



Provider Bulletin

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Orthodontic Program Changes

This bulletin replaces all previous Orthodontic bulletins

Submitting Prior Authorization Requests (PARs) and Billing

Please read changes carefully. Direct questions to ACS Provider Services at 303-534-0146 or 1-800-237-0757 (Colorado toll free).

This document contains information about the Medicaid orthodontic benefit, revised procedures for submitting Prior Authorization Requests (PARs), as well as information about services an orthodontist is likely to bill.



Denver Club Building
518 17th Street, 4th floor
Denver, Colorado 80202

ACS Contacts

Billing and Bulletin Questions
303-534-0146
1-800-237-0757

Claims and PARs Submission
P.O. Box 30
Denver, CO 80201

Correspondence, Inquiries, and Adjustments
P.O. Box 90
Denver, CO 80201

Enrollment, Changes, Signature authorization and Claim Requisitions
P.O. Box 1100
Denver, CO 80201

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

Colorado Medical Assistance Program Qualifying Handicapping Malocclusion Conditions

The conditions under which a client can qualify as having a handicapping malocclusion and receive orthodontic treatment reimbursed by the Colorado Medical Assistance Program are listed below.

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 has one or more of the following six documented conditions:

1. Accident causing a severe malocclusion
2. Injury causing a severe malocclusion
3. Condition that was present at birth causing a severe malocclusion
4. Medical condition causing a severe malocclusion
5. Facial skeletal condition causing a severe malocclusion
6. Tooth size to arch length discrepancy causing a severe malocclusion

Please note:

- h **Orthodontic treatment is not a benefit to treat dental conditions that are primarily cosmetic in nature.** 10 C.C.R. 2505-10, Vol. 8.280.5.E.3
- h **Orthodontic treatment is not a benefit when there is no severely handicapping malocclusion, and self esteem is the primary reason for treatment.** 10 C.C.R. 2505-10, Vol. 8.280.5.E.3
- h **2006 ADA claim form is required for Prior Authorization Requests (PARs) and claims.**

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. Enrollment with this specialty designation requires an 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 Marti Holmes with the Department's Client and Community Relations Early Periodic Screening, Diagnosis, and Treatment (EPSDT) Unit at 303-866-6006 or marti.holmes@state.co.us for more information about enrollment or re-enrollment with this specialty designation.

Please note:

Do **not** provide any of the services listed below until you have confirmed your enrollment as an orthodontic specialist:

- h Orthodontic evaluation
- h Orthodontic diagnostic service
- h Interceptive orthodontic treatment
- h Comprehensive orthodontic treatment
- h Remove braces and/or place retainers
- h Submit orthodontic prior authorizations
- h Submit orthodontic claims

Orthodontic Benefits

Orthodontic benefits are only available to children from birth through age 20. Clients are not eligible for these benefits once they reach age 21. The dental codes in this bulletin are current American Dental Association (ADA) codes. Please refer to the most current edition of the ADA Current Dental Terminology (CDT) publication for detailed code information, clarification, and appropriate utilization.

- h All dental providers are required to utilize ADA dental codes
- h Dental providers may not use Current Procedural Terminology (CPT) medical and surgical codes
- h As of July 1, 2008 only the 2006 ADA claim form is accepted for Prior Authorization Requests (PARs) and for claims.

Orthodontic Services That Are Not Covered

Orthodontists may use a wide range of services in the diagnosis, evaluation and treatment of orthodontic cases. Medicaid does not pay for all types of services that can possibly be used. **If you question whether or not a service is a benefit, please contact ACS Provider Services before rendering care.** The following services are not separately billable Medicaid benefits:

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

Please note:

- h **Orthodontic treatment is not a benefit to treat dental conditions that are primarily cosmetic in nature.** 10 C.C.R. 2505-10 Vol. 8.280.5.E.3
- h **Orthodontic treatment is not a benefit when there is no severely handicapping malocclusion, and self esteem is the primary reason for treatment.** 10 C.C.R. 2505-10, Vol. 8.280.5.E.3

Initial Orthodontic Examination and Records

Orthodontists may develop orthodontic records for any Medicaid 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. Simply verify the client's Medicaid eligibility on the date of service, provide the evaluation, diagnostic, and radiographic services that you determine are appropriate to fully diagnose your patient's condition and submit a dental claim to the Colorado Medical Assistance Program.

