



# TENNCARE POLICY MANUAL

**Policy No:** PRO 05-001 (Rev. 7)

**Subject:** Orthodontia Providers

**Approved by:** James A. Gillespie DDS

**Date:** 5-23-16

## PURPOSE:

The purpose of this policy is to specify the types of dentists who may deliver orthodontic care to TennCare enrollees and to clarify the training qualifications that these dentists must have.

## POLICY:

It is the policy of the Bureau of TennCare that only orthodontists and pediatric dentists who have successfully completed specialty training in orthodontics as part of their core curriculum may provide orthodontic treatment to TennCare enrollees. Dentists who lack this training are required to refer patients in need of covered orthodontic treatment to a specialist designated by TennCare's Dental Benefits Manager (DBM).<sup>1</sup> If a shortage of contracted specialists limits the availability of orthodontic services in a particular service area, TennCare may allow treatment to be provided by general dentists who can document successful completion of orthodontic training from an orthodontic program accredited by the American Dental Association (ADA).<sup>2</sup> Determinations to use a general dentist are made on a case-by-case basis by the DBM in conjunction with the TennCare Dental Director.

## DISCUSSION:

Orthodontic treatment is covered under TennCare when medically necessary to treat a handicapping malocclusion (such as cleft palate, hemifacial microsomia, and mandibulofacial dysostosis) and will not be authorized for cosmetic purposes. Orthodontic services must be prior authorized by the Dental Benefits Manager. TennCare will pay for orthodontic treatment only as long as the individual remains eligible for TennCare benefits. Effective October 1, 2013, TennCare will only approve and provide reimbursement for orthodontic treatment for enrollees

<sup>1</sup> See Section 15.13—"Orthodontic Treatment Criteria"—of the DentaQuest TennCare Dental Program Office Reference Manual.

<sup>2</sup> Section A.94 of the Contract between TennCare and its DBM identifies the ADA as a nationally recognized authority in the field of dentistry whose published recommendations help form TennCare's standards of care.

up to age 21. TennCare will discontinue reimbursement of orthodontic treatment on the enrollee's 21<sup>st</sup> birthday.

Because extensive formal training is a prerequisite to appropriate diagnosis and treatment of handicapping malocclusions, TennCare requires that only the most qualified dentists provide orthodontic care required to treat enrollees with handicapping malocclusions. The educational requirements of formal orthodontic training are demanding and include advanced knowledge in biology and behavioral and general sciences. Orthodontists must complete undergraduate requirements, graduate from a dental school accredited by the ADA, and have a minimum of two (2) years of academic orthodontic specialty training. Most pediatric post-graduate dental programs provide additional orthodontic specialty training specific to children.

The legality of this policy has been supported by the U.S. Sixth Circuit Court of Appeals decision in *Latimer v. Robinson*, dated June 21, 2005.

**DEFINITION:**

A **handicapping malocclusion** is defined by TennCare as a malocclusion which causes one of the following medical conditions:

- (a) A nutritional deficiency that has proven non-responsive to medical treatment without orthodontic treatment. The nutritional deficiency must have been diagnosed by a qualified treating physician and must have been documented in the qualified treating physician's progress notes. The progress notes that document the nutritional deficiency must predate the treating orthodontist's prior authorization request for orthodontics.
- (b) A speech pathology that has proven non-responsive to speech therapy without orthodontic treatment. The speech pathology must have been diagnosed by a qualified speech therapist and must have been documented in the qualified speech therapist's progress notes. The progress notes that document the speech pathology must predate the treating orthodontist's prior authorization request for orthodontics.
- (c) Laceration of soft tissue caused by a deep impinging overbite. Occasional cheek biting does not constitute laceration of soft tissue. Laceration of the soft tissue must be documented by the treating orthodontist's progress notes and must predate the treating orthodontist's prior authorization request for orthodontics.<sup>3</sup>

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<sup>3</sup> See TennCare Rules 1200-13-13-.01 and 1200-13-14-.01; the "Terms and Definitions" section of the DentaQuest Provider Service Agreement; and the "Definitions" section of the DentaQuest TennCare Dental Program Office Reference Manual.

**OFFICES OF PRIMARY RESPONSIBILITY:**

Dental Director, Office of the Chief Medical Officer  
Dental Benefits Management Contractor

**REFERENCES:**

<http://share.tn.gov/sos/rules/1200/1200-13/1200-13.htm>  
TennCare Rules 1200-13-13-.01(52) and 1200-13-14-.01(57)  
TennCare Rules 1200-13-13-.04(1)(b)5 and 1200-13-14-.04(1)(b)5  
TennCare Rules 1200-13-13-.10(3)(a)17 and 1200-13-14-.10(3)(a)17  
TennCare Rules 1200-13-13-.10(3)(b)20 and 1200-13-14-.10(3)(b)20

<http://www.tn.gov/assets/entities/tenncare/attachments/DentaQuest.pdf>

DentaQuest Contract

[http://www.dentaquest.com/getattachment/State-Plans/Regions/Tennessee/TennCare-Dentist-Page/Provider-Resources/TN-TennCare-830\\_February-4,-2016-pdf.pdf/](http://www.dentaquest.com/getattachment/State-Plans/Regions/Tennessee/TennCare-Dentist-Page/Provider-Resources/TN-TennCare-830_February-4,-2016-pdf.pdf/)  
DentaQuest TennCare Dental Program Office Reference Manual

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Original (TSOP 039): 12/31/02: KML  
Revision 1: 06/20/08: KML  
Revision 2: 09/08/09: KML  
Revision 3: 03/29/10: KML  
Revision 4: 05/06/11: JTR  
Revision 5: 05/21/12: AB  
Revision 6: 1/31/14: AY  
Hyperlinks Updated: 06/22/15: AY  
Revision 7: 05/23/16: LSH