Implant rehabilitation is the main device covered by the French national health insurance system under the rare diseases plan. It improves care access for oligodontic patients requiring rehabilitation. The concept should therefore be taken on board in drawing up orthodontic treatment and implantation/prosthesis plans, with respect to assembling the necessary documents and to the possibilities of access to treatment.

WHICH PATIENTS ARE CONCERNED?

The patients concerned are those presenting oligodontia: i.e., more than 6 missing teeth.

– In children: treatment covered since June 28, 2007 (Titre III, chapitre 7, section IV): patients over 6 years of age and up to end of growth: mandibular oligodontia treated by 2 or a maximum of 4 implants in the anterior/symphysal region, as an alternative to poorly tolerated conventional prostheses.

– In adults: treatment covered since January 9, 2012 (Titre III chapitre 7 section V): adult patients or after end of growth: oligodontia with at least one of the following missing: 11, 13, 14, 16, 17, 21, 23, 24, 26, 27, 31, 32, 33, 34, 36, 37, 41, 42, 43, 44, 46, 47, not including wisdom teeth. Maximum 10 implants covered.

COVERAGE CONDITIONS

Three conditions are indispensable:

– oligodontia with at least one tooth rarely missing;

– diagnosis of rare disease confirmed by a geneticist or physician attached to a reference center.

INTRODUCTION

Rare diseases: role of the orthodontist in the management of implant rehabilitation

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Three conditions are indispensable:

– oligodontia with at least one tooth rarely missing;

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or having competence in rare diseases;

- failure or intolerance of conventional prosthesis.

HOW TO PROCEED?

There are 2 documents to fill in.

**Treatment plan**

First, the patient’s family doctor or a rare diseases reference center applies for off-list long-term condition status, using the treatment plan document CERFA n° 11626*03 (Fig. 1).

Information and documents can be downloaded from:


This CERFA form is indispensable, validating the patient’s individual treatment plan.

The odontologist should therefore ask the patient for it.

**Form**

A form called “Help in filling out treatment plan for multiple dental agenesis related to a rare disease” (“Aide au remplissage du protocole de soins pour le traitement des agénésies dentaires multiples liées à une maladie rare”) is filled out by the dental surgeon or stomatologist.

There are 2 versions:

- for children: **DEP: Titre III, chapitre 7, section IV** (Fig. 2);
- for adults: **DEP: Titre III, chapitre 7, section V**.

Information and forms can be downloaded from:

ameli.fr → professionnels de santé [health professionals] → chirurgien-dentiste [dental surgeon] → exercer au quotidien [everyday practice]


**Documents to be included in file**

- Panoramic X-ray. For adults, include the earliest possible radiograph, if possible from adolescence, so that missing teeth cannot be disputed.
- Letters by the practitioners consulted: geneticists, but also dermatologists, as it is an exoskeletal abnormality and there are often associated disorders.
- Wrist X-ray, to assess bone age in boys of ≥17 years or girls ≥14 years.

All applications are sent to the medical department of the patient’s national health insurance office (Caisse d’assurance maladie: CAM).

**INSURANCE PATHWAY**

The pathway is as follows:

Diagnosis → File → CAM → Severe pathology dept., Rare diseases cell → Rare diseases reference center (Strasbourg) assessment → Reply from CAM.
Figure 1
Treatment plan, page 3, downloadable at ameli.fr.
This form is used for insurance cover of implantation treatment in children for multiple dental agenesis related to a rare disease. It is a complementary document to be drawn up by a dental surgeon or stomatologist and attached to the treatment plan for a long-term condition diagnosed by the child’s physician.

A panoramic X-ray is mandatory, whatever the patient’s age.
A hand and wrist radiograph should be attached to assess bone age if the patient is male aged 17 years or more or female aged 14 years or more.

