

## LCCS POLICY 951

### Orthodontia

<b>Original Issue Date:</b>	8/20/1987
<b>Revision Dates:</b>	3/1/1991, 3/30/1994, 2/1/1999 , 8/17/07, 12/1/2009, 9/22/2020
<b>Revision Number:</b>	6
<b>Current Effective Date:</b>	9/22/2020
<b>Obsolete/Combined Date:</b>	
<b>Reason for Obsoleting/Combining:</b>	
<b>See new Policy #:</b>	

<b>Scope:</b>	This policy applies to LCCS Workers of Record and LCCS Health Services Nurses
<b>Responsibility:</b>	LCCS Services Division Managers, Accounts Payable Clerk
<b>Purpose:</b>	To ensure that orthodontia is provided when medically necessary for the physical/emotional well-being of a child.
<b>Legal Cite:</b>	O.R.C. §§ 5103.03, 5153.16, O.A.C. 5101:2-42-66, 5101:2-42-66.1 5101:2-42-66.2.

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### **POLICY STATEMENT**

Whenever orthodontia is recommended for a child in the custody of LCCS, two written professional opinions must be obtained, which include justification of medical necessity, optional procedures and an estimate of cost. A Referral Evaluation Criteria for Comprehensive Orthodontic Treatment Form (ODJFS 03630) will be submitted to Managed Care Plan/ Ohio Medicaid for Prior-Authorization by the dental provider.

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### **DEFINITIONS**

**Orthodontics:** A corrective procedure involving the teeth that treats functionally handicapping conditions.

**Functionally Handicapping Condition:** A condition that substantially limits or interferes with the performance of one or more major daily life activities (e.g., eating, speech/communication, teeth grinding, pain & suffering).

### **PROCEDURE**

All orthodontic treatment must be approved prior-authorized by the child's MCP/Medicaid and LCCS prior to the initiation of any services.

Only the most severe handicapping orthodontic conditions are eligible for orthodontic services. Recommendations for orthodontic treatment must be based on a documented medical necessity needing correction or amelioration. That is, the orthodontic treatment will correct, improve or compensate for a health problem, prevent it from worsening, or prevent the development of additional health problems.

To be eligible for consideration for agency approved/authorized orthodontic treatment, a child must have a functionally handicapping condition that meets, at least, the following diagnostic criteria (DentaQuest Ohio Orthodontic Criteria for Medical Necessity):

Deep impinging overbite that shows palatal impingement of the majority of lower incisors.

True anterior open bite. (Not including one or two teeth slightly out of occlusion or where the incisors have not fully erupted).

Demonstrates a large anterior –posterior discrepancy. (Class II and Class III malocclusions that are virtually a full tooth Class II or Class III).

Anterior crossbite. (Involves more than two teeth in crossbite).

Posterior transverse discrepancies. (Involves several posterior teeth in crossbite, not a single tooth in crossbite).

Significant posterior open bites. (Not involving partially erupted teeth or one or two teeth slightly out of occlusion).

Impacted canines that will not erupt into the arches without orthodontic or surgical intervention. (Does not include cases where canines are going to erupt ectopically).

In conjunction with the diagnostic criteria cited above that are to be addressed in any orthodontic professional opinion, a completed "*Referral Evaluation Criteria for Comprehensive Orthodontic Treatment*" form, JFS 03630 (Rev. 1/2016) is to be completed and attached. A minimum of five (5) criteria overall, with two (2) from the Dentofacial Abnormality category, must be met and explained for a child to be eligible for consideration by Ohio Medicaid. The criteria from JFS 03630 are:

#### **Dentofacial Abnormality**

- Marked protruding upper jaw and teeth
- Underdeveloped lower jaw and teeth, receding chin
- Excessively spaced front teeth
- Protrusion of upper or lower teeth such that lips cannot be brought together without strain
- Marked protruding lower jaw and teeth
- Marked crookedness, crowding, irregularity, or overlapping of teeth

- Marked asymmetry of lower face or transverse deficiencies
- Clefts of lip or face
- Abnormalities of dental development
- Condition that increases likelihood of injury to teeth
- Condition that complicates or exacerbates TMJ dysfunction or another medical problem
- Other (explain)

**Tissue Damage Related to Maloccluded Misaligned or Malposed Teeth**

- Marked recession of gums
- Loosened permanent teeth
- Other (explain)

