

Medically Necessary Orthodontic Treatment

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[Instructions for Use](#)

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Related Commercial Policy

- [Orthognathic \(Jaw\) Surgery](#)

Coverage Rationale

For Essential Health Benefits (EHB) criteria submission forms by state, refer to [Health Care Criteria for Medically Necessary Orthodontia](#).

Orthodontic treatment is medically necessary to correct a [Handicapping Malocclusion](#) when one or more of the following criteria are met:

- Services are related to the treatment of a severe craniofacial anomaly, including but not limited to the following:
 - [Cleft Lip](#) and/or [Cleft Palate](#)
 - [Crouzon Syndrome/Craniofacial Dysostosis](#)
 - [Hemifacial Hypertrophy/Congenital Hemifacial Hyperplasia](#)
 - [Parry-Romberg Syndrome/Progressive Hemifacial Atrophy](#)
 - [Pierre-Robin Syndrome](#)
 - [Treacher-Collins Syndrome/Mandibulofacial Dysostosis](#)
- An overjet of 9 mm or more
- The function of the jaw and/or dentition has been profoundly compromised due to trauma or pathology
- A reverse overjet of 3.5 mm or more
- Anterior and/or posterior crossbite of 3 or more teeth per arch
- Lateral or anterior open bite of 2 mm or more of 4 or more teeth per arch
- An impinging overbite with evidence of contact into the opposing soft tissue
- Impactions where eruption is impeded but extraction is not indicated (excluding third molars)
- Crowding or spacing of 10 mm or more in either the maxillary or mandibular arch (excluding 3rd molars)

The following should be taken into consideration prior to initiating orthodontic treatment:

- The presence of active, untreated dental disease (e.g., caries, periodontal disease)
- The inability or unwillingness of the individual to cooperate with treatment (e.g., keeping appointments, maintaining proper oral hygiene)
- The presence of unmanaged medical conditions

Removal of Fixed Orthodontics Appliances for Reasons Other Than Completion of Treatment

Removal of fixed orthodontics appliances for reasons other than completion of treatment is a decision to be made by the treating provider based on an individual patient basis. These may include but are not limited to:

- Patient non-compliance (AAOMS)
- Military deployment (Department of the Army)
- Prior to radiation therapy to the head or neck if the appliances will be in the radiation field (NIH, AAPD)

- Prior to highly stomatotic chemotherapy (NIH, AAPD)
- Complications related to IV bisphosphonates and other medical conditions

Definitions

Cleft Lip: A congenital facial defect of the lip due to failure of fusion of the medial and lateral nasal prominences and maxillary prominence. (American Cleft Palate-Craniofacial Association)

Cleft Palate: A congenital fissure in the medial line of the palate. (American Cleft Palate-Craniofacial Association)

Crouzon Syndrome/Craniofacial Dysostosis: One of a large group of facial birth defects in which there is abnormal craniofacial fusion. This fusion does not allow the bones to grow normally, affecting the shape of the head, appearance of the face and the relationship of the teeth. (American Cleft Palate-Craniofacial Association)

Handicap (as related to Handicapping Malocclusion): A physical, mental, or emotional condition that interferes with one's normal functioning. (Farlex Partner Medical Dictionary)

Hemifacial Hypertrophy/Congenital Hemifacial Hyperplasia: A rare developmental anomaly characterized by asymmetric overgrowth. Hemihyperplasia can be an isolated finding, but it also may be associated with a variety of malformation syndromes. (Neville, 2016)

Malocclusion (As Related To Handicapping Malocclusion): A deviation in intramaxillary and/or intermaxillary relations of teeth from normal occlusion. Often associated with other dentofacial deformities. (AAO)

Parry-Romberg Syndrome/Progressive Hemifacial Atrophy: A rare disorder characterized by slowly progressive deterioration (atrophy) of the skin and soft tissues of half of the face (hemifacial atrophy), usually the left side. (National Institutes of Health)

Pierre-Robin Syndrome: A complex of congenital anomalies including micrognathia and abnormal smallness of the tongue, often with Cleft Palate, severe myopia, congenital glaucoma, and retinal detachment. (American Cleft Palate-Craniofacial Association)

Treacher-Collins Syndrome/Mandibulofacial Dysostosis: The name given to a birth defect which may affect the size and shape of the ears, eyelids, cheek bones, and upper and lower jaws. The extent of facial deformity varies from one affected individual to another. (American Cleft Palate-Craniofacial Association)

Applicable Codes

The following list(s) of procedure and/or diagnosis codes is provided for reference purposes only and may not be all inclusive. Listing of a code in this guideline does not imply that the service described by the code is a covered or non-covered health service. Benefit coverage for health services is determined by the member specific benefit plan document and applicable laws that may require coverage for a specific service. The inclusion of a code does not imply any right to reimbursement or guarantee claim payment. Other Policies and Guidelines may apply.

