

Exhibit N – Orthodontic Criteria

Coverage of comprehensive orthodontic service is limited to treatment of existing or developing malocclusion, misalignment, or malposition of teeth that has, or may have, an adverse medical or psychological impact on the patient.

Orthodontic service is medically necessary when its purpose is to restore or establish structure or function, to ameliorate or prevent disease or physical or psychosocial injury, or to promote oral health. Medical necessity is determined using the Ohio Orthodontic Criteria for Medical Necessity. The demonstration of the presence of one of the following conditions qualifies for comprehensive orthodontic treatment.

- A. Deep impinging overbite that shows palatal impingement of the majority of lower incisors
- B. True anterior open bite (skeletal) involving 3 or more fully erupted teeth – viewed from a frontal view.
- C. Demonstrates a large anterior-posterior discrepancy. Class II or III malocclusions that are virtually a full tooth (greater than full step) Class II or Class III.
- D. Anterior crossbite of 3 or more teeth in the same arch (Maxillary)
- E. Posterior transverse discrepancies. (Involves 3 or more maxillary posterior teeth in crossbite, one of which must be a molar)
- F. Significant posterior open bites. (Not involving partially erupted teeth or one or two teeth slightly out of occlusion).
- G. Impacted anteriors that will not erupt into the arches without orthodontic or surgical intervention. (Does not include cases where canines are going to erupt ectopically).
- H. Documented Psychological, Speech, or Eating disorders that would be ameliorated by orthodontia. Documented from professionals within their scope of practice.

Purely cosmetic orthodontic service is not covered.

DentaQuest shall deny any orthodontic prior authorization requests when the submitted documentation demonstrates potential compromised outcomes as evidenced by active carious lesions, acute gingivitis, acute periodontitis, poor oral hygiene, or other unresolved dental factors that could result in poor orthodontic case success. Compliance with oral hygiene, dental treatment plans, and appointment attendance are paramount to achieving a favorable outcome.

- A. All orthodontic services require prior authorization by one of DentaQuest's Dental Consultants. Orthodontic services are only considered for those recipients with permanent dentitions. The recipient presents with a fully erupted set of permanent teeth. At least $\frac{1}{2}$ to $\frac{3}{4}$ of the clinical crown is exposed unless the tooth is impacted or congenitally missing. (Cleft palate cases and unusual oral-facial anomalies may receive special consideration for treatment during the transitional dentition).

- B. Treatment does not begin prior to receiving notification from DentaQuest indicating coverage or non-coverage for the proposed treatment plan. Dentists who begin treatment before receiving their approved (or denied) prior authorization are financially obligated to complete treatment at no charge to the patient, or face termination of their Provider Agreement.

Required Documentation

- A. Lateral and frontal photographs of the patient with lips together.
- B. Cephalometric film with lips together, including a tracing.
- C. A complete series of intraoral images.
- D. At least one diagnostic model.
- E. A treatment plan, including the projected length and cost of treatment.
A completed evaluation and referral form, the ODM 03630

Additional Information

- 1. Services that fail to meet clinical criteria due to prior treatment will require medical necessity review

Reference:

OAC 5160-5-01 Dental Services (Appendix A to rule 5160-5-01 Orthodontic Services)

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