

UnitedHealthcare Dental **Policy Update Bulletin: March 2026**

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Clinical Policy Updates

Revised			
Policy Title	Effective Date	Summary of Changes	Coverage Rationale
Dental Implant Placement and Treatment of Peri-Implant Defects/ Disease	Apr. 1, 2026	<p>Coverage Rationale</p> <ul style="list-style-type: none"> Added language stating typically 4-6 implants are indicated to support a fixed or removable maxillary or mandibular prosthesis for edentulous arches Revised guidelines for Dental Implant placement: <ul style="list-style-type: none"> Added guideline requiring “Implant must be a minimum of 3 mm from adjacent Implants” Replaced guideline requiring “Implant must be a minimum of 1.5-2 mm from adjacent tooth roots” with “Implant must be a minimum of 1.5-2 mm from adjacent tooth roots if natural teeth are present” <p>Supporting Information</p> <ul style="list-style-type: none"> Updated <i>Description of Services</i> and <i>References</i> sections to reflect the most current information 	<p>The success of implants and related prostheses is highly dependent on site and individual patient selection. For edentulous arches, typically 4-6 implants are indicated to support a fixed or removable maxillary or mandibular prosthesis.</p> <p>Dental Implant Placement</p> <p>Guidelines for Dental Implant placement:</p> <ul style="list-style-type: none"> May be placed at time of extraction Implant site is free of infection Implant must be a minimum of 1.5-2 mm from adjacent tooth roots if natural teeth are present Implant must be a minimum of 3 mm from adjacent implants <p>Individual factors to consider when treatment planning for implants:</p> <ul style="list-style-type: none"> Patient is able and/or willing to actively participate (e.g., proper oral hygiene, routine dental care) Occlusal load Bone quality/quantity History of or active periodontal disease Adequate space exists to appropriately restore the implant Patient age The presence of conditions/treatment that may interfere with the normal healing response. Conditions include but are not limited to: <ul style="list-style-type: none"> Chemotherapy Radiation therapy to the head and neck Uncontrolled diabetes and hypertension Recent heart attack or stroke Anticoagulant therapy Blood dyscrasias IV bisphosphonate therapy Estrogen deficiency Significant psychiatric disorder or impairment Intellectual disability Lifestyle risk factors: <ul style="list-style-type: none"> Smoking Drug addiction

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Dental Implant Placement and Treatment of Peri-Implant Defects/Disease (continued)	Apr. 1, 2026		<ul style="list-style-type: none"> Alcoholism <p>Treatment of Peri-Implant Defect/Disease Treatment of Peri-Implant Defects/Disease includes:</p> <ul style="list-style-type: none"> Non-surgical periodontal therapy Surgical treatment including flap and closure that may include osseous contouring <p>Treatment of Peri-Implant Defects/Disease is not indicated if an implant is mobile.</p>
Dental Implant Supported Prosthesis	Apr. 1, 2026	<p>Coverage Rationale</p> <ul style="list-style-type: none"> Added language stating implant supported prosthetic options for an edentulous maxilla or mandible typically include the placement of 4-6 implants to support an implant-assisted denture or an implant-supported fixed prosthesis <p>Supporting Information</p> <ul style="list-style-type: none"> Updated <i>Description of Services</i>, <i>Clinical Evidence</i>, <i>FDA</i>, and <i>References</i> sections to reflect the most current information 	<p>Implant supported prosthetic options for an edentulous maxilla or mandible typically include the placement of 4-6 implants to support an implant-assisted denture or an implant-supported Fixed Prosthesis.</p> <p>Guidelines for Implant Supported Prosthesis</p> <ul style="list-style-type: none"> The implant is fully Osseointegrated The implant body to crown ratio is appropriate for the site and anticipated occlusal load, not to exceed 2:1 There is no evidence of infection The implant is not mobile <p>Fixed Prosthesis</p> <ul style="list-style-type: none"> Cantilever construction should be avoided in posterior areas Combined implant and tooth supported prostheses may be appropriate following individual case consideration <p>Removable Prosthesis</p> <ul style="list-style-type: none"> Implant may be used for support or retention <p>Complete Dentures (Implant Assisted or Implant Supported)</p> <ul style="list-style-type: none"> Two or four implants provide greater stability and security when the maxillary ridge is severely resorbed and lacks resistance to lateral forces If the A-P spread is inadequate to provide support, a full-palatal-coverage overlay denture is recommended

