

## PROVIDER BULLETIN

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# DENTAL BULLETIN ORTHODONTIA CRITERIA

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## ORTHODONTIA CRITERIA

The April 2, 2012 edition of the Missouri Register published criteria for MO HealthNet orthodontia coverage under the final order of rulemaking for 13 CSR 70-35.010. The orthodontia criteria are effective May 30, 2012. For ease of reference, the criteria contained in 13 CSR 70-35.010 (5) are excerpted below.

(5) Orthodontia Services. When an eligible participant is believed to have a condition that may require orthodontic treatment, the attending dentist should refer the participant to a qualified dentist or orthodontist for preliminary examination to determine if the treatment will be approved. The fact that the participant has moderate or even severe orthodontic problems, or has been advised by a dentist or orthodontist to have treatment is not, by itself, a guarantee that the participant will qualify for orthodontia services through MO HealthNet. Coverage is determined solely by meeting the criteria listed below in subsections (5)(A) and (5)(B) or (5)(C).

- (A) To be eligible for orthodontia services, the participant must meet all of the following general requirements:
1. Be under twenty-one (21) years of age; and
  2. Have good oral hygiene documented in the child's treatment plan; and
  3. Have permanent dentition. Exceptions to having permanent dentition are as follows:
    - A. Participant has a primary tooth retained due to ectopic or missing permanent tooth; or
    - B. Participant may have primary teeth present if they have cleft palate, severe traumatic deviations, or an impacted maxillary central incisor; or
    - C. Participant may have primary teeth if they are thirteen (13) years of age or older.
- (B) The determination whether or not a participant will be approved for orthodontic services shall be initially screened using the Handicapping Labio-Lingual Deviation (HLD) Index. The HLD Index must be fully completed in accordance with the instructions and **must be**

**submitted** with the Prior Authorization (PA) form. MO HealthNet will approve orthodontic services when the participant meets all the criteria in subsection (5)(A) above and one (1) of the criteria listed in paragraphs 1. to 7. below-

1. Has a cleft palate;
2. Has a deep impinging overbite when the lower incisors are damaging the soft tissue of the palate (lower incisor contact only on the palate is not sufficient);
3. Has a cross-bite of individual anterior teeth when damage of soft tissue is present;
4. Has severe traumatic deviations;
5. Has an over-jet greater than nine millimeter (9mm) or reverse over-jet of greater than three and one-half millimeters (3.5mm);
6. Has an impacted maxillary central incisor; or
7. Scores twenty-eight (28) points or greater on the HLD Index.

(C) If the participant meets the criteria in subsection (5)(A) above but does not meet any of the criteria in subsection (5)(B), MO HealthNet will consider whether orthodontic services should be provided based upon other evidence that orthodontic services are medically necessary.

1. MO HealthNet shall consider additional information of a substantial nature about the presence of severe deviations affecting craniofacial health. Other deviations shall be considered to be severe if, left untreated, they would cause irreversible damage to the teeth and underlying structures, resulting in disease related bone and tooth loss, or craniofacial deformities associated with developmental disabilities in chewing or speaking.
2. Other evidence shall include information of a substantial nature about the presence of a medical condition which is directly affected by the condition of the mouth or underlying structures. Orthodontic treatment shall be considered to be medically necessary if, without the orthodontic treatment, the medical condition would be adversely affected and would result in pain, infection, illness or significant and immediate impact on the normal function of the body and the individual's ability to function. In addition, such orthodontic treatment must be demonstrated to be 1) of clear clinical benefit to the eligible participant; 2) appropriate for the injury or illness in question; and 3) conform to the standards of generally accepted orthodontic practice as supported by applicable medical and scientific literature. In addition to documentation from an orthodontist or dentist, a recommendation for orthodontic treatment in relation to a medical condition must also be supported by documented evidence of the medical condition must also be supported by documented evidence of the medical condition from a licensed medical doctor, board certified to diagnose the medical condition.
3. In addition, the Division may consider information of a substantial nature about the presence of mental, emotional, and/or behavioral problems, disturbances or dysfunctions, as defined in the most current edition of the *Diagnostic Statistical Manual of the American Psychiatric Association*, and which may be caused by the participant's daily functioning as it related to a dentofacial deformity. The MO HealthNet Division will only consider cases where a diagnostic evaluation has been performed by a licensed psychiatrist or a licensed psychologist who has accordingly limited his or her practice to child psychiatry or child psychology. The evaluation must

clearly and substantially document how the dentofacial deformity is related to the child's mental, emotional, and/or behavioral problems and must clearly and substantially document that orthodontic treatment is medically necessary and will significantly ameliorate the problems.

