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ForwardHealth UPDATE

Wisconsin serving you

Your First Source of ForwardHealth Policy and Program Information

SEVERE MALOCCLUSION POLICY CLARIFICATION

ForwardHealth is updating the criteria to determine severe malocclusions unrelated to syndromes or clefts that can be treated with orthodontic care and is replacing the use of the Salzmann Index as the primary threshold to determine severe malocclusion treatment.

Introduction to Orthodontic Automatic Qualifiers

Beginning October 31, 2025, ForwardHealth will use orthodontic automatic qualifiers (AQs) as the primary way to identify medically necessary orthodontic care. These qualifiers replace the existing Salzmann Index scoring system as the primary way to identify severe handicapping malocclusion that requires medical or dental intervention. If an AQ is not present, a comprehensive review of the patient's medical history and diagnosis is required to determine medical necessity.

AFFECTED PROGRAMS
BadgerCare Plus, Medicaid

TO
Dentists, HMOs and Other Managed Care Programs

QUICK LINKS
- Resources for Dentists
- Supporting Clinical Documentation topic #449
- Severe Malocclusion topic #2909

WISCONSIN DEPARTMENT of HEALTH SERVICES

The American Association of Orthodontists (AAO) defines medically necessary orthodontic care as:

> *Orthodontic services to prevent, diagnose, minimize, alleviate, correct, or resolve a malocclusion … that causes pain or suffering, physical deformity, significant malfunction, aggravates a condition, or results in further injury or infirmity.*

This includes craniofacial (relating to the bones of the skull and face) abnormalities and deviations due to trauma or disease.

Automatic Qualifiers

AQs that are considered severe malocclusions include:

- Cleft palate or craniofacial anomaly
- Severe traumatic deviation or crossbite
- Severe overjet or mandibular protrusion
- Severe open bite, crowding, or spacing
- Missing or impacted teeth
- Skeletal Class III malocclusion
- Complete anterior crossbite

Refer to the Attachment to this ForwardHealth Update for a full list of AQs based on those provided by the AAO.

Refer to the ForwardHealth Online Handbook Severe Malocclusion topic #2909 for more information.

Documentation Retention

Providers are reminded that they must follow the documentation retention requirements per Wis. Admin. Code § DHS 106.02(9). Providers are required to produce or submit documentation, or both, to DHS upon request. Per Wis. Stat. § 49.45(3)(f), providers of services shall maintain records as required by DHS for verification of provider claims for reimbursement. DHS may audit such records to verify the actual provision of services and the appropriateness and accuracy of claims. DHS may deny or recoup payment for services that fail to meet these requirements. Refusal to produce documentation may result in denial of submitted claims, recoupment of paid claims, application of intermediate sanctions, or termination from the Medicaid program.

The information provided in this ForwardHealth Update is published in accordance with Wis. Admin. Code §§ DHS 107.01(1) and 107.22(4).

Information Regarding Managed Care Organizations

This Update applies to severe malocclusion treatment that members receive on a fee-for-service basis and through BadgerCare Plus, Medicaid SSI, and other managed care programs. For information about managed care implementation of the updated policy, contact the appropriate managed care organization (MCO). MCOs are required to provide at least the same benefits as those provided under fee-for-service arrangements.

NEVER MISS A MESSAGE

Stay current on policies and procedures by signing up for Portal text messages or email alerts! These alerts let providers know when there is a new secure Portal message. Go to the **Message Center** on the secure Portal and click **Notification Preferences**. Section 12.4 of the ForwardHealth Provider Portal Account User Guide has detailed instructions.

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The ForwardHealth Update is the first source of program policy and billing information for providers.

Wisconsin Medicaid, BadgerCare Plus, SeniorCare, and Wisconsin Chronic Disease Program are administered by the Division of Medicaid Services within the Wisconsin Department of Health Services (DHS). The Wisconsin HIV Drug Assistance Program and the Wisconsin Well Woman Program are administered by the Division of Public Health within DHS.

For questions, call Provider Services at 800-947-9627 or visit our website at www.forwardhealth.wi.gov/.

ATTACHMENT

The Orthodontic Automatic Qualifiers flyer is located on the following page.

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ATTACHMENT A
Orthodontic Automatic Qualifiers

These automatic qualifiers are considered severe malocclusions unrelated to syndromes or clefts.

Anterior and/or posterior crossbite of three or more teeth per arch, excluding anterior and posterior edge-to-edge (Note: Providers must attach a description of the condition, for example, loss of a premaxilla segment by burns or by accident, the result of osteomyelitis, or other gross pathology.)	Overjet of **9 mm or more** with incompetent lips and/or masticatory and speech difficulties (Note: These symptoms can involve 100% overbite as measured from the lowest point of gingival margin of maxillary incisors.)
Skeletal Class II malocclusion (For example, overjet **less than 9mm** and causing dental instability, compromised airway, palatal impingement, lip seal, or chronic occlusal trauma)	Skeletal Class III malocclusion (For example, the patient could have a negative A-Nasionpoint B Angle [ANB] difference as determined by a cephalometric X-ray.)
Cleft palate deformity	Overjet of one or more maxillary anterior tooth **greater than 9 mm**
Complete anterior crossbite causing gingival recession to the lower anterior teeth	Mandibular protrusion (reverse overjet) of **3.5 mm or more** with incompetent lips and/or masticatory and speech difficulties
Crossbite of one or both 6-year molars as an indication of maxillary transverse deficiency	Significant skeletal disharmony that requires orthodontic preparation and surgery, but may not be treated until skeletal maturity (after age 19)
Crowding or spacing of **10 mm or more** in either the maxillary or mandibular arch, excluding third molars	Severe traumatic deviation, such as crossbite of individual anterior teeth or deep impinging overbite when there is demonstrated damage to soft tissue of palate
Impactions (overlapping, unerupted maxillary teeth with a closed apex or full root development without primary teeth present) or severe ectopic eruption of anterior maxillary teeth, including canines	**Two or more** congenitally missing teeth (extensive hypodontia), excluding second and third molars
Lateral or anterior open bite of **2 mm or more** on at least four teeth per arch resulting in functional compromise (Note: Providers must attach a clinical narrative of the condition and functional compromises, including any self-reported signs or symptoms from the member.)	Craniofacial anomaly (Note: Providers must attach a description of the condition from a credentialed specialist.)

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