SEVERE CRIPPLING MALOCCLUSION PROGRAM BILLING PROCEDURES
EFFECTIVE 4/01/10 (revised 8/03/12)

- The Severe Crippling Malocclusion Program will issue a Letter of Agreement (LOA) to each provider for each client. The LOA will outline the specific treatment authorized for the client. The provider is only to bill for services authorized within the LOA.

- Claims are to be submitted either electronically or on the most current ADA claim form to Wyoming Medicaid, Attn: Dental Services, PO Box 667, Cheyenne, WY 82003. Claims must be submitted with the LOA attached.

- It is the responsibility of the provider to check client eligibility for each date of service. To check eligibility, call the Medicaid IVR at 1-800-251-1270 or Dental Services at 1-888-863-5806. If the patient is not eligible for Medicaid, at the start of treatment, the provider should contact the Severe Crippling Malocclusion Program at 307-777-8088 for directions on how to submit their claims.

- D8660 – Pre-orthodontic treatment visit reimburses at $75.00. This code will be paid once per lifetime per client.

- D8080 (age 12-14) or D8090 (age 15-20) – Comprehensive orthodontic treatment reimburses $1,200.00. The provider may not bill any other services with this visit. The fee indicated includes exam, records, banding, retention, all photos, diagnostic casts, and x-rays. This code will only be paid once per lifetime per client.
  
  - If the client has a primary insurance, the D8080 or D8090 must be billed to the primary insurance before billing Medicaid. A primary EOB must be attached to the claim when submitting to Medicaid.

  - If the primary insurance does not cover orthodontic services, the EOB that states orthodontics are not covered must be attached to all claims submitted throughout treatment.

  - If the primary insurance covers orthodontic treatment, the primary insurance must be billed before each claim can be submitted to Medicaid (including D8670, quarterly payments) and the EOB must be attached to all claims submitted to Medicaid. When the maximum benefit from the primary insurance is met, attach a copy of the final EOB to each subsequent claim.

- D8670 – Periodic orthodontic treatment visit (as part of the contract) reimburses $300.00 per quarter (maximum of 4 quarters per year for not more than 24 months).

  - When billing for periodic treatment visits, the claim should contain the actual date of service for each time the client was seen during the quarter. These dates of service should be on separate lines of the claim with the fee for each line showing $0.00. The last line should have the last date of service for the quarter with the fee of $300.00. The client must be seen within
the quarter for the provider to bill this code. The provider will be paid the quarterly payment as long as the client is seen within the quarter and the provider has not exceeded 8 payments in the authorized treatment time period (typically 24 months).

- If the client was seen only once in the quarter, a separate attachment must be sent stating the client was only seen for one date of service within the quarter. **Claims with only one date of service will be denied if there is no attachment.**
  - Due to the federal government’s match to this program, tracking of each time a client is seen in the office for orthodontic adjustments is required to be reported.

- Once orthodontic bands are removed and the retention phase has begun, the provider may continue to bill D8670 (quarterly payments) until the total amount of the LOA has been paid. Once the total has been paid to the provider, the provider may no longer bill for any orthodontic services without a new LOA.
  - When bands are removed and the retention phase begins, the client must be seen at least once per quarter in order for the provider to bill the D8670 (quarterly payments).

- When the client enters retention, indicate on your claim form in box 30 (Description), “Band Removal and Retention” when billing the D8670 (quarterly payment), this will let ACS know that the client has entered retention. Any further D8670 (quarterly payments) will not require an attachment.

- Billing Example:
  1. Client comes to provider’s office for periodic treatment visits on 1/2/10, 2/2/10, and 3/2/10. The provider should bill as follows:
     - Line 1: 1/2/2010 D8670 $0.00
     - Line 2: 2/2/2010 D8670 $0.00
     - Line 3: 3/2/2010 D8670 $300.00

**NOTE:** If the client becomes ineligible for Medicaid at any time during treatment, the provider will be paid the balance of the original Letter of Agreement (LOA). Providers must request this payment by submitting a final claim. The final claim must contain the following:

1. Date of service must be the last day the client was seen during the last month of eligibility.
   **Example:** Client was seen 1/2/11, 2/2/11, 2/19/11 and 3/2/11. Client’s eligibility ended 2/28/11. The final date of service should be 2/19/11.

2. Procedure code must be D8999, Unspecified Orthodontic Treatment. Indicate in box 30 (Description), “LOA balance for Orthodontic Treatment”.

3. Fee must be the total balance due from the original Letter of Agreement (LOA).
• D8680 – Orthodontic Retention and Removal (removal of appliances and/or bands and construction and placement of retainers) reimburses $600.00. **This code is only to be billed by providers who are accepting orthodontic clients from other states who have participated in a Medicaid orthodontic program or are currently on Wyoming Medicaid.** This code will only be paid once per lifetime per client.

• D8692 – Replacement of lost or broken retainer reimburses $150.00 per arch. This code will only be paid once per lifetime per arch per client.
  
  o When billing D8692, indicate in box 25 (area of oral cavity) on the claim form, UA for upper retainer or LA for lower retainer.

• D8060 – Interceptive orthodontic treatment for transitional dentition (7-11 years) reimburses $600.00 per arch. The provider may not bill any other services with this visit and the fee indicated includes exam, records, banding, retention, all photos, diagnostic casts, x-rays and follow-up visits. The Severe Crippling Malocclusion Program will review requests for patients with cleft palate who have received a recommendation from the approved cleft palate team to start early interceptive orthodontic treatment. This code will be paid once per lifetime per arch per client.

  o When billing D8060, indicate in box 25 (area of oral cavity) on the claim form, UA for the upper arch or LA for the lower arch.

• D0000 – For broken or missed appointments, please bill ACS a claim with the date of the missed appointment and the broken appointment code D0000. There is not a reimbursed fee for this code, but the broken appointment will be tracked and clients will be contacted about missing their appointments. This code can be billed for any missed dates on the quarterly payment claims.

For any questions concerning authorization for treatment within the Severe Crippling Malocclusion Program, contact April Burton at 307-777-8088. For questions concerning billing procedures, contact Dental Services at 1-888-863-5806.

**PLEASE REMEMBER THE COMPLETED SCREENING FORM AND PHOTOS MUST BE MAILED TO THE SEVERE Crippling MALOCCLUSION PROGRAM.**