

FFS Decision tree – Requests for Orthodontia

<p>GUIDELINE NOTE 169, ORTHODONTICS FOR CRANIOFACIAL ANOMALIES AND HANDICAPPING MALOCCLUSION</p> <p><i>Line 256</i></p> <p>Orthodontic treatment is included on this line for persons under the age of 21 with</p> <ol style="list-style-type: none"> 1) Cleft lip and palate, cleft palate or cleft lip with alveolar process involvement, OR 2) Other craniofacial anomalies resulting in significant malocclusion expected to result in difficulty with mastication, speech, or other oral function, OR 3) Severe malocclusions with a Handicapping Labiolingual Deviation Index California Modification score of 26 or higher; AND 4) Free and clear of active decay and periodontal disease, verified by a dental exam in past 6 months <p>Advanced dental imaging is included on this line only when required for surgical planning for repair of craniofacial anomalies</p>		
<p>The pre-authorization reviewer shall be a licensed dentist with orthodontic care experience. Reviewer may oversee allied health professional such as licensed dental hygienist to assist with reviews. Hygienist may make straight-forward approvals. More complicated cases and all denials must be reviewed by the dentist. All appeals and secondary reviews must be reviewed by a dentist.</p>		
A	<p>Has the provider supplied the following?</p> <ul style="list-style-type: none"> • ICD-10 Diagnosis codes • Results and date of periodontal and dental exam to document that the patient is free and clear of decay and periodontal disease • Completed Handicapping Labiolingual Deviation Index California Modification (HLD) scoring form. (HLD and all items bulleted in this section below are not required for patients with a diagnosis of cleft lip and palate, cleft palate, or cleft lip with alveolar process involvement.) • Digital Photographs of articulated study models or orthodontic CAD/CAM or an electronic equivalent including all views (lateral, anterior, and posterior). 	<p>Yes → Proceed to step B. No → Request the needed information.</p>
B	<p>Are any of the following necessary for decision making in this case? These documents are generally not required, however may be requested when necessary for deciding specific cases. Reviewer should only request the minimal documentation needed for the decision making.</p> <ul style="list-style-type: none"> • Orthodontic Treatment Plan. Treating provider must be an orthodontist. 	<p>Yes → Request the needed information. No → Proceed to C.</p>

	<ul style="list-style-type: none"> • Narrative describing nature of the severe physically handicapping malocclusion • Panoramic and/or mounted full mouth radiographic images • Cephalometric x-ray with teeth in centric occlusion and cephalometric tracing • Facial photographs of frontal and profile views • Intra-oral photographs depicting right and left occlusal relationships and an anterior view • Maxillary and mandibular occlusal photographs • Surgical treatment plan and a letter of medical necessity when surgery is planned 	
C	Is the recipient a child less than 21 years old?	Yes → Proceed to step E. No → Proceed to step D.
D	Does the request meet the criteria for coverage under the co-morbidity rule 410-141-3820 (10)?	Yes → Stop. Approve the service as per co-morbidity rule 410-141-3820 (10). No → Stop. Deny the service. Orthodontia is not covered as per GN 169.
E	Does the request meet the criteria for GN 169 to be free and clear of active decay and periodontal disease, verified by a dental exam in past 6 months?	Yes → Proceed to step F. No → Stop. Orthodontia is not covered as per GN 169 and is not dentally appropriate for this patient.
F	Does the request meet the criteria for GN 169 for diagnosis of cleft lip and palate, cleft palate, or cleft lip with alveolar process involvement?	Yes → Stop. Approve the service as per GN 169. No → Proceed to step G.
G	Does the request meet the criteria for GN 169 based on an HLD score of 26 or higher?	Yes → Stop. Approve the service as per GN 169. No → Proceed to step H.
H	Does the request meet the criteria for GN 169 based on the presence of other craniofacial anomalies resulting in significant malocclusion expected to result in difficulty with mastication, speech, or other oral function, as evidenced by the automatic qualifying conditions on HLD form?	Yes → Stop. Approve the service as per GN 169. No → Proceed to step I.
I	Does the case meet medically necessary and medically or dentally appropriate standards in OAR 410-120-0000 (77), (146), and (147)? Authorization of services is based on medical necessity for patients under age 21. If a patient does not qualify based on A through H above, the patient may still be eligible for these services based on	Yes → Stop. Approve the service as per medically necessary and medically or dentally appropriate standards in OAR 410-120-0000 (77), (146), and (147).

<p>early and periodic screening, diagnostic and treatment (EPSDT) criteria necessary to correct or ameliorate the patient's condition. The above criteria generally meet Oregon's standards for medically necessary and medically or dentally appropriate; however, cases that cause pain or suffering, physical deformity, significant malfunction, aggravates a condition, or results in further injury or infirmity, should be considered for possible approval under EPSDT. Under EPSDT, coverage cannot be denied without an individual case-by-case review to ensure the service is not medically necessary and medically or dentally appropriate.</p>	<p>No → Stop. Deny the service because it does not meet medical necessity and dentally or medically appropriate standards in OAR 410-120-000 (77), (146), and (147).</p>
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