

FAQs About Orthodontic Care

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ForwardHealth has developed this FAQs document to:

- Capture submitted questions about orthodontic care and share answers.
- Answer questions about the use of orthodontic automatic qualifiers (AQs) as part of the clinical review process for orthodontic service authorization.

This document will be revised when new information is available.

Topic Category Guide

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Orthodontic Care

Question: What orthodontic services are covered by ForwardHealth?

Answer: As of April 15, 2025, these orthodontic services are eligible for reimbursement:

- Limited orthodontic treatment
- Comprehensive orthodontic treatment
- Minor treatment to control harmful habits
- Other orthodontic services

A complete list of covered orthodontic Common Dental Terminology (CDT) codes can be found in ForwardHealth Online Handbook BadgerCare Plus/Medicaid Prosthodontics Maxillofacial Prosthetics, Maxillofacial Surgery, and Orthodontics topic #[2818](#) under the D8000–D8999 Orthodontics section.

Note: Prior authorization (PA) is required for these services with few exceptions, as outlined in the An Overview topic #[2905](#).

Question: Who is eligible for orthodontic treatment?

Answer: ForwardHealth members aged 20 and under are eligible for orthodontic treatment. ForwardHealth members aged 21 and over are **not** eligible for orthodontic treatment.

Question: Is there a limit to the frequency of orthodontic services?

Answer: No, there is no limitation to the frequency of orthodontic services. However, PA is required for orthodontic services, except for 24 or fewer units of D8670 (Periodic orthodontic treatment visit) and replacement of retainers.

Question: Is there a lifetime dollar limit for covered orthodontic services?

Answer: No, there is no lifetime dollar limit for covered orthodontic services.

Question: Does ForwardHealth cover phased orthodontic treatment?

Answer: ForwardHealth does not specifically cover phased orthodontic treatment. ForwardHealth may approve orthodontic treatment for a severe, handicapping malocclusion, and the criteria for this treatment are outlined in the Severe Malocclusion topic #[2909](#). Other criteria, such as personality or psychological problems and conditions or other circumstances, may also justify treatment.

Question: How is a clinical review of requested orthodontic services conducted?

Answer: As part of the clinical review, dental consultants consider all submitted documentation to determine medical necessity. Federal and state laws, including Wisconsin Administrative Code, require a determination of medical necessity before orthodontic care can be administered to ForwardHealth members. Dental consultants will also consider the Wisconsin Department of Health Services' PA guidelines, as well as standards of practice, professional knowledge, and current evidence-based care in published literature.

Question: Can I request appliance therapy separate from orthodontic services?

Answer: Yes, appliance therapy can be requested separately from orthodontic services, but only when it is used to treat a harmful habit. Appliance therapy that is **not** intended to correct a harmful habit is considered part of the overall orthodontic treatment, and it cannot be requested separately. According to the CDT, limited and comprehensive orthodontic treatment codes include fixed and/or removable appliances and may also include functional or orthopedic appliances. In contrast, CDT codes D8210 and D8220, which are for appliance therapy, refer specifically to appliances used for minor treatment of harmful habits like thumb sucking or tongue thrusting, and they are distinct from appliances used in standard orthodontic care.

Automatic Qualifiers for Orthodontic Eligibility

Background

In October 2025, ForwardHealth updated its policy for orthodontic treatment eligibility for members age 20 and under. This included the addition of specific clinical conditions, called AOs, to help identify medically necessary orthodontic needs.

This list of AOs was developed using guidance from the American Association of Orthodontists, current peer-reviews, published literature about conditions associated with medically necessary orthodontic needs, and input from industry experts to ensure they align with current standards of practice.

While AOs are not the only factor used to determine eligibility, they are the primary starting point for review.

Question: Which teeth are considered anterior teeth?

Answer: Under current ForwardHealth policy, anterior teeth include #6 through #11 on the upper jaw (maxillary arch) and teeth #22 through #27 on the lower jaw (mandibular arch).

Question: What is a crossbite? Does this include second and third molars?

Answer: A crossbite is any bite relationship that goes beyond an edge-to-edge occlusion. Second and third molars may be included when evaluating a crossbite.

Question: Do the automatic qualifiers use skeletal or occlusal (dental) classification?

Answer: AOs are based on **skeletal classification** when determining if a member is a Class I, Class II, or Class III.

Question: How is spacing or crowding measured? What tools should I use?

