

<u>Services Description</u>	<u>NMAP Coverage/Limitations</u>	<u>Prior Authorization Required</u>
Sedative filling		No
Core buildup, including any pins		No
Pin retention		No
Prefabricated Post and Core in Addition to Crown		No
Temporary crown		No
Crown repair		No
Unspecified Restorative Procedure, By Report	<u>Documentation Requirements:</u> A description of treatment provided must be submitted on or in the dental claim. This service is reviewed prior to payment.	No
Therapeutic Pulpotomy and Pupal Therapy	Covered for primary teeth. <u>Not covered for permanent teeth.</u>	No
Root Canal Therapy and Re-treatment of Previous Root Canals	Covered for permanent teeth. <del>Age 24</del> 19 and older: Not covered for maxillary 2 <sup>nd</sup> molar if 1 <sup>st</sup> molar is in occlusion. <u>Documentation Requirements:</u> Post-op x-ray of completed root canal must be available for review by Department upon request.	<del>Yes</del> <u>No</u> <u>Documentation Requirements:</u> <del>Submit x-rays with prior authorization request.</del>
Apicoectomy	Covered on permanent anterior teeth.	No
Emergency Treatment to Relieve Endodontic Pain	Bill on "Unspecified Endodontic Procedure, By Report" code.	No
<b><u>PERIODONTICS:</u></b>		
Gingivectomy or Gingivoplasty per tooth or per quadrant		No

## **ORTHODONTICS**

Orthodontic treatment requires prior authorization and is covered for clients age 20 and younger. The client must be age 20 or younger when treatment is authorized, and the client must have a handicapping malocclusion as defined in the orthodontic service description section.

Coverage Criteria for Diagnostic Models and Radiographs:

1. Orthodontic Cases: Diagnostic records are not covered by NMAP unless the treating dentists, through a visual exam, feels that the case will qualify for Medicaid coverage as defined in the "Orthodontic Treatment" section. Diagnostic records for minor malocclusions are not covered by NMAP.

For auditing purposes NMAP may request end of treatment diagnostic models and x-rays. Payment for the end of treatment records will be included in the dollar amount prior authorized. The end of treatment records shall be submitted to the Department for review by the dental consultant.

Documentation Requirements: Submit with the prior authorization requests.

1. A prior authorization request form ~~or claim form~~ that outlines treatment to be completed and the Handicapping Labiolingual Deviation (HLD) Index Form in appendix 471-000-406.
2. Diagnostic records, may include – (a) ~~Diagnostic models~~ Oral/facial photographic images; (b) Full mouth radiographs (c) ~~P~~Panoramic x-ray; or (d) ~~C~~Cephalometric x-ray;
3. A narrative description of the diagnosis, and prognosis and
4. On surgical cases include a description of the surgical procedure to be completed.

Appendix 471-000-406 contains an orthodontic pre-screen form that ~~may~~ shall be used to pre-screen orthodontic cases. This appendix also includes a prior authorization request forms that ~~may~~ shall be used to submit pre-treatment prior authorization requests for orthodontic treatment.

For payment of orthodontic treatment see 471 NAC 6-006.

For transfer of orthodontic treatment see 471 NAC 6-006.01.

For orthodontic treatment not completed see 471 NAC 6-006.02.