Please note that only the services listed in this bulletin are Medicaid benefits. Medicaid does not reimburse separately for case presentations or consultation with the client, parent, or guardian. Medicaid will not reimburse providers for adult clients, ages 21 and older, for orthodontic examination or records.

Phase One and Phase Two 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.** Please refer to the most current CDT ADA publication for accepted descriptions of primary, transitional, adolescent, and adult dentitions. Providers are required to submit a separate 2009 Handicapping Malocclusion Assessment for phase one and for phase two treatments.

Early Termination of Care

If for reasons of patient non-compliance, or for any other reason that orthodontic care needs to be terminated, please contact Marti Holmes, EPSDT Unit, at marti.holmes@state.co.us or 303-866-6006. The Department will provide instructions about refunding a fair and reasonable portion of the total payment made at the start of care by Medicaid.

Transfer of a Medicaid orthodontic case to any orthodontist who is not a Colorado Medicaid provider is considered by Medicaid to be early termination of care.

Transfer of a Medicaid Client to another Medicaid Orthodontic Provider

Current Provider

If one of your Medicaid clients needs to be transferred to another Colorado Medicaid orthodontist, we recommend that you contact Marti Holmes at marti.holmes@state.co.us or 303-866-6006 to obtain directions for refunding a fair and reasonable portion of the total payment made at the start of care by Medicaid. 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 submit a PAR using code D8999, *unspecified orthodontic procedure, by report*. The new provider must complete the 2009 Handicapping Malocclusion Assessment, including transfer case information, for prior authorization review. We recommend that the new orthodontist receive notification from Medicaid 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. Orthodontic providers **should not submit** a 2009 Handicapping Malocclusion Assessment with the PAR for this service. Please report if you are just removing braces or removing braces and placing upper and/or lower retainers on the PAR.

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. Providers should not submit a 2009 Handicapping Malocclusion Assessment with the PAR for this service.

Lost Appliance or Retainer

The loss or breakage of an appliance is an inevitable part of orthodontic care. Medicaid will reimburse you separately for significant repairs or replacements to appliances. Generally, 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. Use either code D8691, *repair of orthodontic appliance* or D8692, *replacement of lost or broken orthodontic appliance*. These codes require prior authorization approval from the Colorado Medical Assistance Program. Providers should not submit a 2009 Handicapping Malocclusion Assessment with the PAR for this service.

Lost or Damaged Bands, Brackets, Wires, Headgear

The Medicaid 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 Medicaid program does not reimburse providers for missed appointments. However, EPSDT staff may be able to assist you with those clients who have extensive missed appointments. Please contact Marti Holmes at marti.holmes@state.co.us or 303-866-6006 to locate the EPSDT staff closest to your office.

PAR - Prior Authorization Request

Each PAR requires the submission of: 1) a 2006 ADA claim form with the proposed orthodontic treatment code; and 2) the 2009 Handicapping Malocclusion Assessment in which the orthodontist describes the client's malocclusion. The PAR enables the dental consultant to review 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 2 of this bulletin. Orthodontic procedures that require prior authorization have a "Yes" indicator in the "PAR required" column on pages 8-12 of this bulletin.

Please note:

Approval of a PAR does not guarantee Colorado Medical Assistance Program payment and does not serve as a timely filing waiver. Prior authorization only assures that the approved service, as identified on the PAR, is a medical necessity and is considered a benefit of the Colorado Medical Assistance 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.

Revised ► As Medicaid does not provide a benefit for orthodontics for anything less than a handicapping malocclusion, we strongly discourage submission of PARs for mild and moderate malocclusions, unless there is a concurrent medical condition, e.g., cleft palate, fetal alcohol syndrome, etc.

