



DENTAL CLINICAL POLICY AND PROCEDURES

ORTHODONTIA CARE

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II. POLICY STATEMENT

Orthodontic care refers to a specialized field within dentistry that is focused on the diagnosis, prevention, interception, and correction of dental and skeletal irregularities involving the alignment of teeth and the positioning and function of the jaws. Orthodontic services are typically provided to address malocclusions—commonly known as improper bites—which may include conditions such as crossbites, crowded teeth, excessive spacing, open bites, or improper upper and lower teeth relationships due to jaw or tooth positions. In addition to these dental alignment issues, orthodontic treatment may be indicated in cases of abnormal jaw development, congenital craniofacial anomalies, or as part of a multidisciplinary approach to pre-surgical or prosthetic dental planning. Orthodontia care encompasses a range of diagnostic procedures, including but not limited to clinical examinations, dental impressions, 3D dental surface scans, panoramic and cephalometric radiographic imaging, and the development of treatment plans based on detailed anatomical assessments. Preventive and interceptive measures may be implemented during early dental development to reduce the severity of future malocclusions. Active treatment typically involves the use of fixed or removable orthodontic appliances, such as traditional bracket braces and archwires, clear aligners, space maintainers, palatal expanders, and functional orthopedic devices, which are designed to gradually guide the movement of teeth and influence jaw growth. Following the completion of active treatment, retention services—including the fitting, monitoring, and maintenance of orthodontic retainers—are essential to preserve treatment outcomes and prevent relapse (the teeth moving back to where they were prior to orthodontic treatment). Orthodontic care may be initiated during childhood or adolescence, when skeletal growth can be guided, but it is also applicable to adults who require correction of longstanding dental or jaw irregularities. The primary objective of orthodontia care is to improve oral function, promote long-term dental health, and facilitate the proper alignment of the dental and skeletal structures for optimal physiological performance.

A. Coverage Criteria for Orthodontia Services:

1. PEHP may consider orthodontic treatment medically necessary when all required documentation is submitted and one or more of the following clinical criteria are met:
 - a. Orthodontic care may be covered if the member presents with one or more of the following conditions:

- 1) Anterior and/or posterior [crossbite](#) when it involves 3 or more teeth per arch; or
- 2) Congenitally missing teeth (excluding third molars, or wisdom teeth) when they result in spacing issues, malocclusion, or occlusal dysfunction; or
- 3) Crowding or spacing when there is general misalignment of either arch; or
- 4) Impactions with eruption impeded (excluding third molars, or wisdom teeth) when one or more teeth are unable to erupt into the dental arch due to an obstruction and do not require extraction, necessitating orthodontic treatment; or
- 5) Impinging [overbite](#) when excessive vertical overlap of the upper front teeth causes trauma or injury to the lower gums, palate, or soft tissues; or
- 6) Lateral or anterior [open bite](#) when there is a vertical gap of 2.0 mm or more involving four or more teeth per arch that impairs chewing or speech; or
- 7) Positive or reverse overjet (over or under bite) that lies without physiologically acceptable standards; or
- 8) Severe craniofacial anomalies resulting from congenital, traumatic, pathological, or developmental conditions that affect the jaws or teeth.

