
Renaissance Clinical Criteria for Utilization Management Decisions

Clinical Criteria for Orthodontic Treatment

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Introduction

This Renaissance clinical criteria document addresses orthodontic treatment. The purpose of this document is to provide written clinical criteria to ensure that Renaissance consistently applies sound and objective clinical evidence when determining the medical necessity and clinical appropriateness of orthodontic treatment, as well as taking individual patient circumstances and the local delivery system into account.

Orthodontic treatment is performed to diagnose, prevent and treat malalignment of teeth, developmental anomalies and asymmetry of dentofacial structures. The purpose of orthodontic treatment is to provide the patient with the best achievable alignment of the dentition and dentofacial symmetry to optimize occlusal function, speech, oral hygiene and appearance.

Orthodontic treatment employs a variety of techniques including appliances for modification of jaw growth to correct skeletal discrepancies during dentofacial development, fixed brackets, archwires and elastics to move teeth into desired positions, removable plastic aligner trays to reposition teeth without braces, plastic retainers to prevent repositioned teeth from reverting back into maloccluded positions and orthognathic surgery when severe skeletal discrepancy requires repositioning of the maxilla or mandible adjunctive to tooth repositioning to optimize the relationship between teeth and facial bones.

Orthodontic treatment may be performed by general dentists, pediatric dental specialists or orthodontic specialists in a variety of healthcare facilities. Some dental programs may restrict benefit payment for orthodontic services to specific professionals (e.g., orthodontic specialists).

Applicable Dental Procedure Codes

The following dental procedure codes defined in the current version of the American Dental Association's Code on Dental Procedures and Nomenclature (the CDT® Code) are applicable to this document and are the appropriate codes to use when documenting orthodontic treatment procedures. Inclusion of these codes here is for informational purposes only and does not imply benefit coverage or noncoverage of a procedure by a member's dental plan. A determination that a dental procedure is medically necessary and clinically appropriate does not guarantee that the procedure is a covered benefit of a member's dental plan. To determine if orthodontic treatment is a covered benefit of an individual member's dental plan, please refer to the plan documents in effect on the date of service.

CDT® Procedure Code	Procedure Code Nomenclature
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
CDT® Procedure Code	Procedure Code Nomenclature

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D8220	fixed appliance therapy
D8210	removable appliance therapy
D8660	pre-orthodontic treatment examination to monitor growth and development
D8670	periodic orthodontic treatment visit
D8680	orthodontic retention (removal of appliances, construction and placement of retainer(s))

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Clinical Criteria¹

When approval of benefit payment for orthodontic treatment by a member's dental plan requires a determination by Renaissance that treatment is medically necessary and clinically appropriate, the patient's dental record must document a clinical condition consistent with generally accepted criteria for medically necessary orthodontic care.

Orthodontic treatment is generally considered to be medically necessary for patients diagnosed with significant deformities of craniofacial structures and the dentition that result in functional impairment of speech, respiration, nutrition and oral hygiene. The term "handicapping malocclusion" is commonly used to describe these conditions. In the absence of program-specific criteria that define when orthodontic treatment is considered medically necessary and eligible for benefit coverage, Renaissance considers that orthodontic treatment may generally be considered medically necessary when functional impairment is present due to the following conditions. This set of conditions generally aligns with the American Association of Orthodontists qualifying criteria for establishing a basis for medically necessary orthodontic care:

- A congenital or developmental disorder (craniofacial anomaly), traumatic injury to craniofacial structures or craniofacial pathology
- Congenitally missing teeth in multiple quadrants
- Excessive overjet of 9 millimeters or more
- Excessive reverse overjet of 3.5 millimeters or more
- Anterior and/or posterior crossbite involving 3 or more teeth per arch
- Lateral or anterior open bite of 2 millimeters or more involving 4 or more teeth per arch
- Impinging overbite with evidence of occlusal contact causing damage to the opposing palatal soft tissue
- Permanent tooth impactions where eruption is impeded but extraction is not indicated and impacted teeth have a good prognosis of being brought into the arch
- Severe crowding or excessive spacing of 10 millimeters or more in either the maxillary or mandibular arch

For patients who do not meet the published qualifying criteria for medically necessary orthodontic services, Renaissance will consider documentation from relevant clinicians that explains the necessity of covering orthodontic treatment for conditions not included in the criteria.

¹ Government regulations or the provisions of a member's dental plan that define when a dental procedure may be
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considered medically necessary and clinically appropriate with respect to benefit coverage may take precedence over these clinical criteria.

