



An Anthem Company

# Dental Clinical Policy

|                     |   |                          |            |
|---------------------|---|--------------------------|------------|
| <b>Subject:</b>     | <b>Orthodontia - Medically Necessary Orthodontia Care</b> | <b>Publish Date:</b>     | 01/01/2022 |
| <b>Guideline #:</b> | <b>08-001</b>   | <b>Last Review Date:</b> | 10/30/2021 |
| <b>Status:</b>      | <b>Revised</b>  |                          |            |

## Description

The plan performs review of Medically Necessary Orthodontia Care due to contractual requirements that necessitate benefits for dental services meet specific contract requirements. For example, plan contract(s) may require the provision of benefits for services that meet generally accepted standards of dental care at the lowest cost that properly addresses the patient’s condition. Any determination of medical necessity will only be applicable for those contracts specifically stating there may be a review for medical or dental necessity. The conclusion that a particular service is medically or dentally necessary does not constitute an indication or warranty that the service requested is a covered benefit payable by the dental plan.

## Clinical Indications

**Medically Necessary Orthodontia Care (MNOC)** is considered appropriate for the treatment of severe handicapping malocclusion. A “medically necessary” situation, as it relates to dental therapies, is one where failure to provide the dental services would result in deleterious effects to one's overall health status or are necessary to sustain life. MNOC is:

1. A demanding and time-consuming procedure that is indicated for severe malocclusions (situations where the upper and lower teeth do not occlude and function properly as a result of an underlying craniofacial abnormality.
2. Used to treat dysfunctional occlusions.
3. A procedure that can be pre-surgical in nature, which often creates a more dysfunctional occlusion, while in preparation for surgery.
4. Performed by an orthodontist and/or licensed dentist.
5. Not primarily a cosmetic procedure.
6. Considered effective for the treatment of the patient's dental injury or disease.

Benefit coverage for medically necessary orthodontic therapy is based upon group language as well as dental or medical necessity criteria. There are four specific types of orthodontic coverage.

1. State mandated orthodontic coverage for severe craniofacial deformities

2. State mandated treatment for medically necessary orthodontia according to the essential health benefit
3. Orthodontia considered medically necessary according to plan guidelines
4. Cosmetic orthodontia

A handicapping malocclusion can be defined as one that severely interferes with function (proper mastication, speech, ability to maintain good oral hygiene) that typically includes crooked, crowded, or protruding teeth that affect appearance, speech, and/or the ability to eat. Many handicapping malocclusions require a combination of pre-surgical orthodontics and surgery for correction and improved function of the masticatory arches and therefore occlusion. Severe cases are typically those where orthodontic services alone cannot solely treat the handicapping malocclusion. Diagnoses include, but are not limited to: cleft palate, severe lateral or anterior open bite deformities, severe class II malocclusion with impingement of the lower incisors into the palatal tissues/mucosa (deep, destructive bite), and class III malocclusions (severe underbite or lower jaw protrusion), Treacher Collins Syndrome, severe dento-facial trauma. Documented craniofacial deformities that create a handicapping malocclusion and require MNOC. These documented craniofacial deformities that create a handicapping malocclusion require MNOC and are automatic qualifiers.

**Cosmetic orthodontia care is not considered medically or dentally necessary treatment.** The goal of treatment for non-medically necessary orthodontic care is to achieve an improved level of function and cosmetic appearance to the dentition consistent with supporting overall health status, which can decrease the risk of tooth decay, gingival disease, periodontal disease, loss of teeth, and TMJ/TMD problems. Non-medically necessary orthodontic care includes malocclusion/ abnormal contact between the maxillary and mandibular teeth - Orthodontic services to correct malocclusion that is not considered dysfunctional is not medically necessary and minor corrections of malocclusion are considered cosmetic.

Dental review as it applies to accepted standards of care means dental services that a Dentist, exercising prudent clinical judgment, provides to a patient for the purpose of evaluating, diagnosing or treating a dental injury or disease or its symptoms, and that are: in accordance with the generally accepted standards of dental practice; in terms of type, frequency and extent and is considered effective for the patient's dental injury or disease; and is not primarily performed for the convenience of the patient or Dentist, is not cosmetic and is not more costly than an alternative service.

For dental purposes, "generally accepted standards of dental practice" means:

- Standards that are based on credible scientific evidence published in peer-reviewed, dental literature generally recognized by the practicing dental community
- specialty society recommendations/criteria
- the views of recognized dentists practicing in the relevant clinical area
- any other relevant factors from credible sources

|   |
|---|
| <b>Criteria for MEDICALLY Necessary Orthodontia</b> |
|---|

1. Orthodontia and **dental services must be provided by a licensed dentist or orthodontist**, exercising prudent clinical judgment, and provided to a patient for the purpose of preventing, evaluating, diagnosing or treating orthodontic problems.
2. MNOC services **require pre authorization** prior to the initiation of any services.
3. The patient must present with fully erupted permanent teeth. In clinical situations that demonstrate partially erupted/impacted teeth as a result of severe crowding, the partially erupted/impacted teeth must present showing exposure of at least ¾ of the clinical crown.
4. **In order to qualify for treatment, validated, recognized Index criteria will be used to determine dental/medical necessity. In order to qualify, a subscriber must achieve a HLD (Handicapping Labio-Lingual Deviation) Index minimum score of 26 points (or the threshold set forth by each state/group). Handicapping esthetic diagnoses are not considered part of the determination.**

