



# Comprehensive Medical and Dental Program Authorization Guideline

**TITLE**

Medically Necessary Orthodontia Prior Authorization Guideline

**RESPONSIBLE AREA**

Health Services

**History of Review:** 10/23/17, 12/9/18; 06/03/19

**Approval Date:** 06/03/19

**DESCRIPTION**

This guideline is used in the prior authorization and decision-making process regarding request for medically necessary orthodontia.

**DEFINITIONS**

[Define medical terminology as used in guideline]

**CLINICAL GUIDELINE****Purpose**

The purpose of this guideline is to describe the process used to determine medical necessity for orthodontic care, the documentation needed to make a medical necessity determination and what clinical criteria will be considered prior to authorizing orthodontic care and services.

**Considerations for Orthodontia:**

Orthodontic services and orthognathic surgery are covered when these services are medically necessary to treat a handicapping malocclusion. Services must be medically necessary, cost-effective and part of an overall treatment plan developed by both the general or pediatric dentist, and the member's primary care provider (PCP) through a consultative process. Orthodontic services are not covered when the primary purpose is cosmetic or when not found to be medically necessary.

Comprehensive Orthodontia requires a 24 to 36 month commitment, depending on the severity of the dental condition (malocclusion), the age and cooperation of the child, and the length of time necessary to achieve a satisfactory outcome. During the entire treatment process, the child must have the support of responsible caregivers who will ensure that appointments are kept and excellent oral hygiene is maintained in order to avoid the development of gum disease or dental decay.

Orthodontia involves taking the child to the dental provider a minimum 1-2 times/month over this 24 to 36 month period for routine adjustments to the wires/appliances. Orthodontia can also involve taking the child to the dental provider on an emergent basis when the child experiences pain or experiences problems with the dental appliances or wires.



Orthodontic braces may be uncomfortable and sometimes painful for the child following initial placement or after adjustments. The child must be fully committed and mature enough to handle his/her participation in this long process. The child will have a long list of foods and beverages that should be avoided while he/she is in braces (e.g. nuts, sticky candy, popcorn, pretzels, high sugar juices and soft drinks, etc.).

As a rule, it is very difficult and expensive to attempt to transfer care for orthodontic services from one dental provider to another. It is also difficult to secure ongoing payment for this dental service after the child leaves out-of-home care.

Starting braces in a child who is not a good candidate may be a disservice and could cause harm to the child. The CMDP Dental Consultant must review the referral and all supporting documentation submitted to determine if this child is an appropriate candidate and confirm that the request for orthodontic consultation meets the medical necessity criteria specified in this policy.

### **Medical Criteria for Orthodontia:**

The involvement of the general or pediatric dentist and the PCP are necessary in the determination of orthodontia medical necessity. Due to the relationship of severe malocclusion and compromised health concerns, the PCP involvement and statement is needed in the determination process for orthodontia services. Severe handicapping malocclusion generally involves skeletal discrepancies that often compromise swallowing, mastication, breathing and speech. **Documentation from both the dental provider and the PCP is needed** to determine if the existing malocclusion meets the medically necessary criteria for orthodontic care.

Only those services that meet the definition of medical necessity will be considered for treatment. The following conditions will be considered in determining medical necessity:

- Congenital craniofacial or dentofacial malformations requiring reconstructive surgical correction in addition to orthodontic services; or
- Trauma requiring surgical treatment in addition to orthodontic services; or
- Diagnosed Skeletal discrepancy involving maxillary and/or mandibular structures that result in failure to thrive; or
- Diagnosed functional disturbance that interferes with mastication, swallowing, speech and normal function of the jaw; or
- Diagnosed significant weight loss due to an existing malocclusion.

### **Prior Authorization Process**

For comprehensive orthodontic consideration, 2 separate prior authorizations (PAs) need to be completed. The 1<sup>st</sup> PA is the request for the Pre-Orthodontic Visit (Orthodontia Consult). **IF** this first PA is approved, then the 2<sup>nd</sup> PA, the request for Comprehensive Orthodontic Treatment can be submitted.

