



Dental Clinical Policy

Subject: Orthodontia - Non-Medically Necessary Orthodontia Care
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Description

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

Clinical Indications

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:

- misaligned (crooked) or crowded teeth,
- teeth that are in cross bite,
- prognathic and retrognathic jaw appearance as a result of malposition of the teeth
- 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/or 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/or 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, start-up records, limited or comprehensive orthodontic treatment, periodic orthodontic treatment visit, 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:
D8010	Limited orthodontic treatment of the primary dentition
D8020	Limited orthodontic treatment of the transitional dentition
D8030	Limited orthodontic treatment of the adolescent dentition
D8040	Limited orthodontic treatment of the adult dentition
D8070	Comprehensive treatment of the transitional dentition
D8080	Comprehensive treatment of the adolescent dentition
D8090	Comprehensive treatment of the adult dentition
D8091	Comprehensive orthodontic treatment with orthognathic surgery
D8660	Pre-orthodontic treatment examination to monitor growth and development
D8670	Periodic orthodontic treatment visit
D8671	Periodic orthodontic treatment visit associated with orthognathic surgery
D8680	Orthodontic retention
D8681	Removable orthodontic retainer adjustment

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

References

1. American Association of Orthodontics. Clinical Practice Guidelines. aaoinfo.org.
2. Salzmann JA. Handicapping malocclusion assessment to establish treatment priority. *Am J Orthod.* 1968;54(10):749-765. doi:10.1016/0002-9416(68)90065-1
3. Proffit WR, Fields HW, Larson BE, Sarver DM. *Contemporary Orthodontics*. 6th ed. Elsevier; 2019.

History

Revision History	Version	Date	Nature of Change	SME
	Initial	10/6/2017		Kahn

Revision	02/06/2018	Related Dental Policies, Appropriateness and medical necessity	M Kahn
Revision	02/19/2018	Direct Supervision	G Koumaras M Kahn
Revision	10/07/2020	Annual Review	Committee
Revised	12/06/2020	Annual Review	Committee
Revised	10/30/2021	Annual Review	Committee
Revised	11/11/2022	Annual Review	Committee
Revised	11/15/2023	Annual Review	Committee
Revised	10/31/2024	Minor editorial refinements to description, clinical indications, criteria, and reference; intent unchanged.	Committee

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