

Medically Necessary Orthodontic Treatment (For Ohio Only)

Guideline Number: CSDEN318OH.A
 Effective Date: December 1, 2023

[Instructions for Use](#)

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Related Commercial Policy
<ul style="list-style-type: none"> Orthognathic (Jaw) Surgery

Application

This Dental Policy only applies to the state of Ohio. Any requests for services that are stated as unproven or services for which there is a coverage or quantity limit will be evaluated for medical necessity using Ohio Administrative Code 5160-1-01.

Coverage Rationale

Orthodontic treatment is considered to be medically necessary in the presence of a handicapping malocclusion. The [HLD Ohio Modification Scoresheet](#) is used to determine the presence of a handicapping malocclusion. Orthodontic treatment is considered to be medically necessary when one of the following criteria have been met:

- An automatically qualifying condition as reported on [part A](#) of the the HLD Ohio Modification Scoresheet including:
 - Cleft palate
 - Craniofacial anomaly such as Crouzon Syndrome/Craniofacial Dysostosis, Hemifacial Hypertrophy/Congenital Hemifacial Hyperplasia; Parry-Romberg Syndrome/Progressive Hemifacial Atrophy; Pierre-Robin Sequence/Complex; or Treacher-Collins Syndrome/Mandibulofacial Dysostosis
 - Deep impinging overbite with soft tissue damage to the palate
 - Anterior crossbite with gingival recession or loose permanent teeth
 - Severe traumatic deviation
 - Overjet 9mm or greater or reverse overjet 3.5mm or greater
- A score of 26 or more on [part B](#) of the HLD Ohio Modification Scoresheet, reporting elements of malocclusion related to:
 - Overjet
 - Reverse overjet
 - Open bite
 - Ectopic teeth
 - Anterior crowding of the maxilla

- Anterior crowding of the mandible
- Labio-lingual spread
- Posterior unilateral crossbite
- The presence of other medical conditions that are exacerbated by a handicapping malocclusion as reported on part C of the HLD Ohio Modification Scoresheet, including but not limited to:
 - Temporomandibular dysfunction, chronic pain, malnutrition
 - Respiration or speech pathology
 - Mental, emotional, behavioral, or psychosocial problems
- Qualification under the Early Periodic Screening, Diagnostic, and Treatment benefit, as reported on part D of the HLD Ohio Modification Scoresheet

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: 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.

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 Policies and 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
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)]
D8695	Removal of fixed orthodontic appliances for reasons other than completion of treatment
D8696	repair of orthodontic appliance – maxillary
D8697	repair of orthodontic appliance – mandibular

CDT Code	Description
D8698	re-cement or re-bond fixed retainer – maxillary
D8699	re-cement or re-bond fixed retainer – mandibular
D8701	repair of fixed retainer, includes reattachment – maxillary
D8702	repair of fixed retainer, includes reattachment – mandibular
D8703	replacement of lost or broken retainer – maxillary
D8704	replacement of lost or broken retainer – mandibular
D8999	Unspecified orthodontic procedure, by report

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Description of Services

Medically Necessary orthodontic treatment involves the correction of a Handicapping Malocclusion and is intended to restore a functional dentition. Orthodontics for cosmetic enhancement is not within the scope of the Medicaid program.

References

American Dental Association (ADA); CDT 2023 Dental Procedure Code Book.

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 August 31,2022.

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.

Policy History/Revision Information

Date	Summary of Changes
12/01/2023	<ul style="list-style-type: none"> New dental policy

Instructions for Use

This Dental Policy provides assistance in interpreting the UnitedHealthcare Community Plan of Ohio dental benefit plans. When deciding coverage, the member specific benefit plan document must be referenced as the terms of the member specific benefit plans may differ. In the event of a conflict, the member specific benefit plan document governs. Before using this policy, please check the member specific benefit plan document and any applicable federal or state mandates. UnitedHealthcare reserves the right to modify its Policies and Guidelines as necessary. This Dental Policy is provided for informational purposes. It does not constitute the practice of medicine or medical advice.

Effective Date	Guideline Number	Guideline Title
N/A	N/A	N/A

HLD Ohio Modification Score Sheet

HANDICAPPING LABIO-LINGUAL DEVIATION INDEX (HLD) OHIO MODIFICATION SCORE SHEET

Patient Name: _____ Medicaid ID #: _____ DOB: _____
 Provider Name: _____ Medicaid provider # _____ NPI: _____

All necessary dental work completed? Yes ___ No ___ Patient oral hygiene: Excellent ___ Fair ___ Poor ___

PROCEDURE (use this score sheet and a Boley Gauge or disposable ruler):

- Indicate by checkmark next to A, B, C or D which criteria you are submitting for review
- Position the patient’s teeth in centric occlusion
- Record all measurements in the order given and round off to the nearest millimeter (mm).
- Enter score of “0” if the condition is absent

