
ORTHODONTICS D8000 - D8999

All of the following orthodontic treatment codes may be used more than once for the treatment of a particular patient depending on the particular circumstance. A patient may require more than one limited or comprehensive procedure depending on their particular problems.

Primary Dentition: Teeth developed and erupted first in order of time.

Transitional Dentition: The final phase of the transition from primary to adult teeth, in which the deciduous molars and canines are in the process of shedding and the permanent successors are emerging.

Adolescent Dentition: The dentition that is present after the normal loss of primary teeth and prior to cessation of growth that would affect orthodontic treatment.

Adult Dentition: The dentition that is present after the cessation of growth that would affect orthodontic treatment.

General Guidelines

1. Orthodontic benefits may be based on individual plan design and may not be a benefit for some plans. Some plans may have contracted to provide different benefits/limitations. Please refer to the current Group Benefits or Patient Eligibility Verification (available on HDS Online or DenTel) for specific group coverage.
2. Under certain plans where Enhanced ACA Pediatric Benefits apply, the orthodontic treatment must meet the medical necessity criteria in order to benefit. Orthodontic coverage is limited to cases involving cleft lip and palate or other severe facial birth defects or injury for which the function of speech, swallowing or chewing is restored.
3. The fee for orthodontic treatment includes appliances, adjustments, insertion and removal, associated office visits and any post-treatment.
 - a. Radiographic images, extractions and other services related to orthodontic treatment are benefited under diagnostic or basic coverage and are not deducted from the lifetime orthodontic benefits maximum unless otherwise specified.
4. Orthodontics, including oral evaluations and all treatment, must be performed by a licensed dentist or his or her supervised staff, acting within the scope of applicable law. The dentist of record must perform an in-person clinical evaluation of the patient (or the telehealth equivalent where required under applicable law to be reimbursed as an alternative to an in-person clinical evaluation) to establish the need for orthodontics and have adequate diagnostic information, including appropriate radiographic imaging, to develop a proper treatment plan. Self-administered (or any type of "do it yourself") orthodontics is denied.
5. Payments are scheduled according to the plan's contractual agreement and the payment schedule is designated in the current Group Benefits or Patient Eligibility Verification information (available on HDS Online or DenTel).
6. For two phase treatment plans, submit a narrative for each phase. Phase I may be benefited as Limited treatment instead of Comprehensive. Phase II will be benefited as Comprehensive treatment.
7. When clear aligners, cosmetic or specialized brackets are elected by the patient for cosmetic purposes, it is not a covered benefit. The dentist must explain to the patient that additional laboratory costs as specified on the laboratory invoice are denied and chargeable. A patient consent form must be maintained on file stating that the additional charges are the patient's responsibility. The claim must be submitted as follows:
 - Enter the orthodontic procedure code and charge amount.

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- Enter a separate line as procedure code D8999 with the additional fee for the clear aligner laboratory charges, cosmetic or specialized brackets. Include a narrative describing the additional charge.
 - Provide a dental laboratory invoice that documents the additional charge. The amount would include any discounts,
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Code & Nomenclature	Submission Requirements	Valid Tooth/ Quad/Arch/ Surface
Limited Orthodontic Treatment D8010 - D8040		
Orthodontic treatment utilizing any therapeutic modality with a limited objective or scale of treatment. Treatment may occur in any stage of dental development or dentition.		
The objective may be limited by:		
- not involving the entire dentition.		
- not attempting to address the full scope of the existing or developing orthodontic problem.		
- mitigating an aspect of a greater malocclusion (i.e., crossbite, overjet, overbite, arch length, anterior alignment, one phase of multi-phase treatment, treatment prior to the permanent dentition, etc.).		
- a decision to defer or forego comprehensive treatment		
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		

Code & Nomenclature	Submission Requirements	Valid Tooth/ Quad/Arch/ Surface
COMPREHENSIVE ORTHODONTIC TREATMENT D8070 - D8090		
Comprehensive orthodontic care includes a coordinated diagnosis and treatment leading to the improvement of a patient's craniofacial dysfunction and/or dentofacial deformity which may include anatomical, functional and/or esthetic relationships. Treatment may utilize fixed and/or removable orthodontic appliances and may also include functional and/or orthopedic appliances in growing and non-growing patients. Adjunctive procedures to facilitate care may be required. Comprehensive orthodontics may incorporate treatment phases focusing on specific objectives at various stages of dentofacial development.		
D8070 comprehensive orthodontic treatment of the transitional dentition	Narrative	
D8080 comprehensive orthodontic treatment of the adolescent dentition		
D8090 comprehensive orthodontic treatment of the adult dentition		
<div><div>1. A Comprehensive Orthodontic treatment is benefited once per lifetime unless specified in the group contract.</div><div>2. The narrative should include the following:<div><div>a. Class of malocclusion (Class I, II, III)</div><div>b. Location and extent of crowding</div><div>c. Overbite/overjet</div><div>d. Specify the arch(es) to be treated.</div></div></div><div>3. Due to the contract limitation of one Comprehensive treatment per lifetime, for two phase treatment plans, submit narrative for each phase. Phase I may be benefited as Limited treatment, instead of Comprehensive. Phase II will be benefited as Comprehensive treatment.</div><div>4. Orthodontic plans allow one retainer per arch per lifetime. Retainer adjustments are included in the fee for "Comprehensive Orthodontic Treatment" and are not billable to the patient if performed by the same dentist/dental office, denied if performed by a different dentist/dental office.</div></div>		

