

Dental Clinical Policy

Subject: Orthodontia - Medically Necessary Orthodontia Care
Guideline #: 08-001 **Publish Date:** 01/01/2025
Status: Revised **Last Review Date:** 10/31/2024

Description

The plan performs review of 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. Any determination of medical necessity will only be applicable for those contracts specifically stating there may be a review for medical or dental necessity. The conclusion that a particular service is medically or dentally necessary and/or appropriate does not constitute an indication and/or warranty that the service requested is a covered benefit payable by the dental plan.

Clinical Indications

Medically Necessary Orthodontia Care (MNOC) is considered appropriate for the treatment of severe handicapping malocclusion. A “medically necessary” situation, as it relates to dental therapies, is one where failure to provide the dental services would result in deleterious effects to one's overall health status or are necessary to sustain life. MNOC is:

1. A demanding and time-consuming procedure that is indicated for severe malocclusions (situations where the upper and lower teeth do not occlude and function properly as a result of an underlying craniofacial abnormality).
2. Used to treat dysfunctional occlusions.
3. A procedure that can be pre-surgical in nature, which often creates a more dysfunctional occlusion, while in preparation for surgery.
4. Performed by an orthodontist and/or licensed dentist.
5. Not primarily a cosmetic procedure.
6. Considered effective for the treatment of the patient's dental injury or disease.

Benefit coverage for medically necessary orthodontic therapy is based upon group language as well as dental or medical necessity criteria. There are four specific types of orthodontic coverage.

1. State mandated orthodontic coverage for severe craniofacial deformities
2. State mandated treatment for medically necessary orthodontia according to the essential health benefit
3. Orthodontia considered medically necessary according to plan guidelines

4. Cosmetic orthodontia

A handicapping malocclusion can be defined as one that severely interferes with function (proper mastication, speech, ability to maintain good oral hygiene) that typically includes crooked, crowded, or protruding teeth that affect appearance, speech, and/or the ability to eat. Many handicapping malocclusions require a combination of pre-surgical orthodontics and surgery for correction and improved function of the masticatory arches and therefore occlusion. Severe cases are typically those where orthodontic services alone cannot solely treat the handicapping malocclusion. Diagnoses include, but are not limited to: cleft palate, severe lateral or anterior open bite deformities, severe class II malocclusion with impingement of the lower incisors into the palatal tissues/mucosa (deep, destructive bite), and class III malocclusions (severe underbite or lower jaw protrusion), Treacher Collins Syndrome, severe dento-facial trauma. Documented craniofacial deformities that create a handicapping malocclusion and require MNOC. These documented craniofacial deformities that create a handicapping malocclusion require MNOC and are automatic qualifiers.

Cosmetic orthodontia care is not considered medically or dentally necessary treatment. 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. Non-medically necessary orthodontic care includes malocclusion/ abnormal contact between the maxillary and mandibular teeth - Orthodontic services to correct malocclusion that is not considered dysfunctional is not medically necessary and minor corrections of malocclusion are considered cosmetic.

Criteria for MEDICALLY Necessary Orthodontia

1. Orthodontia and **dental services must be provided by a licensed dentist or orthodontist**, exercising prudent clinical judgment, and provided to a patient for the purpose of preventing, evaluating, diagnosing or treating orthodontic problems.
2. MNOC services may require preauthorization prior to the initiation of any services.
3. In clinical situations that demonstrate partially erupted/impacted teeth as a result of severe crowding, the partially erupted/impacted teeth must present showing exposure of at least $\frac{3}{4}$ of the clinical crown.
4. **In order to qualify for treatment, validated, recognized Index criteria will be used to determine dental/medical necessity. In order to qualify, a subscriber must achieve a HLD (Handicapping Labio-Lingual Deviation) Index minimum score of 26 points (or the threshold set forth by each state/group) or an automatic qualifying condition must be present. Handicapping esthetic diagnoses are not considered part of the determination.**

Requirements (clinical information) for clinical review include:

1. Completed HLD Scoring Index
2. Orthodontic Treatment Plan
3. Narrative describing nature of the severe physically handicapping malocclusion

4. Panoramic and/or mounted full mouth radiographic images
5. Cephalometric radiographic image with teeth in centric occlusion and cephalometric tracing
6. Facial photographs of frontal and profile views
7. Intra-oral photographs depicting right and left occlusal relationships and an anterior view
8. Maxillary and mandibular occlusal photographs
9. Photographs of articulated study models or ortho cadcam electronic equivalent including all views (lateral, anterior, and posterior)
10. When surgery is treatment planned, please include the surgical treatment plan and a letter of medical necessity

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
D8693	Re-cement or re-bond fixed retainer
D7280	Surgical access of an unerupted tooth
D7283	Placement of device to facilitate eruption of impacted tooth

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	03/23/2014		Koumaras and Kahn
	Revision	09/21/2015	posting	Koumaras and Kahn
	Revision	02/8/2017	Criteria, Coding, definitions	Rosen
	Revision	01/26/2018	Related Dental Policies, HLD Index Threshold, Direct Supervision, Requirement for pre-authorization, Definitions	M 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	09/09/2020	Annual Revision	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 clinical indications, criteria, and reference; intent unchanged.	Committee

Federal and State law, as well as contract language, takes precedence over Dental Clinical Policy. Dental Clinical Policy provides guidance in interpreting dental benefit application. The Plan reserves the right to modify its Dental Clinical Policies and guidelines periodically and as necessary. Dental Clinical Policy is provided for informational purposes and does not constitute medical advice. These Policies are available for general adoption by any lines of business for consistent review of the medical or dental necessity and/or appropriateness of care of dental services. To determine if a review is required, please contact the customer service number on the member's card.

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