

Medical Necessity and Orthodontics

Children, especially middle and high school age patients, often require orthodontic treatment. One important concern for a patient/parent electing to receive orthodontic treatment is whether or not the treatment will be a benefit covered by insurance.

The Affordable Care Act (ACA) now requires that children under the age of 19 be offered dental coverage. One could assume that all orthodontic treatment will automatically be covered. However, this is not always true. For orthodontic treatment to be covered, it often must be considered medically necessary.

In order for orthodontics to be considered medically necessary, the case should include the treatment of craniofacial abnormalities, malocclusions caused by trauma, or craniofacial disharmonies. Also, treatment may be covered when provided in conjunction with other medical issue(s), such as a syndrome, trauma, etc. For example, a severe handicapping malocclusion which impairs a patient's physical or emotional health may require medically necessary orthodontic treatment.

Confusion about medical necessity is common. Many patients are not clear about the coverage that they have and when it will cover treatment. Also, dentists often face difficulty when filing claims in the new ACA environment. In addition, there seems to be confusion among payers regarding the meaning of medical necessity in relation to orthodontic treatment and what treatments are actually covered.

The American Association of Orthodontists (AAO) most recently promoted a list of auto-qualifiers, conditions such as: overjet and reverse overjet of a given measurement, a posterior crossbite with no functional occlusal contact, defects of cleft lip or palate, congenitally missing teeth, etc., any one of which constitutes medical necessity. More information on AAO's move away from index systems can be accessed at <https://www.aaoinfo.org/news/2016/05/aao-leads-effort-standardize-medically-necessary-orthodontic-care-criteria>. In addition, the AAPD Pediatric Oral Health Research and Policy Center (POHRPC) is in the process of developing a global Policy Brief on Medical Necessity

Once it is determined that the treatment could qualify for coverage, it is vital that the proper documentation is submitted to the payer in order to gain reimbursement. First, the doctor should perform a comprehensive orthodontic assessment based on the payer's requirements. Radiographs and photographs (such as cephalometric images, panoramic radiographs, and intraoral and extraoral radiographs) should be taken to support the need for treatment. These images should be submitted along with the assessment to help the payer reach the same conclusion about medical necessity.

Remember, medical necessity and orthodontic treatment do not go hand in hand. About 85 percent of orthodontic treatment is considered to be esthetic in nature, and not medically necessary. When submitting claims for medically necessary cases, be sure to enclose all of the documentation needed to support the necessity of the treatment.

For more information, contact Dental Benefits Director Mary Essling at (312) 337-2169 or messling@aapd.org.



Members of the AAPD Pediatric Dental Medicaid and CHIP Advisory Committee and other AAPD leaders convened in Washington DC in early June for the Medicaid, Medicare, CHIP State Dental Association's (MSDA) sixth annual National Medicaid, Medicare and CHIP Oral Health Symposium "Bringing It All Together". The two day symposium is designed to bring together leaders in relevant topics that are critical to advancing Medicaid, Medicare, and CHIP Oral Health program administration. Sessions included national experts on data, access, quality improvement, contracting and program integrity. AAPD member Dr. Sid Whitman presented an excellent presentation on improving program integrity.