



# Dental Clinical Policy

**Subject:** Orthodontia - Non-Medically Necessary Orthodontia Care  
**Guideline #:** 08-002 **Publish Date:** 01/01/2021  
**Status:** Revised **Last Review Date:** 12/06/2020

## Description

This document addresses non-medically necessary orthodontia, essentially cosmetic orthodontia.

The plan performs review of non-medically necessary orthodontia care due to contractual requirements that necessitate benefits for dental services meet specific contract requirements. For example, plan contract(s) may require the provision of benefits for services that meet generally accepted standards of dental care at the lowest cost that properly addresses the patient's condition. The conclusion that a particular service is medically or dentally necessary does not constitute an indication or warranty that the service requested is a covered benefit payable by the dental plan.

## Clinical Indications

Dental review as it applies to accepted standards of care means dental services that a Dentist, exercising prudent clinical judgment, provides to a patient for the purpose of evaluating, diagnosing or treating a dental injury or disease or its symptoms, and that are: in accordance with the generally accepted standards of dental practice; in terms of type, frequency and extent and is considered effective for the patient's dental injury or disease; and is not primarily performed for the convenience of the patient or Dentist, is not cosmetic and is not more costly than an alternative service.

For dental purposes, "generally accepted standards of dental care" means:

- Standards that are based on credible scientific evidence published in peer-reviewed, dental literature generally recognized by the practicing dental community
- specialty society recommendations/criteria
- the views of recognized dentists practicing in the relevant clinical area
- any other relevant factors from credible sources

**NOTE: Benefit coverage for non-medically necessary orthodontic therapy is based upon group contract.**

**There are three specific types of orthodontic coverage.**

1. State mandated treatment for medically necessary orthodontia.
2. Orthodontia considered medically necessary according to plan guidelines
3. Cosmetic orthodontia

**Criteria for Non-Medically Necessary Orthodontia**

Orthodontia and **dental services must be provided by a licensed dentist or orthodontist**, exercising prudent clinical judgment, would provide to a patient for the purpose of preventing, evaluating, diagnosing or treating orthodontic problems.

Orthodontic treatment can solve problems that include

- crooked or crowded teeth,
- teeth that are in cross bite,
- prognathic and retrognathic jaw appearance as a result of malposition of the teeth
- As well as for the control of harmful habits.

Cosmetic orthodontia care is not considered medically or dentally necessary treatment. However, cosmetic orthodontia can be used and is appropriate for the treatment of mild to moderate malocclusion while addressing minor dysfunctional occlusal discrepancies.

The goal of treatment for non-medically necessary orthodontic care is to achieve an improved level of function and cosmetic appearance to the dentition consistent with supporting overall health status, which can decrease the risk of tooth decay, gingival disease, periodontal disease, loss of teeth, and TMJ/TMD problems.

**Guidelines**

1. To qualify for benefits, the diagnosis, treatment planning, and hands on treatment of non- medically necessary or cosmetic orthodontia may only be performed under the direct supervision of an actively licensed dentist or orthodontist.
2. Standard benefits include pre-orthodontic treatment visit, examination, and start-up records, comprehensive orthodontic treatment, orthodontic retention, and post-treatment records.
3. All necessary dental procedures that may affect orthodontic treatment must be completed prior to the initiation of orthodontic therapy.

**Coding**

*The following codes for treatments and procedures applicable to this document are included below for informational purposes. Inclusion or exclusion of a procedure, diagnosis or device code(s) does not constitute or imply member coverage or provider reimbursement policy. Please refer to the member's contract benefits in effect at the time of service to determine coverage or non-coverage of these services as it applies to an individual member.*

**CDT**

Including, but not limited to, the following:

D8660	Pre-orthodontic treatment examination to monitor growth and development
D8020	Limited orthodontic treatment of the transitional dentition
D8030	Limited orthodontic treatment of the adolescent dentition
D8040	Limited orthodontic treatment of the adult dentition
D8080	Comprehensive treatment of the adolescent dentition
D8090	Comprehensive treatment of the adult dentition
D8670	Periodic orthodontic treatment visit

**IDC-10 CM** Diagnoses for Dental Diseases and Conditions: See the current CDT code book for details**References**

1. [dentistrydig.com/g/orthodontics.html](http://dentistrydig.com/g/orthodontics.html)
2. <http://ada.org/2555.aspx#odo>
3. Salzman, JA 91968). Handicapping malocclusion assessment to establish treatment priority. American Journal of Orthodontics, Vol. 54, pp. 749-765.
4. [www.nih.nih.gov/medlineplus/orthodontia.html](http://www.nih.nih.gov/medlineplus/orthodontia.html)
5. For further information on orthodontics please see the following text: Contemporary Orthodontics. Fields, H.W. and Proffitt, W. R. 5th edition. 2012. Mosby, Inc.

**History**

Revision History	Version	Date	Nature of Change	SME
	Initial	10/6/17		Kahn
	Revision	2/6/18	Related Dental Policies, Appropriateness and medical necessity	M Kahn
	Revision	2/19/18	Direct Supervision	G Koumaras M Kahn
	Revision	10/07/2020	Annual Review	Committee
	Revised	12/06/2020	Annual Review	Committee

Federal and State law, as well as contract language, and Dental Policy take precedence over Clinical UM Guidelines. We reserve the right to review and update Clinical UM Guidelines periodically. Clinical guidelines approved by the Clinical Policy Committee are available for general adoption by plans or lines of business for consistent review of the medical or dental necessity of services related to the clinical guideline when the plan performs utilization review for the subject. Due to variances in utilization patterns, each plan may choose whether to implement a particular Clinical UM Guideline. To determine if review is required for this Clinical UM Guideline, please contact the customer service number on the member's card.

Alternatively, commercial or FEP plans or lines of business which determine there is not a need to adopt the guideline to review services generally across all providers delivering services to Plan's or line of business's members may instead use the clinical guideline for provider education and/or to review the medical or dental necessity of services for any provider who has been notified that his/her/its claims will be reviewed for medical or dental necessity due to billing practices or claims that are not consistent with other providers, in terms of frequency or in some other manner.

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