



Orthodontic Services for Orofacial Anomalies

I. Policy

University Health Alliance (UHA) will cover orthodontic services for the treatment of orofacial anomalies, as required in relevant State of Hawaii mandates, when such services meet the medical criteria guidelines (subject to limitations and exclusions) indicated below.

II. Background

It is estimated that one in five hundred children in the State are born with orofacial anomalies such as cleft lip or cleft palate. Without orthodontic treatment, appropriate care and reconstructive surgical outcomes are compromised and result in functional deficiencies in chewing, swallowing, respiration, speech, unstable or malpositioned oral structures, premature tooth loss, and other health problems. UHA will cover orthodontic services for the treatment of orofacial anomalies within the limitations and guidelines of this policy.

As used in this policy, unless the context clearly requires otherwise:

Orofacial anomalies refers to cleft lip or cleft palate and other birth defects of the mouth and face affecting functions such as chewing, swallowing, speech, and respiration.

Orthodontic services refers to direct or consultative services provided by a licensed dentist with a certification in orthodontics by the American Board of Orthodontics.

Treatment of orofacial anomalies includes the care prescribed, provided, or ordered for an individual diagnosed with an orofacial anomaly by a craniofacial team that includes a licensed dentist, orthodontist, oral surgeon, and physician and is coordinated between specialists and providers.

III. Criteria/Guidelines

UHA will cover orthodontic services for the treatment of orofacial anomalies within the limitations and guidelines below.

- A. Services must be for the treatment of orofacial anomalies resulting from birth defects or syndromes, examples include:
 - 1. Cleft lip;
 - 2. Cleft palate;
 - 3. Cleft palate with alveolar ridge involvement; or
 - 4. Other orofacial defect resulting from a birth defect or a birth defect syndrome if a physical functional impairment exists.
- B. Orthodontic services must be prescribed by an interdisciplinary team as part of a comprehensive individualized treatment plan to ensure that care is provided in a coordinated and consistent manner with the proper sequencing of evaluations and treatments within the framework of the patient's overall developmental and medical needs. The interdisciplinary team must complete an external evaluation and demonstrate compliance with the standards for team care as established by the American Cleft Palate-Craniofacial Association (ACPA) and the Cleft Palate Foundation (CPF).
- C. Orthodontic services must meet criteria of medical necessity.
 - 1. Medical necessity decisions will be made by UHA after the member is reviewed for appropriateness for services by the craniofacial review board at Kapiolani Medical Center for Women and Children (KMCWC).
 - 2. Orthodontic services are generally felt to be medically necessary when services are provided to improve a functional impairment in at least one of the following areas: chewing; swallowing;

speech; or respiration.

3. Orthodontic services performed exclusively to alter or reshape normal structures of the body in order to improve appearance are considered cosmetic and do not meet the criteria for medical necessity.
4. Orthodontic services performed exclusively to correct developmental maxillofacial conditions that result in overbite, crossbite, underbite, malocclusion or similar developmental irregularities of the teeth or temporomandibular joint disorder do not meet the criteria for medical necessity under this policy.

NOTE:

This UHA payment policy is a guide to coverage, the need for prior authorization and other administrative directives. It is not meant to provide instruction in the practice of medicine, and it should not deter a provider from expressing his/her judgment.

Even though this payment policy may indicate that a particular service or supply is considered covered, specific provider contract terms and/or members' individual benefit plans may apply, and this policy is not a guarantee of payment. UHA reserves the right to apply this payment policy to all UHA companies and subsidiaries.

UHA understands that opinions about and approaches to clinical problems may vary. Questions concerning medical necessity (see Hawaii Revised Statutes §432E-1.4) are welcome. A provider may request that UHA reconsider the application of the medical necessity criteria in light of any supporting documentation.

IV. Administrative Guidelines

- A. Prior authorization is required for each treatment phase.
- B. To request prior authorization, please submit via UHA's online portal. If a login has not been established, you may contact UHA at 808-532-4000 to establish one.
- C. Prior Authorization will rest upon standard clinical criteria (e.g., current Milliman Care Guidelines, standards for care as established by the ACPA and the CPF) and the review and recommendations of the craniofacial review board at KMCWC.
- D. Documentation submitted must include clinical notes which clearly document the medical necessity of the treatment and the treatment plan developed by the interdisciplinary team.
- E. Orthodontic treatment of orofacial anomalies must include direct or consultative orthodontic services provided by a licensed dentist with a certification in orthodontics by the American Board of Orthodontics.
- F. Orthodontic services for treatment of orofacial anomalies provided under this policy shall be subject to a maximum benefit of \$6,927 per treatment phase, but shall not be subject to limits on the number of visits to an orthodontist.
 1. Most patients require two orthodontic treatment phases (phases I and II), but some will need a third phase (phase III).
 - a. Phase I: Pre-surgical treatment to prepare for bone graft and correct maxillary constriction and post-surgical use of partial-fixed appliances to align upper anterior teeth (for approximately 12 months);
 - b. Phase II: Full fixed orthodontics to align teeth in preparation for prosthetic replacement of missing teeth (for approximately 24-36 months); and
 - c. Phase III: Orthodontic treatment preceding and following jaw surgery (for approximately 24-36 months).
 2. Maximum benefit amount will be adjusted annually if annual review of the Hawaii Insurance Commissioner determines that such adjustment is necessary to accommodate for inflation.

There is no specific HCPCS code for these orthodontic procedures. The following code would most likely be reported:

HCPCS Code	Description
D0340	CEPHALOMETRIC FILM
D8050	INTERCEPTIVE ORTHODONTIC TREATMENT OF THE PRIMARY DENTITION
D8060	INTERCEPTIVE ORTHODONTIC TREATMENT OF THE TRANSITIONAL DENTI
D8070	COMPREHENSIVE ORTHODONTIC TREATMENT OF THE TRANSITIONAL DENT
D8080	COMPREHENSIVE ORTHODONTIC TREATMENT OF THE ADOLESCENT DENTIT
D8090	COMPREHENSIVE ORTHODONTIC TREATMENT OF THE ADULT DENTITION

V. Policy History

Policy Number: MPP-0116-150901

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PAC Approved Date: 08/21/2015

References

www.capitol.hawaii.gov/session2015/bills/HB174_HD1_.HTM