A _____ CONDITIONS 1-6 ARE AUTOMATIC QUALIFIERS (indicate with an “X” if condition is present and score no further)

- 1) Cleft palate _____
- 2) Craniofacial anomaly (attach description of condition from a credentialed specialist) _____
- 3) Deep impinging overbite WITH tissue damage to the palate. (attach image of tissue laceration) _____
- 4) Anterior crossbite with gingival recession or loose permanent tooth _____
- 5) Severe traumatic deviation (ie: accidents, tumors, etc; attach description) _____
- 6) Overjet 9mm or greater or reverse overjet (mandibular protrusion) 3.5mm or greater _____

B _____ CONDITIONS 7-14 MUST SCORE 26 POINTS OR MORE TO QUALIFY

- 7) **Overjet** (one upper central incisor to the most labial lower incisor) mm ___ x1= _____
- 8) **Reverse overjet** (mandibular protrusion) mm ___ x1= _____
- 9) **Open bite** (incisal edge of maxillary central to mandibular central incisor) mm ___ x1= _____
- 10) **Ectopic teeth** (excluding third molars) # of teeth ___ x3= _____
Note: if anterior crowding and ectopic eruption are present in the anterior portions of the mouth, score only the most severe condition. Do not score both.
- 11) **Anterior crowding of maxilla** (greater than 3.5mm). if present score ___ 1 ___ x5= _____
- 12) **Anterior crowding of mandible** (greater than 3.5mm). if present score ___ 1 ___ x5= _____
- 13) **Labio-lingual spread** (either measure a displaced tooth from the normal arch form or labial-lingual distance between adjacent anterior teeth) mm ___ x1= _____
- 14) **Posterior unilateral crossbite** (must involve two or more adjacent teeth, one of which must be a molar) ___ 1 ___ x4= _____

C _____ MEDICAL NECESSITY (indicate with an “X” for consideration)

If the participant does not meet the qualifying criteria in sections A or B, the Plan will consider whether orthodontic benefits should be provided based on other evidence of medical necessity. The treating orthodontist must submit a

written, detailed explanation of the medical necessity for orthodontia along with a completed HLD index, the prior authorization request form, and treatment plan.

- a. If medical necessity is based on a medical condition that is exacerbated or complicated by the patient's malocclusion (ie: TMJ dysfunction, chronic pain, malnutrition) additional documentation from a licensed physician, board certified to diagnose the medical condition must be presented. This documentation should justify the need for orthodontia services and must be submitted along with the documentation from the orthodontist.
- b. If medical necessity is based on respiration or speech problems that are exacerbated or complicated by the patient's malocclusion (ie: postural abnormalities associated with mouth breathing, speech impairment), additional documentation from a licensed physician, respiratory therapist, or speech therapist board certified to diagnose the medical condition must be presented. This documentation should justify the need for orthodontia services and must be submitted along with the documentation from the orthodontist.
- c. If medical necessity is based on the presence of mental, emotional, behavioral, or psychosocial problems that are exacerbated or complicated by the patient's malocclusion (ie: social withdrawal, low self-esteem, socially unacceptable eating behaviors), additional documentation from a licensed psychiatrist, psychologist, or social worker must be presented. This documentation should justify the need for orthodontia services and must be submitted along with the documentation from the orthodontist.

D ___ EPSDT-SS EXCEPTION (indicate with an "X" for consideration)

If a participant does not meet the automatic qualifying conditions in section A nor scores a 26 or greater in section B, the patient may be eligible for orthodontia under the Early and Periodic Screening, Diagnosis and Treatment exception if medical necessity is documented. Attach medical evidence and appropriate documentation for each of the following areas on a separate piece of paper in addition to completing the HLD score sheet above.

- a) Principle diagnosis and associated diagnoses
- b) Clinical significance or functional impairment caused by the condition
- c) Specific types of services to be rendered by each discipline associated with the total treatment plan
- d) The therapeutic goals to be achieved by each discipline, and anticipated time for achievement of goals
- e) Description of the ways in which the proposed treatment is expected to ameliorate illness or injury
- f) The extent to which health care services have been previously provided to address the condition, and results demonstrated by prior care
- g) Any other documentation which may assist the department in making the required determination.

HLD Ohio Modification Scoring instructions

The intent of the HLD index is to measure the presence or absence, and the degree, of the handicapped occlusion caused by the components of the Index, and not to diagnose 'malocclusion.' All measurements are made with a scaled millimeter ruler. Absence of any conditions must be recorded by entering '0.' (Refer to the attached score sheet.)

The following documentation is required to be submitted.