Requirements (clinical information) for pre authorization include:

1. Completed HLD Scoring Index
2. Orthodontic Treatment Plan
3. Narrative describing nature of the severe physically handicapping malocclusion
4. Panoramic and/or mounted full mouth radiographic images
5. Cephalometric x-ray with teeth in centric occlusion and cephalometric tracing
6. Facial photographs of frontal and profile views
7. Intra-oral photographs depicting right and left occlusal relationships and an anterior view
8. Maxillary and mandibular occlusal photographs
9. Photographs of articulated study models or ortho cadcam electronic equivalent including all views (lateral, anterior, and posterior)
10. When surgery is treatment planned, please include the surgical treatment plan and a letter of medical necessity

## Coding

*The following codes for treatments and procedures applicable to this document are included below for informational purposes. Inclusion or exclusion of a procedure, diagnosis or device code(s) does not constitute or imply member coverage or provider reimbursement policy. Please refer to the member's contract benefits in effect at the time of service to determine coverage or non-coverage of these services as it applies to an individual member.*

**CDT**      *Including, but not limited to, the following:*

- |       |   |
|-------|---|
| D8660 | Pre-orthodontic treatment examination to monitor growth and development |
| D8030 | Limited orthodontic treatment of the adolescent dentition               |
| D8040 | Limited orthodontic treatment of the adult dentition                    |
| D8080 | Comprehensive treatment of the adolescent dentition                     |
| D8090 | Comprehensive treatment of the adult dentition                          |
| D8670 | Periodic orthodontic treatment visit                                    |

- D8693 Re-cement or re-bond fixed retainer
- D7280 Surgical access of an unerupted tooth
- D7283 Placement of device to facilitate eruption of impacted tooth

**IDC-10 CM** Diagnoses for Dental Diseases and Conditions: See the current CDT code book for details

**References**

1. [dentistrydig.com/g/orthodontics.html](http://dentistrydig.com/g/orthodontics.html)
2. <http://ada.org/2555.aspx#odo>
3. Salzman, JA 91968). Handicapping malocclusion assessment to establish treatment priority. American Journal of Orthodontics, Vol. 54, pp. 749-765.
4. [www.nih.nih.gov/medlineplus/orthodontia.html](http://www.nih.nih.gov/medlineplus/orthodontia.html)
5. For further information on orthodontics please see the following text: Contemporary Orthodontics. Fields, H.W. and Proffitt, W. R. 5th edition. 2012. Mosby, Inc.

**History**

| Revision History | Version  | Date    | Nature of Change   | SME               |
|------------------|----------|---------|--|-------------------|
|                  | Initial  | 3/23/14 |  | Koumaras and Kahn |
|                  | Revision | 9/21/15 | posting  | Koumaras and Kahn |
|                  | Revision | 2/8/17  | Criteria, Coding, definitions  | Rosen             |
|                  | Revision | 1/26/18 | Related Dental Policies, HLD Index Threshold, Direct Supervision, Requirement for pre-authorization, Definitions | M Kahn            |
|                  | Revision | 2/6/18  | Related Dental Policies, Appropriateness and medical necessity   | M Kahn            |
|                  | Revision | 2/19/18 | Direct supervision   | G Koumaras M Kahn |

|  |          |            |                 |           |
|--|----------|------------|-----------------|-----------|
|  | Revision | 09/09/2020 | Annual Revision | Committee |
|  | Revised  | 12/06/2020 | Annual Review   | Committee |
|  | Revised  | 10/30/2021 | Annual Review   | Committee |

Federal and State law, as well as contract language, and Dental Policy take precedence over Clinical UM Guidelines. We reserve the right to review and update Clinical UM Guidelines periodically. Clinical guidelines approved by the Clinical Policy Committee are available for general adoption by plans or lines of business for consistent review of the medical or dental necessity of services related to the clinical guideline when the plan performs utilization review for the subject. Due to variances in utilization patterns, each plan may choose whether to implement a particular Clinical UM Guideline. To determine if review is required for this Clinical UM Guideline, please contact the customer service number on the member's card.

Alternatively, commercial or FEP plans or lines of business which determine there is not a need to adopt the guideline to review services generally across all providers delivering services to Plan's or line of business's members may instead use the clinical guideline for provider education and/or to review the medical or dental necessity of services for any provider who has been notified that his/her/its claims will be reviewed for medical or dental necessity due to billing practices or claims that are not consistent with other providers, in terms of frequency or in some other manner.

No part of this publication may be reproduced, stored in a retrieval system or transmitted, in any form or by any means, electronic, mechanical, photocopying, or otherwise, without permission from the health plan.

Current Dental Terminology - CDT © 2022 American Dental Association. All rights reserved.