B. Covered Orthodontia Services:

1. The following orthodontia services are covered when determined to be medically necessary and provided by a licensed orthodontist or dentist, including but not limited to the following:
 - a. Clear Aligner Therapy (e.g., Invisalign®) uses custom, removable clear trays to gradually align teeth for mild to moderate cases and must be prescribed and monitored by a licensed provider on a regular appointment schedule (See [Appendix B. Orthodontic Appliances and Devices](#) for further information); internet or mail-order aligners (e.g., AlignerCo, Byte, ClearCorrect) are not covered;
 - b. Comprehensive Orthodontic Treatment involves a full course of care with fixed or removable appliances to correct malocclusions and jaw misalignment, covering diagnosis, appliance placement, monitoring, and retention (See [Appendix C. Phases of Orthodontia Treatment](#) for further information);
 - c. Diagnostic Casts are 3D models of the dental arches created from impressions or digital scans, used to assess occlusion, plan treatment, and monitor progress (considered inclusive to comprehensive orthodontia coverage and are not eligible for separate reimbursement);
 - d. Functional Appliances (e.g., [headgear](#)) are devices designed to guide jaw growth and improve bite alignment in growing patients with coverage subject to plan;
 - e. Initial Consultation and Diagnostic Services consist of a thorough evaluation to assess orthodontic needs, review history, perform exams, take diagnostic records, and establish medical necessity;
 - f. Periodic Adjustment Visits are regular appointments during active treatment to assess progress, adjust appliances, and ensure safe and effective tooth movement;
 - g. Photographic Records include standardized intraoral and extraoral photos taken before, during, and after treatment for diagnosis, planning, and monitoring;
 - h. Retention Services cover the fabrication, fitting, and periodic evaluation of fixed or removable [retainers](#) used post-treatment to maintain teeth alignment and prevent relapse;
 - i. Traditional Braces consist of metal or ceramic brackets bonded to teeth, connected by archwires and elastics, to apply continuous pressure and correct a wide range of orthodontic issues (See [Appendix B. Orthodontic Appliances and Devices](#) for further information);
 - j. X-Rays, including panoramic and cephalometric radiographs (considered inclusive to comprehensive orthodontia coverage and are not eligible for separate reimbursement), provide essential diagnostic information on teeth, jaw development, and skeletal relationships, and are covered at diagnosis and as clinically needed.

C. Non-Covered Orthodontia Services:

1. The following orthodontia services are not covered or considered inclusive to comprehensive orthodontic treatment under the PEHP dental plan:
 - a. Anchorage devices—including bone plates, miniscrews, and Temporary Anchorage Devices (TADs)—are utilized to provide resistance and stabilize teeth during orthodontic movement. The placement and removal of anchorage devices are considered inclusive to comprehensive orthodontia coverage and are not eligible for separate reimbursement;

- b. Cephalometric radiograph images, fiberotomy, indirect 3D dental surface scans, placement of retainers, recementing of fixed retainer, and removal and repair of orthodontic appliance are considered inclusive to comprehensive orthodontia coverage and are not eligible for separate reimbursement;
- c. Diagnostic Casts: Three-dimensional models of the dental arches, created from impressions or digital scans, are utilized to assess occlusion, plan treatment, and monitor progress. Diagnostic casts are considered inclusive to comprehensive orthodontia coverage and are not eligible for separate reimbursement;
- d. Habit appliances designed to discourage oral habits like thumb sucking or tongue thrusting are excluded from coverage;
- e. Internet-or mail-order clear aligner treatments (e.g., AlignerCo, Byte, or ClearCorrect) without direct supervision by a licensed provider are excluded from coverage;
- f. Replacement costs for lost or broken orthodontic appliances are not covered, except for necessary repairs or reattachments of fixed appliances are excluded from coverage;
- g. Orthodontic and dental appliances intended solely for treatment of temporomandibular joint dysfunction ([TMJ/TMD](#)) are excluded from coverage;
- h. Orthodontic treatment provided purely for cosmetic purposes without medical necessity are excluded from coverage;
- i. Swartz and Hawley retainers are excluded from coverage except when prescribed as part of a new, medically necessary orthodontic phase initiated after removal of braces (de-banding) (See [Appendix B. Orthodontic Appliances and Devices](#) for further information).
- j. **Note:** See [Section IV. PEHP Dental Master Policy Exclusions](#) for further information.

D. Orthodontia Benefit Waiting Period:

- 1. A six-month waiting period applies to orthodontic benefits unless specifically waived by the employer group;
- 2. For members with dual PEHP dental coverage, the waiting period is considered met on both plans once the plan with the longest coverage duration has satisfied the waiting period;
- 3. No benefits will be payable for orthodontic services that begin before the six-month waiting period has been satisfied;
- 4. PEHP dental plan requires verification from the previous carrier regarding amounts already paid toward orthodontic treatment when the waiting period and treatment in progress exclusions are waived;
- 5. PEHP dental plan will cover only the remaining balance of orthodontic benefits up to the PEHP dental plan lifetime maximum after verifying prior payments;
- 6. The waiting period and treatment in progress exclusions may be waived for an entire new employer group enrolling with PEHP dental plan;
- 7. All benefit pre-authorizations requested during the first six months of coverage are subject to the waiting period.

