

Requests for comprehensive orthodontic treatment must meet one or more of the following criteria:

- The member's dentition is affected by significant cleft palate, craniofacial, or other congenital or developmental disorder. Include ICD-CM or DSM-5 diagnoses with request.
- Significant skeletal disharmony requiring combination of orthodontic treatment and orthognathic surgery for correction.
- Overjet greater than 9 mm.
- Reverse overjet greater than 3.5 mm.
- Anterior open bite greater than 4 mm.

If the previous criteria are not met, comprehensive orthodontic treatment may be covered if the member has:

- Demonstrated functional impairment; and
- One of more of the following criteria:
- Impeded eruption of teeth (with the exception of third molars) due to crowding, displacement, the presence of supernumerary teeth, retained deciduous teeth or other pathological cause, where conservative removal of the ectopic tooth would create a significant functional deficit in biting or chewing.
- Severe crowding of greater than 7 mm in either the maxillary or mandibular arch.
- Extensive hypodontia requiring pre-restorative orthodontics or orthodontic space closure to obviate the need for prosthetic treatment.
- Significant posterior open bite (not involving partially erupted teeth or teeth slightly out of occlusion).
- Anterior crossbite involving permanent incisors or canines that causes a functional interference with a resulting functional shift or gingival stripping.
- Posterior transverse discrepancies causing buccal or lingual crossbite involving permanent molar teeth that creates a functional interference and a resulting functional shift.
- Deep anterior overbite of multiple incisors resulting in soft tissue impingement or trauma.
- Overjet greater than 6 mm.
- Reverse overjet greater than 1 mm.
- Other conditions as deemed medically necessary.

Submit requests for authorization with the following dental history, case information and documentation:

- Description of classification of occlusion.
- Functional problems.
- Disfiguring characteristics.
- Contributing factors.
- Measurements in millimeters (mm) of all admissible crowding, cross bites, overbite, overjet, or open bite.
- Description of conditions that deem medical necessity for treatment.
- Specific treatment plan and appliances (enter the appropriate procedure code).

- Five intraoral photographs; upper and lower occlusal; prints or mounted slides are acceptable; include profile photos.
- Appropriate radiographs (panoramic or full mouth and cephalometric).