10. Dental Services

10.1. Dental Services Information

10.1.1. Dental services are defined as those diagnostic, preventive or corrective procedures to the teeth and associated structures of the oral cavity furnished by, or under the supervision of, a dentist that affect the oral or general health of a Medicaid eligible recipient. See 42 CFR Section 440.100(a).

10.1.2. Definitions

10.1.2.1. Reserved

10.1.3. Medical Assistance Division (MAD) also covers dental services, dentures and special services for an eligible recipient who qualifies for services under the Early and Periodic Screening, Diagnostic and Treatment (EPSDT) program. See 42 CFR Section 441.55.

10.2. Orthodontics

10.2.1. Eligible Recipient: Under age 21

10.2.2. Eligible Provider:

10.2.2.1. Provider Type: 421- Dentist

10.2.2.2. Taxonomy: 122300000X – Dentist

10.2.3. Provider Requirements:

10.2.3.1 Required Documentation: Completed orthodontic records and treatment plan. The treatment plan must include the diagnosis, the length, and type of treatment, documentation of a favorable prognosis, and a high probability of compliance in completing the treatment program. The treatment plan must document if an orthognathic surgery is planned. Orthodontic records must include:

1. Diagnostic casts or digital study models
2. Full mouth or panoramic x-ray
3. Cephalometric film
4. Diagnostic photographs

5. A completed orthodontic screening form that states the Handicapping Labio-Lingual Deviation Index (HLD) score and indicates the handicapping malocclusion. The provider may submit either the original or a copy

10.2.3.2. Anecdotal information is insufficient to document the presence of a handicapping malocclusion. Statements that are not supported by professional progress notes indicating the patient has difficulty with eating, chewing, or speaking represent anecdotal information. These conditions may be caused by other medical conditions in addition to the misalignment of the teeth.

10.2.4. Medical Necessity Criteria: Orthodontic treatments are interventions indicated for the correction of misalignment of teeth and/or jaws, described as malocclusions, causing a disability in normal oral function. The New Mexico Health Care Authority (HCA) is revising the medical necessity criteria for Handicapping malocclusions for the purpose of determining eligibility under these regulations. Medical necessity shall mean the presence of the following:

10.2.4.1. Auto Qualifiers

1. Cleft palate deformities and other significant craniofacial anomalies.
2. Deep impinging overbite, when the lower incisors are touching the soft tissue. This does not include occasional biting of the cheek.
3. Cross bite of individual anterior teeth in contact with soft tissue or the presence of more than two teeth in crossbite will result in an auto qualifier.
4. Impacted permanent cuspids and/or surgical intervention. This does not include cases where cuspids or incisors will erupt ectopically.
5. Overjet in excess of 7 mm.

10.2.4.2. If none of the above auto qualifier conditions are present, then a minimum score of 26 points or greater is the threshold value on the handicapping labio-lingual deviations (HLD) index for making orthodontic determination of medical necessity. HLD measures the severity of a handicapping malocclusion.

10.2.4.3. If none of the auto qualifier or the minimum score of 26 is met, then the following indicators may be considered in the determination of medical necessity:

1. A medical condition and/or a nutritional deficiency with medical physiological impact, that is documented in the physician progress notes that predate the

diagnosis and request for orthodontics. The condition must be non-responsive to medical treatment without orthodontic treatment.

2. The presence of a speech pathology, that is documented in speech therapy progress notes that predate the diagnosis and request for orthodontics. The condition must be non-responsive to speech therapy without orthodontic treatment.

10.3. Silver Diamine Fluoride (SDF) Provided by Dental Providers

10.3.1. Eligible Recipient: MCOs must allow and reimburse services for members. Requirements and indications must be documented in the member's medical record. Evidence of a comprehensive dental examination by a licensed dental practitioner:

1. For children who are too young to receive conventional restorative treatment in a dental chair.
2. For members who are unable to undergo conventional dental treatment.
3. For older adults who have limited access to dental facilities
4. For people with special needs who are unable to cooperate with dental treatment.

10.3.2. Eligible Provider: Dental service providers must be enrolled as New Mexico Medicaid providers with at least one of the following provider types and specialty codes:

10.3.2.1 Provider Type:

1. 421- Dentist
2. 422- Dental Clinic, Rural Health
3. 423- Dental Hygienist
4. 313/192- Federally Qualified Health Center (FQHC)/Medical and Dental

10.3.3. Provider Requirements:

10.3.3.1 Dental service providers must ensure a comprehensive dental examination by a licensed dental practitioner with consent to treat prior to the application of medicament and indication of tooth number of tooth/teeth treated.

10.3.4. Prior Authorization: A prior authorization is not required for this service

10.3.5. Criteria for application of SDF: The code D1354 allows for compensation to a medical service provider who is treating persons with a conservative treatment of an active, non-

symptomatic carious lesion with no pulpal exposure by topical application of a high caries arresting or inhibiting medicament and without mechanical removal of sound tooth structure, example: xerostomia, severe early childhood caries.

1. Maximum of 2 treatments per tooth per 12-month period.
2. May use on up to 5 teeth per session on one claim.
3. Maximum of 4 treatments per tooth in a lifetime.

10.4. Silver Diamine Fluoride (SDF) Provided by a Physician or Other Qualified Health Care Professional

10.4.1 Eligible Recipient: MCOs must allow and reimburse services for members with the following requirements. Requirements and indications must be documented in the member's medical record. With clinical evidence of caries assessed by a physician, certified nurse practitioner or physician assistant:

1. For children who are too young to receive conventional restorative treatment in a dental chair
2. For members of any age who are unable to undergo conventional dental treatment.
3. For older adults who have limited access to dental facilities
4. For people with special needs who are unable to cooperate with dental treatment.

10.4.2. Provider Requirements: New Mexico medical assistance division (MAD) pays for medically necessary health care services furnished by a New Mexico Medicaid enrolled provider. [NMAC 8.310.3]. Eligible providers are physicians or other qualified health care professionals [Certified Nurse Practitioners (CNP), Certified Nurse Specialist (CNS) & Physician Assistants (PA)].

10.4.3. Prior Authorization: A prior authorization is not required for this service

10.4.4. Criteria for application of SDF: The code 0792T allows for compensation to a medical service provider who is treating persons with a conservative treatment of an active, non-symptomatic carious lesion with no pulpal exposure by topical application of a high caries arresting or inhibiting medicament and without mechanical removal of sound tooth structure, example: xerostomia, severe early childhood caries.

1. Maximum of 2 treatments per tooth per 12-month period.

2. May use on up to 5 teeth per session with only one bill.
3. Maximum of 4 treatments per tooth in a lifetime.