ORTHODONTICS D8000 - D8999

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.

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 interceptive procedure or more than one limited procedure depending on their particular problem.

General Guidelines

1. Orthodontic services are not benefits of all HDS programs. 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. Allowances include all appliances, adjustments, insertion and removal (and associated office visits). All cases assume time frame for active course of treatment, and includes the cost of any post-treatment retention.
   - Generally services that are related to orthodontic treatment are benefits of a patient’s diagnostic or basic coverage, whether or not the plan provides orthodontic coverage. Such procedures may include routine X-ray images and extractions.
   - Services listed with the description of “Coverage limited to members who have Orthodontic Plan Benefits” are only covered under those plans that have Orthodontic coverage and are payable as part of the diagnostic or basic benefits.

4. The HDS orthodontic plans allow one retainer per arch per lifetime. Retainer adjustments are included in the fee for “Comprehensive Orthodontic Treatment” and are disallowed if performed by the same dentist/dental office, denied if performed by a different dentist/dental office.

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. A Comprehensive Orthodontic treatment is benefited once per lifetime.

7. For two phase treatment plans, submit a narrative for each phase. Phase I may be benefited as Limited or Interceptive treatment instead of Comprehensive. Phase II will be benefited as Comprehensive treatment.
8. The additional laboratory cost for clear aligners as specified on the laboratory invoice, may be charged to the patient. A patient consent form must be maintained on file stating that charges for clear aligners are the patient’s responsibility. The claim must be submitted as follows:

- Enter the orthodontic procedure code and charge amount.
- Enter a separate line for the clear aligner dental laboratory charges as procedure code D8999 and include a narrative stating, “clear aligner”.
- Provide a dental laboratory invoice that documents additional charge for the clear aligner.

9. When a service is elected by the patient for cosmetic reasons, the dentist must explain to the patient that it is not a covered benefit and the dental insurance will not pay for the services. HDS recommends the dental office to obtain the patient’s written consent, prior to rendering the service on a form that clearly discloses to the patient the financial charge that will be incurred for cosmetic services.

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**Limited Orthodontic Treatment D8010 - D8040**

Orthodontic treatment with a limited objective, not necessarily involving the entire dentition. It may be directed at the only existing problem, or at only one aspect of a larger problem in which a decision is made to defer or forego more comprehensive therapy.

- **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
### Interceptive Orthodontic Treatment D8050 - D8060

Interceptive orthodontics is an extension of preventive orthodontics that may include localized tooth movement. Such treatment may occur in the primary or transitional dentition and may include such procedures as the redirection of ectopically erupting teeth, correction of dental crossbite or recovery of space loss where overall space is inadequate. When initiated during the incipient stages of a developing problem, interceptive orthodontics may reduce the severity of the malformation and mitigate its cause. Complicating factors such as skeletal disharmonies, overall space deficiency, or other conditions may require subsequent comprehensive therapy.

**D8050**
interceptive orthodontic treatment of the primary dentition

**D8060**
interceptive orthodontic treatment of the transitional dentition

### 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

**D8080**
comprehensive orthodontic treatment of the adolescent dentition

**D8090**
comprehensive orthodontic treatment of the adult dentition

**Narrative**

1. Narrative should include class of malocclusion (Class I, II, III); extent of crowding, overbite, spacing, rotation, arch discrepancy; extraction/expansion; fixed/removable appliance and duration of treatment.

2. 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 or Interceptive treatment, instead of Comprehensive. Phase II will be benefited as Comprehensive treatment.
### Minor Treatment to Control Harmful Habits D8210 - D8220

<table>
<thead>
<tr>
<th>Code</th>
<th>Description</th>
<th>Submission Requirements</th>
<th>Valid Tooth/ Quad/Arch/ Surface</th>
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</thead>
<tbody>
<tr>
<td>D8210</td>
<td>removable appliance therapy</td>
<td>Narrative</td>
<td>UA, LA</td>
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<tr>
<td></td>
<td>Removable indicates patient can remove; includes appliances</td>
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<td></td>
<td>for thumb sucking and tongue thrusting.</td>
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<td></td>
<td>1. Limited to one appliance per arch.</td>
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<td>2. The narrative must state the purpose for the appliance.</td>
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<td>Not to be used for treating bruxism and the control of</td>
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<td></td>
<td>TMD symptoms.</td>
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<td></td>
<td>3. This benefit is limited to patients through age 18.</td>
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<tr>
<td>D8220</td>
<td>fixed appliance therapy</td>
<td>Narrative</td>
<td>UA, LA</td>
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<td></td>
<td>Fixed indicates patient cannot remove appliance; includes</td>
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<td></td>
<td>appliances for thumb sucking and tongue thrusting.</td>
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### Other Orthodontic Services D8680 - D8999

<table>
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<th>Submission Requirements</th>
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</tr>
</thead>
<tbody>
<tr>
<td>D8680</td>
<td>orthodontic retention (removal of appliances, construction and placement</td>
<td>Narrative</td>
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<td></td>
<td>of retainer(s))</td>
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<td></td>
<td>1. Limited to the removal of appliances.</td>
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<td></td>
<td>2. Upon review, the appropriate benefit allowance will be applied.</td>
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<td>3. This procedure is disallowed unless performed by a dentist other than</td>
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<td>the original dentist/dental office.</td>
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<td>D8692</td>
<td>replacement of lost or broken retainer</td>
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<td>1. Limited to one replacement per lifetime.</td>
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D8693  
re-cement or re-bond fixed retainer
UA, LA

1. This procedure is included in the Orthodontic treatment fee.
2. A separate fee is disallowed to the same dentist/dental office.
3. In the case where a different dentist is rebonding or recementing the fixed retainer, a separate benefit may be given once in a lifetime.

D8694  
repair of fixed retainers, includes reattachment
UA, LA

1. This procedure is included in the Orthodontic treatment fee.
2. A separate fee is disallowed 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.

D8999  
unspecified orthodontic procedure, by report
Narrative, Lab Invoice

Used for procedure that is not adequately described by the code. Describe the procedure.

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. The additional laboratory cost for clear aligners as specified on the laboratory invoice, may be charged to the patient. A patient consent form must be maintained on file stating that charges for clear aligners are the patient’s responsibility. The claim must be submitted as follows:
   • Enter the orthodontic procedure code and charge amount.
   • Enter a separate line for the clear aligner dental laboratory charges as procedure code D8999 and include a narrative stating, “clear aligner”.
   • Provide a dental laboratory invoice that documents the additional charge for the clear aligner.