4. Orthodontic treatment shall not be considered to be medically necessary when:
  - A. The orthodontic treatment is for aesthetic or cosmetic reasons only; or
  - B. The orthodontic treatment is to correct crowded teeth only, if the child can adequately protect the periodontium with reasonable oral hygiene measures; or
  - C. The child has demonstrated a lack of motivation to maintain reasonable standards of oral hygiene and oral hygiene is deficient.

#### (D) Transfer Participants

1. A participant who becomes MO HealthNet eligible and is already receiving orthodontic treatment through an entity other than a State Medicaid Agency must demonstrate that the need for service requirements specified in subsection (5)(A) and subsection (5)(B) or (5)(C) of these regulations were met before orthodontic treatment commenced, meaning that prior to the onset of treatment the participant would have met the need for service requirements.
2. A participant who becomes MO HealthNet eligible and is already receiving orthodontic treatment through the Medicaid Agency in another State may continue to receive covered orthodontic treatment services through MHD.

### **HANDICAPPING LABIO-LINGUAL DEVIATION (HLD) INDEX**

An HLD Index form that has been completed, signed and dated by the treating orthodontist/dentist must be submitted with each prior authorization (PA) request for orthodontia services. The HLD Index must be fully completed according to the instructions listed in the Dental Provider Manual, Section 14.3. PA requests received without a completed HLD Index will be returned as incomplete.

### **MEDICAL NECESSITY**

If the participant does not meet the HLD Index requirements and the treating orthodontist/dentist feels the orthodontia services are medically necessary, a written, detailed explanation of the medical necessity of the orthodontia services must be submitted along with the completed HLD Index and the prior authorization request form. All documentation must be completed, signed and dated by the treating orthodontist/dentist. If medical necessity is based on a medical condition (as stated in 13 CSR 70-35.010 (5)(C)3.), additional documentation from a licensed medical doctor, board certified to diagnose the medical condition, justifying the need for the orthodontia services must be submitted along with documentation from the treating orthodontist/dentist. Likewise, if medical necessity is based on the presence of mental, emotional, and/or behavioral problems, disturbances or dysfunctions (as stated in 13 CSR 70-35.010 (5)(C)3.), additional documentation from a licensed psychiatrist or a licensed psychologist who has limited his or her practice to child psychiatry or child psychology justifying the need for orthodontia services must be submitted along with the required documentation from the treating orthodontist/dentist.

**Provider Bulletins** are available on the MO HealthNet Division (MHD) (Formerly the Division of Medical Services) Web site at <http://dss.mo.gov/mhd/providers/pages/bulletins.htm>. Bulletins will remain on the Provider Bulletins page only until incorporated into the [provider manuals](#) as appropriate, then moved to the Archived Bulletin page.

**MO HealthNet News:** Providers and other interested parties are urged to go to the MHD Web site at <http://dss.mo.gov/mhd/global/pages/mednewssubscribe.htm> to subscribe to the electronic mailing list to receive automatic notifications of provider bulletins, provider manual updates, and other official MO HealthNet communications via E-mail.

**MO HealthNet Managed Care:** The information contained in this bulletin applies to coverage for:

- MO HealthNet Fee-for-Service
- Services not included in MO HealthNet Managed Care

Questions regarding MO HealthNet Managed Care benefits should be directed to the patient's MO HealthNet Managed Care health plan. Before delivering a service, please check the patient's eligibility status by swiping the red MO HealthNet card or by calling the Interactive Voice Response (IVR) System at 573-751-2896 and using Option One for the red or white card.

**Provider Communications Hotline**  
573-751-2896

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