing information to Medicaid Provider Services.

Distribution: Orthodontists

June 2006

Reference: B0600214

Orthodontic Program to Serve Children with Handicapping Malocclusions

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Special points of interest:



Clarification of Handicapping Malocclusion



Phase 1 and Phase 2 treatment information



Benefit and reimbursement changes



2002 ADA claim form required for PARs and claims



2006 Handicapping Malocclusion Assessment



Please read changes carefully

Please direct questions to Medical Assistance Program Provider Services

303-534-0146 or 1-800-237-0757 (toll free Colorado)



This document only contains information about services an orthodontist is likely to use in the treatment of a handicapping malocclusion

For information about other dental services not listed in this bulletin please see the **December 2004 Medical Assistance Program bulletin # B0400189**.

Please share this bulletin promptly with your billing staff as it contains important policy and billing information, supplementing information in the Medical Assistance Program Dental Provider Manual. The Colorado Department of Health Care Policy and Financing, is responsible for the policies and content of this bulletin.

Enrollment as an Orthodontic Specialist is Required

The Colorado Medical Assistance Program requires providers to be enrolled or re-enrolled with the orthodontic specialty designation in order to provide orthodontic services to children with handicapping malocclusions. To become enrolled with this specialty designation will require evaluation of your credentials. The orthodontic specialty designation allows you to provide interceptive and comprehensive orthodontic care only for children who qualify as having a handicapping malocclusion and general dentistry procedures. Contact the Colorado Department of Health Care Policy and Financing, Acute Care Benefits Section, Orthodontic services for more information about enrollment or re-enrollment with this specialty designation.

Only those providers that are currently enrolled with an orthodontic specialty can provide any orthodontic evaluation, diagnostic service, submit orthodontic prior authorizations, provide any interceptive, comprehensive orthodontic treatment service or submit orthodontic claims. Payment request for orthodontic services from all other providers will be denied.

Handicapping malocclusion clarification

The conditions under which a client can qualify as having a handicapping malocclusion and receive comprehensive orthodontic treatment reimbursed by the Colorado Medical Assistance program have been clarified. Orthodontists will find the greatest emphasis is on the skeletal aspect of the client's condition. Orthodontic treatment for handicapping malocclusion is a benefit only when the client's has one or more of the following documented findings.

- Accident causing a severe malocclusion
- Injury causing a severe malocclusion
- Condition that was present at birth causing a severe malocclusion
- Medical condition causing a severe malocclusion
- Facial skeletal condition causing a severe malocclusion
- Tooth size to arch length discrepancy causing a severe malocclusion

Thank you

The Colorado Medical Assistance Program would like to express our sincere thanks to all Colorado orthodontists who serve Medical Assistance Program clients. Your patients and the Colorado Department of Health Care Policy and Financing sincerely appreciate your dedication and contribution.

Orthodontic benefits

This bulletin contains a revised list of orthodontic procedures that are benefits for the Colorado Medical Assistance Program clients who qualify as having a handicapping malocclusion, effective June 1, 2006. These benefits are only available to children from birth through age 20. Clients are no longer eligible for these benefits once they reach age 21. The dental codes in this bulletin are current ADA codes. Please refer to the ADA publication [Current Dental Terminology 5](#), for detailed code information, clarification, and appropriate utilization.

- All dental providers are required to utilize ADA dental codes.
- Dental providers may not use CPT medical and surgical codes.
- Starting July 1, 2006 only the 2002 ADA claim form is accepted for Prior Authorization Requests (PARs) and claims.

Orthodontic services that are not a benefit

The following services are not a separate billable Medical Assistance Program benefit. For questions concerning whether a service is a benefit, please contact the fiscal agent (ACS) Medical Assistance Program Provider Services.

