PreferredOne®

Department of Origin: Integrated Healthcare Services	**Effective Date:** 09/28/23
Approved by: Medical Policy Quality Management Subcommittee	**Date Approved:** 09/22/23
Clinical Policy Document: Dental Services, Pediatric Orthodontic Coverage - Medical Benefit	**Replaces Effective Clinical Policy Dated:** 09/13/22
Reference #: MC/B003	**Page:** 1 of 7

PURPOSE:
The intent of this clinical policy is to provide coverage guidelines and guidelines for *dentally necessary* and *medically necessary* indications for orthodontic benefits.

Please refer to the member's benefit document for specific information. To the extent there is any inconsistency between this policy and the terms of the member's benefit plan or certificate of coverage, the terms of the member's benefit plan document will govern.

POLICY:
The Plan covers dental services and supplies for members through the end of the month in which the member turns 19 when they are determined to be *dentally necessary* for the prevention, diagnosis, care, or treatment of a covered condition and that meet generally accepted dental protocols.

Benefits must be available for orthodontic services. Orthodontic services must be ordered by a provider. Orthodontic services must be *dentally necessary* and *medically necessary*, applicable conservative treatments must have been tried, and the most cost-effective alternative must be requested for coverage consideration.

GUIDELINES:
Dental and Medical Necessity Criteria – Must satisfy the following: I, or all of II - IV

I. Requests for orthodontic treatment related to *cleft lip and/or cleft palate* are allowed without further review.

II. Member has a severe handicapping malocclusion related to a medical condition such as one of the following: A - G

   A. *Crouzon Syndrome*

   B. *Hemi-facial atrophy*

   C. *Hemi-facial hypertrophy*

   D. *Pierre-Robin Syndrome*

   E. *Treacher-Collins Syndrome*

   F. Other severe *craniofacial deformities*, *congenital craniofacial* or dento facial malformation or skeletal anomaly involving maxillary and/or mandibular structures, requiring reconstructive surgical correction in addition to orthodontic services.

   G. Trauma involving the oral cavity and requiring surgical treatment in addition to orthodontic services.

III. Must be *dentally necessary* and *medically necessary* as evidenced by a score of 42 points or more on the Salzmann Index Evaluation tool; and

IV. Request is for one or more of the following: A - H

A. Limited treatment of the *primary*, transitional or *adolescent dentition*; or

B. Interceptive treatment of the *primary* or transitional dentition; or

C. Comprehensive treatment of the transitional or *adolescent dentition*; or

D. Removable appliance therapy; or

E. Fixed appliance therapy; or

F. Pre-orthodontic treatment visit; or

G. Periodic orthodontic treatment visit: or

H. Orthodontic retention (removal of appliances, construction and placement of retainer).

EXCLUSIONS (not limited to):
Refer to member's Certificate of Coverage or Summary Plan Description.

DEFINITIONS:
Adolescent Dentition:
All succedaneous teeth have erupted, second permanent molars may be erupted or erupting, and third molars have not erupted.

Cleft Lip/Cleft Palate:
This is one of the most major congenital defects. A complete cleft lip extends upward into the nostril. An incomplete cleft lip does not involve the nose. Complete clefts involving the alveolus usually occur between the upper lateral incisor and cuspid teeth. It is not unusual for teeth, especially the lateral incisor, to be missing in the cleft area. Cleft palate shows a considerable range of severity. The defect may involve the hard and soft palates or the soft palate alone.

Craniofacial Disorder or Craniofacial Anomaly:
A diverse group of deformities or anomalies that are congenital in nature (present at birth) and affect the growth of the skull and facial bones. The disorders rage in degree of severity and functional impairment. Certain craniofacial disorders, such as cleft lip/palate, exhibit a higher incidence than others.

