

MEDICALLY NECESSARY ORTHODONTIC TREATMENT

Guideline Number: DCG003.06

Effective Date: November 1, 2018

Table of Contents	Page
INSTRUCTIONS FOR USE	1
BENEFIT CONSIDERATIONS	1
COVERAGE RATIONALE	1
DEFINITIONS	2
APPLICABLE CODES	3
DESCRIPTION OF SERVICES	3
REFERENCES	4
GUIDELINE HISTORY/REVISION INFORMATION	4

Related Medical Policy

- [Orthognathic \(Jaw\) Surgery](#)

INSTRUCTIONS FOR USE

This Dental Coverage Guideline provides assistance in interpreting UnitedHealthcare dental benefit plans. When deciding coverage, the member specific benefit plan document must be referenced. The terms of the member specific benefit plan document [e.g., Certificate of Coverage (COC), Schedule of Benefits (SOB), and/or Summary Plan Description (SPD)] may differ greatly from the standard benefit plan upon which this Dental Coverage Guideline is based. In the event of a conflict, the member specific benefit plan document supersedes this Dental Coverage Guideline. All reviewers must first identify member eligibility, any federal or state regulatory requirements, and the member specific benefit plan coverage prior to use of this Dental Coverage Guideline. Other Clinical Policies and Coverage Guidelines may apply. UnitedHealthcare reserves the right, in its sole discretion, to modify its Policies and Guidelines as necessary. This Dental Coverage Guideline is provided for informational purposes. It does not constitute medical advice.

BENEFIT CONSIDERATIONS

Before using this guideline, please check the member specific benefit plan document and any federal or state mandates, if applicable.

Essential Health Benefits for Individual and Small Group

For plan years beginning on or after January 1, 2014, the Affordable Care Act of 2010 (ACA) requires fully insured non-grandfathered individual and small group health plans (inside and outside of Exchanges) to provide coverage for Pediatric Dental Essential Health Benefits ("EHBs"). Large group plans (both self-funded and fully insured), and small group ASO plans, are not subject to the requirement to offer coverage for Pediatric Dental EHBs. However, if such plans choose to provide coverage for benefits which are deemed Pediatric Dental EHBs, the ACA requires all dollar limits on those benefits to be removed on all Grandfathered and Non-Grandfathered plans. The determination of which benefits constitute Pediatric Dental EHBs is made on a state by state basis. As such, when using this guideline, it is important to refer to the member specific benefit plan document to determine benefit coverage.

COVERAGE RATIONALE

Indications for Coverage

Orthodontic Treatment

Orthodontic treatment is a covered dental service and Medically Necessary when the following criteria have been met:

- All services must be approved by the plan; **and**
- The member is under the age 19 (through age 18, unless the member specific benefit plan document indicates a different age); **and**
- Services are related to the treatment of a severe craniofacial deformity that results in a physically Handicapping Malocclusion, including but not limited to the following conditions:
 - Cleft Lip and/or Cleft Palate;
 - Crouzon Syndrome/Craniofacial Dysostosis;
 - Hemifacial Hypertrophy/Congenital Hemifacial Hyperplasia;
 - Parry-Romberg Syndrome/Progressive Hemifacial Atrophy;

- Pierre-Robin Sequence/Complex;
- Treacher-Collins Syndrome/Mandibulofacial Dysostosis; **or**
- Other clinical criteria based on the member specific benefit plan document and any federal or state mandates.

Removal of Fixed Orthodontics Appliances for Reasons Other Than Completion of Treatment

Removal of fixed orthodontics appliances for reasons other than completion of treatment is a decision to be made by the treating provider based on an individual patient basis. Reasons include, but are not limited to:

- Patient non-compliance (AAOMS)
- Military deployment (Department of the Army)
- Prior to radiation therapy to the head or neck if the appliances will be in the radiation field (NIH, AAPD)
- Prior to highly stomatotoxic chemotherapy (NIH, AAPD)
- Complications related to IV bisphosphonates and other medical conditions (AAOMS)

