Delta Dental of Virginia Clinical Policy # 801

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<th>Subject</th>
<th>Originating Department</th>
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<td>Medically Necessary Orthodontics</td>
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<th>Type:</th>
<th>New</th>
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Preamble:
The Clinical Policy Bulletin is an expression of Delta Dental of Virginia’s (DDVA) determination regarding whether certain services or supplies are medically or dentally necessary. DDVA bases its conclusions on a review of currently available clinical literature. This includes, but is not limited to, clinical outcome studies published in the peer-reviewed medical and dental literature, regulatory status of the technology, evidence-based guidelines of public health and health research agencies, evidence-based guidelines and positions of leading national health professional organizations, views of physicians and dentists practicing in relevant clinical areas, and other relevant factors. DDVA reserves the right to revise these policies as new clinical information is available and we welcome submission of further relevant information.

A group may define covered dental services under their dental plan, as well as those services that may be subject to dollar caps or other limits. The plan documents outline covered benefits, exclusions and limitations. DDVA advises dentists and enrollees to consult the 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 DDVA. Some plans exclude coverage for services that DDVA considers either medically or dentally necessary. When there is a discrepancy between DDVA’s clinical policy and the group’s plan documents, DDVA is to 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 DDVA will adhere to the applicable regulatory requirement.

History:
Orthodontics is the dental science concerned with the prevention, correction and management of irregularities and anomalies of the bite or occlusion. 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. (1,2,3)

Benefit coverage for orthodontic therapy is based upon dental or medical necessity criteria. Dental/Medical necessity includes those dental services that a dentist or physician, exercising prudent clinical judgment, would provide to a
patient for the purpose of preventing, evaluating, diagnosing or treating an injury, disease or its symptoms. These dental 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 injury or disease, and (c) are not primarily performed for the convenience of the patient, dentist or other health care provider as well as not more costly than an alternative service at least as likely to produce equivalent therapeutic or diagnostic results as to the diagnosis or treatment of that patient's injury or disease. “Dental Necessity” includes, but is not limited to, treatments involving dental structures and pathology which, while rarely “medically” necessary, are essential to resolve the condition of dental disease or pathosis.

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.

For these purposes, "generally accepted standards of dental practice" means standards that are credible, scientific, evidence based and published in peer-reviewed dental literature generally recognized by the relevant dental community, or otherwise consistent with Dental Specialty Associations recommendations and the views of dentists practicing in those relevant clinical areas." For orthodontic purposes, a severe handicapping malocclusion may qualify for benefits.

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. This condition may be referred to as an irregular bite, crossbite, or overbite. A handicapping malocclusion can be defined as one that severely interferes with function that typically includes crooked, crowded, or protruding teeth that affect appearance, speech, and/or the ability to eat. Most handicapping malocclusions require surgery for correction and improved function. 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).

Definitive orthodontic therapy is generally divided into three main subtypes:

1. Limited orthodontics
2. Interceptive orthodontics
3. Comprehensive orthodontics

Limited orthodontics 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.
Interceptive orthodontics 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.

Comprehensive orthodontics 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.

**Policy/Therapy Guidelines:**

**DDVA Guidelines:**

It is highly recommended that a pre-treatment estimate be obtained prior to initiation of services. 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 ⅓ of the clinical crown.

In order to qualify for treatment, Salzmann Index criteria will be used to determine dental/medical necessity. In order to qualify, a subscriber must achieve a minimum score of 25 points. Handicapping esthetic diagnoses are not considered part of the determination.

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 this 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 their benefits and their responsibility to pay any remaining balance for the orthodontic therapy.

For pre-treatment estimates, please include orthodontically trimmed study models with bite registration, a completed Salzmann Index form and an orthodontic treatment plan. Please DO NOT send study models with cases that do not meet the minimum Salzmann score of 25. It is only necessary to provide the Salzmann Index and treatment plan in those instances. Treatment should not begin until the orthodontic case has been reviewed and the pre-treatment estimate issued to ensure that the patient and guardian are aware of their financial responsibility, if any. In the event the case is denied, the provider can appeal. For the appeal, the provider must include all additional information that was not presented upon the initial request.
The orthodontic provider will be authorized payment for the pre-orthodontic records that include the treatment plan, radiographic images, photographs and diagnostic models only if the case qualifies with a minimum Salzmann Index score of 25. In the event the orthodontic services are denied, payment for a diagnostic consultation (CDT procedure code D9310) may be allowed.

For orthodontic services other than tooth movement (Codes D8010-8090), separate fees must be submitted for each listed procedure (D8210/22, 8680, 8693, 8692, etc) for each arch and for each removable or fixed appliance.

Appliances placed for purposes of periodontal splinting do not qualify for treatment

Procedures D8691 (repair of orthodontic appliance) and D8692 (replacement of lost or broken retainer) are group specific, and are generally excluded by contract.

Procedure D8693 (rebonding or recementing and/or repair of FIXED RETAINERS) is included in the comprehensive orthodontic case fee and is considered inclusive if performed by the treating dentist, dental office.

**ADA/CDT Codes (5):**

- D8660 – Pre-orthodontic visit
- D8080 – Comprehensive orthodontic treatment of the adolescent dentition
- D8090 – Comprehensive orthodontic treatment of the adult dentition
- D8691 – Repair of orthodontic appliance malocclusion
- D8693 – Rebonding or recementing and/or repair

**References:**

1. [http://ada.org/2555.aspx#odo](http://ada.org/2555.aspx#odo)
3. [dentistrydig.com/g/orthodontics.html](http://dentistrydig.com/g/orthodontics.html)