Orthodontic Services Guidelines

Effective 7/1/2012, the Utah Children’s Health Insurance Program’s orthodontic benefits are limited to medically necessary services.

A **medically necessary orthodontic service** is treatment for malocclusion of such severity that the enrollee is:
- unable to masticate, digest or benefit from diet,
- the malocclusion interferes with normal functions of eating or speaking;
- the malocclusion poses probability of injury during normal activities.

**Benefit Guidelines**

Orthodontic procedures are benefits for medically necessary orthodontic services, cleft palate and facial growth management cases for covered persons and must be prior authorized. Benefits are limited to:
- Cleft palate deformity. If the cleft palate is not visible on the diagnostic casts written documentation from a credentialed specialist shall be submitted, on their professional letterhead, with the prior authorization request.
- Craniofacial anomaly. Written documentation from a credentialed specialist shall be submitted, on their professional letterhead, with the prior authorization request.
- A deep impinging overbite in which the lower incisors are destroying the soft tissue of the palate.
- A crossbite of individual anterior teeth causing destruction of soft tissue.
- An overjet greater than 9 mm or reverse overjet greater than 3.5 mm.
- A severe traumatic deviation (such as loss of a premaxilla segment by burns, accident or osteomyelitis or other gross pathology). Written documentation of the trauma or pathology shall be submitted with the prior authorization request.
- Any condition, documented by diagnostic casts, that verify a minimum score of 30 points on the “Handicapping Malocclusion Assessment Record” by JA Salzmann.

**Prior Authorization Guidelines**

- All orthodontic services must be prior authorized. Prior authorization requests must include:
  - diagnostic casts,
  - photographs,
  - completed Handicapping Malocclusion Assessment Record by JA Salzmann (form can be obtained online at [www.premierlife.com/providers](http://www.premierlife.com/providers), under the Forms and Materials menu), and/or
  - any required written documentation from a credentialed specialist, on their professional letterhead (as related to the diagnoses listed in the Benefit Guidelines section above);
- Orthodontic procedures shall be performed by licensed dentists who qualify to provide orthodontic services within the scope of applicable certification and/or licensure in the State of Utah who are contracted with Premier Access to provide services to eligible CHIP enrollees;
- Only cases with permanent dentition will be considered for medically necessary malocclusion, unless the patient is age 13 or older with primary teeth remaining. Cleft palate and craniofacial anomaly cases are a benefit for primary, mixed and permanent dentition. Craniofacial anomalies are treated using facial growth management.
- All necessary procedures that may affect orthodontic treatment shall be completed before orthodontic treatment is considered.

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• If a patient transfers from one orthodontist to another orthodontist, a new request for prior authorization must be submitted.
  o When the treatment has already been approved, the balance of the originally authorized treatment shall be authorized to the new orthodontist. Diagnostic casts, Index scoring, and/or photographs are not required to be submitted again, if already approved.
  o When the treatment has been initiated without approval, pretreatment diagnostic casts and current photographs are required. If pre-treatment diagnostic casts are not available, then current diagnostic casts shall be submitted. Prior authorization for the balance of the treatment shall be allowed or denied based on the Plan’s evaluation of the diagnostic casts and photographs.

• When additional periodic orthodontic treatment visits are required beyond the maximum allowed to complete the case within the prior authorization, additional prior authorization is required. Current photographs are required to document the medical necessity.

• If the patient’s orthodontic bands have to be temporarily removed and then replaced due to a medically necessary medical condition or treatment plan, a claim for comprehensive orthodontic treatment for rebanding shall be submitted along with a letter from the treating medical physician or radiologist, on their professional letterhead, stating the reason why the bands needed to be temporarily removed.

**Coverage Limitations**

• Covered enrollees are limited to one orthodontic treatment per lifetime with a maximum benefit of $1,000. The lifetime maximum applies to all benefits received through the CHIP program, through any plan and without regard to gaps in coverage. The cost of orthodontic treatment above the $1,000 lifetime maximum benefit is the patient’s responsibility.

• The Plan will pay a portion of the initial banding costs and ongoing maintenance costs, up to the lifetime maximum. For enrollees on Plan A or Plan B, the Plan will pay 95% of the upfront costs (initial banding) and 95% of the ongoing treatment costs (monthly, quarterly, etc.) until the lifetime maximum is reached. For enrollees on Plan C, the Plan will pay 50% of the upfront costs (initial banding) and 50% of ongoing treatment costs (monthly, quarterly, etc.) until the lifetime maximum is reached.

• Benefits for ongoing treatment are payable over the shorter of the treatment length or 24 months.

• If the patient’s orthodontic treatment extends beyond the month of the 19th birthday or they become ineligible during treatment, then it is the patient’s responsibility to pay for their continued treatment. The balance due to the patient will be limited to the fee contracted with Premier Access.

• If the patient’s orthodontic treatment is interrupted and orthodontic bands are prematurely removed, then the patient no longer qualifies for continued orthodontic treatment.

• Benefits end immediately if treatment stops, or if the enrollee’s CHIP coverage is terminated.

• Orthodontic treatment must be provided by a network (contracted) provider.

• Treatment is deemed to start on the day the band of appliances are inserted or on the day that a one-step orthodontic procedure is performed.

• Orthodontic benefits include: cephalometric x-ray (limited to once in any 2 year period), orthodontic treatment, diagnostic casts (study models – limited to 1 per person), and usual retention, including retainers.

• X-rays or extractions are not subject to the orthodontic Lifetime Maximum.

• Surgical procedures are not subject to the orthodontic Lifetime Maximum.

• Orthodontic benefits do not include repair or replacement of any orthodontic appliance provided under CHIP.

• Orthodontic benefits do not include: any services which are not medically necessary, any treatment for cosmetic purposes, or any treatment for temporomandibular joint disorder treatment.