Crouzon Syndrome:
A rare group of syndromes characterized by craniosynostosis. Crouzon Syndrome exhibits a wide variability in expression. The premature cranial suture closing leads to cranial malformations such as brachycephaly, scaphocephaly or trigonocephaly. The orbits are shallow resulting characteristic ocular proptosis. The maxilla is underdeveloped resulting in mid-face hypoplasia. The maxillary teeth are often

crowded with occlusal disharmony typically seen. Crouzon Syndrome is also known as Craniofacial Dysostosis.

Dentally Necessary:
A dental service or treatment is performed in accordance with generally accepted dental standards, as determined from multiple sources, which is necessary to treat decay, disease, or injury of teeth, or essential for the care of teeth and supporting tissues of the teeth. Sources include, but are not limited to, relevant clinical dental research from various research organizations, including dental schools, current recognized dental school standard of care curriculums, and organized dental groups, including the American Dental Association.

Hemifacial atrophy:
An uncommon degenerative condition characterized by atrophic changes affecting one side of the face. The condition is usually sporadic but a few familial cases have been reported suggesting a possible hereditary influence. The onset of the syndrome is usually during the first two decades of life. The condition begins as atrophy of the skin and subcutaneous structures in a localized area of the face. This atrophy progresses at a variable rate and affects the dermatome of one of more branches of the trigeminal nerve. Hypoplasia of the underlying cone may also occur. Hemifacial Atrophy is also known as Romberg Syndrome or Parry-Romberg Syndrome.

Hemifacial hypertrophy:
A type of hemi-hyperplasia or hemi-hypertrophy. Hemi-hyperplasia is a rare developmental anomaly characterized by unilateral enlargement of the body. Although the condition is known more commonly as hemi-hypertrophy, it actually represents a hyperplasia of the tissue rather than a hypertrophy. In a person with hemi-hyperplasia, one whole side of the body may be affected or the enlargement may be limited to a single digit or limb. If the enlargement is confined to one side of the face, the term Hemifacial Hypertrophy may apply. Hemifacial Hypertrophy can impact all facial structures in the affected area or, in case of partial Hemifacial Hypertrophy, not all structures will be enlarged. The condition can occasionally be crossed and involve different areas on both sides of the body.

Medically necessary:
Any health care services, preventive health care services, and other preventive services that the Plan Administrator, in its discretion and on a case-by-case basis, determines are appropriate and necessary in terms of type, frequency, level, setting, and duration, for your diagnosis or condition; and the care must:
1. Be consistent with the medical standards and generally accepted practice parameters of providers in the same or similar general specialty as typically manages the condition, procedure or treatment at issue;
2. Help restore or maintain your health;
3. Prevent deterioration of your condition;
4. Prevent the reasonably likely onset of a health problem or detect an incipient problem.

Occlusion Classes:
- Class I – most common; normal bite, upper teeth slightly overlap lower teeth.
- Class II (retrognathism, overbite) – severe overlapping of the upper jaw and teeth to the bottom jaw and teeth.
- Class III (prognathism, underbite) – protrusion of the lower jaw; leads to the lower jaw and teeth overlapping the upper jaw and teeth.

Pierre-Robin Syndrome:
A syndrome with a clinical presentation characterized by cleft palate, mandibular micrognathia and glossoptosis. Pierre Robin sequence may occur as an isolated syndrome or it may be associated with a wide variety of syndromes or other anomalies. Respiratory difficulty is usually noted from birth and can cause asphyxiation. The palatal cleft is often U-shaped and wider than isolated cleft palate. Malocclusion us caused by collapse of the maxillary arch. There may be missing teeth, supernumerary teeth, or both.

Primary Dentition:
Beginning in infancy with the eruption of the first tooth, usually about six months of age, and complete from approximately three to six years of age when all primary teeth are erupted.