CDT Code	Description
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 orthodontic treatment of the transitional dentition
D8080	Comprehensive orthodontic treatment of the adolescent dentition
D8090	Comprehensive orthodontic treatment of the adult dentition
D8091	Comprehensive orthodontic treatment with orthognathic surgery
D8220	Fixed appliance therapy
D8660	Pre-orthodontic treatment examination to monitor growth and development
D8670	Periodic orthodontic treatment visit

CDT Code	Description
D8671	Periodic orthodontic treatment visit associated with orthognathic surgery
D8680	Orthodontic retention [removal of appliances, construction and placement of retainer(s)]
D8695	Removal of fixed orthodontic appliances for reasons other than completion of treatment
D8696	Repair of orthodontic appliance – maxillary
D8697	Repair of orthodontic appliance – mandibular
D8698	Re-cement or re-bond fixed retainer – maxillary
D8699	Re-cement or re-bond fixed retainer – mandibular
D8701	Repair of fixed retainer, includes reattachment – maxillary
D8702	Repair of fixed retainer, includes reattachment – mandibular
D8703	Replacement of lost or broken retainer – maxillary
D8704	Replacement of lost or broken retainer – mandibular
D8999	Unspecified orthodontic procedure, by report

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Description of Services

The American Association of Orthodontists defines medically necessary orthodontics as “orthodontic services to prevent, diagnose, minimize, alleviate, correct, or resolve a Malocclusion (including craniofacial abnormalities and traumatic or pathologic anatomical deviations) that cause pain or suffering, physical deformity, significant malfunction, aggravates a condition, or results in further injury or infirmity”.

Pursuant to CA AB2585: While not common in dentistry, nonpharmacological pain management strategies should be encouraged if appropriate.

Clinical Evidence

In a 2022 systematic review and meta-analysis, Papageorgiou et al. assessed the benefits and risks of orthodontic treatment in individuals with severe periodontal disease resulting in pathological tooth migration (flaring, drifting and elongation). The primary outcome was gain in clinical attachment level (CAL) during treatment, with the secondary outcomes of tooth loss, change in pocket probing depth (PPD), marginal bone level (MBL), gingival profile (such as gingival recession and papillary conditions), tooth mobility, treatment outcomes (including stability), root resorption, and patient-reported outcome measures (PROM). Thirty studies of various designs (all were poor quality), totalling 914 individuals were included and assessed for periodontal-orthodontic treatment with periodontal therapy only, additional procedures such as fiberotomy or guided tissue regeneration, and adjuncts such as laser or bite wafer. The results showed that combined periodontal- orthodontic treatment resulted in small gains to CAL, PPD, MBL and papilla height without substantial adverse effects. There were no significant effects on PROMs including tooth loss, mobility, root resorption, development of recession and pain during orthodontic treatment. Adjunct use did not impact these results, and the long-term prognosis was not decreased. The authors concluded that orthodontic treatment might be associated with small improvements of periodontal parameters without affecting the long-term prognosis. Due to poor quality studies with considerable heterogeneity, the optimal treatment protocols remain unclear.

Clinical Practice Guidelines

American Association of Orthodontists (AAO)

The AAO Clinical Practice Guidelines for Orthodontic and Dentofacial Orthopedics states that the objectives of orthodontic treatment include optimum dentofacial function, health, stability, and esthetics. It is recognized that individual patients may have specific problems, concerns and conditions which may prevent the attainment of optimal results. Factors that may limit the success of orthodontic treatment should be documented in the patient's record, and the patient/parent/guardian should be informed. These limiting factors include, but are not limited to the following:

- The severity of the pretreatment condition
- A mutual agreement to pursue limited treatment objectives
- Abnormal skeletal morphology or growth, during or after treatment
- Abnormal size, shape, or number of teeth
- Aberrant tooth eruption patterns
- Patient's failure to initiate timely treatment, continue or complete treatment

- Compromised periodontal tissues
- Persistent harmful habits or abnormalities of muscle function relating to the dentofacial complex
- Inability or unwillingness of the patient to cooperate with treatment (e.g., the wear and/or care of appliances, oral hygiene measures, diet, keeping appointments, etc.)
- Failure to complete all recommended aspects of treatment
- Poor quality, untimely or inappropriate integration of other recommended or required interdisciplinary dental and/or medical services
- Disclosed or undisclosed medical complications or underlying systemic conditions
- Transfer of patient care to or from another dentist during orthodontic treatment
- Limitations of, or relapse following orthognathic surgical procedures
- Patients failure to schedule and follow up with other specialists or their general dentist

References

American Dental Association (ADA); CDT 2026 Dental Procedure Code Book.

