

Iowa Medicaid
Orthodontic Administrative Guide
(July 2022)

Orthodontic benefits are available for Medicaid enrollees 20 years old and younger that meet the 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. Please note that the orthodontic procedures outlined below are only considered for benefit if you are a participating Medicaid provider.

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 \$153.53

D8220 – fixed appliance therapy \$250.75

The request for prior authorization must be accompanied with:

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

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.

D0330 panoramic radiographic image \$46.05

or

D0210 intraoral complete series of radiographic images \$51.17

and

D0340 2D cephalometric radiographic image-acquisition, measurement and analysis \$46.05

D0470 diagnostic casts \$35.82

Limited Orthodontic Treatment:

Orthodontic treatment with a limited objective, not necessarily involving the entire dentition. It may be directed at the only existing problem, or at only one aspect of a larger problem in which a decision is made to defer or forego more comprehensive therapy.

D8020 – limited orthodontic treatment of the transitional dentition \$298.11

The request for prior authorization must be accompanied with:

- ADA claim form (2012 or newer)
- Treatment plan and a complete treatment narrative
- 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 \$1,104.03

Prior authorization is required and must be accompanied with:

- ADA claim form (2012 or newer)
- Treatment plan and a complete treatment narrative
- Interpreted cephalometric radiograph
- Full mouth series (FMS) or panorex
- Diagnostic quality study models OR diagnostic 2D intra-oral photos OR diagnostic 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, ect.).

PHASE II

D8080 – comprehensive orthodontic treatment of the adolescent dentition \$3,172.88

Prior authorization is required and must be accompanied with:

- ADA claim form (2012 or newer)
- Treatment plan and a complete treatment narrative
- Interpreted cephalometric radiograph
- Full mouth series (FMS) or panorex
- Diagnostic quality study models OR diagnostic 2D intra-oral photos OR diagnostic 3D models (OrthoCad equivalent)

Comprehensive orthodontic treatment of the adolescent dentition will be approved for members with malocclusion scores of 26 or above on the index from “Handicapping Malocclusion Assessment to Establish Treatment Priority”, by J. A. Salzmann, D.D.S. referenced below:

https://www.forwardhealth.wi.gov/wiportal/content/provider/medicaid/Dentist/salzmann_index.pdf.spage

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

In addition, cases involving a member with a cleft palate or craniofacial deformity are considered automatic qualifiers and will also be approved for comprehensive orthodontia.

Other Orthodontic Services:

D8680 – orthodontic retention (removal of appliances, construction and placement of retainer(s)) \$149.06

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 \$86.65

D8702 – repair of fixed retainer, includes reattachment – mandibular \$86.65

D8703 – replacement of lost or broken retainer- maxillary \$149.06

D8704 – replacement of lost or broken retainer- mandibular \$149.06

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 the original retainer was paid by Iowa Medicaid.

D8999 – continuation of treatment \$ (pro-rated reimbursement)

Iowa Medicaid provider to another Iowa Medicaid provider

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 but 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.

Non-Iowa Medicaid provider to an Iowa Medicaid provider

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 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.

Prior authorization is required and must be accompanied with:

- ADA claim form (2012 or newer)
- Treatment plan and a complete treatment narrative
- Interpreted cephalometric radiograph
- Full mouth series (FMS) or panorex
- Diagnostic quality study models OR diagnostic 2D intra-oral photos OR diagnostic 3D models (OrthoCad equivalent).

A Salzman index minimum score of 26 *at the time of transfer* in order to qualify. If the member does not qualify, a new prior authorization should be submitted for code D8680 for removal and retention.

Comprehensive orthodontic treatment of the adolescent dentition will be approved for members with malocclusion scores of 26 or above on the index from “Handicapping Malocclusion Assessment to Establish Treatment Priority”, by J. A. Salzman, D.D.S referenced below:
https://www.forwardhealth.wi.gov/wiportal/content/provider/medicaid/Dentist/salzman_index.pdf.spage

Transfer of Payment Process

If a member transfers from an existing provider to a new provider under a different dental plan administrator, 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.
 - As a reference, [this link](#) takes you to the ortho addendum that includes information on how Iowa Medicaid determines the pro-rated amount of reimbursement remaining determined by where the member is at in treatment.

Submitting Orthodontia Prior Authorizations

Best practice requires all orthodontic treatment to be prior authorized before treatment begins: [Iowa Medicaid Dental Prior Authorization Form](#)

Please use the following addresses depending on how you submit your prior authorizations, claims, cast (non-digital) study models, and other documentation.

Any package with cast (non-digital) study models must be mailed to Iowa Medicaid:

- Iowa Medicaid
Medical Services Unit
PO Box 36478
Des Moines, IA 50315

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@dhs.state.ia.us

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