E. Orthodontia Claims Submission:

- 1. Initial orthodontic claim submissions must include the following information:
 - a. Banding Date (Placement Date): The date when orthodontic appliances (e.g., brackets, buttons, or attachments) are first placed or bonded to the teeth; and
 - b. Diagnosis and Clinical Justification: A detailed narrative describing the orthodontic condition or malocclusion being treated, including its functional impact, particularly if severe or physically limiting; and
 - c. Orthodontic Treatment Plan: A detailed narrative outlining the proposed orthodontic care, planned appliances, radiographic findings, treatment goals, estimated duration of treatment, and the total cost estimate for the entire course of care; and
 - d. Procedure Coding: List all applicable procedure code(s) relevant to the orthodontic treatment; and
 - e. Primary Insurance Payment Details (if applicable): If PEHP is not the primary insurer, include documentation of the total amount the primary carrier will pay for the treatment phase and the percentage of coverage; and
 - f. Surgical Correction (if applicable): For cases involving [orthognathic surgery](#) or other surgical interventions, submit a comprehensive surgical plan and a letter from the treating provider explaining medical necessity; and
 - g. Supporting Documentation: Clinical notes and diagnostic radiographs should be made available upon request in accordance with the Master Policy.

F. Orthodontia Payment Guidelines:

1. Payment Amounts and Schedule:
 - a. PEHP considers a maximum lifetime fee of \$1500 for orthodontic treatment;
 - b. For members with dual coverage, the maximum lifetime fee may be up to \$3,000 (See [Section III. Benefit Limits](#) for further information);
 - c. Eligible orthodontic services are paid on a quarterly basis;
 - d. The maximum initial down payment is \$450;
 - e. Subsequent quarterly payments are up to \$175 each;
 - f. Payments continue until the member's lifetime orthodontic maximum is reached or the total payable amount has been fully paid.
2. Payment Initiation:
 - a. Payment begins with the down payment made at the time of "banding" (placement of braces);
 - b. The first quarterly payment is made on the first day of the fourth month following banding and covers the previous three months.;
 - c. Quarterly payments continue until the benefit is fully utilized or coverage ends;
3. Treatment Duration:
 - a. Claims may be subject to review if there is a reduction in treatment fees or if orthodontic records require verification;
 - b. Full orthodontic treatment is defined as a minimum duration of 18 months and a maximum duration of 24 months, regardless of when treatment is actually completed.
4. Treatment Interruption and Continuation:
 - a. A lapse in coverage will stop further payments under the treatment-in-progress provisions;
 - b. Benefits end at the close of the coverage month if treatment terminates early or the member loses eligibility;
 - c. If treatment restarts without any lapse in coverage, any remaining benefits will continue to be payable.
5. Treatment Completion Requirement:
 - a. Multiple sessions involved in fitting an appliance are treated as one service for the purpose of payment;
 - b. Payments are issued only after the orthodontic service has been completed, including preparation, appliance installation, or banding.
6. Treatment Transfer Between Plans:
 - a. Benefits will continue if a member switches between PEHP dental plans during ongoing treatment without any lapse in coverage;
 - b. If coverage ends before treatment completion, COBRA coverage must be elected to continue benefits;
 - c. Treatment must be completed prior to the termination of coverage.

III. BENEFIT LIMITS

- A. Basic Dental Services, including Prosthodontics and Restorations: Maximum of up to \$500, \$1000, \$1500, or \$2000 per member per policy year depending on the dental plan and/or employer group.
- B. Dental Accident: Maximum of up to \$500 per member per policy year.
- C. Orthodontic Services: Lifetime orthodontic maximums apply separately per employer group or policy. Therefore, a member may be eligible for an additional orthodontic lifetime maximum of \$1,500 under each distinct plan or employer group in which they have coverage. This means that if a member moves from one employer group to another or transitions from dependent coverage to a policyholder under a separate plan, they may qualify for an additional \$1,500 orthodontic lifetime maximum per plan. Consequently, a member could be eligible for up to \$3,000 in lifetime orthodontic benefits if covered under two separate PEHP dental plans. Waiting periods for orthodontic benefits may be waived if the member has maintained continuous PEHP-sponsored dental coverage; otherwise, applicable waiting periods will apply.

