

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.

I. Orthodontic service is considered to be 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 Form. 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. Anterior openbite (skeletal) involving 3 or more fully erupted teeth – viewed from a frontal view.
- C. Demonstrates an anterior-posterior discrepancy. Class II or III malocclusions that are 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 permanent molar).
- F. Posterior openbites. (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.

II. 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. Documented cleft palate cases (and other co-specified conditions) are automatically approved.
- 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.

C. III. Required Documentation

1. Lateral and frontal photographs of the patient with lips together.
2. Cephalometric film with lips together, including a tracing (required measures per AAO standards).
3. A complete series of intraoral images.
4. At least one diagnostic model.
5. Treatment plan, including the projected length and cost of treatment.
6. A completed evaluation and referral form, the ODM 03630.

Reference:

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

The documented presence of a single condition below qualifies for approval. The presence of the auto-qualifying condition is verified by Dental Consultant review based on submitted documentation.

Models _____
 Ortho CAD _____
 Lateral Ceph _____
 X-Rays _____
 Photos _____
 Narrative _____

OHIO ORTHODONTIC CRITERIA FOR MEDICAL NECESSITY

Patient Name: _____ DOB: _____
 HealthPlan: _____ Doctor Name: _____

<u>CRITERIA</u>	<u>YES</u>	<u>NO</u>
Deep impinging overbite that shows palatal impingement of the majority of lower incisors.		
True anterior openbite (skeletal) involving 3 or more fully erupted teeth - viewed from a frontal view.		
Demonstrates a large anterior –posterior discrepancy. Class II and Class III malocclusions that are virtually a full tooth (greater than full step) Class II or Class III.		
Anterior crossbite of 3 or more teeth in the same arch		
Posterior transverse discrepancies. (Involves 3 or more maxillary posterior teeth in crossbite, one of which must be a molar).		
Significant posterior openbites. (Not involving partially erupted teeth or one or two teeth slightly out of occlusion).		
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).		
Congenital, Developmental, or Traumatic Deformity with significant accompanying dental deformity.		
Documented Psychological, Speech, or Eating Disorders that would be ameliorated by orthodontia. Documented from professionals within their scope of practice.		

ODM 03630