Dental and Orthodontic Treatment for Craniofacial Anomalies

Effective: November 1, 2026

Next Review: July 2027
Last Review: September 2026

IMPORTANT REMINDER

Medical Policies are developed to provide guidance for members and providers regarding coverage in accordance with contract terms. Benefit determinations are based in all cases on the applicable contract language. To the extent there may be any conflict between the Medical Policy and contract language, the contract language takes precedence.

PLEASE NOTE: Contracts exclude from coverage, among other things, services or procedures that are considered investigational or cosmetic. Providers may bill members for services or procedures that are considered investigational or cosmetic. Providers are encouraged to inform members before rendering such services that the members are likely to be financially responsible for the cost of these services.

DESCRIPTION

This policy is intended to assist in determining when dental and orthodontic services for craniofacial anomalies may be medically necessary. It may be used to help interpret ORS 750.055 and 750.333, which require all health benefit plans that provide coverage of hospital, surgical, or dental services to also cover dental and orthodontic services for the treatment of craniofacial anomalies if the services are medically necessary to restore function, as well as benefit language regarding dental and orthodontic treatment, when applicable.

Note: This policy does not apply to treatment for *developmental* maxillofacial conditions that result in overbite, crossbite, malocclusion or similar developmental irregularities of the teeth or temporomandibular joint disorders.

MEDICAL POLICY CRITERIA

Notes:

- Member contracts for covered services vary. Member contract language takes precedence over medical policy.
- Clinical documentation to support criteria is required (See Required Documentation).

Medically Necessary

I. Dental and orthodontic services may be considered **medically necessary** when all of the following criteria are met:

A. There is a documented congenital (identifiable at birth) craniofacial anomaly when one of the following is met:

1. For member contracts subject to ORS 750.055 and 750.333 of the Oregon Insurance Code, a physical disorder of the bony structures of the face or head, including but not limited to cleft palate, cleft lip, craniosynostosis, craniofacial microsomia, or Treacher Collins syndrome; or
2. For member contracts in Utah, Washington, and Idaho that have applicable benefits, when the congenital craniofacial anomaly benefit is met.

B. There is documentation of lost or absent function directly attributable to the congenital craniofacial anomaly that causes significant functional impairment, including one or more of the following:

1. Significantly impaired swallowing and/or choking due to inadequate mastication
2. Significant speech abnormalities (e.g., sibilant distortions or velopharyngeal distortion) which have not responded to speech therapy. Minor distortions of speech quality, such as hyper-nasal or hypo-nasal speech, are not considered to be significant speech abnormalities
3. Airway restriction not responding to non-surgical treatment.

C. The planned procedure is expected to restore the lost function.

D. All of the following documentation is required to determine medical necessity for dental and orthodontic services for treatment of congenital craniofacial anomalies (1. – 3.):

1. Photographs are required and must be consistent with submitted clinical description;
2. Diagram of cephalometric radiographs with written interpretation of findings; and
3. Documentation in the medical records confirming the craniofacial anomaly has been present since birth.

Not Eligible for Coverage Under the Medical Benefit

II. Dental and orthodontic services not meeting all of the criteria above (I.A. – I.D.) are not eligible for coverage under the medical benefit.

NOTE: A summary of the supporting rationale for the policy criteria is at the end of the policy.

REQUIRED DOCUMENTATION

It is critical that the list of information below is submitted for review to determine if the policy criteria are met. If any of these items are not submitted, it could impact our review and decision

outcome.

1. History and Physical/Chart notes documenting policy criteria
2. Documentation of a functional impairment (swallowing, speech, airway restriction, and/or any other applicable impairment)
3. Photographs
4. Diagram of cephalometric radiographs with written interpretation of findings, any other applicable radiology studies

CROSS REFERENCES

1. Administrative Guidelines to Determine Dental vs Medical Services, Allied Health, Policy No. 35
2. Cosmetic and Reconstructive Surgery, Surgery, Policy No. 12
3. Orthognathic Surgery, Surgery, Policy No. 137
4. Surgeries for Snoring, Obstructive Sleep Apnea Syndrome, and Upper Airway Resistance Syndrome, Surgery, Policy No. 166

BACKGROUND

A craniofacial anomaly is defined by ORS 750.055 and 750.333 as “a physical disorder identifiable at birth that affects the bony structures of the face or head, including but not limited to cleft palate, cleft lip, craniosynostosis, craniofacial microsomia and Treacher Collins syndrome.”[1] Dental or orthodontic services may be medically necessary for craniofacial anomalies that cause significant functional impairment.

REFERENCES

1. 76th Oregon Legislative Assembly 2012. ORS 743.730 Relating to treatment for craniofacial anomalies. [cited 8/21/2026]. 'Available from:' http://legiscan.com/OR/text/HB4128/id/576727.

CODES

NOTE: In order for claims to be considered for the medical benefit, the medical procedure code 41899 (Unlisted procedure, dentoalveolar structures) may be used by dental providers.

Codes	Number	Description
CPT	41899	Unlisted procedure, dentoalveolar structures
HCPCS	D5999	Unspecified maxillofacial prosthesis, by report
	D7999	Unspecified oral surgery procedure, by report
	D8999	Unspecified orthodontic procedure, by report

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