IV. PEHP DENTAL MASTER POLICY EXCLUSIONS and LIMITATIONS

A. GENERAL EXCLUSIONS

- *Charges for the following circumstances are excluded as benefits under PEHP:*

- Administration of enteral minimal or moderate sedation, non-intravenous parenteral moderate sedation, and nitrous oxide are not covered, and local anesthesia, regional block, and trigeminal division block anesthesia are considered inclusive to the procedure and not separately reimbursed.
- Any services or supplies not specifically identified as a covered service.
- Any orthodontic, surgical, or therapeutic procedure—including myofunctional therapy—performed to diagnose, correct, or treat temporomandibular joint syndrome or temporomandibular disorder (TMJ/TMD).
- Appliance or restorations necessary to increase vertical dimension of teeth or restore or equilibrate the occlusion; occlusal analysis or adjustment.
- Botulinum toxin (Botox) injections for temporomandibular disorders/temporomandibular joint disorders, including bruxism (jaw clenching).
- Dentistry for solely cosmetic reasons, including but not limited to bleaching, bonding, veneers and crowning of peg laterals.
- Charges for remote dental evaluation and management, including prescriptive services provided by the Internet, Telephone or Catalog without personal evaluation by a licensed Dentist or Provider.
- Charges for special equipment, machines, or devices in the Dentist's office used to enhance Diagnostic or therapeutic services in a Dentist's practice.
- Charges made for completion or submission of claim forms or for dental records necessary for review of claims.
- Dental services incurred or completed after termination of Coverage .
- Dental services started or incurred prior to the effective date of Coverage.
- General anesthesia in a dental office is not a covered service under the dental plan, except when medically necessary for eligible complex oral surgeries (e.g., removal of large cysts or tumors, multiple-site implant placement, extensive bone grafting such as ridge augmentation or sinus lift procedures, or impacted third molar removal), for members with special healthcare needs (e.g., developmental disabilities, cognitive impairments, or severe medical conditions who cannot tolerate routine dental care), or when local anesthesia (including regional block and trigeminal division block) or moderate sedation is ineffective or contraindicated. When provided in a dental office, coverage applies only under strict conditions: the dentist or a certified anesthetist must be properly trained and credentialed in anesthesia delivery, the office must be equipped with advanced monitoring devices and emergency management capabilities, and member selection must be appropriate based on medical history and risk assessment. General anesthesia is not covered for routine procedures such as root canal therapy or simple extractions, nor solely for the management of dental phobia or anxiety. General anesthesia administered through an advanced airway is not covered. Services provided in a healthcare facility outside the dental office under the medical benefit requires preauthorization.
- Habit appliances.
- Lost or stolen dentures, occlusal guards, orthodontic appliances, removable dental bridges, or other dental appliances.
- Maxillofacial magnetic resonance imaging (MRI) or ultrasound.
- Maxillofacial or orthognathic jaw surgery, including surgical procedures performed to correct skeletal abnormalities of the jaw and facial bones. These may involve repositioning the upper jaw (maxilla), lower jaw (mandible), or both to improve function, facial symmetry, and occlusion.
- PEHP is not responsible to pay any benefits given verbally or assumed except as written in a Pre-authorization.
- Recording charts, exam data, pulp testing, sterilization of equipment, OSHA requirements, dressing changes, etc. are considered all-inclusive and are not payable separately.
- Recording or charting of jaw movements and chewing functions (gnathological recordings).
- Separate charges for acid etching, adhesives, cement bases, final placement, impressions, light curing, local anesthesia (including regional block and trigeminal division block), temporary restorations, tooth preparation, and all associated laboratory services.
- Study molds or Diagnostic casts, except in conjunction with eligible Orthodontic treatment.
- Unbundling or fragmentation of codes.

B. ORTHODONTIC BENEFITS

- Anchorage devices—including placement and removal—along with cephalometric radiograph images, diagnostic casts (study models), fibrotomy, indirect 3D dental surface scans, placement of retainers, re-cementing of fixed retainers, and removal or repair of orthodontic appliances are considered included in the fee for comprehensive orthodontic treatment and are not eligible for separate reimbursement.

