Orthodontic Treatment of Orofacial Anomalies

Policy Number:  MM.12.021
Original Effective Date:  01/01/2016
Line(s) of Business:  HMO; PPO; QUEST Integration; FED 87
Current Effective Date:  01/01/2019
Section:  Other/Miscellaneous
Place(s) of Service:  Office

I. Description

Most individuals with craniofacial abnormalities such as cleft lip and cleft palate require the coordinated care of providers in a number of specialties such as medicine and dentistry, speech pathology, otolaryngology, audiology, genetics, nursing, mental health, and social medicine. A team approach is required for optimal care. Major components in the surgical treatment of these patients include surgery to repair the cleft lip and palate, bone grafting to stabilize the dental arch, orthodontics, orthognathic surgery to correct any skeletal deformities, restorative dentistry, facial reconstruction of lip/nose deformities, and correction of speech problems.

In adolescents and adults who have undergone cleft defect repair, common consequences include anterior and posterior crossbites; midface hypoplasia; anteroposterior, vertical, and transverse maxillary deficiency; residual lip and nasal deformities; and speech problems. Orthodontic treatment is usually required before surgical correction of jaw deformities. A number of dental considerations must be assessed prior to proceeding with orthodontics, including 1) dental alignment issues, such as crowding, rotations, malposition, and crossbites; 2) approximation of teeth to the alveolar cleft; 3) missing, supernumerary, or malformed teeth; and 4) periodontal disease or defects, oral hygiene, and dental caries. The basic orthodontic principles are to align and level teeth over the basal bones of the maxilla and mandible.

Medical management of children with cleft palate conditions may involve what might otherwise be considered dental or orthodontic care if it is an integral part of the reconstructive surgery. Orthodontic treatment may be needed prior to surgery to position the teeth in a manner that will provide for an adequate occlusion following surgical repositioning of the jaws. Coverage under the medical benefit is limited to services essential for the surgery to take place, or essential for the surgery itself.

II. Criteria/Guidelines

Orthodontic treatment of orofacial anomalies is covered (subject to Limitations and Administrative Guidelines) when all of the following criteria are met:

A. The patient has been diagnosed with an orofacial defect that falls into one of the following types:
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 being requested are medically necessary to improve a functional impairment in at least one of the following areas:
   1. Chewing;
   2. Swallowing;
   3. Speech; or
   4. Respiration.

C. 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).

III. Limitations
A. Orthodontic services to alter or reshape normal structures of the body in order to improve appearance are considered cosmetic and will not be covered.

B. Orthodontic services to correct developmental maxillofacial conditions that result in overbite, crossbite, underbite, malocclusion or similar developmental irregularities of the teeth; or temporomandibular joint disorder will not be covered.

IV. Administrative Guidelines
A. Precertification is required for each treatment phase. To precertify, please complete HMSA's Precertification Request and mail or fax the form, or use iExchange as indicated. Most patients require two orthodontic treatment phases (phases I and II) but some will need a third phase (phase III).
   1. 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);
   2. Phase II: Full fixed orthodontics to align teeth in preparation for prosthetic replacement of missing teeth (for approximately 24-36 months); and
   3. Phase III: Orthodontic treatment preceding and following jaw surgery (for approximately 24-36 months).

B. Documentation submitted must include clinical notes which clearly document the medical necessity of the treatment and the treatment plan developed by the interdisciplinary team.
C. Orthodontic treatment of orofacial anomalies must include direct or consultative services provided by a state licensed dentist in good standing who specializes in orthodontics, who is a graduate of a postgraduate program in orthodontics accredited by the American Dental Association.

D. With the exception of Fed87, patients are eligible for a maximum benefit of $5,500 per treatment phase.

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

<table>
<thead>
<tr>
<th>HCPCS Code</th>
<th>Description</th>
</tr>
</thead>
<tbody>
<tr>
<td>L8499</td>
<td>Unlisted procedure for miscellaneous prosthetic services</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>ICD-10 Diagnosis Codes</th>
<th>Description</th>
</tr>
</thead>
<tbody>
<tr>
<td>Q35.1-Q35.9</td>
<td>Cleft palate</td>
</tr>
<tr>
<td>Q36.0-Q36.9</td>
<td>Cleft lip</td>
</tr>
<tr>
<td>Q37.0-Q37.9</td>
<td>Cleft palate with cleft lip</td>
</tr>
</tbody>
</table>

V. Important Reminder

The purpose of this Medical Policy is to provide a guide to coverage. This Medical Policy is not intended to dictate to providers how to practice medicine. Nothing in this Medical Policy is intended to discourage or prohibit providing other medical advice or treatment deemed appropriate by the treating physician.

Benefit determinations are subject to applicable member contract language. To the extent there are any conflicts between these guidelines and the contract language, the contract language will control.

This Medical Policy has been developed through consideration of the medical necessity criteria under Hawaii’s Patients’ Bill of Rights and Responsibilities Act (Hawaii Revised Statutes §432E-1.4), generally accepted standards of medical practice and review of medical literature and government approval status. HMSA has determined that services not covered under this Medical Policy will not be medically necessary under Hawaii law in most cases. If a treating physician disagrees with HMSA’s determination as to medical necessity in a given case, the physician may request that HMSA reconsider the application of the medical necessity criteria to the case at issue in light of any supporting documentation.

VI. References

2. Parameters for Evaluation and Treatment of Patients with Cleft Lip/Palate or Other Craniofacial Differences - American Cleft Palate-Craniofacial Association, January 2018.
3. Standards for Approval of Cleft Palate and Craniofacial Teams.