- Cephalometric tracing
- Cephalometric analysis
- Computerized cephalometric analysis
- Specialized cephalometric analysis
- Articulation of diagnostic casts
- Special preparation of orthodontic models
- Invisalign orthodontic treatment
- Limited orthodontic treatment codes D8010, D8020, D8030, effective June 1, 2006

Initial Orthodontic examination and records

Orthodontists may develop orthodontic records for any Medical Assistance Program client, age birth through age 20; that they believe is likely to qualify as having a handicapping malocclusion. These dental services do not require prior authorization approval. Please note that only the services listed in this bulletin are Medical Assistance Program benefits. Orthodontic services not listed in this bulletin are not a benefit. The Medical Assistance Program does not reimburse separately for case presentations or consultation with the client, parent or guardian. The Medical Assistance Program does not reimburse for orthodontic examination or development of an orthodontic record for adult Medical Assistance Program clients, age 21 and older.

Phase 1 and Phase 2 treatments

Phase one interceptive orthodontic treatment is an option for clients with a handicapping malocclusion of the primary or transitional dentition. Phase one interceptive treatment is not a benefit for clients with adolescent or adult dentitions. Limited orthodontic treatment is not a Colorado Medical Assistance Program benefit as of June 1, 2006. Please refer to ADA publication CDT 5 for accepted descriptions of primary, transitional, adolescent and adult dentitions. Providers are required to submit separate 2006 Handicapping Malocclusion Assessment for phase one and two treatments.

Early Termination of care

If orthodontic care needs to be terminated for any reason please contact the Colorado Department of Health Care Policy and Financing, Acute Care Benefits Section, Orthodontic services. The Department will provide Medical Assistance Program refund directions for a fair and reasonable portion of the total payment made at the start of care. Transfer of a Medical Assistance Program orthodontic case to any non-participating Colorado Medical Assistance Program orthodontist is considered by the Medical Assistance Program to be early termination of care.

Transfer of a Medical Assistance Program client to another Medical Assistance Program Orthodontic provider

Current Provider

If one of your Medical Assistance Program clients needs to be transferred to another Colorado Medical Assistance Program orthodontist, please contact the Colorado Department of Health Care Policy and Financing, Acute Care Benefits Section, Orthodontic services. The Department will provide Medical Assistance Program refund directions for a fair and reasonable portion of the total payment made at the start of care. You should maintain the orthodontic client as a patient of record until the new orthodontist confirms in writing that PAR approval has been received for continuation of care.

New Provider

The new provider must send in a PAR using code D8999 – unspecified orthodontic procedure, by report. Transfer case information in area 3, page 2 of the 2006 Handicapping Malocclusion Assessment must be completed for prior authorization review. We recommend that the new orthodontist receive notification from the Medical Assistance Program of orthodontic PAR approval before accepting responsibility for care.

Removal of braces

Removal of braces that were placed by another orthodontist is a benefit for children with prior authorization approval. Orthodontic providers should use code D8999 – unspecified orthodontic procedure, by report for these services. Do not submit a Handicapping Malocclusion Assessment with the PAR for this service. Please report in the PAR if you are just removing braces or removing braces and placing upper and/or lower retainers.

Removal of a fixed retainer

Removal of a fixed retainer that was placed by another orthodontist is a benefit for children with prior authorization approval. Orthodontic providers should use code D8999 – unspecified orthodontic procedure, by report for this service. Do not submit a Handicapping Malocclusion Assessment with the PAR for this service.

Lost appliance or retainer

Repairs that can be made at chair side or within the office laboratory during the scheduled appointment cannot be separately billed from the global orthodontic fee paid at the start of treatment. For replacement or significant repairs use either code D8691 repair of orthodontic appliance, or D8692 replacement of lost or broken orthodontic appliance. You will need to obtain prior authorization approval from the Medical Assistance Program for these codes.

Lost or damaged bands, brackets, wires, headgear

The Medical Assistance Program does not separately reimburse orthodontic providers to repair or replace bands, brackets, wires, headgear, nor any other device normally associated with routine orthodontic care.

Missed appointments

The Medical Assistance Program does not reimburse for missed appointments.

PAR - Prior Authorization Review

PAR is an acronym for Prior Authorization Revue. Each PAR requires the submission of:

- 1) A 2002 ADA claim form with the proposed orthodontic treatment code and
- 2) The 2006 Handicapping Malocclusion Assessment in which the orthodontist describes the client's malocclusion.

