UR 67: Craniofacial Anomalies Policy and Medical Necessity Criteria

Department: Non-Behavioral Health Section: KPNW Region Subject Matter Expert: Dana Smith, MD (ENT); Kelly Dezura, DMD	Number: UR 67 Effective: 01/2013 Last Reviewed/Approved: 1/23, 1/24, 1/25, 2/26

Medical necessity criteria and policy are applied only after member eligibility and benefit coverage is determined. Questions concerning member eligibility and benefit coverage need to be directed to Membership Services.

CRANIOFACIAL ANOMALIES POLICY and MEDICAL NECESSITY CRITERIA

The purpose of these criteria is to define KFHPNW coverage of limited dental and orthodontic services associated with congenital craniofacial anomalies when medically necessary to restore facial configuration or function.

Oregon House Bill 4128 requires health benefit plans to provide coverage for dental and orthodontic services for the treatment of craniofacial anomalies if the services are medically necessary to restore function.

Note that separate policies/criteria exist for coverage of:
1. Maxillofacial prosthetic services for treatment of maxillofacial anomalies (UR 64),
2. general anesthesia for dental procedures performed in an inpatient or ambulatory operating room (UR 56),
3. surgical interventions for temporo-mandibular disorders (UR 49).

DEFINITIONS

Congenital: present at birth

Craniofacial Anomaly (as defined by Oregon House Bill 4128): a physical disorder identifiable at birth that affects the bony structures of the face or head, including but not limited to: cleft palate, cleft lip, craniosynostosis, craniofacial microsomia and Treacher Collins syndrome. It does not include:

- Temporomandibular joint disorder (TMJ)
- Developmental maxillofacial conditions that result in overbite, crossbite, malocclusion or similar developmental irregularities of the teeth.

CRITERIA: Dental and Orthodontic Services as part of a treatment plan for CRANIOFACIAL ANOMALIES are covered when ALL of the following criteria are met.

NOTE: When the patient has one of the diagnoses listed in criterion 1 (including attachment), a referral to the Craniofacial Clinic (see Special Group Considerations for Added Choice members and members in Lane County) will be authorized for the member's condition to be assessed. The Kaiser Permanente (KP) multi-disciplinary Craniofacial Clinic team will make the clinical decision as to medical necessity and treatment plan that may include dental and orthodontic services necessary to restore facial configuration or function.

1) A congenital anomaly exists affecting the bony structures of the face or head which disrupts facial configuration and/or function and includes at least one of the following (see Attachment for more possible diagnoses):

- Cleft palate and/or cleft lip
- Craniosynostosis
- Craniofacial microsomia
- Mandibulofacial Dysostosis (Treacher Collins Syndrome)

2) The indication for dental and/or orthodontic services is directly related to the craniofacial anomaly. The requested services are not related to treatment of a temporo-mandibular joint disorder or developmental maxillofacial condition resulting in an overbite, crossbite, malocclusion or similar developmental irregularity of the teeth.
3) Dental and/or orthodontic services for the treatment of craniofacial anomalies are medically necessary to restore facial configuration or function.

SPECIAL GROUP CONSIDERATIONS

OR/WA Commercial: Mandate applies to all commercial groups. For HMO members in Lane County, a referral to KP's Craniofacial Clinic in Portland is highly recommended but cannot be required due to the distance required to access services in Portland.

Oregon Medicaid: Mandate Not applicable to OR Medicaid; benefit coverage TBD

Added Choice/POS: A referral to KP's Craniofacial Clinic in Portland is highly recommended but not required. Members may directly access non-KP providers under their Tier 2 and Tier 3 benefits, without prior-authorization, for office visits that do not include a procedure. Most procedures (e.g. advanced imaging and some DME) and levels of care other than office visits require prior-authorization (please refer to members' benefits but examples of exceptions to the above include outpatient labs, xrays, and preventive services).

Medicare: Mandate Not applicable to Medicare.

Washington Medicaid: Mandate Not applicable to WA Medicaid: If services are provided by a dentist or oral surgeon for dental diagnoses they are covered through DSHS FFS. The exception to this would be in the ED (the health plan is responsible for services provided in ED). See the Apple Health Benefit Index for more information:

REFERENCES:

COMMERCIAL Medical EOC EXCLUSIONS: Dental Services. Dental care including dental x-rays; dental services following accidental injury to teeth; dental appliances; dental implants; orthodontia; and dental services necessary for or resulting from medical treatment such as surgery on the jawbone and radiation treatment is limited to: (a) emergency dental services; or (b) extraction of teeth to prepare the jaw for radiation treatment. The EOC also excludes "dental appliances and dentures" under DME section.

Relevant part of **Limited Dental Services Exclusions**
The following dental Services are not covered, except where specifically noted to the contrary in the EOC:

- Extraction of teeth, except as described in the "Covered Dental Services" section.
- Orthodontics, except as described in the "Covered Dental Services" section.

Relevant part of **Covered Dental Services**
We cover dental Services only as described below:

- Dental and orthodontic Services for the treatment of craniofacial anomalies if the Services are Medically Necessary to improve or restore function.

Oregon House Bill 4128: https://legiscan.com/OR/text/HB4128/id/586611

ATTACHMENT: ICD 10 diagnosis codes for skull, facial and jaw anomalies.**:**

Cleft palate, not otherwise specified: Q35.9

- Formerly ICD 9: 749.00 – 749.25

Congenital anomalies/malformations of skull and face bones, not otherwise specified: Q75.0

This code applies to:

- Absence of skull bones
- Acrocephaly
- Congenital deformity of skull or facial bones
- Craniosynostosis
- Crouzon's disease
- Delayed closure of anterior fontanel
- Goldenhar syndrome
- Hypertelorism
- Imperfect fusion of skull
- Mandibulofacial dysostosis
- Oculomandibular dysostosis
- Oxycephaly
- Platybasia
- Premature closure of cranial sutures
- Robin syndrome
- Tower skull
- Treacher Collins syndrome
- Trigonocephaly

Deformities and asymmetry of skull, face, and jaw: (These may or may not be congenital anomalies but will be evaluated further by the Craniofacial Clinic team.)

- Congenital facial asymmetry **Q67.0**
- Congenital compression facies **Q67.1**
- Depressions in skull
- Deviation of nasal septum, congenital
- Dolichocephaly **Q67.2**
- Plagiocephaly **Q67.3**
- Other congenital deformities of skull, face and jaw **Q67.4**
- Potter's facies
- Squashed or bent nose, congenital