

ORTHOPRACTIC SECTION

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

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INTRODUCTION

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 alterna-

tive 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

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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

http://www.ameli.fr/fileadmin/user_upload/formulaires/S3501.pdf

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](http://www.ameli.fr) → *professionnels de santé* [health professionals] → *chirurgien-dentiste* [dental surgeon] → *exercer au quotidien* [everyday practice]



Agénésies dentaires multiples chez l'enfant [multiple dental agenesis in children] *Agénésies dentaires multiples chez l'adulte* [multiple dental agenesis in adults]

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 der-

matologists, 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.



n°11626*03

protocole de soins

articles L. 324-1, L. 322-3-3° et 4° et D. 322-1 du Code de la sécurité sociale
articles 71-4 et 71-4-1 du Règlement Intérieur des caisses primaires

volet 3 à remettre
par le médecin traitant
au patient après accord définitif

personne recevant les soins

- **identification de la personne recevant les soins**
nom et prénom (suivis, s'il y a lieu, du nom d'époux(se))
adresse

- numéro d'immatriculation
si ce numéro d'immatriculation n'est pas connu, remplissez la ligne suivante
date de naissance de la personne recevant les soins
- **identification de l'assuré(e) (à remplir si la personne recevant les soins n'est pas l'assuré(e))**
nom et prénom de l'assuré(e) (suivis, s'il y a lieu, du nom d'époux(se))
numéro d'immatriculation de l'assuré(e)

information(s) concernant la maladie

(à remplir par le médecin traitant, après l'accord du malade (art. R. 4127-35 du Code de la santé publique))

signature et cachet du médecin traitant

actes et prestations concernant la maladie

| | | | |
|---|------------|--|------------|
| spécialités pharmaceutiques ou classes thérapeutiques ou dispositifs médicaux | (1) | suivi biologique prévu (type d'actes) | (1) |
| | | recours à des spécialistes (préciser la spécialité et le type d'acte spécialisé prévu) | (1) |
| | | recours à des professionnels de santé para-médicaux | (1) |

(1) Sont exclus du bénéfice de l'exonération du ticket modérateur, les éléments cochés par le médecin conseil, qui seront pris en charge selon les conditions du droit commun.

durée prévisible des soins : _____ durée prévisible de l'arrêt de travail, s'il y a lieu : _____
reclassement professionnel envisagé : oui non

Ce protocole de soins, élaboré par votre médecin traitant, a fait l'objet d'un accord de prise en charge par l'Assurance Maladie dans le cadre de la reconnaissance de votre affection ou de vos affections de longue durée.

N'OUBLIEZ PAS DE PRESENTER CE DOCUMENT
A TOUT MEDECIN CONSULTE

date

signature et cachet du médecin traitant

cachet de l'établissement ou du centre de référence

protocole valable jusqu'au

signature et cachet du médecin conseil

signature de la personne recevant les soins ou de son représentant légal

La loi 78-17 du 6.1.78 modifiée relative à l'informatique, aux fichiers nominatifs garantit un droit d'accès et de rectification des données auprès des organismes destinataires du formulaire.

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Figure 1
Treatment plan, page 3, downloadable at ameli.fr.

Help in filling out treatment plan for multiple dental agenesis related to a rare disease

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/yyyy): .. / .. /

- 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
 - Prosthetics: removable supra-implant single link resin plate prosthesis yes no
- Radiography
 - Intra-oral yes no
 - Hand and wrist (for bone age) yes no
 - Panoramic dental yes no
 - Dental CT yes no
 - Lateral telerradiography 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

ameli.fr – l'Assurance Maladie en ligne. www.ameli.fr

Boy-Lefevre ML, De La Dure-Molla M, Toupenay S, Berdal A. Maladies rares et centres de référence. *Rev Orthop Dento Faciale* 2013;47:345-353.

Maniere MC. La prise en charge des implants par la Sécurité sociale : pour qui ? comment l'obtenir ? EG7, conférence du 19.09.2013 (L'implantologie au service de la réhabilitation prothétique des agénésies dentaires : du remboursement par la Sécurité sociale à la prise en charge clinique).