- A completed HLD Scoring Index Sheet
- A narrative describing the nature of the severe physically handicapping malocclusion, along with any documentation relevant to determining the nature and extent of the handicap.
- A panoramic and/or mounted full mouth series of intra-oral X-rays.
- A cephalometric X-ray with teeth in centric occlusion and cephalometric analysis/tracing.
- Facial photographs of frontal and profile views.
- Intra-oral photographs depicting right and left occlusal relationships as well as an anterior view.
- Maxillary and mandibular occlusal photographs.
- Photos of articulated models can be submitted optionally (*Do NOT send stone casts*).

The following information is intended to clarify scoring rules for sections A) and B) of the HLD Index:

- 1. Cleft Palate Deformity:** The cleft must be demonstrated with diagnostic casts, digital photographs of orthodontically trimmed study models; or intraoral photograph of the palate demonstrating soft tissue destruction. If the cleft cannot be demonstrated by one of these methods, a consultation report by a qualified specialist or Craniofacial Panel must accompany the submission.
- 2. Cranio-facial Anomaly:** Attach consultation report by a qualified specialist or Craniofacial Panel, in addition to all standard documentation.
- 3. Deep Impinging Overbite:** Mark only if the lower incisors are causing tissue damage to the palate. Do not score if tissue destruction is not present. Attach intraoral photograph showing soft tissue destruction, in addition to all standard documentation.
- 4. Crossbite of Individual Anterior Teeth:** Include supportive diagnostic intra-oral photographs and periodontal chart demonstrating the crossbite and resulting gingival recession/tooth mobility, in addition to all standard documentation.
- 5. Severe Traumatic Deviation:** Traumatic deviations are, for example, loss of a premaxilla segment by burns or by accident; the result of osteomyelitis; or other gross pathology. Do not score deviations that were not caused by trauma/disease. Submit a description of the trauma/disease, and prior treatment for the condition, in addition to all standard documentation.
- 6. Overjet 9mm or greater, or reverse overjet 3.5mm or greater:** Overjet is recorded with the patient's teeth in centric occlusion and is measured from the labial surface of a lower central incisor to the labial surface of the corresponding upper central incisors. Do not use lateral incisors or canines for measurement. This measurement should record the **greatest** distance between any one upper central incisor and its corresponding lower central or lateral incisor. If the overjet is greater than or equal to 9mm or reverse overjet) is greater than or equal to 3.5mm, place an "X" in item 6 and score no further. If the overjet is less than the above values, record individual millimeter measurements in item 7 or 8.
- 7. Overjet equal to or less than 9mm:** See instructions for measuring overjet or reverse overjet in item 6. above.
- 8. Reverse overjet equal to or less than 3.5mm:** See instructions for measuring overjet or reverse overjet in item 6. above.
- 9. Open Bite:** This condition is defined as the absence of occlusal contact in the anterior region. It is measured from incisal edge of a maxillary central incisor to incisal edge of a corresponding mandibular incisor, in millimeters. Do not use lateral incisors or canines for measurement. Do not record teeth that are still erupting.
- 10. Ectopic Eruption:** Count each tooth, **excluding third molars**. Each qualifying tooth must be impeded from full normal eruption and indicate that more than 50% of the crown is blocked and is not within the arch. Count only one tooth when there are mutually blocked out teeth. Enter the number of qualifying teeth on the score sheet and multiply by three (3). If anterior crowding (condition #11) also exists in the same arch, score the condition that scores the most points. **DO NOT COUNT BOTH CONDITIONS.** However, posterior ectopic teeth can still be counted separately from anterior crowding when they occur in the same arch.
- 11, 12. Anterior Crowding:** Arch length insufficiency must exceed 3.5mm. Score one (1) for a crowded maxillary arch and/or one (1) for a crowded mandibular arch. Enter total on the score sheet and multiply by five (5). If ectopic eruption (condition #10) exists in the anterior region of the same arch, count the condition that scores the most points. **DO NOT COUNT BOTH CONDITIONS.** However, posterior ectopic teeth can still be counted separately from anterior crowding when they occur in the same arch.
- 13. Labio-Lingual Spread:** A Boley Gauge (or a disposable ruler) is used to determine the extent of deviation from a normal arch. Where there is only a protruded or lingually displaced anterior tooth, the measurement should be made from the incisal edge of that tooth to the normal arch line. Otherwise, the total distance between the most protruded anterior tooth and the most lingually displaced adjacent anterior tooth is measured. In the event that multiple anterior crowding of teeth is observed, all deviations from the normal arch should be measured for labio-lingual spread, but **only the most severe individual measurement should be entered on the score sheet.**
- 14. Posterior Unilateral Crossbite:** This condition involves two or more adjacent teeth, one of which must be a molar. The crossbite must be one in which the maxillary posterior teeth involved may either be both completely palatal or completely buccal in relation to the mandibular posterior teeth, with no cusp/fossa contact. The presence of posterior unilateral crossbite is indicated by a score of four (4) on the score sheet. **NO SCORE FOR BILATERAL CROSSBITE.**