

## How to make billing orthodontics easy

The agency covers three types of orthodontic treatment for severe malocclusion or cleft palate child cases.

- Interceptive (one time treatment)
- Limited transitional (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 palate requires Expedited Authorization (EPA)

**Note:** 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.

**Interceptive orthodontic treatment:** Interceptive orthodontic treatment can be billed on the date the service is performed. The client must be eligible to receive payment for any of the treatment dates of service and treatment must be completed within 12 months of the date of appliance placement. Bill one unit.

- **D8060:** Includes all professional fees, laboratory costs, and required follow-up.

**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 the quarter. The client must be eligible for any of the treatment dates in order to bill. Bill one unit per banding/quarter and one date of service (do not bill a span of dates).

- **D8030:** Includes final records, photos, panoramic x-rays, cephalometric films, and final trimmed study models.

**Note: Do not bill these services monthly.**

Limited treatment billing example:

Treatment Done	Description	Billing Date*** (Example only)	Units
Limited treatment banding	Starts the billing process	01/15/2015	1 unit
First 3 month treatment period	6 months after banding	07/30/2015	1 unit
Second 3 month treatment period	9 months after banding	10/30/2015	1 unit
Third 3 month treatment period	12 months after banding	01/30/2016	1 unit
Treatment completed		Total	4 units
*** If the billing date falls in February, use the 28 <sup>th</sup> .			

**Note:** When billing be sure to indicate the banding date as the appliance placement date on your claim form.

**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 in order to bill. Bill one unit per banding/quarter and one date of service (do not bill a span of dates).

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

**Note: Do not bill these services monthly.**



Comprehensive treatment billing example:

Treatment Done	Description	Billing Date*** (Example only)	Units
Full treatment banding	Starts the billing process	01/15/2014	1 unit
First 3 month treatment period	9 months after banding	10/30/2014	1 unit
Second 3 month treatment period	12 months after banding	01/30/2015	1 unit
Third 3 month treatment period	15 months after banding	04/30/2015	1 unit
Fourth 3 month treatment period	18 months after banding	07/30/2015	1 unit
Fifth 3 month treatment period	21 months after banding	10/30/2015	1 unit
Sixth 3 month treatment period	24 months after banding	01/30/2016	1 unit
Seventh 3 month treatment period	27 months after banding	04/30/2016	1 unit
Eighth 3 month treatment period	30 months after banding	07/30/2016	1 unit
Treatment completed		Total	9 units
*** If the billing date falls in February, use the 28 <sup>th</sup> .			

**Note:** 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.