Revised ► Include all documentation, for example, radiographs, photographs, and a narrative report to document evidence of the handicapping malocclusion.

PAR - 2009 Handicapping Malocclusion Assessment

As of January 1, 2009, only the 2009 Handicapping Malocclusion Assessment is accepted.

PAR - Paper Submission

At the present time, orthodontists will need to submit a PAR on paper for the orthodontic services listed in this bulletin. Providers should complete the 2009 Handicapping Malocclusion Assessment and attach it to a 2006 ADA dental claim form that lists a proposed ADA dental procedure code for orthodontic treatment. The assessment form is located at the end of this bulletin and is also available in the Provider Services [Forms](#) section of the Department's Web site at colorado.gov/pacific/hcpf. Feel free to make copies and use it as needed. Directions on the last page of the assessment form instructs providers how to complete the assessment using MS Word or on paper. **Include all documentation (for example, radiographs and photographs) to document a handicapping malocclusion.** Models are not needed for PAR reviews.

Each orthodontic procedure listed on the 2006 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.*

The [2009 Handicapping Malocclusion Assessment Form](#) is now available in a MS Word format in the Provider Services [Forms](#) section of the Department's Web site at colorado.gov/pacific/hcpf. The form can be found by expanding the [Dental Forms](#) option. You may complete the form online, print it and submit it with all supporting diagnostic and radiographic services used to determine and fully diagnose the client's condition. Submit all documentation and the dental claim to the Colorado Medical Assistance Program.

Electronic submission of orthodontic PARs is not available at this time. Look for information about when electronic PAR submission for orthodontic treatment procedures becomes available in future provider bulletins.

PAR - Effective Dates

PARs have what Medicaid refers to as “span dates”. These are the dates for 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 list a 6-month period between the effective date of the PAR and the 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 submit a new PAR before starting treatment.

Corrective Jaw Surgery

Orthodontic care in preparation for corrective jaw surgery is a Colorado Medical Assistance Program benefit. Medicaid oral surgery providers are required to obtain prior authorization 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, be signed, dated, and updated when needed. The nature, content, and extent of the consent are the total responsibility of the treating orthodontist and should cover all planned orthodontic and dental treatment(s) and clearly address the following areas:

Colorado Medical Assistance Program has not approved corrective jaw surgery	
<input type="checkbox"/>	Medicaid requires separate prior authorization approval for all corrective jaw surgery procedures
<input type="checkbox"/>	Medicaid requires that corrective jaw surgery be provided before the client turns age 21
<input type="checkbox"/>	Medicaid requires that corrective jaw surgery not be done primarily for cosmetic reasons
<input type="checkbox"/>	Medicaid requires that medical necessity be reviewed in advance of corrective jaw surgery
<input type="checkbox"/>	Future Medicaid prior authorization review of the medical necessity for corrective jaw surgery has not been completed at this time
<input type="checkbox"/>	Future Medicaid prior authorization for corrective surgery requires a separate PAR submission by the Medicaid provider Oral Surgeon
<input type="checkbox"/>	Future Medicaid client eligibility has not been determined
<input type="checkbox"/>	Future Medicaid program benefits for corrective jaw surgery have not been determined
Date	Medicaid Orthodontic Provider
Client Name	Parent / Guardian

Claims - Electronic Submission

1. Orthodontic providers must be enrolled in the Colorado Medical Assistance Program to submit electronic claims.
2. All orthodontic providers are strongly encouraged to enroll for electronic claim submission through the Colorado Medical Assistance Program Secure Web Portal (Web Portal).
3. Electronic claims format shall be required unless paper claims submission is specifically prior authorized by the Department.
4. Providers must submit claims electronically if they bill more than five claims per month.
5. Please contact ACS Provider Services for electronic claim submission requirements.