Treacher-Collins Syndrome:
A rare syndrome inherited as an autosomal dominant trait. The condition has variable expressivity and the severity of the clinical features often tends to be greater in subsequent generations of the same family. Individuals with Treacher Collins Syndrome exhibit zygomas that are hypoplastic resulting in a narrow face with depressed cheeks and downward-slanting palpebral fissures. The mandible is underdeveloped resulting in a markedly retruded chin. Radiographs often demonstrate hypoplasia of the condylar and coronoid processes. Cleft palate is seen in about one third of cases. Treacher Collins Syndrome is also known as Mandibulofacial Dysostosis or Franceschetti-Zwahlen-Klein Syndrome.

Prior Authorization: Yes, per network provider agreement and for comprehensive treatment only

CODING:
CPT® or HCPCS

D8070 Comprehensive orthodontic treatment of transitional dentition
D8080 Comprehensive orthodontic treatment of adolescent dentition
D8090 Comprehensive orthodontic treatment of the adult dentition

REFERENCES:
1. Integrated Healthcare Services Process Manual: UR015 Use of Medical Policy and Criteria
2. Clinical Policy: Coverage Determination Guidelines MP/C009
3. Clinical Policy: Dental Services, Hospitalization, and Anesthesia for Dental Services Covered Under the Medical Benefit MC/B004
4. Clinical Policy: Orthognathic Surgery MC/B002
5. American Academy of Pediatric Dentistry (AAPD). Management of the Developing Dentition and Occlusion in Pediatric Dentistry. Latest Revision: 2022. 2022-2023/P. 7-9. Retrieved from http://www.aapd.org/policies/. Accessed 06-01-23.
6. Fink DF, Smith RJ. The duration of orthodontic treatment. *Am J Orthod Dentofacial Orthod*. 1992 Jul;102(1):45-51
7. Lindauer SJ, Thresher AA, Baird BW, Sheats RD, Rebellato J. Orthodontic treatment priority: a comparison of two indices. *J Clin Pediatr Dent*. 1998 Winter;22(2):125-31
8. Salzmann JA. Handicapping malocclusion assessment to establish treatment priority. *Am J Orthod*. 1968 Oct;54(10):749-65.

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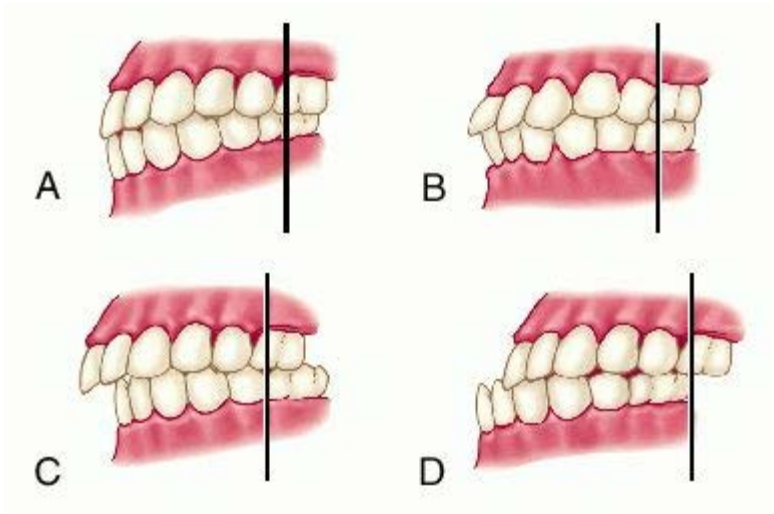
Revised Date: 09/15/14, 07/26/16, 11/28/16, 05/20/22, 06/02/23

Attachment A



(A), Normal occlusion; *(B),* Class I malocclusion; *(C),* Class II malocclusion; *(D),* Class III malocclusion. Note the position of the mesial cusp of the maxillary molar relative to the mandibular molar in each type of occlusion.