**Mastication Related to Maloccluded, Misaligned, or Malposed Teeth**

- Extreme grimacing or excessive motions of the oral-facial muscles when ~~during~~ swallowing or difficulty in swallowing
- Socially unacceptable behavior caused by necessary compensation for anatomic facial deviations
- Pain when eating
- Other (explain)

**Respiration or Speech Problem Related to Maloccluded, Misaligned, or Malposed Teeth**

- Postural abnormalities with associated breathing difficulties
- Malocclusion of jaws related to chronic mouth-breathing
- Lipping, articulation errors, or other speech impairment
- History or recommendation for speech therapy
- Other

**Adverse Psychosocial Impact Related to Maloccluded, Misaligned, or Malposed Teeth**

- Supporting statements must be provided by professionals, care giver and school concerning the adverse impact on the self-image, social interaction, or other psychological or social aspect of life.

**NOTE:** Meeting the criteria cited above results in a child being eligible for agency consideration for approval/authorization for orthodontic services and does not suggest or imply guaranteed approval/authorization. Medicaid approval is a prerequisite to approval of services.

**The Caregiver**

- Shall notify the child's nurse and caseworker of record of the recommendation for Orthodontia treatment.
- After approval is given, schedule the 2<sup>nd</sup> opinion examination with dental provider identified by the Managed Care Plan.

- Schedule appointments for the treatment to begin and ensure that the child fully participates with the treatment plan. The caregiver must accept ownership of the treatment plan and commit to taking the child to all recommended appointments.

#### Primary Nurse/Health Services Supervisor

- The primary nurse will obtain and review the written opinion recommending orthodontia treatment and share this information with Casework Staff and Supervisors. Additional diagnostic information from other health professionals may also be included, if relevant.
- The primary nurse will review with his/her supervisor the documentation to determine whether the child's condition is functionally handicapping by using the medical necessity criteria. If unable to make a recommendation the child should be referred for a second opinion.
- If the medical necessity criteria are **not met** the Health Services Supervisor will share the information and rationale with the caregiver, casework staff, Director of Services and Director of Support Services.
- The primary nurse will document the specifics of the denial in a SACWIS activity log and place a copy in the child's medical chart.
- After being determined that the child **has met** the medical necessity criteria, the Health Care Supervisor will arrange for a meeting with casework staff/supervisors, foster parents and other involved parties to determine if the child is a good candidate for treatment.
- Once determined that the child is a good candidate, the primary nurse will pursue a second opinion, by working with the Health Facilitator and MCP to identify a dental provider.
- The primary nurse will notify the worker-of-record, appropriate placement worker and the caregiver with whom the 2<sup>nd</sup> opinion should be completed.
- The orthodontist rendering the 2<sup>nd</sup> opinion is to submit his/her opinion/recommendation and completed ODJFS 03630 to the child's primary nurse, along with a price quote/estimate for all the recommended services
- Upon receipt of the second opinion/recommendation and all supporting documentation addressing medical necessity and cost estimate, the primary nurse will disseminate the information to casework staff, appropriate supervisors and Directors.

Determinations regarding if to authorize/approve orthodontic treatment will be made on a case-by-case basis. In reaching a decision, the functional need will be assessed, as well as other factors, such as:

- The child's attitude and ability to meet/keep appointments. This is very important! The child must accept ownership of orthodontia, be willing to keep his/her mouth (oral cavity) extremely clean, discontinue eating candy and chewing gum and be willing to keep appointments and attend them on time.
- The child's ability to follow instructions and cooperate through a lengthy treatment period.

- The child's ability to maintain an acceptable level of oral hygiene vital to the success of treatment.
- The child's projected length of stay in substitute care and LCCS custody.

If further processing is approved, the dental provider will submit the required documentation to the MCP/Ohio Medicaid for prior authorization.

If no eligible provider can be identified or is denied by the MCP/Ohio Medicaid, the primary nurse will request the worker-of-record to submit a "*Request for Funds*" (RFF) with the price quote attached, to the Health Care Facilitator, who will then submit all the paperwork to the account clerk for processing. The account clerk will finalize the payment and payment schedule between the orthodontist and LCCS, maintain the account, and process payments.

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## **CASE PRACTICE GUIDES**

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## **RELATED POLICIES and FORMS**

LCCS Form #4695 ("Request for Funds")

JFS 03630 (Rev. 1/2016) ("Referral Evaluation Criteria for Comprehensive Orthodontic Treatment")