



Clinical UM Guideline

Subject: Non-Medically Necessary Orthodontia Care

Guideline #: #08-002

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Description

This document addresses non-medically necessary orthodontia, essentially cosmetic orthodontia.

Note: Please refer to the following documents for additional information concerning related topics:

- Medically Necessary Orthodontia Care (08-001)

Clinical Indications

Treatment Rationale:

Orthodontia includes those **dental services that a licensed dentist or orthodontist**, exercising prudent clinical judgment, would provide to a patient for the purpose of preventing, evaluating, diagnosing or treating orthodontic problems. Orthodontic treatment can solve problems that include crooked or crowded teeth, teeth that are in cross bite, prognathic and retrognathic jaw appearance as a result of malposition of the teeth as well as for the control of harmful habits. Cosmetic orthodontia care is not considered medically or dentally necessary treatment. However cosmetic orthodontia can be used and is appropriate for the treatment of mild to moderate malocclusion while addressing minor dysfunctional occlusal discrepancies. 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 services are:

- a) in accordance with generally accepted standards of dental practice
- b) clinically appropriate, in terms of type, frequency, extent, site and duration, and considered effective for the patient's orthodontic condition
- c) likely to improve minor functional discrepancies
- d) performed by an actively licensed dentist or orthodontist.

Not Medically Necessary

Not applicable to this policy.

NOTE: Benefit coverage for non-medically necessary orthodontic therapy is based upon group contract. . There are three specific types of orthodontic coverage.

1. State mandated treatment for medically necessary orthodontia.

2. Orthodontia considered medically necessary according to plan guidelines
3. Cosmetic orthodontia

For specific benefit coverage, refer to the group contract.

Angle classification is a manner in which malocclusion is classified by the dental profession. The classification is based upon the position of the upper first molar and specifically the alignment of the mesiobuccal cusp of the upper first molar with the buccal groove of the lower first molar. The teeth should fit on a line of occlusion which, in the upper arch, is a smooth curve through the central fossae of the posterior teeth and cingulum of the canines and incisor teeth, and in the lower arch, is a smooth curve through the buccal cusps of the posterior teeth and incisal edges of the anterior teeth. Any variations from this normocentric or neurocentric occlusion define the classification of the malocclusion. It is possible to have different classifications of malocclusion that are side dependent, right or left. Variations in occlusion classifications can be associated with craniofacial relationships.

- **Class I: Neuroocclusion** - the molar relationship of the occlusion is normal where the mesiobuccal cusp of the upper first molar occludes with the buccal groove of the lower first molar. However, it is possible for the remaining teeth to encounter problems such as spacing, crowding, over or under eruption, etc.
- **Class II: Distocclusion** (also associated or defined as retrognathism – may note lower incisor teeth in a destructive occlusion with the soft tissues of the palate) the mesiobuccal cusp of the upper first molar is not aligned with the buccal groove of the lower first molar as it is anterior to it. A typical finding is to have the upper first molar mesiobuccal cusp occluding between the first mandibular molars and second premolars. There are two subtypes:
 - **Class II Division 1:** The molar relationships are defined as Class II with the anterior teeth protruded.
 - **Class II Division 2:** The molar relationships are defined as Class II but the central incisors are retroclined with the lateral incisor teeth overlapping the central incisors.
- **Class III: Mesioocclusion** (also known as prognathism –in this situation, the lower incisor teeth are forward of the upper incisor teeth creating an underbite) the mesiobuccal cusp of the upper first molars are not within the mesiobuccal groove of the lower first molar, but posterior to it. The lower front teeth are more prominent than the upper front teeth. Quite often, this situation involves an overdeveloped lower jaw and/or an undersized or short upper jaw.

Causes of tooth crowding include, but are not limited to: extra teeth, early loss of teeth, impacted teeth, or abnormally shaped teeth. A small underdeveloped jaw, caused by lack of masticatory stress during childhood, can cause tooth overcrowding as well. Ill-fitting dental fillings, crowns, appliances, retainers, or braces as well as misalignment of jaw fractures after a severe injury may be additional causes. Tumors of the mouth and jaw, thumb sucking, tongue thrusting, pacifier use beyond age 3, and prolonged use of a bottle have also been identified as potential causes.

The initiation and billing date for orthodontic services is defined as the date when the bands, brackets, or appliances are placed. The subscriber must be eligible on the date of service. If the subscriber becomes ineligible during treatment and prior to full payment of services, it is imperative for the subscriber to understand the plan and their responsibility to pay any remaining balance for the orthodontic therapy.

A group may define covered dental services under either their dental or medical plan, as well as to define those services that may be subject to dollar caps or other limits. The plan documents outline covered benefits, exclusions and limitations. The health plan advises dentists and enrollees to consult with the plan or plan documents to determine if there are exclusions or other benefit limitations applicable to the service request. 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 health plan. Some plans exclude coverage for services that the health plan considers either medically or dentally necessary. When there is a discrepancy between the health plan's clinical policy and the group's plan documents, the health plan will defer to the group's plan documents as to whether the dental service is a covered benefit. In addition, if state or federal regulations mandate coverage then the health plan will adhere to the applicable regulatory requirement.