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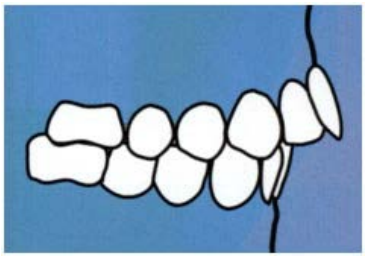
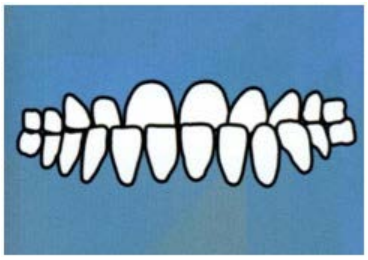
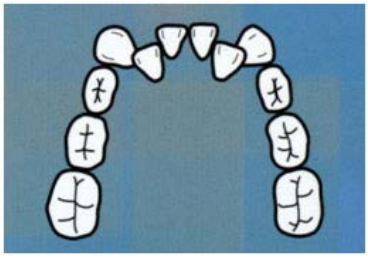
Common malocclusions/conditions



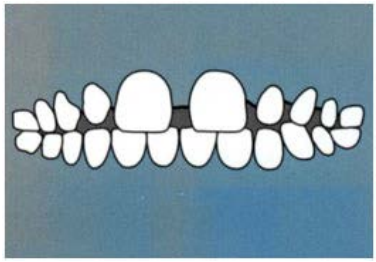
OVERJET - protruding upper front teeth ("Overbite")



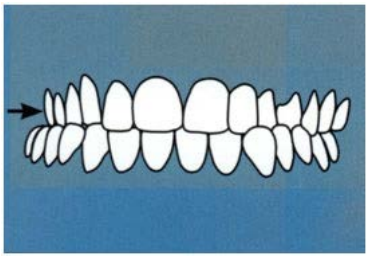
UNDERBITE - upper front teeth bite behind the lower (protruding lower teeth)



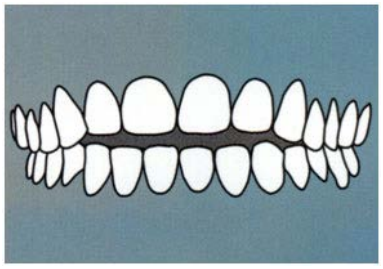
CROWDING - not enough space for upper and/or lower teeth



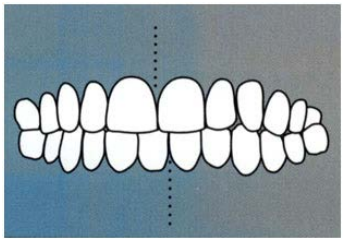
EXCESS SPACE between the upper and/or lower teeth



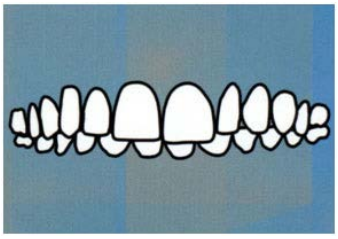
CROSSBITE - upper back (or front) teeth bite inside the lowers (reverse overlap of back or front teeth)



OPEN-BITE - lack of overlap between front (or back) teeth



MID-LINE MISALIGNMENT - the middle of upper and lower teeth don't line up



DEEP BITE - upper front teeth cover too much of lower front teeth

*diagrams are courtesy of OREC Professional Marketing Systems – http://www.orec.com

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- Written information in other formats (large print, audio, accessible electronic formats, other formats)

Provides free language services to people whose primary language is not English, such as:

- Qualified interpreters
- Information written in other languages

If you need these services, contact a Grievance Specialist.

If you believe that PCHP has failed to provide these services or discriminated in another way on the basis of race, color, national origin, age, disability, or sex, you can file a grievance with:

Grievance Specialist
PreferredOne Community Health Plan
PO Box 59052
Minneapolis, MN 55459-0052
Phone: 1.800.940.5049 (TTY: 763.847.4013)
Fax: 763.847.4010
customerservice@preferredone.com

You can file a grievance in person or by mail, fax, or email. If you need help filing a grievance, a Grievance Specialist is available to help you.