DEFINITIONS

Cleft Lip: A congenital facial defect of the lip due to failure of fusion of the medial and lateral nasal prominences and maxillary prominence. (American Cleft Palate-Craniofacial Association)

Cleft Palate: A congenital fissure in the medial line of the palate. (American Cleft Palate-Craniofacial Association)

Comprehensive Orthodontic Treatment: A coordinated diagnosis and treatment leading to the improvement of a patient's craniofacial dysfunction and/or dentofacial deformity which may include anatomical, functional and/or esthetic relationships. Treatment may utilize fixed and/or removable orthodontic appliances and may also include functional and/or orthopedic appliances in growing and non-growing patients. Adjunctive procedures to facilitate care may be required. Comprehensive orthodontics may incorporate treatment phases focusing on specific objectives at various stages of dentofacial development. (AAO)

Craniofacial Anomaly: A structural or functional abnormality that affects the cranium or face. (American Cleft Palate-Craniofacial Association)

Crouzon Syndrome/Craniofacial Dysostosis: One of a large group of facial birth defects in which there is abnormal craniofacial fusion. This fusion does not allow the bones to grow normally, affecting the shape of the head, appearance of the face and the relationship of the teeth. (American Cleft Palate-Craniofacial Association)

Handicap (as related to Handicapping Malocclusion): A physical, mental, or emotional condition that interferes with one's normal functioning. (Farlex Partner Medical Dictionary)

Hemifacial Hypertrophy/Congenital Hemifacial Hyperplasia: A rare developmental anomaly characterized by asymmetric overgrowth. Hemihyperplasia can be an isolated finding, but it also may be associated with a variety of malformation syndromes. (Neville 2016)

Malocclusion (as related to Handicapping Malocclusion): A deviation in intramaxillary and/or intermaxillary relations of teeth from normal occlusion. Often associated with other dentofacial deformities. (AAO)

Medically Necessary: The health care services provided for the purpose of preventing, evaluating, diagnosing or treating a sickness, injury, mental illness, substance use disorder, condition, disease or its symptoms, that are all of the following as determined by us or our designee, within our sole discretion.

- In accordance with *Generally Accepted Standards of Medical Practice*.
- Clinically appropriate, in terms of type, frequency, extent, site and duration, and considered effective for your sickness, injury, mental illness, substance use disorder, disease or its symptoms.
- Not mainly for your convenience or that of your doctor or other health care provider.
- Not more costly than an alternative drug, service(s) or supply that is at least as likely to produce equivalent therapeutic or diagnostic results as to the diagnosis or treatment of your Sickness, Injury, disease or symptoms.

Generally Accepted Standards of Medical Practice are standards that are based on credible scientific evidence published in peer-reviewed medical literature generally recognized by the relevant medical community, relying primarily on controlled clinical trials, or, if not available, observational studies from more than one institution that suggest a causal relationship between the service or treatment and health outcomes.

If no credible scientific evidence is available, then standards that are based on Physician specialty society recommendations or professional standards of care may be considered. We reserve the right to consult expert opinion in determining whether health care services are Medically Necessary. The decision to apply Physician specialty society

recommendations, the choice of expert and the determination of when to use any such expert opinion, shall be within our sole discretion.

We develop and maintain clinical policies that describe the Generally Accepted Standards of Medical Practice scientific evidence, prevailing medical standards and clinical guidelines supporting our determinations regarding specific services. These clinical policies (as developed by us and revised from time to time), are available to Covered Persons on www.myuhc.com or by calling Customer Care at the telephone number on your ID card, and to Physicians and other health care professionals on www.UHCprovider.com. (COC, 2011, 2017)

Parry-Romberg Syndrome/Progressive Hemifacial Atrophy: A rare disorder characterized by slowly progressive deterioration (atrophy) of the skin and soft tissues of half of the face (hemifacial atrophy), usually the left side. (National Institutes of Health)

Pierre-Robin Sequence/Complex: A complex of congenital anomalies including micrognathia and abnormal smallness of the tongue, often with cleft palate, severe myopia, congenital glaucoma, and retinal detachment. (American Cleft Palate-Craniofacial Association)