The PAR enables the dental consultant to review and score the severity of a client's malocclusion. The PAR is approved for clients with a handicapping malocclusion and denied for those who do not have a handicapping malocclusion. Handicapping malocclusion is described on page two of this bulletin. Orthodontic procedures that require Prior Authorization Review have a "Yes" indicator in the "PAR required" column on pages 8 - 11 of this bulletin.

IMPORTANT ► Approval of a PAR does not guarantee Medical Assistance Program payment. Authorization only assures that the approved service, as identified on the PAR, is a medical necessity and is considered a benefit of the Medical Assistance Program program. All claims, including those for prior authorized services, must meet eligibility and claim submission requirements (e.g., timely filing, third party resource payments pursued, required attachments included etc.) before payment can be made. Claims not in compliance with documentation and billing requirements may be denied or subject to recovery.

PAR - 2006 Handicapping Malocclusion Assessment

Only the 2006 Handicapping Malocclusion Assessment Form will be accepted starting July 1, 2006

PAR - paper submission

Orthodontists will need to submit a PAR on paper for the orthodontic services listed in this bulletin. Providers should complete the 2006 Handicapping Malocclusion Assessment and attach it to a 2002 ADA dental claim form that lists a proposed ADA dental procedure code for orthodontic treatment. The Assessment is found at the end of this bulletin. You are free to copy and use it as needed. Directions on page 5 of the assessment form now allow providers to complete the assessment using Microsoft Word or on paper. No models, radiographs, or other attachments are needed for most PAR reviews. Each orthodontic procedure listed on the ADA claim form is either approved (A) or denied (D). Denied PARs are given a specific denial reason, such as; D17 ► condition does not qualify as a handicapping malocclusion.

PAR - electronic submission

Electronic submission of a PAR for orthodontic treatment procedures is not available at this time. Information about future electronic PAR submission for orthodontic treatment procedures will be sent to providers when the service becomes available.

PAR - effective dates

PARs have what the Medical Assistance Program refers to as "span dates". These are the dates during which the PAR is effective. You will receive written notification of the approval or denial of your PAR. Included in this notification will be the effective date and end date of the PAR. Most PARs will have a 6-month period between the effective date and end date of the PAR. Under no circumstances will the PAR be valid after the client reaches the age 21. In order to be reimbursed for approved orthodontic services, the date of service on your claim **must** be within approved span dates on the PAR. Should the start of Orthodontic treatment be delayed for any reason past the end date of your PAR, you must re-submit the PAR and get a new PAR before starting treatment.

PAR - a denied PAR can be submitted a second time

If you feel that a PAR was reviewed incorrectly or in error, you may re-submit the denied PAR. If you re-submit a PAR for a second review please include, in addition to the 2002 ADA claim form and 2006 Handicapping Malocclusion Assessment; models with bite registration, Panorex, Cephalometric film - tracing - analysis, and include a narrative report describing how the case meets the requirements of a handicapping malocclusion.

Corrective jaw surgery

Orthodontic care in preparation for corrective jaw surgery is a Colorado Medical Assistance Program benefit. Medical Assistance Program oral surgery providers are required to obtain Prior Authorization Review approval for orthognathic surgery procedures before rendering services.

Informed consent when corrective jaw surgery may be needed

The Colorado Medical Assistance Program strongly recommends that you obtain a written informed consent prior to the initiation of orthodontic care when future corrective jaw surgery is a possibility. The consent should remain a part of the client's dental records, and be signed, dated, and updated when needed. The nature, content, and extent of the consent are the total responsibility of the treating orthodontist. The consent should cover all planned orthodontic and dental treatment/s. Additionally, it should fully, completely, and clearly address the following areas.

