BlueCross BlueShield of Illinois

Blue Cross and Blue Shield of Illinois Provider Manual

HMO Scope of Benefits Section

Blue Cross and Blue Shield of Illinois, a Division of Health Care Service Corporation, a Mutual Legal Reserve Company, an Independent Licensee of the Blue Cross and Blue Shield Association

Orthodontics

Benefit

Orthodontic (braces) and related services and supplies are not in benefit, with certain exceptions. A PCP referral is necessary for all items.

Interpretation

Orthodontic (braces) and related services and supplies are covered under the following limited circumstances:

- Treatment of teeth that have been injured in an accident. The tooth had to have had an intact root or been part of a permanent bridge, prior to the injury. Only the portion of the orthodontic (braces) directly supporting the affected tooth is covered.
- Treatment that is an integral part of the surgical correction of congenital deformities or conditions resulting from tumors or cysts, disease, or previous therapeutic processes.
- Repair or replacement of damaged orthodontic (braces) which were originally covered. Repair and/or replacement necessitated by abuse or neglect on the part of the member is not covered.

Exclusions

- Treatment of developmental conditions, such as developmental tooth malalignment or temporomandibular joint disorder (TMD).
- With the exception of accidental injury of the teeth, services for conditions that are of dental origin. Conditions of dental origin include, but are not limited to, those resulting from tooth decay or inflammation of the gums.
- Services for conditions resulting from misadventures while eating (i.e. tooth breaks while biting into a hard substance).
- Services for conditions resulting from injuries that are not substantiated with concurrent medical or dental records.
- Treatment for cosmetic purposes. This does not include reconstructive treatment. (See benefit interpretation on Cosmetic/Reconstructive Surgery.)
- Services for conditions resultant from atrophy of the jaw or maxilla.
- Dentures and related services.
- Treatment for any conditions not listed as covered above.

Paid by	**Covered services:**	
	Professional Charges	**IPA**
	Inpatient and/or Outpatient Surgical Facility Charges	**HMO**
	Outpatient Facility Charges	**See Outpatient Surgery**
	Anesthesia (IV sedation or general) when determined to be medically necessary	**HMO**
	Non-covered services:	
	All charges	**Member**