



Dental Clinical Criteria

Last Revised: 1/2024

Orthodontics

CareFirst Dental Contracts

Commercial Contracts (excludes Affordable Care Act (ACA) plans)

Requests for orthodontic services for members covered under CareFirst Dental Contracts are provided according to contract—no Dental Director Review is required.

Benefit is provided to members that meet the following criteria:

- Orthodontic coverage is provided in the member's contract,
- The member is eligible to receive orthodontic benefit (for example, a member's contract may provide coverage for orthodontic services but limited to dependents) and
- The orthodontic treatment is to reduce or eliminate an existing malocclusion.

Affordable Care Act (ACA) Contracts—embedded pediatric benefits

Orthodontic benefits for members covered under ACA contracts are limited to comprehensive orthodontic treatment (procedure codes D8070—D8090). All other orthodontic treatment procedure codes are considered excluded from contract and, therefore, a benefit will not be provided—examples of non-covered services include:

- Limited orthodontic treatment (D8010—D8040)
- Minor treatment appliances to control harmful habits (D8210 and D8220).

Requests for orthodontic comprehensive services for members covered under ACA contracts require a pre-treatment estimate (PTE) and must meet the following requirements:

Comprehensive Orthodontic Treatment (ACA Contracts only) (D8080, D8090 only)

Benefits for orthodontic services will only be

available until the end of the calendar year in which the member turns age 19 if the member:

- Has fully erupted permanent teeth with at least 1/2 to 3/4 of the clinical crown being exposed (unless the tooth is impacted or congenitally missing); and
- Has a severe, dysfunctional, handicapping malocclusion that meets a minimum score of 15 on the Handicapping Labio-Lingual Deviations Index (HLD) or a minimum score of 25 on the Salzmann Evaluation Index (depends upon jurisdiction). Points are not awarded for aesthetics, therefore, additional points for aesthetics correction will not be considered as part of the determination.
- The following documentation must be submitted with the request for a PTE:
 1. Current ADA claim form with service code requested and fee;
 2. Images of diagnostic study models, properly trimmed, with individual occlusal views, articulated profile and frontal views, clear enough to measure overjet, overbite, crowding, spacing, etc. High quality facial photographs that equally illustrate the dentition and arch/tooth relationships are acceptable. (Plaster or stone models are no longer accepted.)
 3. Cephalometric head film with measurements and analysis;
 4. Panoramic or full series radiographs;
 5. Clinical summary with diagnosis;
 6. Appropriate State mandated HLD or Salzmann Evaluation assessment form completed and signed by the orthodontist (dentist); and
 7. Treatment plan including anticipated duration of active treatment.

Orthodontic Treatment

- Covered benefit for comprehensive orthodontic treatment, if a PTE is approved, includes:
 1. Retainers—one (1) set (included in comprehensive orthodontics).
 2. Retainer replacement allowed one (1) per arch per lifetime within 24 months of date of debanding, if necessary.
 3. Rebonding or recementing fixed retainer.
 4. Orthodontic therapy is covered once per lifetime.
 5. Periodic treatment visits; not to exceed 24 months (the member must be eligible for Covered Dental Services on each date of service, except as specifically stated in the Extension of Benefits section of the Agreement).

Please Note:

1. The pre-treatment estimate is required before any treatment begins. Diagnostic records and examination do not require PTE. If treatment commences before authorization is received from CareFirst, no benefit will be allowed.