Colorado Medical Assistance Program has not approved corrective jaw surgery

- The Medical Assistance Program requires separate prior authorization approval for all corrective jaw surgery procedures
- The Medical Assistance Program requires that corrective jaw surgery be provided before the client turns age 21
- The Medical Assistance Program requires that corrective jaw surgery is not primarily for cosmetic reasons
- The Medical Assistance Program requires that medical necessity be reviewed in advance of corrective jaw surgery
- Future Medical Assistance Program prior authorization review of the medical necessity for corrective jaw surgery has not been completed at this time
- Future Medical Assistance Program prior authorization for corrective surgery requires a separate PAR submission by the Medical Assistance Program provider Oral Surgeon
- Future Medical Assistance Program client eligibility has not been determined
- Future Medical Assistance Program benefits for corrective jaw surgery have not been determined

Date	Medical Assistance Program Orthodontic provider
Client Name	Parent / Guardian

Claims - electronic submission

1. Orthodontic providers must be enrolled to submit claims on either paper or electronically, but never both.
2. Providers must be enrolled for electronic claim billing if they bill more than five claims per month.
3. Please contact the Medical Assistance Program Provider Services for electronic claim submission requirements.

Claims - paper submission

1. Orthodontic providers must be enrolled to submit claims on either paper or electronically, but never both.
2. Providers may choose to be enrolled for paper claim billing if they bill five or fewer claims per month.
3. All orthodontic providers are strongly encouraged to enroll for electronic claim billing,
4. Paper claims for orthodontic and dental services must be submitted on the 2002 ADA dental claim form beginning July 1, 2006.
5. Completion of the 2002 ADA claim form is explained in the ADA publication CDT5.
6. Any other type of dental claim form will be denied.
7. Effective immediately, all dental providers who submit paper claims on American Dental Association (ADA) forms must submit the Department's Dental Provider Certification form with the claim. The certification form states that the information submitted on the claim is true, accurate, and complete. The certification attachment satisfies Federal law and State Rule 42 C.F.R. 445.18(a) (1-2). All paper claims received by the fiscal agent on and after November 1, 2005 without the signed certification deny for "no signature on file" regardless of the dates of service. The certification form is attached to the October bulletin (B0500199) and available in the Provider Services Forms section of the Department's website at: http://www.chcpf.state.co.us/ACS/Pdf_Bin/Dental_Cert.pdf.
8. Dental providers billing electronically through the Web Portal are not required to submit the Dental Certification form.
9. Orthodontic providers must verify Medical Assistance Program eligibility for each client before rendering any billable orthodontic or dental service.

Claims - mailing address for paper submission

Claims & PARs
P.O. Box 30
Denver, CO 80201-0030

Claims - when to file for orthodontic treatment

The orthodontist can file a claim for orthodontic treatment after receiving an approved PAR letter in the mail and after placement of the initial appliances for the orthodontic procedure. Billing for orthodontic services must always fall on or between the **Effective date and End date** of the PAR. We recommend that orthodontists always verify Medical Assistance Program client eligibility before starting a service, even with an approved PAR.

Clinical Oral Evaluations

ADA code	PAR Required	Description	Maximum reimbursement rate
D0140	No	limited oral evaluation - problem focused	\$23.00
D0150	No	comprehensive oral evaluation - new or established patient	\$26.00
D0160	No	detailed and extensive oral evaluation problem focused, by report	\$34.00
D0170	No	evaluations-limited, problem focused (established patient; not a post operative visit)	\$17.00

Radiographs and Diagnostic Imaging

ADA code	PAR Required	Description	Maximum reimbursement rate
D0210	No	intraoral - complete series (including bite wings)	\$48.00
D0220	No	intraoral - periapical first film	\$10.00
D0230	No	intraoral - periapical each additional film	\$7.00
D0240	No	intraoral - occlusal film	\$15.00
D0250	No	extraoral - first film	\$18.00
D0260	No	extraoral - each additional film	\$18.00
D0270	No	bitewing - single film	\$7.00
D0272	No	bitewings - two films	\$16.00
D0274	No	bitewings - four films	\$23.00
D0290	No	posterior-anterior or lateral skull & facial bone survey film	\$19.00
D0320	No	temporomandibular joint arthrogram, including injection	\$242.00
D0321	No	other temporomandibular joint films, by report	Pricing by Review
D0322	No	tomographic survey	\$72.00
D0330	No	panoramic film	\$43.00
D0340	No	cephalometric film	\$35.00
D0350	No	oral/facial images (includes intra and extraoral images)	\$21.00