### **1st Prior Authorization:**

#### **Request for Pre-Orthodontic Treatment (Orthodontia Consult) Visit (D8660)**



- A) The child must be evaluated by the general or pediatric dentist to determine if there are any reasons justifying medical necessity for a pre-orthodontic visit. The dental provider must complete the General/Pediatric Dentist Orthodontic Treatment Referral form to attest to member's treatment services received and current oral health condition.
- B) The child must be evaluated by the Primary Care Physician (PCP) to determine if there are any reasons justifying medical necessity for a pre-orthodontic visit. The PCP must complete the PCP Statement of Medical Necessity – Orthodontia form to attest to the physical exam findings which justify medical necessity of a pre-orthodontic visit.
- C) CMDP will then notify the legal guardian to complete the Consideration Factors for Orthodontic Services form.
- D) The CMDP Dental Consultant will review: the General/Pediatric Dentist Orthodontic Treatment Referral form, the PCP Statement of Medical Necessity – Orthodontia form, and the Consideration Factors for Orthodontic Services documents and make a determination, as to whether or not sufficient medical necessity exists to authorize an evaluation (pre-orthodontic treatment visit or consultation) by an orthodontic dental provider.
- E) If CMDP authorizes the Pre-Orthodontic Treatment/Consult Visit, the legal guardian will be notified of this decision and sent a list of CMDP network orthodontic providers from which to choose. If the Pre-Orthodontic Treatment Visit is denied, a Notice of Action (NOA) will be generated and there will be no orthodontic consideration for member.

**2nd Prior Authorization:**

**Request for Comprehensive Orthodontic Treatment (D8070) (D8080) (D8090)**

- A) The orthodontic dental provider completes the consultation. If he/she determines that orthodontia may be medically necessary, they must submit the ADA claim form with CDT-15-16 dental procedure codes, Diagnostic Cast (D0470) and the request for Comprehensive Orthodontic Treatment (D8070) (D8080) (D8090).
- B) If comprehensive orthodontic services are being requested, then the provider must submit ALL of the following along with an ADA claim form and codes for the orthodontia:
  - 1. Diagnosis
  - 2. Duration of treatment
  - 3. Diagnostic Cast
  - 4. Tracings
  - 5. Radiographs
  - 6. Photographs
  - 7. Dentist's Certification of Medical Necessity Form
- C) The CMDP Dental Consultant will review all documentation and make the determination as to whether the request for Comprehensive Orthodontic Treatment sufficiently meets medical necessity. The dental provider and legal guardian will be notified of the approval or denial decision.



**Forms:**

Form - Consideration Factors for Orthodontic Services Form - PCP Medical Necessity

Form – General/Pediatric Dental Ortho Referral

**REFERENCES**

A.R.S. § 8-512 directs the Department of Child Safety (DCS) to provide comprehensive medical and dental care for children in care, including medically necessary dental and orthodontic services rendered by a licensed dentist.

A.A.C. R6-5-6001 the goal of the Comprehensive Medical/Dental Program (CMDP) for children placed in out-of-home care is to provide, in the most cost effective manner, full coverage for those medical and dental services which are necessary to the achievement and maintenance of an optimal level of physical and mental health for children in out-of-home care.

A.A.C. R9-22-215C.4 and R21-1-203 state that Arizona Health Care Cost Containment System (AHCCCS) and CMDP do not pay for cosmetic services.

A.A.C. R9-22-101.B. Definition of Medical Necessity: AHCCCS covers those services provided by a physician or other licensed practitioner of the healing arts within the scope of their practice under State law to:

- a. Prevent death, treat/cure disease, and ameliorate disabilities or other adverse health conditions; and/or
- b. Prolong life.

American Dental Association (ADA) - Definition of Medical Necessity: Care is medically necessary for the purpose of controlling or eliminating infection, pain, and disease; and restoring facial configuration or function necessary for speech, swallowing or chewing.

The Intergovernmental Agreement between AHCCCS and DCS for CMDP establishes CMDP as an AHCCCS Health Plan and outlines health plan operational requirements.

Arizona Administrative Code, Department of Economic Security – Social Services Article 60. Comprehensive Medical/Dental Program for Foster Children

R21-1-203 Definition of Covered Services and Exceptions, limitations and exclusions Chapter 400 AHCCCS Medical Policy Manual, Policy 430-12

CMDP Dental & Orthodontia Policy & Procedures

**PLEASE NOTE:** State and Federal law take precedence over prior authorization guidelines. CMDP reserves the right to review and update guidelines periodically.