DELTA DENTAL®

Dental Wellness Plan (DWP) and Dental Wellness Plan Kids (DWP Kids)

Orthodontic Administrative Guide

Updated July 1, 2022

Orthodontic benefits may be available for DWP and DWP Kids members 20 years old and younger that meet the established medical necessity requirements and are prior authorized. Harmful habit appliances and other listed orthodontic procedures are covered based on the listed 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 DWP and DWP Kids network provider.

When submitting an orthodontic claim or prior authorization make sure you mark "YES" in box 40 (is treatment of orthodontics?) on the ADA claim form. It also needs to include date appliance was placed and number of estimated treatment months when applicable. One procedure should be billed and will be considered for the entire mouth unless the procedure is arch specific.

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. Records can be payable once every 12 months prior to the initiation of orthodontic services.

D0330 – panoramic radiographic image ($48.35), or

D0210 – intraoral complete series of radiographic images ($53.73), and

D0340 – 2D cephalometric radiographic image-acquisition, measurement, and analysis ($46.05)

D0470 – diagnostic casts ($37.61)

D0150- comprehensive oral evaluation ($24.72)

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Limited Orthodontic Treatment (applies to DWP Kids only):

The following procedure code may be billed for 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. A palatal expander can be billed under this CDT code and if applicable a D8680 can be billed for the removal and retention at the completion of the expansion.

D8020 – limited orthodontic treatment of the transitional dentition ($298.11)

The request for prior authorization must be accompanied with:

- Treatment plan and a complete treatment narrative
- Diagnostic quality photograph(s)

Comprehensive Orthodontic Treatment:

The following procedure codes may be billed for 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.

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.

**Comprehensive orthodontics may incorporate treatment phases focusing on specific objectives at various stages of dentofacial development.

PHASE I:

D8070 – comprehensive orthodontic treatment of the transitional dentition ($1,104.03)

This would be considered Phase I treatment and could include: maxillary and/or mandibular 2x4, maxillary and/or mandibular quarterly adjustments, palatal expander, removal, and retention.

Prior authorization is required and must be accompanied with:

- Treatment plan and a complete treatment narrative
- Interpreted cephalometric radiograph
- Full mouth series (FMS) or panoramic radiograph
- 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 1 is inclusive of any additional orthodontic appliances (ex: palatal expander, headgear, etc)

PHASE II:

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

Prior authorization is required and must be accompanied with:

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

Comprehensive orthodontic treatment of the adolescent dentition can 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. All orthodontic treatment requires a prior authorization before treatment begins.

A palatal expander can be billed separately if criteria is met.

In addition, cases involving a member with a cleft palate or craniofacial deformity are considered automatic qualifiers and will also be approve 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)

These procedure codes are limited to one per lifetime per arch regardless of phase of orthodontic treatment. Only a benefit if the original retainer was paid by Medicaid. A prior authorization is not required for these codes.

D8999 – continuation of treatment (pro-rated reimbursement)
Iowa enrolled Medicaid provider to another Iowa enrolled Medicaid provider
Prior authorization is required. This procedure code is used when a member transfers from one Iowa enrolled Medicaid provider to another Iowa enrolled 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 enrolled Medicaid provider.

Non-Iowa enrolled Medicaid provider to another Iowa enrolled Medicaid provider
Prior authorization is required. This procedure code is used when a member transfer from a non-Iowa enrolled Medicaid provider to an Iowa enrolled 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:

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

Salzman index must meet a minimum score of 26 at the time of transfer in order to qualify. If the member does not qualify, code D8680 for removal and retention should be considered.

Comprehensive orthodontic treatment of the adolescent dentition can 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

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.

Submission of Prior Authorizations:
All orthodontic treatment requires a prior authorization before treatment begins.
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 sent to the Delta Dental of Iowa street address:

Attention: Delta Dental of Iowa
Government Programs
9000 Northpark Drive
Johnston, IA 50131-9000

Any package without cast (non-digital) study models must be sent to Delta Dental of Iowa's PO Box address:
Attention: Delta Dental of Iowa
Government Programs
PO Box 9000
Johnston, IA 50131-9000

If a cast mold is sent in it will be returned following review. For procedures which require prior authorization, Delta Dental will notify you in writing, whether the service has or has not been approved. An approval is not a guarantee of payment. Payment is subject to patient eligibility.