Tests and Laboratory Examinations

ADA code	PAR Required	Description	Maximum reimbursement rate
D0470	No	diagnostic casts → code includes both maxillary and mandibular casts	\$34.00

Space Maintainers

ADA code	PAR Required	Description	Maximum reimbursement rate
D1510	No	space maintainer - fixed - unilateral	\$104.00
D1515	No	space maintainer - fixed - bilateral	\$149.00
D1520	No	space maintainer - removable - unilateral	\$116.00
D1525	No	space maintainer - removable - bilateral	\$160.00
D1550	No	re-cementation of space maintainer	\$19.00

Limited Orthodontic Treatment

Important

- ▶ Limited Orthodontic Treatment is no longer a benefit of the Medical Assistance Program.
- ▶ Please see Interceptive orthodontic treatment codes for phase one therapy.

ADA code	Description
D8010	Not a benefit Effective 06-01-06 limited orthodontic treatment of the primary dentition
D8020	Not a benefit Effective 06-01-06 limited orthodontic treatment of the transitional dentition
D8030	Not a benefit Effective 06-01-06 limited orthodontic treatment of the adolescent dentition

Interceptive Orthodontic Treatment

Important

- ▶ Refer to ADA publication CDT 5 for complete description of Interceptive Orthodontic Treatment, and descriptions of primary, transitional, adolescent, adult dentitions.
- ▶ Phase one interceptive orthodontic treatment is an option for clients with a handicapping malocclusion of the primary or transitional dentition.
- ▶ Phase one interceptive treatment is not a benefit for clients with adolescent or adult dentitions.
- ▶ Providers are required to submit separate handicapping malocclusion assessment for phase one treatment.

ADA code	PAR Required	Description	Maximum reimbursement rate
D8050	Yes	interceptive orthodontic treatment of the primary dentition	\$800.00

1. Primary teeth have erupted
2. PAR must include a 2006 Handicapping malocclusion assessment
3. PAR must include an attached photograph or radiograph that clearly documents one of these allowed conditions:
 - a. TWO OR MORE UPPER ANTERIOR PERMANENT TEETH IN CROSSBITE ▶ incisal edges in complete overlap.
 - b. BILATERAL PERMANENT FIRST MOLAR CROSSBITE ▶ cusp overlap completely in fossa, or cusp overlap completely buccal or lingual of tooth.
 - c. BILATERAL PRIMARY SECOND MOLAR CROSSBITE ▶ cusp overlap of teeth completely in fossa, or completely buccal or lingual of tooth
 - d. CROWDING RESULTING IN BONY IMPACTION ▶ of one or more permanent anterior teeth that will require either serial extractions or surgical exposure with orthodontic guidance for the impacted tooth to erupt into the arch
 - e. CROWDING RESULTING IN RESORPTION ▶ of twenty five percent of the root of a permanent tooth.

ADA code	PAR Required	Description	Maximum reimbursement rate
D8060	Yes	interceptive orthodontic treatment of the transitional dentition	\$1,000.00
		<ol style="list-style-type: none"> 1. Primary teeth are in the process of shedding 2. PAR must include a 2006 Handicapping malocclusion assessment 3. PAR must include an attached photograph or radiograph that clearly documents one of these allowed conditions: <ol style="list-style-type: none"> a. TWO OR MORE UPPER ANTERIOR PERMANENT TEETH IN CROSSBITE ► incisal edges in complete overlap. b. BILATERAL PERMANENT FIRST MOLAR CROSSBITE ► cusp overlap completely in fossa, or cusp overlap completely buccal or lingual of tooth. c. BILATERAL PRIMARY SECOND MOLAR CROSSBITE ► cusp overlap of teeth completely in fossa, or completely buccal or lingual of tooth d. CROWDING RESULTING IN BONY IMPACTION ► of one or more permanent anterior teeth that will require either serial extractions or surgical exposure with orthodontic guidance for the impacted tooth to erupt into the arch e. CROWDING RESULTING IN RESORPTION ► of twenty five percent of the root of a permanent tooth. 	

