

**CATASTROPHIC ILLNESS IN CHILDREN RELIEF FUND COMMISSION**  
**POLICY/ADMINISTRATIVE PROCEDURE**

<b>SUBJECT:</b> Orthodontia
<b>EFFECTIVE DATE:</b> 4/14/2021
<b>AUTHORITY:</b> N.J.S.A. 26:2-154(b), 156 N.J.A.C. 10:155-1.14 N.J.A.C. 10:155-1.15 Commission Minutes: 10/12/2016; 4/14/2021

I. BACKGROUND:

Orthodontia is the treatment of irregularities in the teeth (especially of alignment and occlusion) and jaws, including the use of braces. Orthodontia may promote development of a healthy, functional bite to allow children to eat properly. Orthodontia may also be prescribed for cosmetic reasons.

N.J.A.C. 10:155-1.15(a)(2) states that “elective cosmetic surgery/treatment” is not eligible for consideration as a health or health-related expense by the Catastrophic Illness in Children Relief Fund. This policy describes the conditions in which orthodontia expenses are considered eligible expenses by the Fund.

I. POLICY STATEMENT:

**a. Coverage**

The Catastrophic Illness in Children Relief Fund may consider expenses related to **medically necessary** orthodontic treatment that involves the correction of the dental component of a craniofacial abnormality that constitutes a hazard to the maintenance of oral health and interferes with the well-being of the patient by adversely affecting dentofacial function or speech, and is intended to restore a functional dentition as eligible expenses. Orthodontic services for crowded dentitions (crooked teeth) or excessive spacing between teeth are considered cosmetic and not eligible for reimbursement.

The Fund may consider orthodontia as an eligible expense when accompanied by associated comorbidities. Specific conditions that require orthodontia which should in most cases be considered eligible expenses include:

- Cleft palate deformity;
- Cranio-facial Anomaly;
- Impacted permanent anteriors where extraction is not indicated;
- Crossbite of individual anterior teeth;
- Severe traumatic deviations; and

- Overjet greater than 9 mm with incompetent lips, or reverse overjet greater than 3.5 mm.

Other conditions or severity may require additional review.

To ensure the restrictions of N.J.A.C. 10:155-1.15(a)(2) regarding ineligibility for elective cosmetic treatment are followed, the Commission requires attestation from the dentist and/or orthodontist that orthodontic treatment is not for cosmetic purposes prior to reimbursement of any orthodontic services.

#### **b. Attribution of Expenses**

Many children receive orthodontic care over the course of several years, and some families must pay “up-front” for the entire course of treatment before it begins. This creates a potential conflict for the Catastrophic Illness in Children Relief Fund, where incurred expenses are compared to family income within a prior, consecutive 12-month period.

To address this conflict, pre-paid orthodontic treatment must be split across the applicable multiple 12-month application periods. If the completed orthodontic treatment (plus other medical and medical-related expenses) in a given 12-month period exceed the required expense-to-income ratio, the Fund may reimburse those expenses.

## II. DEFINITIONS:

**Occlusion** means the way the teeth meet when the lower jaw (mandible) and upper jaw (maxilla) come together. It is how the teeth contact in any type of functional relationship.

**Malocclusion:** Anytime normal occlusion does not occur in the mouth, it is termed malocclusion. Malocclusion can have an effect on dental diseases, chewing, speech and esthetics (especially facial profile) and other functions of the oral cavity.

**Angle’s classification system:** Used to classify occlusion (or malocclusion):

- Class I: normal occlusion
- Class II malocclusion: distal occlusion (overbite)
  - o Division 1: anterior teeth are protruded (or, upper central incisors are proclined)
  - o Division 2: upper central incisors are retroclined
- Class III malocclusion: mesial occlusion (underbite)

## II. PROCEDURE:

When processing applications with orthodontia expenses, staff should request:

1. Copy of the invoice and financial agreement between the provider and the family.
2. Copy of the treatment plan including diagnoses, anticipated length of treatment (in months) and number of presumed visits.
3. If the family pre-paid for the treatment, staff should divide the total expense by the number of anticipated treatment dates and use the resulting number as their monthly orthodontic expense.
4. Copy of the NJ Orthodontic Evaluation (HLD NJ-Mod2), if completed.

5. Proof of payment.
6. Verification of continued treatment if treatment split over multiple application periods.
7. Dental coverage information and evidence of claims submission and payment, if any.

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**DATE: February 15, 2021**