Criteria for Non-Medically Necessary Orthodontia

Orthodontia includes those **dental services that a licensed dentist or orthodontist**, exercising prudent clinical judgment, would provide to a patient for the purpose of preventing, evaluating, diagnosing or treating orthodontic problems.

Orthodontic treatment can solve problems that include

- crooked or crowded teeth,
- teeth that are in cross bite,
- prognathic and retrognathic jaw appearance as a result of malposition of the teeth
- as well as for the control of harmful habits.

Cosmetic orthodontia care is not considered medically or dentally necessary treatment. However cosmetic orthodontia can be used and is appropriate for the treatment of mild to moderate malocclusion while addressing minor dysfunctional occlusal discrepancies.

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.

Guidelines

1. To qualify for benefits, diagnosis, treatment planning, and treatment for non-medically necessary or cosmetic orthodontia may only be performed under the direct supervision of an actively licensed dentist.
2. Standard benefits include pre-orthodontic treatment visit, examination and start-up records, comprehensive orthodontic treatment, orthodontic retention, and post treatment records
3. All necessary dental procedures that may affect orthodontic treatment must be completed prior to the initiation of orthodontic therapy.

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
D8020	Limited orthodontic treatment of the transitional dentition
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

CPT No procedural codes

ICD10 No diagnostic codes

Discussion/General Information

Orthodontia is a dental specialty, performed by actively licensed dentists or orthodontists, dedicated to diagnosing, preventing, correction, management, and treatment of malocclusion (improper alignment of biting or chewing surfaces of upper and lower teeth) through braces, corrective procedures, and other appliances to straighten teeth and/or correct jaw alignment. Orthodontic treatment can improve both esthetics and oral health. Orthodontic therapy attempts to correct occlusal or bite problems with fixed or removable appliance therapy that may involve other dental disciplines that include, but are not limited to, procedures such as extraction of teeth, fixed prosthodontic treatment, maxillofacial surgery, periodontal therapy, speech therapy, etc. Malocclusion may make it difficult to keep the teeth clean and therefore increases the risk for caries and periodontal disease development.

Definitive orthodontic therapy is generally divided into three main subtypes:

1. Limited orthodontic treatment
2. Interceptive orthodontic treatment
3. Comprehensive orthodontic treatment

Definitions

Comprehensive orthodontic treatment: may involve multiple phases of treatment at different stages of dentofacial development. For example, placement of an orthodontic activator is generally considered the first phase of multistage treatment with subsequent placement of a fixed appliance considered as phase two. Both phases should be considered as comprehensive treatment modified by the appropriate stage of dental development. The comprehensive designation is used to report coordinated diagnoses and treatment leading to improvement of the patient's craniofacial and/or dentofacial discrepancy or dysfunction. Comprehensive treatment may utilize fixed or removable appliances.

Direct Supervision: means the directing of the authorized activities and treatment of a **dental** hygienist or **dental** assistant by an actively licensed **dentist** requiring the physical presence of the dentist and patient.

Interceptive orthodontic treatment: includes procedures used to eliminate, manage and/or reduce the severity of future effects of an occlusal anomaly. Interceptive treatment may involve primary or transitional dentitions, and may include procedures for management of such problems as ectopically erupting teeth, isolated cross bites, and recovery of lost spacing required for the proper eruption of permanent teeth.

Limited orthodontic treatment: is defined as treatment with a limited objective which does not involve the entire dentition. Limited treatment may be directed toward a single existing problem, or one aspect of a larger problem about which a decision is made to defer or forego more comprehensive therapy. Examples of limited therapy would be treatment in a single arch to correct tooth crowding, closure of spaces, or to upright a tooth.

Malocclusion: is defined as the misalignment of the upper and lower teeth when biting or chewing. Malocclusion can also be defined as a bad bite and is quite often hereditary. Malocclusion is the most common reason for referral to an orthodontist. Most problems are minor and do not require treatment

Orthodontia: the branch of dentistry that deals with abnormalities of the teeth and jaw. Orthodontic care involves the use of devices, such as braces to straighten teeth and to correct problems with the bite.

Periodontal Disease: can affect one or more of the tissue/structures associated with teeth {e.g. bone, the ligament that attaches the tooth to bone and gingiva (gums)}. While there are many different periodontal diseases that can affect these tooth-supporting tissues/structures, by far the most common ones are plaque-induced inflammatory conditions, such as gingivitis and periodontitis.

Periodontium: refers to the specialized tissues that surround and support the teeth and maintain the teeth in the upper and lower jaw bones.

References

Peer Reviewed Publications:

1. 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

Government Agency, Medical Society, and Other Authoritative Publications:

1. 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

Status	Date	Action
Reviewed	06/10/2016	

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.

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