Code & Nomenclature	Submission Requirements	Valid Tooth/ Quad/Arch/ Surface
Minor Treatment to Control Harmful Habits D8210 - D8220		
D8210 removable appliance therapy	Narrative	UA, LA
Removable indicates patient can remove; includes appliances for thumb sucking and tongue thrusting.		
<ol style="list-style-type: none"> Limited to one appliance per arch. The narrative must state the purpose for the appliance. Not to be used for treating bruxism and the control of TMD symptoms. This benefit is limited to patients through age 18. 		
D8220 fixed appliance therapy	Narrative	UA, LA
Fixed indicates patient cannot remove appliance; includes appliances for thumb sucking and tongue thrusting.		
<ol style="list-style-type: none"> Limited to one appliance per arch. The narrative must state the purpose for the appliance. Not to be used for treating bruxism and the control of TMD symptoms. This benefit is limited to patients through age 18. 		
Other Orthodontic Services D8680 - D8999		
D8680 orthodontic retention (removal of appliances, construction and placement of retainer(s))	Narrative	
<ol style="list-style-type: none"> Limited to the removal of appliances. The narrative should describe the procedure performed and reason(s) for the procedure. This procedure is not billable to the patient unless performed by a dentist other than the original dentist/dental office. This is an incorrect code submission when fabricating replacement orthodontic retainers. 		

Code & Nomenclature	Submission Requirements	Valid Tooth/ Quad/Arch/ Surface
D8698 re-cement or re-bond fixed retainer – maxillary		
D8699 re-cement or re-bond fixed retainer – mandibular	<ol style="list-style-type: none"> 1. This procedure is included in the Orthodontic treatment fee. 2. A separate fee is not billable to the patient anytime following placement of the fixed retainer by the same dentist/dental office. 3. This procedure is not billable to the patient unless performed by a dentist other than the original dentist/dental office. 	
D8701 repair of fixed retainer, includes reattachment – maxillary		
D8702 repair of fixed retainer, includes reattachment – mandibular	<ol style="list-style-type: none"> 1. This procedure is included in the Orthodontic treatment fee. 2. A separate fee is not billable to the patient to the same dentist/dental office. 3. In the case where a different dentist is repairing the fixed retainer, a separate benefit may be given once in a lifetime. 	
D8703 replacement of lost or broken retainer – maxillary		
D8704 replacement of lost or broken retainer – mandibular	<ol style="list-style-type: none"> 1. Limited to one replacement per arch lifetime unless specified otherwise by group contract. 2. The fabrication of an extra (“spare”) retainer is not covered and is denied. 	

Code & Nomenclature	Submission Requirements	Valid Tooth/ Quad/Arch/ Surface
D8999 unspecified orthodontic procedure, by report	Narrative, Lab Invoice	
Used for procedure that is not adequately described by the code. Describe the procedure.		
<ol style="list-style-type: none"> 1. Documentation should include a clinical diagnosis, materials used, tooth number, arch, quadrant, or area of the mouth, chair time. Laboratory invoices, photographic images, X-ray images, intraoral photos or additional supporting information may be requested. 2. Upon review of documentation, the appropriate benefit allowance will be applied. 3. When clear aligners, cosmetic or specialized brackets are elected by the patient for cosmetic purposes, it is not a covered benefit. The dentist must explain to the patient that additional laboratory costs as specified on the laboratory invoice are denied and chargeable. A patient consent form must be maintained on file stating that the additional charges are the patient's responsibility. The claim must be submitted as follows: <ul style="list-style-type: none"> • Enter the orthodontic procedure code and charge amount. • Enter a separate line as procedure code D8999 with the additional fee for the clear aligner laboratory charges, cosmetic or specialized brackets. Include a narrative describing the additional charge. • Provide a dental laboratory invoice that documents the additional charge. 		