

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

<b>DEPARTMENT:</b> Utilization Management	<b>DOCUMENT NAME:</b> Minor Treatment to Control Harmful Habits (Removable and Fixed Appliance Therapy)
<b>PAGE:</b> 1 of 5	<b>REFERENCE NUMBER:</b> ENVD.UM.CP.0036
<b>EFFECTIVE DATE:</b> 06/30/2020	<b>REPLACES DOCUMENT:</b>
<b>RETIRED:</b> N/A	<b>REVIEWED:</b> 11/2021
<b>SPECIALIST REVIEWED:</b> Yes	<b>REVISED:</b>
<b>PRODUCT TYPE:</b> All	<b>APPROVED DATE:</b> 06/30/2020

**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 dental practice, peer-reviewed dental/medical literature, government agency/program approval status, and other indicia of dental/medical necessity.

The purpose of this Clinical Policy is to provide a guide to dental/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 dentistry, nor does it constitute a contract or guarantee regarding results. Providers are expected to exercise professional dental judgment in providing the most appropriate care, and are solely responsible for the dental advice and treatment of members.

**SUBJECT:**

Medical necessity guidelines for minor treatment to control harmful habits using removable or fixed appliance therapy.

**DESCRIPTION:**

Removable or fixed appliance therapy procedures are typically used to control harmful habits such as thumb sucking or tongue thrusting. These habits frequently result in open anterior bites and protruding anterior teeth.

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**POLICY/CRITERIA:**

**Indications for Removable Appliance Therapy use include the following:**

- When psychological methods to control finger in mouth habits are ineffective;
- When speech and myotherapy to control tongue habits are ineffective;
- When psychological methods to control accessory dental habits (chewing or sucking on items such as pens, pencils, or necklaces) are ineffective;
- When psychological methods to control fingernail biting are ineffective.
- In all of the above, the patient must be willing to wear a removable appliance and be mentally ready/capable to stop their habit. Forcing an appliance onto patients without their willingness to cooperate most often guarantees failure of intervention.

**Contraindications for Removable Appliance Therapy use include the following:**

- When a patient cannot be trusted to wear the appliance (usually age, maturity, or even willingness to cooperate are contributing factors);
- When member age and/or growth stage is beyond the ability of appliance correction.

**Indications for Fixed Appliance Therapy use include the following:**

- When any or all of the indications for removable appliance therapy are present and the patient cannot be reasonably expected to wear a removable appliance.

**Contraindications for Fixed Appliance Therapy use include the following:**

- When a patient is not psychologically prepared to accept a fixed appliance;
- When the primary dentition is not appropriate for treatment;
- When member age and/or growth stage is beyond the ability of appliance correction.

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**REQUIRED DOCUMENTATION:**

- Clinical chart and treatment notes documenting conditions listed in the indications for use of Removable or Fixed Appliance Therapy;
- Diagnostic-quality panoramic, occlusal, or periapical radiographic images to determine extent of possible root damage prior to therapy;
- Photographic images documenting the clinical condition necessitating the use of Removable or Fixed Appliance Therapy.

**COVERAGE LIMITATIONS/EXCLUSIONS (Subject to State Regulations):**

- One removable or fixed appliance therapy procedure per lifetime, subject to state regulations

**REFERENCES:**

American Dental Association. CDT 2020: Dental Procedure Codes. American Dental Association, 2020.

Abraham R, Kamath G, Sodhi JS, Sodhi S, Rita C, Sai Kalyan S. Habit breaking appliance for multiple corrections. *Case Rep Dent.* 2013;2013:647649. doi:10.1155/2013/647649

Tanaka O, Oliveira W, Galarza M, Aoki V, Bertaiolli B. Breaking the Thumb Sucking Habit: When Compliance Is Essential. *Case Rep Dent.* 2016;2016:6010615. doi:10.1155/2016/6010615

Yemitan TA, daCosta OO, Sanu OO, Isiekwe MC. Effects of digit sucking on dental arch dimensions in the primary dentition. *Afr J Med Med Sci.* 2010;39(1):55-61.

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**CODING IMPLICATIONS:**

Please refer to your State contract and Provider Manual for exact coverage implications.

The following code(s) for removable or fixed appliance therapy are recognized by Envolve Dental.

- **D8210:** removable appliance therapy
- **D8220:** fixed appliance therapy

Envolve Dental complies with the coding guidelines of the health plan and/or State in which the client resides. When billing D8210 or D8220, the need for minor treatment to control harmful habits must be documented in the record. Abnormal comparative utilization of comprehensive examination coding is subject to retrospective review and chart audit. Envolve Dental recommends servicing providers to submit one or more of the following ICD-10 codes with removable or fixed appliance therapy (Box 34 and 34a of the ADA American Dental Association Dental Claim Form):

<b>ICD-10 Code</b>	<b>ICD-10 Code Description</b>
F98.8	Other specified behavioral and emotional disorders with onset usually occurring in childhood and adolescence
K00.6	Disturbances in tooth eruption
K00.7	Teething syndrome
K00.8	Other disorders of tooth development
K00.9	Disorder of tooth development, unspecified
K08.81	Primary occlusal trauma
K08.82	Secondary occlusal trauma
K08.89	Other specified disorders of teeth and supporting structures
K08.9	Disorder of teeth and supporting structures, unspecified
K14.8	Other diseases of tongue
M26.220	Open anterior occlusal relationship

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M26.25	Anomalies of interarch distance
M26.29	Other anomalies of dental arch relationship
M26.30	Unspecified anomaly of tooth position of fully erupted tooth or teeth
M26.31	Crowding of fully erupted teeth
M26.32	Excessive spacing of fully erupted teeth
M26.33	Horizontal displacement of fully erupted tooth or teeth
M26.34	Vertical displacement of fully erupted tooth or teeth
M26.37	Excessive interocclusal distance of fully erupted teeth
M26.39	Other anomalies of tooth position of fully erupted tooth or teeth
M26.4	Malocclusion, unspecified

**REVISION LOG**

<b>REVISION</b>	<b>DATE</b>
Annual Review	11/2021