Comprehensive Orthodontic Treatment

Important

- Refer to ADA publication CDT 5 for complete descriptions of: **Comprehensive Orthodontic Treatment, and descriptions of primary, transitional, adolescent, adult dentitions.**
- Comprehensive orthodontic codes can only be billed with a single global fee. The global fee covers both removable and fixed appliances used in comprehensive care.
- Prior authorization requests for phase two comprehensive treatment must document: phase one treatment was approved by The Medical Assistance Program for treatment of a handicapping malocclusion.
- All of the following services are included in comprehensive orthodontic treatment procedures.
 - Placement of removable appliances: models for construction, fabrication at on-site or off-site locations, placement, adjustment, minor in-office repairs
 - Placement of fixed appliances: cementation of bands, bonding of brackets, wires, auxiliaries, intra-oral appliances, extra-oral appliances, adjustment of appliance
 - Retainers: models for construction, fabrication at on-site or off-site locations, placement, adjustment, minor in-office repairs, re-cementation or re-bonding
 - Maintenance of appliances: all urgent & emergency care for maintenance of orthodontic appliances
 - Completion of care: completion of care through and including the retention phase

ADA code	PAR Required	Description	Maximum reimbursement rate
D8070	Yes	comprehensive orthodontic treatment of the transitional dentition	\$2,400.00
		<ol style="list-style-type: none"> 1. Primary teeth are in the process of shedding 2. PAR must include a 2006 Handicapping malocclusion assessment 	
D8080	Yes	comprehensive orthodontic treatment of the adolescent dentition	\$2,700.00
		<ol style="list-style-type: none"> 1. All primary teeth have been shed 2. PAR must include a 2006 Handicapping malocclusion assessment 	

ADA code	PAR Required	Description	Maximum reimbursement rate
D8090	Yes	comprehensive orthodontic treatment of the adult dentition	\$3,000.00
		<ol style="list-style-type: none"> All permanent teeth except the third molars are fully erupted PAR must include a 2006 Handicapping malocclusion assessment Code D8090 is generally allowed for clients age 12 and older. If Code D8090 is submitted for a client who is less than age twelve, the provider must submit photographs or radiographs showing all permanent teeth except the third molars are fully erupted. Individual permanent teeth may be excluded from this eruption status requirement when the tooth is missing or abnormal local conditions have prevented full eruption of the tooth. 	

Minor Treatment to Control Harmful Habits

ADA code	PAR Required	Description	Maximum reimbursement rate
D8210	No	removable appliance therapy	\$224.00
		<ul style="list-style-type: none"> ➤ Only for treatment of HARMFUL HABITS ➤ Clients do not need to have a handicapping malocclusion to receive this service 	

D8220	No	fixed appliance therapy	\$248.00
		<ul style="list-style-type: none"> ➤ Only for treatment of HARMFUL HABITS ➤ Clients do not need to have a handicapping malocclusion to receive this service 	

Other Orthodontic Treatment

ADA code	PAR Required	Description	Maximum reimbursement rate
D8660	No	pre-orthodontic visit	\$25.00
D8691	Yes	repair of orthodontic appliance	Pricing by Review
		<ul style="list-style-type: none"> ➤ PAR must include a report that the client has previously been approved as a handicapping malocclusion by HCP or the Medical Assistance Program ➤ Do not submit a 2006 Handicapping malocclusion assessment with the PAR 	
D8692	Yes	replacement of lost or broken retainer	\$125.00
		<ul style="list-style-type: none"> ➤ PAR must include a report that the client has previously been approved as a handicapping malocclusion by HCP or the Medical Assistance Program ➤ Do not submit a 2006 Handicapping malocclusion assessment with the PAR 	
D8999	Yes	unspecified orthodontic treatment, by report	Pricing by Review
		<ul style="list-style-type: none"> ➤ PAR must include a 2006 Handicapping malocclusion assessment ➤ PAR must include a report describing the service/s to be rendered. ➤ Code D8999 can be used for transfer cases ➤ Code D8999 can be used when the only orthodontic treatment needed is for removal of braces placed by another orthodontic provider with or without construction of retainers. ➤ Clients do not have to have a handicapping malocclusion for removal of braces placed by another orthodontic treatment provider. 	