Answer: Orthodontic spacing or crowding is measured using dental models. You calculate the measurement by comparing the space available in the dental arch perimeter to the required space for all teeth (total mesiodistal widths). You can do this using a Vernier caliper, a Boley gauge, or specialized software. If you're using software, contact your IT support or manufacturer for instructions on how to complete this measurement.

Question: If a primary canine is still present but the permanent canine appears impacted, is this still considered an automatic qualifier?

Answer: Yes, if the permanent tooth is impacted, this would qualify as an AQ, even if the primary tooth is still present. Use radiograph findings and positioning to confirm the permanent tooth is impacted.

Question: Some AQs refer to anatomical relationships or conditions that may not be present in static images (such as compromised airway, lip seal, or chewing and speech difficulties). How do we know if these conditions are present?

Answer: As the dental provider, ForwardHealth recommends that you reach out to the appropriate qualified health care provider actively treating these conditions. It's necessary to submit appropriate medical attestations or other clinical documentation of conditions and active treatment to review clinical conditions.

Prior Authorization for Orthodontic Services

Question: Are retainers automatically included in a PA request for orthodontic services?

Answer: No, CDT code D8680, a code for retainers, is not automatically included in PA requests for orthodontic services. You are encouraged to submit all anticipated services and subsequent CDT codes as part of your PA request for orthodontic care.

Question: What do I need to include in my PA request for orthodontic services for an enrolled ForwardHealth member?

Answer: Providers must complete both of these forms:

- Prior Authorization Dental Request Form (PA/DRF), F-11035 (06/2024)
- Prior Authorization/Dental Attachment 2 (PA/DA2) Oral Surgery, Orthodontic, and Fixed Prosthetic Services, F-11014 (02/2020) (which includes a detailed treatment plan for the orthodontic care of a member)

These forms can be found on the [Forms](#) page of the ForwardHealth Portal. Required clinical documentation to support the requests on these forms may include diagnostic models (either physical or digital), panoramic radiographs, cephalometric radiographs, and intraoral photos, as well as other information requested by the dental consultant.

Question: Why are models being returned before a decision is rendered on my PA request?

Answer: One of the most common reasons models are returned is that they were received without being clearly labeled with the member's name and ID number, so the dental consultant was unable to match them to a submitted PA request.

It also is helpful to coordinate the submission of the models with submission of their corresponding PA request. ForwardHealth recommends tracking the models, then submitting your PA request once ForwardHealth has received them. This ensures that the correct models will be matched with the correct PA request.

Question: Why are my PAs being returned requesting additional information about my patient's restorative treatment plan or their oral hygiene status?

Answer: PA requests for orthodontic care may be returned to request updated information regarding restorative treatment and/or patient oral hygiene status to establish a positive, long-term prognosis for the requested care. ForwardHealth seeks to provide medically necessary care for its members, supported by indicators of long-term positive outcomes from provided treatment.

Question: A ForwardHealth member recently transferred their orthodontic care to my clinic; they already have an active PA on file for a different rendering and billing provider. What do I need to do to transfer their care to my clinic?

Answer: The original PA must be end-dated by the provider on file. A new PA request must be submitted for the requested services by the new rendering and billing provider.

Question: What if the provider who has the original PA doesn't end date it?

Answer: If the original provider does not end date the PA, the new provider cannot obtain this new PA. The clerical review will reveal that the member has a current PA on file for the codes, and they cannot have two active PAs for the same service codes. In this situation, the new provider would receive a message that says, "There is an active PA with another provider." The PA cannot continue for adjudication until the original PA is end-dated, which can only be done by having the original provider submit an amendment to end date the original PA. In this situation, the member should contact the initial provider to request to have them end date the original PA.

Reimbursement for Orthodontic Services

Question: My patient was enrolled in a dental HMO and has approved orthodontic care, but they are no longer enrolled in the HMO. Who is responsible for paying for the remainder of their care?

Answer: If the orthodontic treatment began while a member was enrolled in an HMO and later the member became ineligible for BadgerCare Plus or Medicaid SSI or they were disenrolled from the HMO, the HMO is still responsible for payment of their treatment, no matter how long the treatment takes.

Question: My patient began orthodontic treatment while enrolled in Wisconsin Medicaid fee for service, but they are now enrolled in an HMO. Who is responsible for the continued reimbursement of their care?

Answer: Wisconsin Medicaid fee for service is responsible for the continued reimbursement of their orthodontic services and care. The HMO will not be required to cover the continued orthodontic services of a member who began treatment as a fee-for-service member and then was subsequently enrolled in an HMO.