American Academy of Pediatric Dentistry Guideline on Dental Management of Pediatric Patients Receiving Chemotherapy, Hematopoietic Cell Transplantation, and/or Radiation Therapy. Revised 2022.

American Association of Orthodontists Clinical Practice Guidelines for Orthodontics and Dentofacial Orthopedics 2025.

American Association of Orthodontists Glossary 2024.

American Association of Orthodontists House of Delegates. Medically Necessary Orthodontic Care. May 2019.

American Cleft Palate Craniofacial Association. Parameters of Care For Evaluation and Treatment of Individuals with Cleft Lip/Palate and/or Other Craniofacial Condition. 2024.

Department of the Army. U.S. Army Dental Command Policy 07-08, Orthodontic Care Policy. 2007.

Information on Essential Health Benefits (EHB) Benchmark Plans (links to States plans). Available at: <https://www.cms.gov/ciiio/resources/data-resources/ehb.html>. Accessed August 15, 2025.

National Institutes of Health, National Institute of Neurological Disorders and Stroke. Parry-Romberg Information Page. 2017.

Neville B, Damm D, Allen C et al. Oral and Maxillofacial Pathology, 4th ed. St. Louis, MO: Elsevier c2024. Chapter 1, Developmental Defects of the Oral and Maxillofacial Region; p. 1-50.

Papageorgiou SN, Antonoglou GN, Michelogiannakis D, et al. Effect of periodontal-orthodontic treatment of teeth with pathological tooth flaring, drifting, and elongation in patients with severe periodontitis: A systematic review with meta-analysis. J Clin Periodontol. 2022 Jun.

Policy History/Revision Information

Date	Summary of Changes
04/01/2026	<p>Coverage Rationale</p> <ul style="list-style-type: none"> • Revised list of indications for which orthodontic treatment to correct a Handicapping Malocclusion is medically necessary when one or more of the criterion [listed in the policy] are met: <ul style="list-style-type: none"> ○ Added criterion requiring: <ul style="list-style-type: none"> ▪ An overjet of 9 mm or more ▪ The function of the jaw and/or dentition has been profoundly compromised due to trauma or pathology ▪ A reverse overjet of 3.5 mm or more ▪ Anterior and/or posterior crossbite of 3 or more teeth per arch ▪ Lateral or anterior open bite of 2 mm or more of 4 or more teeth per arch ▪ An impinging overbite with evidence of contact into the opposing soft tissue ▪ Impactions where eruption is impeded but extraction is not indicated (excluding third molars) ▪ Crowding or spacing of 10 mm or more in either the maxillary or mandibular arch (excluding 3rd molars) ○ Removed criterion requiring “the member is under the age 19 (through age 18, unless the member specific benefit plan document indicates a different age)”

Date	Summary of Changes
	<ul style="list-style-type: none"> ○ Replaced criterion requiring “services are related to the treatment of a severe craniofacial <i>deformity</i>” with “services are related to the treatment of a severe craniofacial <i>anomaly</i>” ● Added language stating the following should be taken into consideration prior to initiating orthodontic treatment: <ul style="list-style-type: none"> ○ The presence of active, untreated dental disease (e.g., caries, periodontal disease) ○ The inability or unwillingness of the individual to cooperate with treatment (e.g., keeping appointments, maintaining proper oral hygiene) ○ The presence of unmanaged medical conditions <p>Supporting Information</p> <ul style="list-style-type: none"> ● Updated <i>Description of Services</i>, <i>Clinical Evidence</i>, and <i>References</i> sections to reflect the most current information ● Archived previous policy version DCG003.16

Instructions for Use

This Dental Clinical Policy provides assistance in interpreting UnitedHealthcare standard and Medicare Advantage dental plans. When deciding coverage, the member specific benefit plan document must be referenced as the terms of the member specific benefit plan may differ from the standard dental plan. In the event of a conflict, the member specific benefit plan document governs. Before using this policy, check the member specific benefit plan document and any applicable federal or state mandates. UnitedHealthcare reserves the right to modify its Policies and Guidelines as necessary. This Dental Clinical Policy is provided for informational purposes. It does not constitute medical advice.