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Medically Necessary Orthodontic Treatment	Apr. 1, 2026	<p>Coverage Rationale</p> <ul style="list-style-type: none"> Revised list of indications for which orthodontic treatment to correct a Handicapping Malocclusion is medically necessary when one or more of the criterion [listed in the policy] are met: <ul style="list-style-type: none"> Added criterion requiring: <ul style="list-style-type: none"> An overjet of 9 mm or more The function of the jaw and/or dentition has been profoundly compromised due to trauma or pathology A reverse overjet of 3.5 mm or more Anterior and/or posterior crossbite of 3 or more teeth per arch Lateral or anterior open bite of 2 mm or more of 4 or more teeth per arch An impinging overbite with evidence of contact into the opposing soft tissue Impactions where eruption is impeded but extraction is not indicated (excluding third molars) Crowding or spacing of 10 mm or more in either the maxillary or mandibular arch (excluding 3rd molars) 	<p>For Essential Health Benefits (EHB) criteria submission forms by state, refer to Health Care Criteria for Medically Necessary Orthodontia.</p> <p>Orthodontic treatment is medically necessary to correct a Handicapping Malocclusion when one or more of the following criteria are met:</p> <ul style="list-style-type: none"> Services are related to the treatment of a severe craniofacial anomaly, including but not limited to the following: <ul style="list-style-type: none"> Cleft Lip and/or Cleft Palate Crouzon Syndrome/Craniofacial Dysostosis Hemifacial Hypertrophy/Congenital Hemifacial Hyperplasia Parry-Romberg Syndrome/Progressive Hemifacial Atrophy Pierre-Robin Syndrome Treacher-Collins Syndrome/Mandibulofacial Dysostosis An overjet of 9 mm or more The function of the jaw and/or dentition has been profoundly compromised due to trauma or pathology A reverse overjet of 3.5 mm or more Anterior and/or posterior crossbite of 3 or more teeth per arch Lateral or anterior open bite of 2 mm or more of 4 or more teeth per arch An impinging overbite with evidence of contact into the opposing soft tissue Impactions where eruption is impeded but extraction is not indicated (excluding third molars) Crowding or spacing of 10 mm or more in either the maxillary or mandibular arch (excluding 3rd molars) <p>The following should be taken into consideration prior to initiating orthodontic treatment:</p> <ul style="list-style-type: none"> The presence of active, untreated dental disease (e.g., caries, periodontal disease) The inability or unwillingness of the individual to cooperate with treatment (e.g., keeping appointments, maintaining proper oral hygiene) The presence of unmanaged medical conditions

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<p>Medically Necessary Orthodontic Treatment (continued)</p>	Apr. 1, 2026	<ul style="list-style-type: none"> ○ Removed criterion requiring “the member is under the age 19 (through age 18, unless the member specific benefit plan document indicates a different age)” ○ Replaced criterion requiring “services are related to the treatment of a severe craniofacial <i>deformity</i>” with “services are related to the treatment of a severe craniofacial <i>anomaly</i>” ● Added language stating the following should be taken into consideration prior to initiating orthodontic treatment: <ul style="list-style-type: none"> ○ The presence of active, untreated dental disease (e.g., caries, periodontal disease) ○ The inability or unwillingness of the individual to cooperate with treatment (e.g., keeping appointments, maintaining proper oral hygiene) ○ The presence of unmanaged medical conditions <p>Supporting Information</p> <ul style="list-style-type: none"> ● Updated <i>Description of Services</i>, <i>Clinical Evidence</i>, and <i>References</i> sections to reflect the most current information 	<p>Removal of Fixed Orthodontics Appliances for Reasons Other Than Completion of Treatment</p> <p>Removal of fixed orthodontics appliances for reasons other than completion of treatment is a decision to be made by the treating provider based on an individual patient basis. These may include but are not limited to:</p> <ul style="list-style-type: none"> ● Patient non-compliance (AAOMS) ● Military deployment (Department of the Army) ● Prior to radiation therapy to the head or neck if the appliances will be in the radiation field (NIH, AAPD) ● Prior to highly stomatotoxic chemotherapy (NIH, AAPD) ● Complications related to IV bisphosphonates and other medical conditions

General Information

The inclusion of a health service (e.g., test, drug, device, or procedure) in this bulletin indicates only that UnitedHealthcare is adopting a new policy and/or updated, revised, replaced, or retired an existing policy; it does not imply that UnitedHealthcare provides coverage for the health service. Note that most benefit plan documents exclude from benefit coverage health services identified as investigational or unproven/not medically necessary. Physicians and other health care professionals may not seek or collect payment from a member for services not covered by the applicable benefit plan unless first obtaining the member's written consent, acknowledging that the service is not covered by the benefit plan and that they will be billed directly for the service.

Note: The absence of a policy does not automatically indicate or imply coverage. As always, coverage for a health service must be determined in accordance with the member's benefit plan and any applicable federal or state regulatory requirements. Additionally, UnitedHealthcare reserves the right to review the clinical evidence supporting the safety and effectiveness of a medical technology prior to rendering a coverage determination.

UnitedHealthcare respects the expertise of the physicians, health care professionals, and their staff who participate in our network. Our goal is to support you and your patients in making the most informed decisions regarding the choice of quality and cost-effective care, and to support practice staff with a simple and predictable administrative experience. The Dental Policy Update Bulletin was developed to share important information regarding changes to our Dental Clinical Policies and Review Guidelines. When information in this bulletin conflicts with applicable state and/or federal law, UnitedHealthcare follows such applicable federal and/or state law.

Policy Update Classifications

New

New clinical coverage criteria have been adopted for a health service (e.g., test, drug, device, or procedure)

Updated

An existing policy has been reviewed and changes have not been made to the clinical coverage criteria; however, items such as the clinical evidence, FDA information, and/or list(s) of applicable codes may have been updated

Revised

An existing policy has been reviewed and revisions have been made to the clinical coverage criteria

Replaced

An existing policy has been replaced with a new or different policy

Retired

The health service(s) addressed in the policy are no longer being managed or are considered to be proven/medically necessary and are therefore not excluded as unproven/not medically necessary services, unless coverage guidelines or criteria are otherwise documented in another policy



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[Dental Clinical Policies and Review Guidelines.](#)