



Updates to Orthodontia Policy


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Updates

- Age requirements
- Appliance guidelines
- New Criteria form (s)
- Well defined definition of severely handicapping orthodontic condition



Qualification for Comprehensive Orthodontia Treatment

The child must be at least 13 years of age or have all permanent dentition erupted. Completion of the Evaluation for Comprehensive Orthodontic Treatment form is required and findings must support that a severe handicapping condition exists.

Generally, multiple conditions will be required to meet medical necessity including but not limited to:

- Full tooth Class II molar malocclusion
- Full tooth Class III molar malocclusion
- Anterior tooth impaction, unerupted with radiographic evidence to support a diagnosis of impaction (lack of eruptive space, angularly malposed, totally imbedded in the bone) as compared to ectopically erupted anterior teeth, which may be malposed but have erupted into the oral cavity and is not a qualifying element.
- Excessive anterior crowding
- Anterior open bite that demonstrates that all maxillary and mandibular incisors have no incisal contact
- Posterior open bite shall demonstrate a vertical separation of several posterior teeth and not confused with the delayed natural eruption of a few teeth
- Posterior cross bite with an associated midline deviation and mandibular shift, a Brodie bite with a mandibular arch totally encumbered by an overlapping buccally occluding maxillary arch, or a posterior maxillary arch totally lingually malpositioned to the mandibular arch
- Anterior crossbite involving more than two incisors in cross bite and demonstrating gingival inflammation, gingival recession or severe enamel wear.
- Excessive overbite with a majority of the mandibular incisors causing palatal tissue damage, which is demonstrated in the workup, submitted.
- Excessive overjet >9mm
- Excessive reverse overjet – 3.5mm

Clinical Workup

Prior Authorization for Comprehensive Orthodontia requires all clinical workup listed below:

- Color Photos to include:
 - Frontal of Face with Participant Smiling
 - Right or left Profile
 - Full maxillary arch (occlusal view)
 - Full mandibular arch (occlusal view)
 - Right side occluded in centric with molars visible
 - Left side occluded in centric with molars visible
 - Anterior occluded in centric occlusion
- Cephalometric Radiograph
- Diagnostic full mouth radiographs or diagnostic panoramic film with participant's name and date visible
- If there is inadequate information or if not all of the clinical workup is provided for review, the request could result in an adverse decision.

Required Forms

Prior Authorization for Comprehensive Orthodontia requires all documents listed below:

- Treatment Plan
- Evaluation Form (s) and Comprehensive Orthodontic Treatment Form
- Provider must provide written statement of participant's overall dental health, verifying no carious lesions, participant's motivation, ability to cooperate for orthodontic care, including oral hygiene and appliance maintenance/care and parent's/guardian's understanding as to the necessity of his/her/their support of member's following home instructions and keeping scheduled appointments (Completed Attestation Form)
- If there is inadequate information or if not all of the clinical workup is provided for review, the request could result in an adverse decision.

Completing Evaluation form for Comprehensive Orthodontic Treatment

The following information is provided to help clarify the categories on Evaluation Form:

- **Anterior Crossbites:** List the tooth numbers of the teeth in crossbite in the maxillary arch and document whether clinical attachment loss and recession is visible on the photos submitted with the workup.
- **Anterior Crowding:** Arch length insufficiency should be noted for each arch. Mild rotations that may react favorably to stripping or mild expansion are not to be considered. Note the insufficiency for each arch in mm and include on the score sheet.
- **Class II or Class III Occlusion:** To classify this as a handicapping condition, the molar relationships must be a full tooth off.
- **Cleft Palate Deformities:** Indicate an “X” under Yes on the score sheet and do not score any further, if present. This condition is considered to be a severely handicapping malocclusion. Documentation must include photographs and a written report from a qualified specialist(s) treating the deformity/abnormality.

Completing Evaluation form for Comprehensive Orthodontic Treatment continued

- **Facial Discrepancy Requiring Combined Orthodontics and Orthognathic Surgery:** Indicate an “X” under Yes on the score sheet and do not score any further, if present. This condition is considered to be a severely handicapping malocclusion. Documentation must include photographs and a written report from a qualified Oral and Maxillofacial Surgeon who will be treating the deformity/abnormality.
- **Impacted Permanent Anterior Teeth:** Demonstrated by anterior tooth (teeth) is (are) impacted; exposure and passive eruption is unlikely; extraction would compromise the integrity of the arch; and there is enough space in the arch for correction.
- **Mandibular Protrusion (reverse overjet):** This measurement is the same as for the overjet with the member’s teeth in centric occlusion and measured from the labial of the lower incisor to the labial of the upper incisors. And is recorded in millimeters on the score sheet.
- **Open Bite:** This condition is defined as the absence of incisal contact in the anterior region. If is measured from edge to edge with the measurement entered in millimeters.

Completing Evaluation form for Comprehensive Orthodontic Treatment continued

- **Overbite/Deep Impinging Overbite with Soft Tissue Damage:** Indicate the overbite in percentages (%). When the lower incisors are causing tissue laceration and/or clinical attachment loss on the lingual of the maxillary incisors, indicate the number of lower incisors involved and indicate that the tissue is damage is clearly documented in the photographs. Damage must be documented – do not consider indentations as tissue damage.
- **Overjet:** This is recorded with the patient's teeth in centric occlusion and measured from the labial portion of the lower incisors to the labial of the upper incisors. Round this measurement to the nearest millimeter and enter on the score sheet.
- **Posterior Crossbite:** This condition involves 3 or more adjacent teeth, one of which must be a molar. The crossbite must be one in which the maxillary posterior teeth involved may either be palatal or completely buccal in relation to mandibular posterior teeth.
- **Severe Traumatic Deviations:** Traumatic deviations include loss of a premaxilla segment by burns or by accident, the result of osteomyelitis or other gross pathology. Include a written report and photographs. Indicate with an "X" under Yes on the score sheet and do not score any further. This condition is considered to be a severely handicapping malocclusion.



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