2006 Handicapping Malocclusion Assessment

Colorado Medical Assistance Program

**Always
Return this page**

Client name	▶	
Client Medical Assistance Program ID number	▶	
Provider name	▶	
Orthodontic procedure code	▶	
Client age in years and months	▶	
Client gender and ethnicity	▶	
Date of completion of this Assessment	▶	
Describe corrective jaw surgery if it is a possibility for this case	1	
Describe accident causing a severe malocclusion.	2	
Describe injury causing a severe malocclusion.	3	
Describe condition that was present at birth causing a severe malocclusion.	4	
Describe medical condition causing a severe malocclusion.	5	
Describe facial skeletal condition causing a severe malocclusion.	6	
Describe tooth size to arch length discrepancy causing a severe malocclusion.	7	
Describe significant SKELETAL problems.	8	
Report the SKELETAL case type as Class 1 ■ 2.1 ■ 2.2 ■ 3.	9	
Report the cephalometric ANB measurement to nearest full degree.	10	
Report one finding that best describes tooth 3 in centric occlusion. 100% ■ 75% ■ 50% ■ 25% Class ■ 1 ■ 2 ■ 3	11	
Report one finding that best describes tooth 14 in centric occlusion. 100% ■ 75% ■ 50% ■ 25% Class ■ 1 ■ 2 ■ 3	12	
Report UPPER arch crowding ■ spacing to nearest full mm.	13	
Report LOWER arch crowding ■ spacing to nearest full mm.	14	
Report over JET ■ under JET to nearest full mm.	15	
Report over BITE ■ open BITE to nearest full mm.	16	
ANTERIOR crossbite, list all UPPER and LOWER teeth involved.	17	
ANTERIOR crossbite, report the incisal overlap of INDIVIDUAL teeth as ■ Edge to Edge ■ Edge rotated to partial overlap ■ Edge in complete overlap	18	
ANTERIOR crossbite, describe periodontal problems of teeth in crossbite.	19	
POSTERIOR crossbite, list all UPPER and LOWER teeth involved.	20	
POSTERIOR crossbite, report the cusp overlap of INDIVIDUAL teeth as ■ Cusp to Cusp ■ Cusp partially in fossa ■ Cusp completely in fossa ■ Cusp completely buccal or lingual of tooth	21	
POSTERIOR crossbite, report the lateral functional shift resulting from the crossbite in mm.	22	
List permanent teeth blocked out of arch =>75% and require both extractions and orthodontic guidance to erupt into the arch, excluding 1 ■ 16 ■ 17 ■ 32	23	
List permanent teeth impacted in bone =>50% and require both surgical exposure and orthodontic guidance to erupt into the arch, excluding 1 ■ 16 ■ 17 ■ 32.	24	
List permanent teeth that are missing, excluding 1 ■ 16 ■ 17 ■ 32.	25	
Describe any other significant orthodontic or dental problems.	26	
Report one finding that best describes the overall severity of this case. Mild ■ Moderate ■ Difficult ■ Severe ■ Extreme	27	

2006 Handicapping Malocclusion Assessment

Colorado Medical Assistance Program

Only return for
Phase 1 Phase 2
Transfer cases

Phase one and two treatment information Phase one interceptive orthodontic treatment is an option for clients with a handicapping malocclusion of the primary or transitional dentition. Phase one interceptive treatment is not a benefit for clients with adolescent or adult dentitions. Please refer to ADA publication CDT 5 for accepted descriptions of primary, transitional, adolescent and adult dentitions. Providers are required to submit a separate 2006 Handicapping Malocclusion Assessment for phase one and two treatments.

Client Name

1

Only complete for Phase One treatment

Check the primary problem being treated in phase one.

- Two or more upper anterior permanent teeth in crossbite ► incisal edges in complete overlap.
- Bilateral permanent first molar crossbite ► cusp overlap completely in fossa, or cusp overlap completely buccal or lingual of tooth.
- Bilateral primary second molar crossbite ► cusp overlap of teeth completely in fossa, or completely buccal or lingual of tooth
- Crowding resulting in bony impaction ► of one or more permanent anterior teeth that will require either serial extractions or surgical exposure with orthodontic guidance for the impacted tooth to erupt into the arch
- Crowding resulting in resorption ► twenty five percent of the root of a permanent tooth.

