

Procedures for Orthodontic Evaluation of Medicaid Managed Care Children

NYC and Long Island

All counties in NYC and Long Island offer screening clinics for orthodontic evaluations. Children in these counties should be referred as follows for orthodontic screening:

New York City (all counties)
Orthodontic Program
Oral Health Programs and Policy
299 Broadway, Room 500 NYC DHMH
New York, NY 10007
212.978.5560

Nassau County
Ms. Jackie Cuomo
Orthodontic Program
Nassau County Health Department
Mineola, NY
516.227.8670

Suffolk County
Ms. Mary Jean Murphy
Orthodontic Program
50 Laser Court
Hauppauge, NY 11788
631.853.8350

All Other Counties

Medicaid managed care enrollees should be referred to an orthodontist that participates in the Physically Handicapped Children's Program for an orthodontic evaluation. The orthodontist will submit the evaluation information to the Office of Medicaid Management, Dental Prior Approval Unit, for approval. If approved, the orthodontist will contact the family so that treatment may begin.

If the family is unable to locate a participating orthodontist, they may contact the local social services department for assistance.

Criteria for Determining Eligible Conditions for Participation in the Dental Rehabilitation Program

A. General

Children are eligible who meet the criteria for acceptance into the program. These criteria limit entry to those children who:

- are under 21 years of age
- are eligible for Medicaid or for State Aid Assistance
- exhibit a severe physically handicapping malocclusion as defined by the criteria listed under B below.

B. Criteria for Eligibility – Dental Rehabilitation Program

Dentition:

Only cases in late mixed dentition or permanent dentition with the exception of cleft cases and severe skeletal dysplasias.

Congenital Defects:

These include: cleft palate and cleft lip; mandibular micrognathia; extreme mandibular prognathism; severe asymmetry; ankylosis of the temporomandibular joint; and other significant skeletal dysplasias.

Malocclusion:

These include:

- overjet of 6 millimeters or more;
- overbite of 10 mm and/or if the lower anteriors contact palatal tissue;
- openbite of 5 mm or more (evaluate causative factor);
- a centric occlusion where it is difficult to replicate centric and/or where there is a pseudo-crossbite (mandibular functional shift);
- severe crowding of maxillary anteriors;
- anterior crossbite due to prognathism;
- blocked out maxillary cuspids that threaten the integrity of the anterior section of the arches.

Do not approve or refer patients who have:

- posterior crossbites only where the teeth are in a good functional contact;
- anterior diastemas (mild to moderate);
- moderate crowding of lower anteriors;
- anterior crossbite of a single tooth not related to prognathism and there is adequate space to correct the crossbite.

If children in the middle stage of the mixed dentition are referred, you may evaluate the need for an orthodontic intervention. Many of these children would not benefit from full-banded treatment. These cases will be postponed for consideration for full treatment until the

permanent teeth erupt. Please provide a proposed plan of treatment including the timetable for total management of treatment.

You are requested to evaluate the many factors that contribute to a malocclusion such as neuro-muscular, genetic, functional and skeletal. If there is some reason not identified in the criteria to recommend eligibility for treatment, please list the reasons.