- *Benefits will be prorated per phase of treatment, including the initial/diagnostic phase (records and treatment planning), active treatment phase (appliance placement and adjustments), and retention phase (removal of appliances and placement of retainers).*
- *Covered services are payable at 50% of billed charges up to a Lifetime Maximum of \$1,500. The Member is responsible for any difference in cost.*
- *Orthodontic benefits do not require written Preauthorization.*
- *Orthodontic records, study models and x-rays necessary to diagnose and determine Orthodontic treatment are considered under this benefit.*
- *Payment of covered services will automatically be processed for payment on a quarterly basis over a period of 12 to 24 months per individual case. A minimum of 18 months will be considered for full Orthodontic treatment.*
- *Removal of fixed orthodontic appliances (such as braces or other bonded devices) for reasons other than completion of treatment is allowed once per lifetime but is subject to the lifetime maximum of \$1,500.*
- *Repair of a fixed retainer is allowed once per arch within a twenty-four (24)-month period following orthodontic appliance removal but is subject to the lifetime maximum of \$1,500.*
- **ORTHODONTIC LIMITATIONS**
 - *If Orthodontic treatment is terminated for any reason before completion, or Member becomes ineligible, benefits will cease with payment through the month in which termination occurs. If such services are resumed, benefits for the services, to the extent remaining, shall be resumed if there is no lapse in payment and Coverage is continuous.*
 - *In the event the Member switches between PEHP-offered dental plans while Orthodontics are in progress, benefits will continue as long as there is no lapse in Coverage.*
 - *No cases in progress at the time of eligibility or prior to benefit inception or started during the six-month Waiting Period may qualify for payment. When banding has not been done, but previous minor therapy or records have been completed, the benefit will be subject to review of prior Orthodontic records.*
 - *Orthodontic benefits are payable for functionally related problems and not purely Cosmetic Dentistry.*
 - *Services must be completed in order for payment to be made. Services related to the preparation, supplying or installation of an Orthodontic appliance or other services requiring more than one session are considered for payment only after insertion or completion of banding.*
 - *There may be a six-month Waiting Period for Orthodontic benefits. Please refer to your Employer or call PEHP for details. If applicable, no benefits will be payable for services started before the six-month Waiting Period has been met.*
 - *Treatment must be completed prior to the 26th birthday for eligible Dependent children. No payment will be made for costs incurred after the 26th birthday, unless Coverage is continued with a COBRA dental policy.*

V. APPENDIX

A. Definitions:

1. **Crossbite:** A malocclusion where one or more upper teeth bite inside the lower teeth when the jaws are closed, leading to misalignment of the dental arches. An anterior crossbite involves the front teeth biting inside the lower front teeth, while a posterior crossbite occurs when the upper back teeth bite inside the lower back teeth. If untreated, crossbites may cause uneven tooth wear, jaw discomfort, and asymmetrical facial growth.
2. **Open Bite:** A malocclusion where upper and lower teeth don't touch when the jaws close, affecting chewing and speech. It can involve front teeth (anterior open bite) or side teeth (lateral open bite). Treatment usually involves orthodontics and sometimes surgery.
3. **Orthognathic Surgery:** Orthognathic surgery involves the surgical repositioning and correction of deformities or abnormalities of the mandible, maxilla, or both jaws, which may be congenital, developmental, or trauma-induced, and is indicated when orthodontic treatment alone cannot achieve adequate functional or aesthetic outcomes.
4. **Overbite:** Overbite refers to the vertical overlap of the maxillary anterior teeth over the mandibular anterior teeth, measured perpendicularly to the occlusal plane, and excessive overbite may contribute to dental wear, periodontal problems, and functional impairment.
5. **Overjet:** A dental condition characterized by the horizontal protrusion of the upper front teeth beyond the lower front teeth. Excessive overjet can affect oral function, speech, and aesthetics, and may increase the risk of dental trauma.

6. **Reverse Overjet:** Also known as underbite, is a malocclusion where the lower front teeth extend horizontally beyond the upper front teeth when the jaws are closed. This condition can impair chewing function, speech, and facial aesthetics.
7. **Temporomandibular Joint Dysfunction (TMJ/TMD):** A disorder affecting the temporomandibular joint, which connects the jawbone to the skull. TMJ/TMD causes pain, limited jaw movement, clicking or popping sounds, and may lead to difficulty chewing or speaking. The condition can result from injury, arthritis, jaw alignment issues, or muscle dysfunction and often requires medical or dental treatment for symptom management.

