

GOVERNMENT OF THE DISTRICT OF COLUMBIA
Department of Health Care Finance



Office of the Senior Deputy Director- Medicaid Director

Transmittal # 21-49

TO: DC Medicaid Dental Providers

FROM: Melisa Byrd
Senior Deputy Director and State Medicaid Director

DATE: December 21, 2021

SUBJECT: Orthodontic Treatment Authorization Forms

Purpose

The purpose of this transmittal is to notify Medicaid fee-for-service (FFS) dental providers of the forms required for prior authorization (PA) for comprehensive orthodontic treatment for DC Medicaid beneficiaries effective **January 3, 2022**.

Consistent with DC Municipal Regulation 29-964.7, eligible DC Medicaid beneficiaries younger than age 21 may qualify for comprehensive orthodontic treatment for handicapping malocclusions with a prior authorization. The completion of these forms will facilitate access to health care for DC Medicaid beneficiaries by ensuring requested orthodontic services are clinically appropriate and medically necessary.

Forms

The Handicapping Labio-Lingual Deviations (HLD) Index is a quantitative, objective method for evaluating PA requests for comprehensive orthodontic treatment. The HLD Index form allows for identification of certain automatic qualifying conditions and provides a single score, based on a series of measurements, which represent the presence, absence, and degree of handicap. The HLD Index form must be submitted with all PA requests for comprehensive orthodontic treatment.

The Department of Health Care Finance (DHCF) has created a process to ensure continuity of care for a beneficiary's orthodontic treatment. The Orthodontic Continuation of Care form should be submitted for authorization when a beneficiary has become eligible for the DC Medicaid FFS program while in mid-treatment for orthodontic services that were approved by another health plan.

Prior Authorization Submission

Please submit all the requested forms for orthodontic services that require a PA to Comagine Health at <https://comaginepp.zeomega.com/cms/ProviderPortal/Controller/providerLogin>. All PA requests for comprehensive orthodontic treatment should include the following:

1. Completed 719A form.

2. HLD score sheet.
3. Clinical narrative.
4. Radiographs.
5. Intra-oral photos; and
6. Continuity of Care form if applicable.

If you require assistance and training for submitting prior authorization requests to Comagine Health, please contact Ms. Folasade Akinkuowo; the contact information is listed below.

Folasade Akinkuowo, RN, BSN, CCM
Manager, Quality Assurance & Utilization Review
DC Medicaid Services
Comagine Health
P.O Box 34800
Washington, DC 20043-4800
FAkinkuowo@comagine.org

For MCO Enrollees: Dental providers should follow the guidelines established by the enrollee's managed care organization (MCO) for receiving authorization for orthodontic services. Please contact below the appropriate MCO for more information:

- AmeriHealth Caritas DC Provider Services: 202-408-2237 or 1-888-656-2383
- CareFirst Community Health Plan DC Provider Services: 202-821-1100
- Health Services for Children with Special Needs (HSCSN) Provider Services: 202-467-2737
- MedStar Family Choice-DC Provider Services: 855-798-4244

Contact

If you have any questions about these forms, please contact Antonio Lacey, DDS, Program Analyst, at antonio.lacey@dc.gov or (202) 442-5847.

Cc: DC Hospital Association
DC Primary Care Association
DC Health Care Association
DC Home Health Association
DC Behavioral Health Association
DC Coalition of Disability Services Providers
Medical Society of DC