

**ENVOLVE DENTAL, INC.  
INCLUDING ALL ASSOCIATED SUBSIDIARIES  
CLINICAL POLICY AND PROCEDURE**

<b>DEPARTMENT:</b> Utilization Management	<b>DOCUMENT NAME:</b> Cleft and Craniofacial Anomalies
<b>PAGE:</b> 1 of 2	<b>REFERENCE NUMBER:</b> ENVD.CP.0013
<b>EFFECTIVE DATE:</b> 01/01/2019	<b>REPLACES DOCUMENT:</b> ENVD.UM.15
<b>RETIRED:</b> N/A	<b>REVIEWED:</b> 12/2022
<b>SPECIALIST REVIEWED:</b> Yes	<b>REVISED:</b>
<b>PRODUCT TYPE:</b> All	<b>APPROVED DATE:</b> 09/13/2019

**IMPORTANT REMINDER:**

This Clinical Policy has been developed by appropriately experienced and licensed health care professionals based on a thorough review and consideration of generally accepted standards of medical practice, peer-reviewed medical literature, government agency/program approval status, and other indicia of medical necessity.

The purpose of this Clinical Policy is to provide a guide to medical necessity. Benefit determinations should be based in all cases on the applicable contract provisions governing plan benefits (“Benefit Plan Contract”) and applicable state and federal requirements including Local Coverage Determinations (LCDs), as well as applicable plan-level administrative policies and procedures. To the extent there are any conflicts between this Clinical Policy and the Benefit Plan Contract provisions, the Benefit Plan Contract provisions will control.

Clinical policies are intended to be reflective of current scientific research and clinical thinking. This Clinical Policy is not intended to dictate to providers how to practice medicine, nor does it constitute a contract or guarantee regarding results. Providers are expected to exercise professional medical judgment in providing the most appropriate care, and are solely responsible for the medical advice and treatment of members.

**SUBJECT:**

Medical necessity guidelines for care of members born with cleft lip, cleft palate, or other craniofacial anomalies.

**DESCRIPTION:**

Members born with cleft lip, cleft palate, or other craniofacial anomalies may be faced with multiple and complex problems including dento-facial and orthodontic abnormalities. Although the habilitative process for children with cleft and craniofacial deformities can be a lengthy one, the availability of coordinated interdisciplinary team care has enabled most affected children to become functioning and contributing members of society.

Treatment of cleft and craniofacial conditions occurs in a team setting. The goal of the cleft/craniofacial team is to insure that care is provided in a coordinated, consistent manner with the proper sequencing of evaluations and treatments within the framework of the patient’s overall developmental, medical and psychological needs.

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**POLICY:**

Patients with craniofacial anomalies will require dental or orthodontic services as a direct result of the medical condition, and the treatment is an integral part of the habilitative process. As Envolve Dental is an administrator of dental benefits only, Envolve Dental shall not be held responsible for coordinating dental care or providing case management for patients affected by this medical condition. Case management and coordination of care for these patients are directed by the health plan for whom the medical benefit originates.

**REFERENCES:**

**ATTACHMENTS:**

**DEFINITIONS:**

**REVISION LOG**

<b>REVISION</b>	<b>DATE</b>
Annual Review	12/2022