Treacher-Collins Syndrome/Mandibulofacial Dysostosis: The name given to a birth defect which may affect the size and shape of the ears, eyelids, cheek bones, and upper and lower jaws. The extent of facial deformity varies from one affected individual to another. (American Cleft Palate-Craniofacial Association)

APPLICABLE CODES

The following list(s) of procedure and/or diagnosis codes is provided for reference purposes only and may not be all inclusive. Listing of a code in this guideline does not imply that the service described by the code is a covered or non-covered health service. Benefit coverage for health services is determined by the member specific benefit plan document and applicable laws that may require coverage for a specific service. The inclusion of a code does not imply any right to reimbursement or guarantee claim payment. Other Clinical Policies and Coverage Guidelines may apply.

CDT Code	Description
D8010	Limited orthodontic treatment of the primary dentition
D8020	Limited orthodontic treatment of the transitional dentition
D8030	Limited orthodontic treatment of the adolescent dentition
D8040	Limited orthodontic treatment of the adult dentition
D8050	Interceptive orthodontic treatment of the primary dentition
D8060	Interceptive orthodontic treatment of the transitional dentition
D8070	Comprehensive orthodontic treatment of the transitional dentition
D8080	Comprehensive orthodontic treatment of the adolescent dentition
D8090	Comprehensive orthodontic treatment of the adult dentition
D8220	Fixed appliance therapy
D8660	Pre-orthodontic treatment examination to monitor growth and development
D8670	Periodic orthodontic treatment visit
D8680	Orthodontic retention [removal of appliances, construction and placement of retainer(s)]
D8690	Orthodontic treatment (alternative billing to a contract fee)
D8691	Repair of orthodontic appliance
D8695	Removal of fixed orthodontic appliances for reasons other than completion of treatment
D8999	Unspecified orthodontic procedure, by report

CDT® is a registered trademark of the American Dental Association

DESCRIPTION OF SERVICES

Medically necessary orthodontic treatment involves the correction of the dental component of a craniofacial abnormality that results in a handicapping malocclusion, and is intended to restore a functional dentition. It is not for orthodontic services for crowded dentitions (crooked teeth), excessive spacing between teeth, temporomandibular joint (TMJ) conditions and/or horizontal/vertical discrepancies (overjet/overbite).

REFERENCES

- American Academy of Pediatric Dentistry Guideline on Dental Management of Pediatric Patients Receiving Chemotherapy, Hematopoietic Cell Transplantation, and/or Radiation Therapy. Revised 2013.
- American Association of Orthodontists Clinical Practice Guidelines for Orthodontics and Dentofacial Orthopedics 2014.
- American Association of Orthodontists Glossary 2017.
- American Cleft Palate – Craniofacial Association.
- Department of the Army. U.S. Army Dental Command Policy 07-08, Orthodontic Care Policy. 2007.
- Information on Essential Health Benefits (EHB) Benchmark Plans (links to States plans). Available at: <https://www.cms.gov/ccio/resources/data-resources/ehb.html>. Accessed September 13, 2018.
- National Institutes of Health, National Institute of Neurological Disorders and Stroke. Parry-Romberg Information Page. 2017.
- Neville B, Damm D, Allen C et al. Oral and Maxillofacial Pathology, 4th ed. St. Louis, MO: Elsevier c2016. Chapter 1, Developmental Defects of the Oral and Maxillofacial Region; p. 1-48.
- U.S. Department of Health and Human Services, National Institutes of Health, National Institute of Dental and Craniofacial Research. Oral Complications of Cancer Treatment: What the Dental Team Can Do. 2009.
- UnitedHealthcare Company Generic Certificate of Coverage 2011.
- UnitedHealthcare Company Generic Certificate of Coverage 2017.

GUIDELINE HISTORY/REVISION INFORMATION

Date	Action/Description
11/01/2018	<ul style="list-style-type: none">• Routine review; no content changes• Archived previous policy version DCG003.05