



APPENDIX 6

ORTHODONTIC SERVICES FEE SCHEDULE

Code	Label	Description of Services	Fee	Limitations
D8020	Initial Visit –Limited Orthodontic Treatment <i>(Transitional Dentition)</i>	Initial office visit for diagnostic records, treatment plan, and appliance placement upon approval for limited treatment of transitional dentition to prepare for later comprehensive treatment; and/or reduce the length or intensity of comprehensive treatment. Cannot be billed in the same month as D8670.	\$300	Limit = one (1) per lifetime.
D8070	Initial Visit-Comprehensive Orthodontic Treatment <i>(Transitional Dentition)</i>	Initial visit for comprehensive treatment diagnostic records, treatment plan, appliance placement, and a minimum of six (6) periodic visits upon approval for comprehensive orthodontic treatment.	\$2,400	Limit = one (1) per lifetime unless second approved by Special Request.
D8080	Initial Visit-Comprehensive Orthodontic Treatment <i>(Adolescent Dentition)</i>	Code based on dentition stage at initial visit; transitional or adolescent. Cannot be billed in the same month as D8670.		
D8670	Periodic Office Visit	Periodic Office Visit; minimum of six (6) visits. Cannot be billed within three (3) months of D8020, five (5) months of 8070 and D8080, or in the same month as D8680.	\$1000	Limit = one (1) periodic reimbursement at midpoint of limited treatment. Limit to reimbursement at one-third and two-thirds of planned comprehensive treatment, for a maximum of two (2) reimbursements.
D8220	Corrective Appliance	Creation and placement of fixed corrective appliances during limited or comprehensive treatment. (Ex. Herbst, Hawley, bite plate, expander)	\$341	Limit = one (1) per lifetime.
D8680	Orthodontic Retention	Minimum of six (6) periodic visits and final orthodontic visit for removal of appliances and retainer. Use of this code signals that treatment has concluded. Cannot be billed in same month as D8670.	\$1,700	Limit = one (1) reimbursement for limited treatment, and one (1) reimbursement for comprehensive treatment.
D8999	Removal of Appliances Only	Removal of braces for any CRS client not eligible for the CYSHCN Program- i.e., non-compliance, and other case-by-case determination.	\$500	Limit = one (1) per lifetime.
D8703	Retainer Replacement (Maxillary)	Replacement of lost or broken retainer-Maxillary.	\$135	Limit = one (1) within 12 months of treatment completion.
D8704	Retainer Replacement (Mandibular)	Replacement of lost or broken retainer-Mandibular.	\$135	Limit = one (1) within 12 months of treatment completion.