

How to make billing orthodontics easy

The agency covers two types of orthodontic treatment for severe malocclusion or cleft lip and/or palate pediatric cases.

- Limited transitional (up to a one year treatment plan)
- Comprehensive full (a 24 – 30 month treatment plan)

Prior authorization is required (including clients with commercial insurance as their primary)

- Severe malocclusion requires Prior Authorization (PA)
- Cleft lip and/or palate requires Expedited Authorization (EPA)

For full coverage details and the PA/EPA processes, review the [Orthodontic billing instructions](#).

Detailed and extensive oral evaluation: Allowed once per client, per billing provider. Bill one unit.

- **D0160:** Includes orthodontic oral exam, taking and processing clinical photographs, completing required forms, and obtaining authorization.

Re-evaluation: Allowed once per client, per billing provider, per year until appliance is placed and must be performed at least six months after the D0160 if necessary. Bill one unit.

- **D0170:** Allowed for established patients only, not allowed in combination with any other oral health evaluation.

Pre-orthodontic visit (case study): The first step in orthodontic treatment. Bill one unit.

- **D8660:** Includes preparation of comprehensive diagnostic records (additional photos, study casts, cephalometric examination film, and panoramic film), formation of diagnosis and treatment plan from such records, and formal case conference.
 - Can be billed the same day as the banding.


Note: Do not bill these services monthly. When billing, be sure to indicate the **banding date** as the appliance placement date on your claim form.

Limited treatment billing for clients banded before October 1, 2020

Limited orthodontic treatment: The authorization is for banding and three quarterly payments. The reimbursement for banding includes the first three months of treatment and appliances. Quarterly payments are reimbursed at the end of the quarter if the client has been seen at least one time during that quarter. The client must be eligible for any of the treatment dates to bill. It is the expectation of the agency that the provider sees the client prior to billing for orthodontic visits. Auto billing is prohibited.

- **D8030 or D8020:** Includes final records, banding, debanding, replacement of lost/broken appliances and the initial retainer.





Treatment done	Description	Billing date*** (example only)	Units
Limited treatment - banding	Starts billing process	1/1/2019	1 unit
First 3 month treatment period	6 months after banding	7/30/2019	1 unit
Second 3 month treatment period	9 months after banding	10/30/2019	1 unit
Third 3 month treatment period	12 months after banding	1/30/2020	1 unit
Treatment completed		Total	4 units

***If the billing date falls in February, use the 28th.

Limited treatment billing for clients banded after October 1, 2020

Limited orthodontic treatment: The authorization is for banding and three periodic orthodontic treatment visit payments. The reimbursement for banding includes the first three months of treatment and appliances. Periodic orthodontic treatment visits are reimbursed every 12 weeks and billed at the end of the 12 week period. The client must be eligible for any of the treatment dates to bill. It is the expectation of the agency that the provider sees the client prior to billing for orthodontic visits. Auto billing is prohibited.

- **D8020 or D8030:** Includes final records, banding, debanding, replacement of lost/broken appliances and the initial retainer.
- **D8670:** Periodic orthodontic treatment visits billed every 12 weeks.

Treatment done	Description	Billing date*** (example only)	Units
Limited treatment – banding D8020 or D8030	Starts billing process	1/1/2020	1 unit
First 3 month treatment period D8670	6 months after banding	7/30/2020	1 unit
Second 3 month treatment period D8670	9 months after banding	10/30/2020	1 unit
Third 3 month treatment period D8670	12 months after banding	01/30/2021	1 unit

***If the billing date falls in February, use the 28th.

Comprehensive treatment billing for clients banded before October 1, 2020

Comprehensive full orthodontic treatment: The authorization is for banding and eight quarterly payments. The reimbursement for banding includes the first six months of treatment and appliances. Quarterly payments are reimbursed at the end of the quarter if the client has been seen at least one



time during the quarter. The client must be eligible for any of the treatment dates to bill. Auto billing is prohibited.

- **D8080:** Includes final records, photos, panoramic x-rays, cephalometric films, and final trimmed study models.

Treatment done	Description	Billing date*** (example only)	Units
Full treatment banding	Starts the billing process	1/15/2018	1 unit
First 3 month treatment period	9 months of banding	10/30/2018	1 unit
Second 3 month treatment period	12 months after banding	1/30/2019	1 unit
Third 3 month treatment period	15 months after banding	4/30/2019	1 unit
Fourth 3 month treatment period	18 months after banding	7/30/2019	1 unit
Fifth 3 month treatment period	21 months after banding	10/30/2019	1 unit
Sixth 3 month treatment period	24 months after banding	1/30/2020	1 unit
Seventh 3 month treatment period	27 months after banding	4/30/2020	1 unit
Eighth 3 month treatment period	30 months after banding	7/30/2020	1 unit
Treatment completed			Total 9 units


***If the billing date falls in February, use the 28th.

Note: Do not bill these services monthly. When billing, be sure to indicate the **banding date** as the appliance placement date on your claim form.

Comprehensive treatment billing for clients banded after October 1, 2020

Comprehensive full orthodontic treatment: The authorization is for banding and eight quarterly payments. The reimbursement for banding includes the first three months of treatment and appliances. Quarterly payments are reimbursed at the end of the quarter if the client has been seen at least one time during that quarter. The client must be eligible for any of the treatment dates to bill. Auto billing is prohibited.

- **D8080:** Includes final records, photos, panoramic x-rays, cephalometric films, and final trimmed study models.
- **D8670:** Periodic orthodontic treatment visits billed every 12 weeks.



Treatment done	Description	Billing date*** (example only)	Units
Comprehensive treatment – banding D8080	Starts billing process	1/1/2020	1 unit
First 3 month treatment period D8670	6 months after banding	7/30/2020	1 unit
Second 3 month treatment period D8670	9 months after banding	10/30/2020	1 unit
Third 3 month treatment period D8670	12 months after banding	1/30/2021	1 unit
Fourth 3 month treatment period D8670	15 months after banding	4/30/2021	1 unit
Fifth 3 month treatment period D8670	18 months after banding	7/30/2021	1 unit
Sixth 3 month treatment period D8670	21 months after banding	10/30/2021	1 unit
Seventh 3 month treatment period D8670	24 months after banding	1/30/2022	1 unit
Eighth 3 month treatment period D8670	27 months after banding	4/30/2022	1 unit

***If the billing date falls in February, use the 28th.

Note: Do not bill these services monthly.
When billing be sure to indicate the **banding date** as the appliance placement date on your claim form.

These tables are only an example of how to set up billing treatment frequencies. Actual treatment circumstances may alter the frequency of billing.

