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Sent: Thursday, February 25, 2010 10:16 AM
To: Anderson,Robert
Cc: Edingfield, Angela K (OIG/OAS); Delgado, Andres (OIG/OAS)
Subject: Questions for Dr. Altenhoff of HHSC

Robert,

Please pass the following questions along to Dr. Altenhoff with HHSC.

1. THSteps Policy 20.3 states that a cephalometric radiograph with tracing is required for prior approval of orthodontic services. What exactly does this entail? What should the orthodontist submit to TMHP? Should it be submitted on an actual radiograph or printed on white paper? [Altenhoff, Linda] Current orthodontic policy allows for the dental provider to submit a copy of the actual cephalometric radiograph which could be printed on plain paper. The tracings are an overlay on tracing paper that shows various standardized angles, traces the first permanent molars and upper and lower central incisors. The tracings help the dentist to determine the most appropriate treatment plan.
2. THSteps Policy 30 states that "documentation must support medical necessity of any appliance requested". Does this mean documentation submitted with the prior authorization request or documentation kept in the orthodontist's records? What type of documentation is acceptable? [Altenhoff, Linda] Under current policy, the supporting documentation must be in the patient's record but can also be requested by the TMHP dental director. I will have to defer to Dr. Felkner for input regarding what he and his prior authorization team require in order to accurately assess the medical necessity for their determination of the authorization.
3. THSteps Policy 31 states full banding is allowed on permanent dentition only, with the exception of mixed dentition when the treatment plan includes extracting remaining primary teeth or treating cleft palate. Are there any other exceptions to this? [Altenhoff, Linda] I will have to defer to Dr. Felkner for input regarding what exceptions, if any, he allows under the current policy.
4. THSteps Policy 37 states that "replacement brackets are a benefit in the following situations: 37.1) When a client transfers from one provider to another; 37.2) When trauma is involved." Policy 38 states that procedure code D-8690 is used to bill for replacement brackets. Does this basically mean the provider can bill for this procedure code no matter how the bracket came off or are there limits (i.e. patient removed brackets)? [Altenhoff, Linda] Orthodontic brackets are medically necessary in order to appropriately treat the orthodontic case. Should the brackets be removed, even by the patient for one reason or another, the bracket(s) must be replaced in order to continue treatment. The dentist must have prior authorization for replacement brackets under the current policy.
5. THSteps Policy 43 requires that a Boley gauge be used for measuring when completing the HLD score sheet. Are there any exceptions to this? [Altenhoff, Linda] Though the Boley gauge is referenced, a flexible ruler may also be used for measuring purposes.
6. THSteps Policy 45 states that the HLD is to be scored from the client or model. Can radiographs be used instead? Also, is the orthodontist required to see the patient when they come in for the orthodontic consult or can they see an assistant? [Altenhoff, Linda] I do not believe that the measuring for scoring purposes should be done solely via radiographs, but rather from the patient but preferably from the models. This provides for appropriate documentation of the condition that the patient presents with. An orthodontic consult can be delegated to a trained orthodontic assistant. The treating dentist should be available in the office in order to answer any questions the assistant cannot.
7. THSteps Policy 45.6 states that ectopic eruption is "an unusual patter of eruption, such as high labial cuspids or teeth that are grossly out of the long axis of the alveolar ridge." What would be considered "grossly out of the long axis"? We need to know this in case we decide to use medical review. [Altenhoff, Linda] I don't believe that "grossly out of the long axis" has ever been defined by Texas Medicaid.

8. THSteps Policy 45.7 states that “arch length insufficiency must exceed 3.5mm to be considered as crowding in either arch. Mild rotation that may react favorably to stripping or moderate expansion procedures are not to be scored as “crowded”. Does this policy still apply? Also, if it is decided that arch length insufficiency does not exceed 3.5mm but the hld score is still 26 or higher, should the orthodontist treat this with braces (since they will already be putting braces on the patient) or should they treat it with stripping or moderate expansion procedures as explained in the policy? [Altenhoff, Linda] It is expected that if the patient is being receiving comprehensive orthodontic treatment, then stripping and/or moderate expansion procedures should also be utilized to effect the best outcome. However, the stripping should not be billed separately from the comprehensive orthodontic treatment. The expansion appliance may be billed separately under the current orthodontic policy.

Thank you.

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