**Patient identification**
- Family and given name: ......................................................
- Date of birth: ..................................................
- Gender: Male ☐ Female ☐

**Information as of (dd/mm/yyy): .. / .. / ….**
- Diagnosis of rare disease: ..........................................................
- Agenesis of permanent teeth:
  - 17 16 15 14 13 12 11 21 22 23 24 25 26 27
  - 47 46 45 44 43 42 41 31 32 33 34 35 36 37
- (Tick permanent teeth missing due to agenesis in both arcades)

**Essential clinical features**
- Mandibular oligodontia (agenesis of at least 6 permanent mandibular teeth, not including wisdom teeth) ☐ yes ☐ no
- Failure or intolerance of conventional mandibular prosthesis ☐ yes ☐ no
- Growth ongoing ☐ yes ☐ no

**Items of planned treatment**
- Mandibular arcade treatment plan:
  - Pre-implantation: pre-implantation assessment
  - Implantation: 2 to 4 anterior mandibular implants ☐ yes ☐ no
  - Prosthetics: removable supra-implant single link resin plate prosthesis
- Radiography
  - Intra-oral ☐ yes ☐ no
  - Hand and wrist (for bone age) ☐ yes ☐ no
  - Panoramic dental ☐ yes ☐ no
  - Dental CT ☐ yes ☐ no
  - Lateral teleradiography ☐ yes ☐ no
- Other maxillary and/or mandibular interventions
  - Conservative mandibular treatment ☐ yes ☐ no
  - Conjoint mandibular prosthesis ☐ yes ☐ no
  - Conservative maxillary treatment ☐ yes ☐ no
  - Adjoint and/or conjoint maxillary prosthesis ☐ yes ☐ no
  - Surgery ☐ yes ☐ no
  - Orthodontic treatment ☐ yes ☐ no

**Document filled out by:** Dr. ..............................................................................................................................................
..............................................................................................................................................................................................
**Place....................................................... Date.........................................................

For detailed information on “items of planned treatment”, see www.ameli.fr “professionnels de santé” [health professionals]

*Figure 2*

*Form downloadable from ameli.fr, “Help in filling out treatment plan for multiple dental agenesis in children.”*
The minimum time between application and response is usually 3 months. Approvals are valid only for 2 years, and then have to be renewed.

In case of refusal, or non-response, there are means for the patient to appeal. The health insurance office then appoints an expert and arranges a meeting with the patient.

TREATMENTS COVERED: MANDATORY AND NON-MANDATORY

General practitioners come under the CCAM national health insurance agency.

Insurance cover concerns implants and removable supra-implant prostheses and radiography documents; cover is guaranteed.

Example: cone beam for diagnostic assessment of maxilla-mandibular pathology is coded as “LAQK027”.

Other treatment steps that may be reimbursed are:
- pre-implantation steps and implant site preparation, implantation surgery for cicatrization screw insertion; the reimbursement is guaranteed.
- In orthodontics, implants sometimes serve as anchorages. In oligodontia, this may be the case for the link on a pre-prosthetic intra-oral implant, which is covered in the same way as implants (e.g., LBLD019: €160.93).
- Non-mandatory cover: implants crowns at the usual rate, orthodontic treatment under the current list, like for any other patient.
- Due to the low rate of reimbursement for the various steps involved in implantation in rare diseases, care access in private practice is not always easily available. In order to afford access for low and middle income patients, there is a solidarity fund operated by the national health insurance system (CAM) and complementary top-up insurance schemes, for which the patient can apply.

CONCLUSION

Awareness of these insurance cover protocols is essential. A well-presented diagnostic file including complementary examinations plays a key role in application for reimbursement. The information given to patients enables them to undertake complex multidisciplinary treatment in which orthodontics occupies a prime position in terms of duration.

For implant rehabilitation, administrative procedures and mandatory coverage mean that patients should be referred to reference centers and centers with good competence. This is the idea behind the “hospital-community” networks that are currently developing.

Conflicts of interest: The authors declare no conflicts of interest.
FURTHER READING

