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UR 64: Maxillofacial Anomalies Policy & Medical Necessity Criteria

Department: Non-Behavioral Health Section: KPNW Region Applies to: KPNW Region Subject Matter Expert: Dana Smith, MD (ENT); Kelly Dezura, DMD	Number: UR 64 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.

MAXILLOFACIAL ANOMALIES POLICY and MEDICAL NECESSITY CRITERIA

The purpose of these criteria is to define KFHPNW coverage of limited maxillofacial prosthetic services included as part of a medical treatment plan for members with a maxillofacial anomaly when medically necessary to restore function.

ORS 743A.148 and 743.706 require health benefit plans to provide coverage for maxillofacial prosthetic services when necessary for restoration and management of head and facial structures that cannot be replaced with living tissue and are defective because of disease, trauma, or birth and developmental deformities when performed for the purpose of controlling or eliminating infection; controlling or eliminating pain; or restoring facial configuration or function.

Note that separate policies/criteria exist for coverage of:
1. dental and orthodontic services for treatment of craniofacial anomalies (UR 67),
2. general anesthesia for dental procedures performed in an inpatient/ambulatory operating room (UR 56),
3. surgical interventions for temporo-mandibular disorders (UR 49).

DEFINITIONS

Adjunctive treatment (as defined by ORS 743.706): secondary or ancillary prosthetic services provided in conjunction with the primary treatment of a medical condition.

Maxillofacial: related to or involving the bony structures of the upper and lower jaw and the face.

Prosthesis: an artificial replacement or substitute for a body part or function, either internal or external.

CRITERIA: Prosthetic Services for treatment of a MAXILLOFACIAL ANOMALY

NOTE: although dental implants are excluded from medical coverage, prosthetic services (including dental implants) must be covered when **ALL** of the following criteria are met.

1) An anomaly affecting the head and facial structures exists that are defective:
    - Because of disease, trauma, birth or developmental deformity; **AND**
    - Not due to the result of bacterial disease or poor hygiene, i.e. common dental and/or periodontal disease.
2) The requested prosthetic services are a necessary adjunctive treatment for the purpose of **one or more** of the following:

- Controlling or eliminating infection
- Controlling or eliminating pain
- Restoring facial configuration or functions such as speech, swallowing, or chewing, but not including cosmetic procedures rendered to improve the normal range of conditions.
    --a Participating speech pathologist or other appropriate Participating specialist has determined that the **inability to speak or swallow** (or ineffectiveness) is the result of missing teeth; OR
    --an appropriate Participating specialist has determined that the **inability to chew** (or ineffectiveness) is the result of missing teeth.

3) An appropriate Participating specialist agrees that the success and sustainability of the prosthesis is likely and that the prosthesis is expected to improve function (e.g. the bone and/or oral structures can support the prosthesis).

4) The service(s) is not requested in order to alter the alignment of teeth unless necessary for retention of a maxillofacial prosthesis.

5) The requested prosthesis is necessary for restoration and management of head and facial structures that cannot be replaced with living tissue.

6) The requested prosthetic services are the least costly, clinically appropriate treatment as determined by a Participating Provider.

CONTRAINDICATIONS: Bone or tissue cannot sustain a prosthesis

SPECIAL GROUP CONSIDERATIONS

OR/WA Commercial: Applies to all commercial groups

Oregon Medicaid: Criteria apply

Medicare: Criteria apply. See the EOC for coverage of routine dental care, including dentures.

Added Choice/POS: 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).

Washington Medicaid: Criteria apply

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.