The performance of orthodontic treatment under the following conditions may be considered not medically necessary, inadvisable or deficient in clinical quality and may result in disapproval of benefits based on a determination that treatment is not medically necessary or not clinically appropriate:

- Absence of qualifying criteria for medically necessary orthodontic treatment, e.g., orthodontic services performed on patients with non-dysfunctional occlusions where treatment is provided primarily for cosmetic improvement
- Orthodontic services not supported by appropriate clinical documentation, diagnosis and treatment planning
- Teeth that are broken down by dental caries, extensive restoration and/or fracture
- Teeth with unresolved periapical pathology, failed endodontic treatment, an improperly aligned post and/or failed root integrity due to root fracture or resorptive defect
- Teeth with insufficient alveolar bone support, advanced furcation involvement and/or advanced mucogingival defects
- A high caries risk and/or poor oral hygiene that presents a relative contraindication to treatment
- Compromised temporomandibular joint likely to cause complications during or after treatment
- An alternative treatment is more appropriate for a patient's condition or circumstance based on accepted standards of care
- Medical or dental disorders where a patient's medical or dental condition could be compromised by orthodontic treatment

Depending on an individual patient's condition and circumstances, the following additional criteria for orthodontic treatment may be applied for coverage determinations:

- When dental benefit programs have established program-specific criteria that define when orthodontic treatment is considered medically necessary and eligible for benefit coverage, Renaissance will apply that criteria when there is a need to evaluate orthodontic treatment for medical necessity. This may include the use of scores from program-mandated orthodontic treatment need indices, such as the Index of Complexity, Outcome and Need, the Salzmann Index or the Handicapping Labiolingual Deviation Index, as qualifying criteria to determine if a patient has a handicapping malocclusion eligible for orthodontic benefit coverage.
- The complexity of many craniofacial disorder cases may require a multidisciplinary approach involving collaboration among orthodontists and other health care professionals.

Other Considerations

When the payment of benefits for a dental procedure by a member's dental plan depends on the application of clinical criteria to determine whether the procedure is medically necessary or clinically appropriate, the following additional information will be taken into consideration, if applicable:

- Individual patient characteristics including age, comorbidities, complications, progress of treatment, psychosocial situation and home environment
- Available services in the local dental delivery system and their ability to meet the member's specific dental care needs when clinical criteria are applied

Required Documentation

The decision to perform orthodontic treatment on a patient should be based on a thorough clinical and radiographic

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examination that facilitates the formulation of an appropriate treatment plan. When the payment of benefits for an orthodontic procedure by a member's dental plan depends on a review of the procedure's medical necessity and clinical appropriateness, the treating practitioner should submit with the claim the following information as applicable from the patient's dental record. If the practitioner is unable to provide this information, benefit payment may be disapproved.

- Evidence of a qualifying condition for medically necessary orthodontic services defined by images of articulated pre-orthodontic study models and diagnostic quality radiographic/photographic imaging, including panoramic/cephalometric images and any associated tracings. Mounted orthodontic models and intraoral photographs should include anterior, left and right images showing the full dentition in centric occlusion.
- A detailed description of any functional impairment of speech, breathing, nutrition or other bodily processes
- Patient treatment records from the treating clinician(s) documenting medical and dental histories, evaluation, diagnosis, rationale for treatment and any previous health care services provided to manage functional impairment
- Completed orthodontic treatment need index, if required
- The treating clinician's comprehensive plan of orthodontic care documenting proposed procedures to manage the patient's condition including the expected outcome for the improvement of functional impairment

Additional Information

The provision of dental advice and clinical treatment of patients is the sole responsibility of treating dentists, and these clinical criteria are not intended to restrict dentists from carrying out that responsibility or recommend treatment to their patients.

Renaissance's clinical criteria are developed and annually updated by a panel of licensed dental general practitioners and specialists serving on Renaissance's Utilization Management (UM) Committee, including the Dental Director and Utilization Management Director. The criteria are developed in alignment with evidence-based clinical recommendations, guidelines and parameters of care of leading nationally recognized dental public health organizations, health research agencies and professional organizations, credible scientific evidence published in peer-reviewed medical and dental literature, the curriculum of accredited dental schools, the regulatory status of relevant dental technologies, the rules and requirements of the Centers for Medicare and Medicaid Services, Renaissance national processing policies and input from practicing dentists. New and revised clinical criteria must be approved by the Dental Director and adopted by the UM Committee prior to release.

Federal or state statutes or regulations, dental plan contract provisions, local or national claim processing policies or other mandated requirements may take precedence over these clinical criteria.

Renaissance reserves the right to modify or replace this document at any time as appropriate to ensure the soundness, accuracy and objectivity of Renaissance's clinical criteria.

Appendix A

Qualifying criteria include coverage for the treatment of craniofacial anomalies, malocclusions caused by trauma, or when a severe malocclusion or craniofacial imbalance is caused by one or more of the following:

- **Fully erupted set of permanent teeth, with at least ½ to ¾ of the clinical crown exposed unless tooth is impacted or congenitally missing**
- Overjet equal to or greater than 9 mm.
- Reverse overjet equal to or greater than 3.5 mm.
- Posterior crossbite with no functional occlusal contact.
- Lateral or anterior open bite equal to or greater than 4 mm.
- Impinging overbite with either palatal trauma or mandibular anterior gingival trauma.

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- One or more impacted teeth with eruption that is impeded (excluding third molars).
- Defects of cleft lip and palate or other craniofacial anomalies or trauma.
- Congenitally missing teeth (extensive hypodontia) of at least one tooth per quadrant (excluding third molars).
- If none of the conditions listed above exist, but the member's condition results in a qualifying MSA score of 28 or above, Renaissance may approve the requested orthodontic services.
- Coverage is limited to members age 20 and younger.
- ***Note:** Orthodontics is a once in a lifetime benefit

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