



Medical Mutual of Ohio

Policy for Medical Necessary Orthodontic Treatment (MNOT)

DEFINITION

Medically necessary orthodontic treatment (MNOT) shall be defined in this policy as orthodontic treatment that is provided by an orthodontist (and is within the usual scope of orthodontic treatment) to alleviate significant functional impairment (or impending significant functional impairment) of the teeth, jaws and/or related anatomy, or to alleviate significant pain/and or suffering of an individual that is directly related to their malocclusion. Conditions that constitute significant functional impairment, pain and/or suffering that are applicable to this definition of MNOT are described within this policy document.

Note:

- This definition is subject to change in the future
- Orthodontic treatment which is rendered primarily for esthetic improvement is not considered to be MNOT.
- MNOT must be prescribed within generally accepted standards of orthodontic practice (evidence-based when possible)
- Definitions of MNOT offered by other organizations, agencies and/or other parties are not applicable to this policy.
- This policy designates some specific conditions as excluded qualifiers for MNOT

AUTOMATIC QUALIFIERS for MNOT

The following list of conditions ("Automatic Qualifiers") typically exemplify the definition of MNOT. If an Automatic Qualifier is identified by a provider and can be verified by diagnostic records, the case will likely be approved for MNOT.

- Anterior and/or posterior crossbite of three or more teeth per arch
- Anterior and/or posterior crossbite with traumatic occlusion and/or severe functional shift
- Negative overjet of 3.5 mm or more
- Overjet of 9 mm or more
- Crowding or spacing of 10 mm or more, in either arch (excluding third molars)

- Impinging overbite with evidence of occlusal contact into the opposing soft tissue and with evidence of chronic inflammation of the soft tissue
- Overbite greater than 75% IN COMBINATION WITH an overjet and/or interincisal angle that creates significantly excessive contact between maxillary and mandibular incisors on unfavorable surfaces such that significant and accelerated attrition of enamel of incisors can be reasonably expected
- Traumatic occlusion causing (or posing significant risk of) damage to associated hard and/or soft tissue
- Impactions where eruption of the impacted tooth is impeded but extraction is not indicated (excluding third molars) and where the impacted tooth will not likely erupt into a functional position without orthodontic intervention
- Ectopic eruption of a tooth or teeth that may lead to loss of tooth/teeth or severe damage to tooth/teeth
- Posterior or anterior open bite: 2 mm or more involving four or more teeth per arch
- Congenitally missing teeth (excluding third molars) of at least one tooth per quadrant which significantly compromises the occlusion (deciduous second molars that are treatment planned for long-term retention may not be used as automatic qualifiers for MNOT)
- Dental crowding that is highly likely to make caries prevention impossible
- Congenital or developmental disorder of the jaws and/or dentition causing significant functional impairment (craniofacial anomalies). Craniofacial anomalies may include but are not limited to: Hemifacial Microsomia, Craniosynostosis, Cleidocranial Dysplasia, Marfan Syndrome, Pierre Robin Syndrome, Cleft Palate, Cleft Lip with deformity of the alveolar process, Treacher Collins Syndrome, Gigantism and other pituitary diseases. The specific anomaly must be identified by the provider and definitively diagnosed.
- Certain malocclusions secondary to traumatic injury

SPECIAL CASES for MNOT

If a provider identifies a case that meets the definition for MNOT but does not meet the criteria for any of the listed Automatic Qualifiers, the provider can assign “special case” status to that patient. Special cases will require a written narrative that identifies and describes a condition which causes significant functional impairment, pain and/or suffering (see requirements below) in order for the case to be considered for approval for MNOT. The condition must be definitively diagnosed and include records that demonstrate direct correlation with one or more of the following criteria:

- Chronic unmanageable pain
- Loss of function to the extent that significantly impacts quality of life
- If not treated will likely:

- Result in significantly premature loss or severe damage of an essential tooth or teeth
- Result in severe debilitation of the dentition, periodontium, or temporomandibular joint*

*Specific exclusions for temporomandibular joint conditions are listed in this policy within the section labeled “Excluded Conditions.”

NOTE: In cases when sleep apnea or airway obstruction is listed by the provider as a qualifying condition, Medical Mutual of Ohio will be guided by the content of the following publication: Obstructive sleep apnea and orthodontics: An American Association of Orthodontics White Paper (AJODO, Vol. 156 Issue 1, July 2019, pages 13-28) when determining whether or not the case will be approved for MNOT.

MULTIPLE PHASE TREATMENTS

If an initial or first phase of orthodontic treatment (typically planned in patients presenting with a mixed dentition) is approved for MNOT, that approval is not applicable to a second phase of orthodontic treatment. When a patient who has completed a first phase of MNOT is in need of a second phase of MNOT, the case will need to be submitted for approval a second time.

The following scenario is offered for guidance:

When palatal expansion is rendered as a “Phase I” treatment and the expansion results in elimination of all aspects of the patient’s condition(s) that qualify them for MNOT, a “Phase II” treatment would not be approved for MNOT.

ALTERNATIVE TREATMENTS

If appropriate alternative therapy to orthodontic treatment exists that will eliminate the significant functional impairment and/or resolve one of the qualifying conditions described above then approval for MNOT may be denied. For example, a patient may present with severe attrition of mandibular incisors secondary to nocturnal bruxing. If an occlusal guard (removable bruxing appliance) can be prescribed for prevention of further attrition, then orthodontic treatment would not be considered as medically necessary.