Claims - Paper Submission

1. Orthodontic providers must be enrolled in the Colorado Medical Assistance Program to submit paper claims.
2. With prior approval, providers may bill on paper if they bill five or fewer claims per month. Requests may be sent to ACS at P.O. Box 90, Denver, CO 80201. The following claims can be submitted on paper and processed for payment:
 - h Claims from providers who consistently submit 5 claims or fewer per month (requires prior approval)
 - h Claims that, by policy, require attachments
 - h Reconsideration claims
3. Paper claims for orthodontic and dental services must be submitted on the 2006 ADA dental claim form.
4. Completion of the 2006 ADA claim form is explained in the most current ADA CDT and in the [Dental Billing Manual](#) located in the [Provider Services](#) section of the Department's Web site.
5. Any other type of dental claim form will not be accepted.
6. All dental providers who submit paper claims on the 2006 ADA claim form must attach the Department's [Dental Certification](#) form to 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). The certification form is included in the 2009 Dental Program Updates & Revisions Provider Bulletin ([B0900258](#)) and is also available in the Provider Services [Forms](#) section of the Department's Web site.
7. Dental providers billing electronically through the Web Portal are not required to submit the Dental Certification form.
8. Orthodontic providers must verify Medicaid 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. You may also check the status of a PAR by submitting a PAR Inquiry through the Web Portal. Billing for orthodontic services must always fall on or between the Effective date and the End date of the PAR. We recommend that orthodontists always re-check Medicaid eligibility before starting a service, even with an approved PAR.

IMPORTANT ► Refer to ADA publication CDT, most current edition, for complete description of all ADA dental procedure codes and descriptions of primary, transitional, adolescent, adult, dentitions

Clinical Oral Evaluations

ADA code	PAR Required	Description
D0140	No	Limited oral evaluation - problem focused
D0150	No	Comprehensive oral evaluation - new or established patient
D0160	No	Detailed and extensive oral evaluation problem focused, by report
D0170	No	Evaluations-limited, problem focused (established patient; not a post operative visit)

Radiographs and Diagnostic Imaging

ADA code	PAR Required	Description
D0210	No	Intraoral - complete series (including bite wings)
D0220	No	Intraoral - periapical first film
D0230	No	Intraoral - periapical each additional film
D0240	No	Intraoral - occlusal film
D0250	No	Extraoral - first film
D0260	No	Extraoral - each additional film
D0270	No	Bitewing - single film
D0272	No	Bitewings - two films
D0274	No	Bitewings - four films
D0290	No	Posterior-anterior or lateral skull & facial bone survey film
D0320	No	Temporomandibular joint arthrogram, including Injection
D0321	No	Other temporomandibular joint films, by report
D0322	No	Tomographic survey
D0330	No	Panoramic film
D0340	No	Cephalometric film
D0350	No	Oral/facial images (includes intra and extraoral images)

Tests and Laboratory Examinations

ADA code	PAR Required	Description
D0470	No	Diagnostic casts → code includes both maxillary and mandibular casts

Space Maintainers

ADA code	PAR Required	Description
D1510	No	Space maintainer - fixed - unilateral
D1515	No	Space maintainer - fixed - bilateral
D1520	No	Space maintainer - removable - unilateral
D1525	No	Space maintainer - removable - bilateral
D1550	No	Re-cementation of space maintainer

Interceptive Orthodontic Treatment

ADA code	PAR Required	Description
D8050	Yes	Interceptive orthodontic treatment of the primary dentition
		<ul style="list-style-type: none"> ¾ Primary teeth have erupted ¾ PAR requires completion of ► 2006 ADA claim form ► 2009 Handicapping Malocclusion Assessment. ¾ CMAP allows D8050 only one or more of the five below listed conditions: <ol style="list-style-type: none"> 1. Two or more teeth 6-11 in crossbite with photograph documenting <u>100%</u> of the incisal edge in complete overlap with opposing tooth/teeth. 2. Bilateral crossbite of teeth 3/14 <u>and</u> 19/30 with photographs documenting cusp overlap completely in fossa, or completely buccal / lingual of opposing tooth. 3. Bilateral crossbite of teeth A/T <u>and</u> J/K with photographs documenting cusp overlap completely in fossa, or completely buccal or lingual of opposing tooth. 4. Crowding with radiograph documenting <u>current</u> bony impaction of a tooth 6-11, 22-27 that requires either serial extractions or surgical exposure and guidance for the impacted tooth to erupt into the arch. 5. Crowding with radiograph documenting resorption of 25% of the root of an adjacent permanent tooth.

