IOWA Health and Human Services

Iowa Medicaid Dental Wellness Plan, Dental Wellness Plan Kids and Hawki Orthodontic Administrative Guide

Orthodontic benefits are available for Medicaid enrollees 20 years old and younger and Hawki enrollees 19 and younger that meet the Iowa Department of Health and Human Services established medical necessity requirements and are prior authorized. Listed orthodontic procedures are covered based on the criteria and documentation required as outlined in this document.
*Note that the orthodontic procedures outlined below are only considered for benefit if you are a participating Medicaid or Hawki provider.

For Fee Schedules for DWP, DWP Kids and Hawki members, contact the appropriate dental plan. For Fee For Service(FFS) members, please utilize the FFS fee schedule

All services that require prior authorization, listed below, are required to be submitted electronically.

Minor Treatment to Control Harmful Habit

The following procedure codes may be billed as removable or fixed and would be indicated for a member with a thumb sucking or tongue thrusting harmful habit.

D8210 **removable appliance therapy**
D8220 **fixed appliance therapy**

The request for prior authorization must be accompanied with:

- Current diagnostic quality photograph of applicable clinical area
- Narrative describing nature and scope of harmful habits

Orthodontic Records (for use with limited and comprehensive treatments):

The following procedure codes may be billed for orthodontic records. These are paid separately than orthodontic treatment, need to be billed individually, and do not require a prior authorization.

D0150 **comprehensive exam**

D0330 **panoramic radiographic image or**

D0210 **intraoral complete series of radiographic images and**

D0340 **2D cephalometric radiographic image-acquisition, measurement and analysis**

D0470 **diagnostic casts**

Limited Orthodontic Treatment

Orthodontic treatment may be focused on a specific, limited objective rather than addressing the entire dentition. This approach may target a single existing issue or one component of a broader condition, with the decision made to delay or forgo more comprehensive treatment.

D8020 – limited orthodontic treatment of the transitional dentition

The request for prior authorization must be accompanied with:

- **Dental Request for Prior Authorization**
- **ADA claim form** (2019 or newer) (Dental Plans) Treatment plan
- Diagnostic quality photograph(s) and/or radiographs

This code can be used for a palatal expander and if applicable a D8680 can be billed for the removal and retention at the completion of the expansion.

Comprehensive Orthodontic Treatment

Comprehensive orthodontic care includes a coordinated diagnosis and treatment leading to the improvement of the member's craniofacial dysfunction and/or dentofacial deformity which may include anatomical and/or functional relationships.

Comprehensive orthodontics may incorporate treatment phases focusing on specific objectives at various stages of dentofacial development. Treatment may utilize fixed and/or removable orthodontic appliances and may also include functional and/or orthopedic appliances in growing and non-growing members. Adjunctive procedures to facilitate care may be required. See below for specific guidance under each phase.

PHASE I

D8070 – comprehensive orthodontic treatment of the transitional dentition

- Prior authorization is required and must be accompanied with:
- **Prior Authorization Form (FFS)**
- **ADA claim form** (2019 or newer) (Dental Plans)
- Treatment plan
- Interpreted cephalometric radiograph
- Full mouth series or panoramic radiograph
- Photos of study models OR 2D intra-oral photos OR photos of 3D models (OrthoCad equivalent)

Comprehensive treatment of the transitional dentition can be approved for members when it is cost-effective to lessen the severity of a malformation such that extensive treatment is not required.

Reimbursement of Phase I is inclusive of any additional orthodontic appliances (ex: palatal expander, headgear, etc.).

PHASE II

D8080 – comprehensive orthodontic treatment of the adolescent dentition

Comprehensive orthodontic treatment of the adolescent dentition will be approved for members who meet one of the automatic qualifying criteria on the **Orthodontic Medical Necessity Form**. This form was created using the American Association of Orthodontics definition of Medically Necessity Orthodontic care using approved automatic qualifiers. It is the provider's responsibility to complete this form. The completion of this form is required. Incomplete submissions will not be reviewed.

Members can also be approved through an Early Periodic Screening Diagnosis and Treatment(EPSDT) exception. Requests for orthodontia under an EPSDT exception must demonstrate a functional impairment indicative of medical necessity. The prior authorization (PA) request must explain the significance of the members' medical need for comprehensive orthodontia.

Prior authorization is required and must be accompanied with:

Documents

- **Orthodontia Medical Necessity Form**
- **Prior Authorization Form (FFS)**
- **ADA claim form** (2019 or newer) (Dental Plans)
- Treatment plan and/ or treatment narrative

Radiographs

- Cephalometric radiograph (tracing and interpretation optional)
- Full mouth series or panoramic radiograph or
- CBCT renderings or photos of equivalent Cephalometric/ Panoramic images and any other view helpful in diagnosis

Photographs or Study Models

- Intraoral and Extraoral Color photos in the 8-picture collage format
- Photos of Study Models or photo's 3D models (OrthoCad equivalent suggested)
- Additional photos with measurement tools to accompany auto qualifier selections

*Dental Plans and FFS may not have all software to read all types of CBCT submissions, please submit compatible JPEGS or PDF documentation.

Please note: The recipient must be under 21 years of age and either in the

adolescent or adult dentition phase. Transitional dentition cannot be scored for comprehensive adolescent orthodontia treatment.

Reimbursement of Phase II is NOT inclusive of any additional orthodontic appliances (ex: palatal expander, headgear, etc.).

