



**CABINET FOR HEALTH AND FAMILY SERVICES  
DEPARTMENT FOR MEDICAID SERVICES**

**Matthew G. Bevin**  
Governor

Division of Policy and Operations  
275 East Main Street, 6 W-D  
Frankfort, KY 40621  
Phone: (502)564-6890  
Fax: (502) 564-0039  
www.chfs.kv.gov

**Adam M. Meier**  
Secretary

**Lee A. Guice**  
Director

**Carol H. Steckel, MPH**  
Commissioner

**MEMORANDUM**

**TO:** All Dental Providers (PT 60 and PT 61)  
MCOs and MCO Dental Subcontractors

**FROM:** Lee Guice, Director  
Division of Policy and Operations

**DATE:** July 12, 2019

**RE:** Orthodontic Services (PT 60/PL #A-159 and PT 61/PL #A-21)

The Kentucky Department for Medicaid Services (DMS) has received a number of inquiries that directly pertain to orthodontia treatment, specifically if payment stops when a recipient loses eligibility or ages out after braces are applied to teeth.

DMS is obligated to adhere to the regulatory policies of eligibility and program age parameters in determining if payment is allowable or not. With recipient eligibility, the answer is straightforward. Payment is prohibited for services provided to ineligible members. Possession of a member identification card does not guarantee payment for all medical services.

For the question of aging out of specific age limits with certain programs, I site the below regulation:

*907 KAR 1:026. Dental services' coverage provisions and requirements*

*Section 13. Orthodontic Service Coverage Limitations. (1) Coverage of an orthodontic service shall: (a) Be limited to a recipient under the age of twenty-one (21) years; and (b) Require prior authorization except as established in Section 15(1) (b) of this administrative regulation.*

The prior authorization process does NOT verify anything except medical necessity. It does not verify eligibility or age. The prior authorization letter does not guarantee payment. It only indicates that the service is approved based on medical necessity. If the individual does not become eligible for Kentucky Medicaid, loses Kentucky Medicaid eligibility, or ages out of the program eligibility, services will not be reimbursed despite having been deemed medically necessary.

Kentucky DMS does not reimburse for non-eligible persons, nor do we reimburse for services provided to a recipient who has aged out of a programs benefit. I hope that this information answers the questions concerning eligibility and aging out of a program. If you have further questions or concerns, please feel free to contact us at the above phone number.