B. Orthodontic Appliances and Devices:

1. **Functional Appliance:** An orthodontic device, either fixed or removable, designed to influence the growth and positioning of the jaws, improve bite alignment, and modify oral muscle function. These appliances are typically used in growing children and adolescents as part of early orthodontic treatment to correct skeletal discrepancies and guide proper dental development.
2. **Headgear:** An orthodontic appliance worn partially outside the mouth to control the growth of the jaws and guide the movement of teeth. It is typically used to correct severe bite discrepancies, such as overbites or underbites (reverse overjet), by applying controlled force to the upper or lower jaw.
3. **Retainer:** A custom-made orthodontic appliance, either fixed or removable, used after active treatment to maintain teeth in their corrected positions and prevent relapse. Retainers are part of the retention phase of orthodontic care.
4. **Type of Braces:**
 - a. **Ceramic Braces:** Ceramic braces work like metal braces but use clear or tooth-colored materials for a less noticeable look. They're popular with teens and adults wanting effective treatment with better aesthetics. Though more fragile and prone to staining, they offer similar results but usually cost more.
 - b. **Clear Aligners (e.g., Invisalign):** Clear aligners are removable, nearly invisible trays that gradually shift teeth. Worn 20–22 hours daily and replaced every 1–2 weeks, they're comfortable and convenient but best for mild to moderate cases, not complex corrections.
 - c. **Lingual Braces:** Lingual braces are placed on the inside of teeth, making them invisible from the outside. They're effective for complex issues but can be harder to clean and may cause temporary speech or comfort problems. They cost more due to customization and expert placement.
 - d. **Self-Ligating Braces:** Self-ligating braces use built-in clips instead of elastic bands to hold wires, reducing friction and possibly shortening treatment and appointments. They're easier to clean and more comfortable but often cost more and don't always change outcomes.
 - e. **Traditional Metal Braces:** Traditional metal braces have metal brackets and wires held by elastic bands, allowing color customization. They're effective for a wide range of issues, durable, affordable, and suitable for all ages but are the most visible and may cause some discomfort initially.

C. Phases of Orthodontia Treatment:

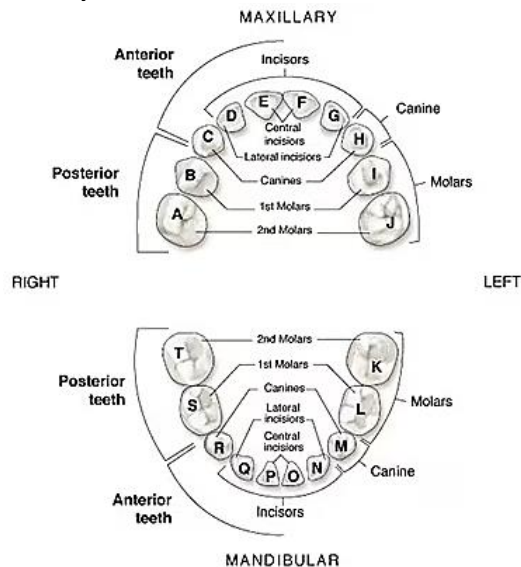
1. **Initial Consultation and Evaluation:** The orthodontic treatment starts with a detailed consultation and evaluation, including medical history, exams, and diagnostic records like X-rays and scans. This helps identify dental issues and allows the orthodontist to create a personalized treatment plan outlining goals, appliances, timeline, and expected outcomes.
2. **Phase I – Interceptive or Early Treatment:** Recommended for children aged 6–10, this early phase addresses developing dental or jaw problems to reduce future treatment needs. It may involve appliances like expanders or space maintainers to guide jaw growth, correct bite issues, and manage habits, improving oral development.
3. **Phase II – Active Orthodontic Treatment:** The main treatment phase during adolescence focuses on aligning teeth and correcting bites using braces or clear aligners. Regular adjustments guide teeth movement, typically lasting 1–3 years, resulting in improved function and aesthetics.
4. **Retention Phase:** After active treatment, retainers are used to keep teeth in place while bones and tissues stabilize, preventing relapse. Retainers are worn full-time initially, then nightly, often long-term, with follow-up visits to ensure stability.
5. **Post-Treatment Follow-Up and Maintenance:** The final phase of orthodontic care focuses on long-term follow-up and maintenance to preserve treatment results. After establishing retention, patients continue to visit the orthodontist every 6 to 12 months for checkups. These visits allow the orthodontist to assess retainer fit, detect

any early signs of relapse, and evaluate overall oral health and bite stability. If any shifting or dental issues occur, timely interventions can be applied to prevent further problems.

