

Dental and Orthodontic Treatment for Craniofacial Anomalies

Effective: October 1, 2020

Next Review: July 2021

Last Review: August 2020

IMPORTANT REMINDER

Medical Policies are developed to provide guidance for members and providers regarding coverage in accordance with contract terms. Benefit determinations are based in all cases on the applicable contract language. To the extent there may be any conflict between the Medical Policy and contract language, the contract language takes precedence.

PLEASE NOTE: Contracts exclude from coverage, among other things, services or procedures that are considered investigational or cosmetic. Providers may bill members for services or procedures that are considered investigational or cosmetic. Providers are encouraged to inform members before rendering such services that the members are likely to be financially responsible for the cost of these services.

DESCRIPTION

This policy is intended to assist in interpreting ORS 750.055 and 750.333, which require all health benefit plans that provide coverage of hospital, surgical, or dental services to also cover “dental and orthodontic services for the treatment of craniofacial anomalies if the services are medically necessary to restore function.”

Note: This policy does not apply to treatment for *developmental* maxillofacial conditions that result in overbite, crossbite, malocclusion or similar developmental irregularities of the teeth or temporomandibular joint disorders.

MEDICAL POLICY CRITERIA

- I. For member contracts subject to ORS 750.055 and 750.333 of the Oregon Insurance Code, dental and orthodontic services may be considered **medically necessary** when all of the following criteria are met:
 - A. There is a documented congenital (identifiable at birth) craniofacial anomaly, defined as a physical disorder of the bony structures of the face or head, including but not limited to cleft palate, cleft lip, craniosynostosis, craniofacial microsomia, or Treacher Collins syndrome.

- B. There is documentation of lost or absent function directly attributable to the congenital craniofacial anomaly that causes significant functional impairment, including one or more of the following:
 - 1. Significantly impaired swallowing and/or choking due to inadequate mastication
 - 2. Significant speech abnormalities (e.g., sibilant distortions or velopharyngeal distortion) which have not responded to speech therapy. Minor distortions of speech quality, such as hyper-nasal or hypo-nasal speech, are not considered to be significant speech abnormalities
 - 3. Airway restriction not responding to non-surgical treatment.
 - C. The planned procedure is expected to restore the lost function.
 - D. The following documentation is required to determine medical necessity for dental and orthodontic services for treatment of congenital craniofacial anomalies:
 - 1. Photographs are required and must be consistent with submitted clinical description;
 - 2. Diagram of cephalometric radiographs with written interpretation of findings; and
 - 3. Documentation in the medical records confirming the craniofacial anomaly has been present since birth.
- II. Dental and orthodontic services not meeting all of the criteria above (I.A. – I.D.) are not eligible for coverage under the medical benefit as defined by ORS 750.055 and 750.333.

NOTE: A summary of the supporting rationale for the policy criteria is at the end of the policy.

LIST OF INFORMATION NEEDED FOR REVIEW

It is critical that the list of information below is submitted for review to determine if the policy criteria are met. If any of these items are not submitted, it could impact our review and decision outcome.

1. History and Physical/Chart notes documenting policy criteria
2. Documentation of a functional impairment (swallowing, speech, airway restriction, and/or any other applicable impairment)
3. Photographs
4. Diagram of cephalometric radiographs with written interpretation of findings, any other applicable radiology studies

CROSS REFERENCES

1. [Administrative Guidelines to Determine Dental vs Medical Services](#), Allied Health, Policy No. 35
2. [Cosmetic and Reconstructive Surgery](#), Surgery, Policy No. 12
3. [Orthognathic Surgery](#), Surgery, Policy No. 137
4. [Surgeries for Snoring, Obstructive Sleep Apnea Syndrome, and Upper Airway Resistance Syndrome](#), Surgery, Policy No. 166

BACKGROUND

A craniofacial anomaly is defined by ORS 750.055 and 750.333 as “a physical disorder identifiable at birth that affects the bony structures of the face or head, including but not limited to cleft palate, cleft lip, craniosynostosis, craniofacial microsomia and Treacher Collins syndrome.” Dental or orthodontic services may be medically necessary for craniofacial anomalies that cause significant functional impairment.

REFERENCES

1. 76th Oregon Legislative Assembly 2012. ORS 743.730. [cited 8/4/2020]; Available from: <http://legiscan.com/OR/text/HB4128/id/576727>

CODES

| Codes | Number | Description |
|-------|--------|---|
| CPT | None | |
| HCPCS | D5999 | Unspecified maxillofacial prosthesis, by report |
| | D7999 | Unspecified oral surgery procedure, by report |
| | D8999 | Unspecified orthodontic procedure, by report |

Date of Origin: August 2012