

Dental Care or Treatment Necessary Due to Congenital Disease

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Medical Guideline Disclaimer

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Definitions

Congenital Disease¹	A disease that is present at birth. It may be due to hereditary factors, prenatal infection, injury, or the effect of a drug the mother took during pregnancy
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Related Medical Guidelines

[Dental Trauma Guidelines for Medical Plans](#)

[Orthognathic Surgery](#)

General Statement Regarding Coverage

Dental services are generally not covered under medical insurance. There are several exceptions including trauma, congenital diseases, and orthognathic surgery.

Guideline

To qualify for coverage for dental care due to congenital disease, all the following criteria must be met:

- I. The patient must have an underlying congenital disease
- II. The dental care is necessary when an individual experiences or is reasonably expected to experience substantial and long-term deficits in the ability to eat or speak due to multiple missing or malformed teeth
- III. The dental care is appropriate for the condition

¹ <https://medical-dictionary.thefreedictionary.com/congenital+disease>

I. **Qualifying congenital diseases**

The following non-inclusive list of congenital conditions may qualify for coverage: ²

- Albright Osteodysplasia
- Amelogenesis Imperfecta
- Branchio-Oto-Renal dysplasia (BORO-EYA 1 gene mutation)
- Caffey's Disorder
- Cherubism-Abnormal Sh3BP2 gene
- Cleft Lip/ Palate
- Cleidocranial Dysplasia/Dysostosis
- Crouzon Syndrome or Disease
- Down's Syndrome (Trisomy 21)
- Dentinogenesis Imperfecta
- Edward's syndrome (Trisomy 13)
- Ectodermal dysplasia
- Hemifacial microsomia
- Hypophosphatasia
- Hypopituitarism
- Hypothyroidism
- Incontinentia Pigmenti
- Klinefelter's Syndrome (47, XXY)
- Nevoid Basal Cell Carcinoma Syndrome- PITCH gene mutation
- Patau Syndrome (Trisomy 18)
- Pierre Robin Sequence
- Smith-Lem Li Opitz Syndrome
- Stickler syndrome
- Treacher-Collins syndrome or Mandibulofacial Dysostosis
- Turner Syndrome (45, X)-females
- Velocardiofacial Syndrome Chromosome 22(22q11)
- 47, XXX
- 47 XXY

A reviewer may require:

- Geneticist verification of underlying congenital condition
- X-rays indicating that teeth are congenitally missing and not missing due to extraction
- Additional supporting documentation including photos as needed
- A comprehensive treatment plan

II. **Definition of necessary dental care**

- EmblemHealth considers coverage under this policy necessary when an individual experiences or is reasonably expected to experience substantial and long-term deficits in the ability to eat or speak due to multiple missing or malformed teeth.

² NYS Dental Journal June/July 2007

- Orthodontic cases will be considered necessary if they are the result of a congenital disease and meet the requirements of a severe physically handicapping malocclusion as defined by New York State Medicaid Program Dental Policy and Procedure Code Manual.³

III. Dental care appropriate for the condition

- In all cases EmblemHealth reserves the right to evaluate treatment options on a case-by-case basis and to substitute least costly alternatives.
- Dental anomalies such as missing lateral incisors or bicuspid teeth, while reviewed on a case-by-case basis taking into account all presenting factors do not generally meet the criteria of “causing a reasonable expectation to experience substantial and long term deficits in the individuals ability to eat or speak” and will not be covered.

Limitations/Exclusions

1. Temporary restorations are inclusive in the fee for all final restorations.
2. Dental implants will not be considered for coverage when:
 - a. Abutment teeth (either abutment for a fixed bridge) have crowns or in the opinion of our consultants require crowns.
 - b. Unless they are part of a clinically acceptable treatment plan.
 - c. Replacing third molars.
 - d. When replacing primary teeth
3. Dental implants are not indicated until there is appropriate alveolar growth and will not be covered in age-inappropriate cases or in clinical circumstances where there is not a reasonable chance of success.

Revision History

Apr. 11, 2025	Removed “Anomaly” from title, definition, and content of policy
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³ https://www.emedny.org/ProviderManuals/Dental/PDFS/Dental_Policy_and_Procedure_Manual.pdf