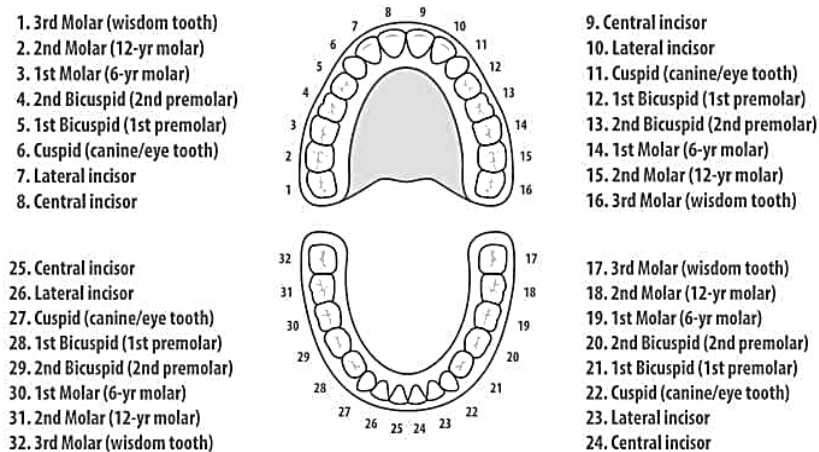
D. Tooth Chart (Universal Tooth Designation System):

The Universal Tooth Designation System, also known as the Universal Numbering System, is a widely used method for identifying individual teeth in the human mouth. In this system, permanent teeth are numbered 1 through 32, while primary (baby) teeth are assigned letters A through T.

1. Primary Teeth Chart:



2. Permanent Teeth Chart:



VI. APPLICABLE CODES

- All claims submitted for processing may be subject to review under McKesson Health Solutions' Clear Claim Connection tool and the Correct Coding Initiative (CCI) guidelines, as established by the Centers for Medicare & Medicaid Services (CMS) and other applicable regulatory authorities. Coding edits may be applied to ensure adherence to national standards, including bundling and unbundling policies as well as code combination restrictions. As a result, claim processing and reimbursement may be adjusted accordingly. All benefit determinations are contingent upon coverage eligibility at the time of service.
- The following list(s) of procedure codes is provided for reference purposes only and may not be all-inclusive, as Current Dental Terminology (CDT) code updates by the American Dental Association (ADA) may occur more

frequently than policy updates. Deleted codes and codes that are not effective at the time the service is rendered may not be eligible for reimbursement. The inclusion of a code within this policy does not imply that the associated service is covered or excluded under any specific health plan. Coverage is determined based on the terms of the member's employer group benefit plan and applicable federal and state laws and regulations. Inclusion of a code does not guarantee claim payment or reimbursement. Other policies or clinical guidelines may also apply.

CDT codes COVERED if selection criteria are met (Subject to Lifetime Maximum) (may not be an all-inclusive list):	
D7296	Corticotomy – one to three teeth or tooth spaces, per quadrant
D7297	Corticotomy – four or more teeth or tooth spaces, per quadrant
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
D8695	Removal of fixed orthodontic appliances for reasons other than completion of treatment
D8701	Repair of fixed retainer (reattachment) – maxillary
D8702	Repair of fixed retainer (reattachment) – mandibular
CDT codes NOT COVERED or INCLUSIVE to Comprehensive Orthodontic Treatment (may not be an all-inclusive list):	
D0340	Cephalometric radiographic image
D0470	Diagnostic casts
D0702	2-D cephalometric radiographic image - image capture only
D7291	Transseptal fiberotomy/supra crestal fiberotomy, by report
D7292	Surgical placement of temporary anchorage device (screw retained plate) requiring flap
D7293	Surgical placement of temporary anchorage device requiring flap
D7294	Surgical placement of temporary anchorage device without flap
D7298	Removal of temporary anchorage device (screw retained plate), requiring flap
D7299	Removal of temporary anchorage device, requiring flap
D7300	Removal of temporary anchorage device without flap
D0802	3D dental surface scan - indirect
D8210	Removable appliance therapy
D8220	Fixed appliance therapy
D8680	Orthodontic retention (removal of appliances, construction, placement of retainer)
D8681	Adjustment of removable orthodontic retainer
D8696	Repair of orthodontic appliance - maxillary
D8697	Repair of orthodontic appliance - mandibular
D8698	Re-cement/re-bond fixed retainer - maxillary
D8699	Re-cement/re-bond fixed retainer - mandibular
D8703	Replacement of lost or broken retainer - maxillary
D8704	Replacement of lost or broken retainer - mandibular
D8999	Unspecified orthodontic procedure, by report