You can also file a civil rights complaint with the U.S. Department of Health and Human Services, Office for Civil Rights, electronically through the Office for Civil Rights Complaint Portal, available at https://ocrportal.hhs.gov/ocr/portal/lobby.jsf, or by mail or phone at:

U.S. Department of Health and Human Services
200 Independence Avenue, SW
Room 509F, HHH Building
Washington, D.C. 20201
1-800-368-1019, 800-537-7697 (TDD)

Complaint forms are available at http://www.hhs.gov/ocr/office/file/index.html.

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ملحوظة: إذا كنت تتحدث اذكر اللغة، فإن خدمات المساعدة اللغوية تتوافر لك بالمجان. اتصل برقم 1.800.940.5049 (رقم هاتف الصم والبكم: 763.847.4013).

ATTENTION : Si vous parlez français, des services d'aide linguistique vous sont proposés gratuitement. Appelez le 1.800.940.5049 (TTY: 763.847.4013).

주의: 한국어를 사용하시는 경우, 언어 지원 서비스를 무료로 이용하실 수 있습니다. 1.800.940.5049 (TTY: 763.847.4013). 번으로 전화해 주십시오.

PAUNAWA: Kung nagsasalita ka ng Tagalog, maaari kang gumamit ng mga serbisyo ng tulong sa wika nang walang bayad. Tumawag sa 1.800.940.5049 (TTY: 763.847.4013).

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PreferredOne Insurance Company
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Minneapolis, MN 55459-0212
Phone: 1.800.940.5049 (TTY: 763.847.4013)
Fax: 763.847.4010
customerservice@preferredone.com

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U.S. Department of Health and Human Services
200 Independence Avenue, SW
Room 509F, HHH Building
Washington, D.C. 20201
1-800-368-1019, 800-537-7697 (TDD)

Complaint forms are available at http://www.hhs.gov/ocr/office/file/index.html.

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ဟသူဉ်ဟ်သး– နမ့ါကတိၤ ကညီ ကျိာ်အယိ, နမၤန့ါ ကျိာ်အတ၊်မၤစၢၤလၢ တလၢာ်ဘူဉ်လၢာ်စ့ၤ နီတမံၤဘဉ်သ့နှဉ်လီၤ. ကိး 1.800.940.5049 (TTY: 763.847.4013).

ACHTUNG: Wenn Sie Deutsch sprechen, stehen Ihnen kostenlos sprachliche Hilfsdienstleistungen zur Verfügung. Rufnummer: 1.800.940.5049 (TTY: 763.847.4013).

ប្រយ័ត្ន៖ បើសិនជាអ្នកនិយាយ ភាសាខ្មែរ, សេវាជំនួយផ្នែកភាសា ដោយមិនគិតឈ្នួល គឺអាចមានសំរាប់បំរើអ្នក។ ចូរ ទូរស័ព្ទ 1.800.940.5049 (TTY: 763.847.4013)។

ملحوظة: إذا كنت تتحدث اذكر اللغة، فإن خدمات المساعدة اللغوية تتوافر لك بالمجان. اتصل برقم 1.800.940.5049 (رقم هاتف الصم والبكم: 763.847.4013).

ATTENTION : Si vous parlez français, des services d'aide linguistique vous sont proposés gratuitement. Appelez le 1.800.940.5049 (TTY: 763.847.4013).

주의: 한국어를 사용하시는 경우, 언어 지원 서비스를 무료로 이용하실 수 있습니다. 1.800.940.5049 (TTY: 763.847.4013). 번으로 전화해 주십시오.

PAUNAWA: Kung nagsasalita ka ng Tagalog, maaari kang gumamit ng mga serbisyo ng tulong sa wika nang walang bayad. Tumawag sa 1.800.940.5049 (TTY: 763.847.4013).