Describe specific treatment and objectives for phase one.

Describe specific treatment and objectives for phase two.

2

Only complete for Phase Two treatment

Was Phase one treatment previously approved by HCP or Colorado Medical Assistance Program?

Report the name of the orthodontist who completed phase one treatment.

Report the date when phase one treatment was completed.

3

Only complete for a Transfer Case

Have you used the appropriate code for transfer cases, D8999 – unspecified orthodontic treatment, by report?

Was orthodontic treatment previously approved by HCP or the Colorado Medical Assistance Program?

Is the planned treatment limited to the removal of braces OR removal of braces with placement of retainers?

How many teeth will be banded or bonded at the present time?

What percent of the total treatment remains to be completed?

How many months of active treatment remain?

What is your charge for completion of treatment, including retention?

**2006 Handicapping Malocclusion
Assessment**

Colorado Medical Assistance Program

**Only return
when additional information is
provided**

Client Name

4

Only complete **as needed** to write any additional comments or paste images

Completing the 2006 Handicapping Malocclusion Assessment

Colorado Medical Assistance Program

**Never
Return this page**

Directions for completion using Microsoft Word

Office Staff

1. One time only ► Email Robert.Jacobson@ACS-Inc.com and request a copy of this 2006 assessment
2. One time only ► You will receive a return Email from Dr. Robert A. Jacobson
3. One time only ► Open the Email attachment in Microsoft Word
4. One time only ► Print all pages of the 2006 Handicapping Malocclusion Assessment & read directions on this page
5. One time only ► Go to File ► save as ► My Documents ► and create a NEW FOLDER called 2006 Medical Assistance Program Ortho
6. Go to File ► save as ► select folder 2006 Medical Assistance Program Ortho, and ► save this document with name file 00-2006 Ortho Format
7. Enter client and provider information in the top rows on page 1.
8. Go to File ► save as ► select folder 2006 Medical Assistance Program Ortho, and save document with file name ► Client's name + Medical Assistance Program ID # + date
9. Example ■ James Smith X123456 01-01-06

Orthodontic Provider

1. Open file for client and ZOOM to a level that allows you to easily read page 1 (Example ■19" monitor = 125%)
2. Go to page 1 ► Complete all fields that apply to the client ► type in the requested information.
3. Go to page 2 ► Complete ONLY when the case is Phase 1, Phase 2, or a Transfer patient.
4. Go to page 3 ► Complete ONLY if you want to submit additional information or images.
5. Go to File ► Save
6. Go to File ► Print ► 2 copies of all pages of this document
7. Attach one copy to a completed **2002 ADA claim** form, and retain one copy in the client's record.

Directions for completion by hand writing or typing

Office Staff

1. You can also photocopy this blank form from the bulletin – not recommended due to the often poor print quality of the form
2. One time only ► Email Robert.Jacobson@ACS-Inc.com and request a copy of this 2006 assessment
3. One time only ► You will receive a return Email from Dr. Robert A. Jacobson
4. One time only ► Open the Email attachment in Microsoft Word
5. One time only ► Print all pages of the 2006 Handicapping Malocclusion Assessment & read directions on this page
6. One time only ► Go to File ► save as ► My Documents ► and create a NEW FOLDER called 2006 Medical Assistance Program Ortho
7. Go to File ► save as ► select folder 2006 Medical Assistance Program Ortho, and ► save this document with name file 00 - 2006 Ortho Format
8. Print a copy of the blank assessment form for each case – recommended due to high print quality of the form

Orthodontic Provider

1. Go to page 1 ► Complete all fields that apply to the client ► type or write in the requested information.
2. Go to page 2 ► Complete ONLY when the case is Phase 1, Phase 2, or a transfer patient.
3. Go to page 3 ► Complete ONLY if you want to submit additional information or images.
4. Photocopy ► 2 copies of all pages of this document
5. Attach one copy to a completed **2002 ADA claim** form, and retain one copy in the client's record.