Orthodontics

These services may or may not be covered by your HealthPartners plan. Please see your plan documents for your specific coverage information. If there is a difference between this general information and your plan documents, your plan documents will be used to determine your coverage.

Administrative Process

Prior authorization is required for medically necessary orthodontic treatment

Coverage

Orthodontics is covered subject to the indications listed below and per your plan documents.

Indications that are covered

1. Comprehensive medically necessary orthodontic services are covered for pediatric members who have a severe handicapping malocclusion related to a medical condition such as:
    a. Cleft palate or other congenital, craniofacial or dentofacial malformations involving the teeth and requiring reconstructive surgical correction in addition to orthodontic services. Examples of other conditions causing malformations include:
        i. Treacher-Collins syndrome, Pierre-Robin syndrome, Marfan syndrome and Crouzon syndrome

Indications that are not covered

Orthodontics is not covered for any additional indication.

Codes

If available, codes are listed below for informational purposes only, and do not guarantee member coverage or provider reimbursement. The list may not be all-inclusive.

Products

This information is for most, but not all, HealthPartners ACA compliant small employer and individual medical plans. Please read your plan documents to see if your plan has limits or will not cover some items. If there is a difference between this general information and your plan documents, your plan documents will be used to determine your coverage.