



**APPENDIX 6**

**ORTHODONTIC SERVICES FEE SCHEDULE**

Code	Label	Description of Services	Fee	Limitations
D8020	<b>Initial Visit – Limited</b> 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.  <b>Cannot be billed in the same month as D8670.</b>	<b>\$300</b>	Limit = one (1) per lifetime.
D8070	<b>Initial Visit- Comprehensive</b> 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.	<b>\$2,400</b>	Limit = one (1) per lifetime unless second approved by Special Request.
D8080	<b>Initial Visit- Comprehensive</b> Orthodontic Treatment <i>(Adolescent Dentition)</i>	Code based on dentition stage at initial visit; transitional or adolescent.  <b>Cannot be billed in the same month as D8670.</b>		
D8670	<b>Periodic Office Visit</b>	Periodic Office Visit; minimum of six (6) visits.  <b>Cannot be billed within three (3) months of D8020, five (5) months of 8070 and D8080, or in the same month as D8680.</b>	<b>\$1000</b>	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	<b>Corrective Appliance</b>	Creation and placement of fixed corrective appliances during limited or comprehensive treatment. (Ex. Herbst, Hawley, bite plate, expander)	<b>\$341</b>	Limit = one (1) per lifetime.
D8680	<b>Orthodontic Retention</b>	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.  <b>Cannot be billed in same month as D8670.</b>	<b>\$1,700</b>	Limit = one (1) reimbursement for limited treatment, and one (1) reimbursement for comprehensive treatment.
D8999	<b>Removal of Appliances Only</b>	Removal of braces for any CRS client not eligible for the CYSHCN Program- i.e., non-compliance, and other case-by-case determination.	<b>\$500</b>	Limit = one (1) per lifetime.
D8703	<b>Retainer Replacement (Maxillary)</b>	Replacement of lost or broken retainer- Maxillary.	<b>\$135</b>	Limit = one (1) within 12 months of treatment completion.
D8704	<b>Retainer Replacement (Mandibular)</b>	Replacement of lost or broken retainer- Mandibular.	<b>\$135</b>	Limit = one (1) within 12 months of treatment completion.