D8060	Yes	Interceptive orthodontic treatment of the transitional dentition
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1. Primary teeth are in the process of shedding
2. PAR requires completion of ► 2006 ADA claim form ► 2009 Handicapping Malocclusion Assessment.
- ¾ CMAP allows D8050 only one or more of the five below listed conditions
 1. Two or more teeth 6-11 in crossbite with photograph documenting 100% of the incisal edge in complete overlap with opposing tooth/teeth.
 2. Bilateral crossbite of teeth 3/14 and 19/30 with photographs documenting cusp overlap completely in fossa, or completely buccal / lingual of opposing tooth.
 3. Bilateral crossbite of teeth A/T and J/K with photographs documenting cusp overlap completely in fossa, or completely buccal or lingual of opposing tooth.

D8060 Yes Interceptive orthodontic treatment of the transitional dentition

- 4. Crowding with radiograph documenting current bony impaction of a tooth 6-11, 22-27 that requires either serial extractions or surgical exposure and guidance for the impacted tooth to erupt into the arch.
- 5. Crowding with radiograph documenting resorption of 25% of the root of an adjacent permanent tooth.

Comprehensive Orthodontic Treatment

- X 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
- X 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
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D8070	Yes	Comprehensive orthodontic treatment of the transitional dentition
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- ³/₄ Primary teeth are in the process of shedding
- ³/₄ PAR requires completion of ► 2006 ADA claim form ► 2009 Handicapping Malocclusion Assessment.

D8080	Yes	Comprehensive orthodontic treatment of the adolescent dentition
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D8090	Yes	Comprehensive orthodontic treatment of the adult dentition
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- ³/₄ All permanent teeth except the third molars are fully erupted
- ³/₄ PAR requires completion of ► 2006 ADA claim form ► 2009 Handicapping Malocclusion Assessment.
- ³/₄ Code D8090 is generally allowed for clients age 12 and older.
- ³/₄ 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 form 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
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D8210	No	removable appliance therapy
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¾ Only for treatment of HARMFUL HABITS

¾ Clients do not need to have a handicapping malocclusion to receive this service

D8220	No	fixed appliance therapy
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¾ Only for treatment of HARMFUL HABITS

¾ Clients do not need to have a handicapping malocclusion to receive this service

Other Orthodontic Treatment

ADA code	PAR Required	Description
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D8660	No	pre-orthodontic visit
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¾ PAR requires completion of ► 2006 ADA claim form ► and a report that the client has previously been approved as a handicapping malocclusion by HCP or Colorado Medicaid or Medicaid from any other state.

D8692	Yes	replacement of lost or broken retainer
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¾ PAR requires completion of ► 2006 ADA claim form ► and a report that the client has previously been approved as a handicapping malocclusion by HCP or Colorado Medicaid or Medicaid from any other state.

D8999	Yes	unspecified orthodontic treatment, by report
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¾ PAR requires completion of ► 2006 ADA claim form ► 2009 Handicapping Malocclusion Assessment. ► and a report describing the service/s to be rendered.

¾ Transfer case: D8999 can be used for transfer cases, a 2009 Handicapping Malocclusion Assessment is required

¾ Removal of braces D8999 can be used for removal of braces placed by another orthodontic provider with or with out construction of retainers, a 2009 Handicapping Malocclusion Assessment is NOT required

2009 Handicapping Malocclusion Assessment	Phase One case
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Client name	
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CMAP only allows D8050 and D8060 for one or more of the five below listed conditions