RETAINERS

If retainer appliances are billed separately from other treatment costs, reimbursement will be limited to one retainer per arch in a lifetime.

Post-treatment monitoring (retention phase), if billed separately, is limited to two years or less. If special conditions warrant a longer period, the provider must submit a narrative explaining these special conditions for prior approval.

EXCLUDED CONDITIONS

For the purposes of this policy, the following conditions DO NOT qualify a patient for MNOT:

- Generalized interdental spacing and/or diastemas in one or both arches
- Minor to moderate dental crowding
- Dental crowding which makes caries prevention more difficult, but not impossible
- Severe dental crowding with adequate eruption of all teeth (excluding third molars)
- Temporomandibular joint (TMJ) dysfunction with no definitive correlation between the patient's occlusion and the dysfunction
- Temporomandibular joint (TMJ) dysfunction with no associated traumatic injury in which symptoms have been present for less than six months
- Temporomandibular joint clicking, popping or crepitus with no other symptoms
- Minor to moderate Class II or Class III malocclusion
- Fully impacted tooth/teeth that can be extracted without any detrimental impact on the occlusion, thus eliminating the need for orthodontic intervention
- A patient presenting for "Phase II" treatment that has completed a "Phase I" MNOT that resulted in elimination of all conditions which qualify for MNOT.

PROCESS FOR SUBMITTING A CASE FOR APPROVAL

Complete one of the following forms provided by Medical Mutual of Ohio:

- Medically Necessary Orthodontic Treatment Case Submission Form for cases with automatic qualifiers
- Medically Necessary Orthodontic Treatment Case Submission Form for special cases

NOTE: If qualifying forms or malocclusion scoring methods used by organizations other than Medical Mutual of Ohio are submitted, they will be disregarded.

1. Include all required diagnostic records.

The following unaltered records of sufficient diagnostic quality are required. The date of record production must be sufficiently recent so as to permit accurate diagnosis of the patient's condition at the time when the case submission is made.

- **Panoramic radiograph** or similar static CBCT image
 - Must include the date of image production
- **Cephalogram** or similar static CBCT image
 - Must include the date of production
 - Cephalogram can be omitted if not relevant to the qualifying condition
- **Digital Photographic Series** of eight images as described below. The date of image production must be included. Photographs must be of sufficient resolution and quality to verify the patient's qualifying condition. Additional photographs may be submitted if they are relevant to the case.
 - Full Facial Image, Repose
 - Full Facial Image, Smiling
 - Lateral Facial Image, Repose
 - Centric Occlusion
 - Right Lateral Occlusion
 - Left Lateral Occlusion
 - Maxillary Occlusal View
 - Mandibular Occlusal View
- **Optional:** static images of three-dimensional models are encouraged, especially when helpful in demonstrating a qualifying condition

NOTE: Medical Mutual reserves the right to request additional records, including documents, when necessary to confirm a provider's diagnosis or report of signs/symptoms.

Medically Necessary Orthodontic Treatment (MNOT) Case Submission
Form *For Cases with Automatic Qualifiers*
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Patient Name:

Patient DOB:

Production date of panoramic radiograph:

Production date of cephalogram:

Production date of photograph:

Production date of other records:

Medically Necessary Orthodontic Treatment (MNOT) Case Submission Form

For Cases with Automatic Qualifiers

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Select a condition that qualifies this patient for MNOT:

- Anterior and/or posterior crossbite of three or more teeth per arch
- Anterior and/or posterior crossbite with traumatic occlusion and/or severe functional shift
- Negative overjet of 3.5 mm or more
- Overjet of 9 mm or more
- Crowding or spacing of 10 mm or more, in either arch (excluding third molars)
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- Ectopic eruption of a tooth or teeth that may lead to loss of tooth/teeth or severe damage to tooth/teeth
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- Certain malocclusions secondary to traumatic injury (describe in narrative section)

Medically Necessary Orthodontic Treatment (MNOT) Case Submission Form

For Cases with Automatic Qualifiers

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Briefly describe your treatment plan to eliminate the qualifying condition (required). Use a separate attachment if necessary.

Narrative (optional)

If there is additional information that would be helpful in validating the qualifying condition, include it here. If the supporting diagnostic records do not display production dates for the images, include those dates here. Use a separate attachment if necessary.

Medically Necessary Orthodontic Treatment (MNOT) Case Submission Form

For Special Cases

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Patient Name:

Patient DOB:

Production date of panoramic radiograph:

Production date of cephalogram:

Production date of photograph:

Production date of other records:

NARRATIVE

In the space below (use separate attachment if necessary), please provide:

1. A diagnosis (required) which includes a qualifying condition for MNOT (refer to the Medical Mutual of Ohio Policy for MNOT, section labeled "Special Cases for MNOT" for guidance.
2. If applicable, explain how the diagnosed condition causes significant functional impairment to the patient.
3. If applicable, explain how the diagnosis was made. For example, in cases of chronic pain, have any other non-orthodontic treatment been attempted to rule out other causes of pain? Is there documentation of efforts to alleviate the pain without success? Is this type of pain recognized to be typically associated with the malocclusion?
4. A brief treatment plan (required) describing how the qualifying condition will be eliminated.

Medically Necessary Orthodontic Treatment (MNOT) Case Submission Form
For Special Cases
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