Other Orthodontic Services

D8680 – orthodontic retention (removal of appliances, construction and placement of retainer(s))

Prior authorization is required. This procedure code is used when a member does not qualify for continuation of treatment (D8999) and includes removal of appliance(s) and retention of the maxillary and/or mandibular arch. One unit per arch is payable.

D8701—repair of fixed retainer, includes reattachment – maxillary
D8702 – repair of fixed retainer, includes reattachment – mandibular
D8703 – replacement of lost or broken retainer- maxillary
D8704 – replacement of lost or broken retainer- mandibular

Prior authorization is NOT required. These procedure codes are limited to one per lifetime per arch for limited, Phase I and/or Phase II orthodontic treatment. Only a benefit if Iowa Medicaid paid for the original retainer.

D8999 – continuation of treatment

Iowa Medicaid provider to another Iowa Medicaid provider (Applies to Fee-for-Services Members Only)

Prior authorization is required. This procedure code is used when a member transfers from one Iowa Medicaid provider to another Iowa Medicaid provider during the course of comprehensive orthodontic treatment of the transitional or adolescent dentition. Treatment will be pro-rated based on treatment months remaining and is inclusive of orthodontic retention. The determined pro-rated amount paid to the new provider will be recouped from the original provider.

Prior authorization is required. Prior authorization does not need to be accompanied with new records. Please indicate on the prior authorization that you are requesting the transfer from an Iowa Medicaid provider. The dental managed care plans follow the transfer of payment process as outlined below.

Transfer of Payment Process
(Applies to Dental Managed Care Members Only)

If a member transfers from an existing Iowa Medicaid provider to a new Iowa Medicaid provider under a different dental managed care plan, the following process should be followed for the transfer of reimbursement mid-treatment:

- The new provider would request a records transfer from the previous provider using the AAO transfer form.

- After reviewing the member's treatment records, the new provider would need to submit a claim to the member's current insurance plan administrator with the original prior authorization and remaining treatment balance for payment.

- The ortho addendum includes information related to Iowa Medicaid determines the pro-rated amount of reimbursement remaining determined by where the member is at in treatment.

Non-Iowa Medicaid provider to an Iowa Medicaid provider (Applies to All Members)

Prior authorization is required. This procedure code is used when a member transfers from one non-Iowa Medicaid provider to an Iowa Medicaid provider during comprehensive orthodontic treatment of the transitional or adolescent dentition. Treatment will be pro-rated based on treatment months remaining and is inclusive of orthodontic retention.

Prior authorization is required and must be accompanied with all required documentation for D8080 (see above).

Comprehensive orthodontic treatment of the adolescent dentition will be approved for members who meet one of the criteria on the Orthodontic Medical Necessity Form. It is the provider's responsibility to complete this form. Incomplete submissions will not be reviewed.

Fee-for-Service Providers

Dental Request for Prior Authorization form

Please use the following addresses when submitting your prior authorizations, claims, digital study models, and other documentation.

Any package *without* cast (non-digital) study models can be sent to Iowa Medicaid using the following methods:

IMPA
Fax: 515-725-1356
Phone: 888-424-2070 (Toll Free)
Email: paservices@hhs.iowa.gov

For procedures which require prior authorization, Iowa Medicaid will notify you in writing, fax, or email whether the service is approved or denied. Approval is not a guarantee of payment and payment is subject to patient eligibility.

Definitions

Adolescent Dentition: The dentition that is present after the normal loss of primary teeth and prior to cessation of growth that would affect orthodontic treatment.

Adult Dentition: The dentition that is present after the cessation of growth that would affect orthodontic treatment.

Dental Wellness Plan (DWP): Medicaid Dental Coverage that is not Hawki split into:
a) DWP-Kids (DWP-K) those non-Hawki members eighteen (18) years and younger
b) DWP-Adults (DWP-A) those non-Hawki members nineteen (19) years and older

Early Periodic Screening Diagnosis and Treatment (EPSDT) Benefits: Benefits defined in section 1905(r) of the Act, and applying to individuals under the age of twenty-one (21), including: screening services, vision services, dental services, hearing services, and such other necessary health care, diagnostic services, treatment, and other measures described in section 1905(a) of the Act to correct or ameliorate defects and physical and mental illnesses and conditions discovered by the screening services, whether or not such services are covered under the State Plan. See: Section 1905(r) of the Social Security Act. {From CMSC}.

Hawki Program: Healthy and Well Kids in Iowa, the Iowa program to provide health care coverage for uninsured children of eligible families as authorized by Title XXI of the federal Social Security Act.

IMPA: Iowa Medicaid Portal Access

Prior Authorization (PA): The process of obtaining prior approval as to the appropriateness of a service or medication; Prior Authorization does not guarantee coverage.

Transitional Dentition: The final phase of the transition from primary to adult teeth, in which the deciduous molars and canines are in the process of shedding and the permanent successors are emerging.

Resources

American Association of Orthodontists. (n.d.). Medically necessary orthodontic care. From https://www2.aaoinfo.org/practice-management/patient-management/medically-necessary-orthodontic-care/

CDT 2025

American Dental Association. (2024). CDT 2025: Current Dental Terminology (CDT ed.). American Dental Association.

CDT 2026

American Dental Association. (2025). CDT 2026: Current Dental Terminology (CDT ed.). American Dental Association.