Documented Orthodontic condition	Required report	Required documentation
1. Two or more teeth 6-11 in crossbite with photograph documenting <u>100%</u> of the incisal edge in complete overlap with opposing tooth/teeth.	List upper and lower tooth numbers ▼	Photograph documenting the crossbite ▼ yes or no ▼
2. Bilateral crossbite of teeth 3/14 and 19/30 with photograph documenting cusp overlap completely in fossa, or completely buccal / lingual of opposing tooth.	List upper and lower tooth numbers ▼	Photographs documenting the crossbites ▼ yes or no ▼
3. Bilateral crossbite of teeth A/T and J/K with bilateral photographs documenting cusp overlap completely in fossa, or completely buccal or lingual of opposing tooth.	List upper and lower tooth numbers ▼	Photographs documenting the crossbites ▼ yes or no ▼
4. Crowding with radiograph documenting current bony impaction of one or more teeth 6-11, 22-27 that requires either serial extractions or surgical exposure and guidance for the impacted tooth to erupt into the arch.	List tooth numbers ▼	Radiograph documenting the impaction ▼ yes or no ▼
5. Crowding with radiograph documenting resorption of 25% of the root of an adjacent permanent tooth.	List tooth numbers ▼	Radiograph documenting the impaction ▼ yes or no ▼

2009 Handicapping Malocclusion Assessment	Phase Two case
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Client name	
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Previous Colorado Medicaid approval of Phase One?	
Previous Colorado Medicaid provider's name for Phase One?	
Date Phase One completed	

Previous approval by Medicaid from another state for Phase One?	
Name of State	
Date Phase One completed	

Previous Colorado HCP approval for Phase One?	
Previous Colorado HCP provider's name for Phase One	

2009 Handicapping Malocclusion Assessment	Transfer case
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Client name	
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Used ■ D8999 – unspecified orthodontic treatment, by report?	
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Previous Colorado Medicaid approval as Handicapping Malocclusion?	
Previous Colorado Medicaid provider's name?	
Previous approval for orthodontics by Medicaid from another state?	

Total percent of orthodontic treatment remaining	
Total number of months of active orthodontic treatment remaining	
Total number of teeth re-band/bond	
Total charges for completion of treatment including retention	

Removal of upper braces?	
Removal of lower braces?	
Placement of upper retainer?	
Placement of lower retainer?	

2009 Handicapping Malocclusion Assessment	Optional - Additional Information and Images
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Client name	
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**Please add any relevant medical diagnoses in this space.

**2009 Handicapping
Malocclusion Assessment****Instructions for MS Word****Office Staff**

The [2009 Handicapping Malocclusion Assessment Form](#) is now available in MS Word Format in the Provider Services [Forms](#) section of the Department's Web site at colorado.gov/pacific/hcpf. The form can be found by expanding the [Dental Forms](#) option. You may complete the form online, print it and submit it with all supporting diagnostic and radiographic services used to determine and fully diagnose the client's condition. Submit all documentation and the dental claim to the Colorado Medical Assistance Program.

Orthodontic Provider

1. Go to colorado.gov/hcpf ► *Providers* ► *Provider Services* ► *Forms* ► *Dental Forms* to retrieve the form
2. Complete the pages that apply to the orthodontic treatment you intend to provide
3. Go to File ► Save
4. Go to File ► Print and print two copies of the pages of this document that apply to the client
5. Attach one copy to a completed **2006 ADA claim** form
6. Retain one copy in the client's record

**2009 Handicapping
Malocclusion Assessment****Instructions typing - writing****Office Staff**

The [2009 Handicapping Malocclusion Assessment Form](#) is available in the Provider Services [Forms](#) section of the Department's Web site at colorado.gov/hcpf. The form can be found by expanding the [Dental Forms](#) option. You may print and complete the form and then submit it with all supporting diagnostic and radiographic services used to determine and fully diagnose the client's condition. Submit all documentation and the dental claim to the Colorado Medical Assistance Program.

Orthodontic Provider

1. Go to colorado.gov/pacific/hcpf ► *For Our Providers* ► *Provider Services* ► *Forms* ► *Dental Forms* to retrieve the form
2. Complete the pages that apply to the orthodontic treatment you intend to provide
3. Photocopy two copies of pages of this document that apply to the client
4. Attach one copy to a completed **2006 ADA claim** form
5. Retain one copy in the client's record