Delta Dental of Rhode Island
Medically Necessary Orthodontic
Benefit Guidelines

Definition

Orthodontic benefits are limited to those services that are medically necessary as evidenced by a severe and handicapping malocclusion, for members under the age of 19. Orthodontic procedures are a benefit only when the quantitative, objective method for measuring malocclusion, Handicapping Labio-Lingual Deviation (HLD) Index, meets a minimum score of 28, or meets one or more of the automatic qualifying conditions.

Criteria for Coverage

- Members under age 19 may qualify for orthodontic care.
- All orthodontic services require prior authorization. No benefit payment will be made if the treating dentist does not obtain a prior authorization before rendering services.
- Meets a minimum score of 28 using the HLD Index form in Appendix A and must be corroborated by the required documentation OR meets one or more of the following automatic qualifying conditions:
    - Cleft Palate
    - Deep Impinging Overbite
    - Anterior Impactions
    - Severe Traumatic Deviations
    - Overjet greater than 9 mm
    - Severe Maxillary Anterior Crowding, greater than 8 mm

Procedure Codes

Interceptive Orthodontic Treatment
Benefit is limited to one of the following procedures per patient per lifetime:
Procedure D8050 Interceptive orthodontic treatment of the primary dentition
Procedure D8060 Interceptive orthodontic treatment of the transitional dentition

Comprehensive Orthodontic Treatment
Benefit is limited to once per patient per lifetime:
Procedure D8080 Comprehensive orthodontic treatment of the adolescent dentition

Multi-phase orthodontic treatment requires prior authorization at each phase and must meet the criteria for coverage for Medically Necessary Orthodontics (MNO). Each prior authorization will require a new, updated HLD form detailing the current status of the patient's dentition, as well as updated orthodontic records. (See section "Documentation Requirements.")

The fee for orthodontic treatment includes all diagnostic procedures (exam, photographs, x-rays), appliances, post treatment stabilization, etc.

Documentation Requirements

- ADA claim form requesting prior authorization with the appropriate CDT procedure code, total case fee and months of treatment
- Completed Orthodontic HLD form – include patient name and dentist signature
- Treatment plan or narrative describing the patient's condition
- Panoramic radiographic image - include patient name, age and the date the image was taken
- Cephalometric radiographic image – include patient name, age and the date the image was taken
- Photographic prints to include anterior, lateral and occlusal intra oral views – include patient name, age and the dates the images were taken
- Lateral views must expose the buccal dentition; soft tissue retractors must be used
- Occlusal views must be taken with a mirror so as to include as many teeth as possible being careful to retract the soft tissue of the lower lip
- Extra oral (facial) photographs – include anterior view, profile, ¾ view and anterior smiling

✓ All documents must be received to determine if the case qualifies for medically necessary benefits.

✓ Radiographs and photographs must be of diagnostic quality.

✓ Minimum HLD score to be considered for approval is 28.

✓ Diagnostic study models are not required but may be requested if the dentist's recorded score is not supported by the submitted documentation.

Prior Authorization

No benefit payment will be made if the dentist does not obtain a prior authorization before rendering services.

Professional Review

In order to be considered for benefits, the claim for prior authorization of orthodontic services must include all of the required information as described in section *"Documentation Requirements."* If all of the necessary information is not included, the claim will be processed indicating no benefit determination can be made until all required information is received.

The first level of review involves an initial determination by a trained dental case management analyst to determine if the claim is payable in accordance with Delta Dental's review guidelines. The analyst is empowered only to approve claims. All claims not approved for payment are forwarded to a dental consultant (licensed dentist) for further review and decision in accordance with Delta Dental's contractual criteria and utilization review guidelines. All adverse determination notices state the reason(s) for the determination.

If the prior authorization is denied because it does not meet the criteria for medical necessity as determined by our dental consultant, we offer two levels of internal appeal. An appeal must be requested in writing within 180 calendar days from the date of receipt of the initial denial notice. An orthodontic dental consultant not involved in the previous denial will review the appeal and render a decision based on the new information provided. We will send the appeal decision in writing to the patient and the dentist. If a second appeal is requested, it must be done in writing within 180 calendar days from the date of the first appeal denial notice. An orthodontic dental consultant will review the second appeal. We will send the appeal decision in writing to the patient and the dentist.

If the case does not qualify for Medically Necessary Orthodontics and does not meet a minimum HLD score of 28, the patient is responsible for the entire case fee, including the workup (i.e. x-rays, diagnostic casts, photographs, etc.)

Billing for Approved Services

The start/billing date of orthodontic services is defined as the date the bands, brackets or appliances are placed in the patient's mouth. The member must be eligible for services on the date of banding. Once the member turns 19, he/she is no longer eligible for the remaining months of treatment.

Upon banding, payment for Medically Necessary Orthodontic cases will be evenly spread over the expected length of the treatment as long as the child remains eligible for coverage. Benefits will be paid automatically, in quarterly installments, as long as the member remains eligible for coverage, and is in active treatment.

Continuation of Care

The following information is required for orthodontic cases already in progress (i.e. member had coverage with a different carrier, or had no coverage at all and now becomes eligible with Delta Dental.)

- ADA claim form with the appropriate CDT procedure code, total case fee and months of treatment remaining
- Completed Orthodontic HLD form – include patient name and dentist signature (if case was approved by a different carrier, include the original HLD form)
- Treatment plan or narrative describing the patient's condition
- Panoramic radiographic image - include patient name, age and the date the image was taken
- Cephalometric radiographic image – include patient name, age and the date the image was taken
- Photographic prints to include anterior, lateral and occlusal intra oral views – include patient name, age and the dates the images were taken
- Lateral views must expose the buccal dentition; soft tissue retractors must be used
- Occlusal views must be taken with a mirror so as to include as many teeth as possible being careful to retract the soft tissue of the lower lip
- Extra oral (facial) photographs – include anterior view, profile, ¾ view and anterior smiling

✓ All documents must be received to determine if the case qualifies for medically necessary benefits.
✓ Radiographs and photographs must be of diagnostic quality.
✓ Minimum HLD score to be considered for approval is 28.
✓ Diagnostic study models are not required but may be requested if the dentist's recorded score is not supported by the submitted documentation.

A benefit approval from a previous carrier does not apply to Delta Dental. In order to qualify for medically necessary orthodontic treatment – the case must meet Delta Dental's guidelines.

If the MNO case has been approved by Delta Dental and mid treatment the patient changes dentists, the approval will be honored.