

INFORMATIONAL LETTER NO. 2248-FFS-D

DATE: July 23, 2021

TO: All Iowa Medicaid Orthodontists and Dentists

APPLIES TO: Fee-for-Service (FFS), Dental (D)

FROM: Iowa Department of Human Services (DHS), Iowa Medicaid Enterprise (IME)

RE: Orthodontia Processing Changes

EFFECTIVE: July 1, 2021

With the transition of children to Managed Care effective July 1, 2021, orthodontia processing policy changes were made in an effort to streamline adjudication of orthodontia services between all three payers (Delta Dental of Iowa (DDIA), Managed Care of North America (MCNA) and the IME). In addition, processing modifications were made to accommodate the American Dental Association (ADA) code revisions that will be effective January 1, 2022.

Any orthodontia claims for services to Medicaid members prior to July 1, 2021, should be submitted to the IME (billing guidance is provided below). Services initiated after July 1, 2021, should be submitted to the member's assigned dental plan administrator.

Changes include:

- Interceptive Orthodontic Codes D8060 (*interceptive orthodontic treatment of the transitional dentition*) will be removed as a Medicaid benefit. This aligns with the ADA Current Dental Terminology (CDT) changes beginning in 2022.
- Services previously covered under D8060 can now be billed under D8020 (*limited orthodontic treatment of the transitional dentition*). Reimbursement for this service remains at \$298.11.
- Phase I orthodontia services will remain billable under D8070 (*comprehensive orthodontic treatment of the transitional dentition*), but all services previously allowed under this code are now bundled. Billing of this code is inclusive of maxillary and/or mandibular 2x4 brackets, maxillary and/or mandibular quarterly adjustments, appliance (such as palatal expander), removal and retention. No additional units will be allowed. Reimbursement for this service is \$1,104.03.

- Phase II orthodontia will remain billable under D8080 (*comprehensive orthodontic treatment of the adolescent dentition*). However, providers no longer need to bill two units of services for banding both maxillary and mandibular arches. Instead, providers can bill one unit for a reimbursement of \$3,172.88.

Guidance for Outstanding Claims to the IME (Services Prior to July 1, 2021)

- Any provider(s) with outstanding units of D8080 or quarterly adjustment claims for D8070 must submit these to the IME. Both codes should be billed on ONE line and the date on the claim must be before June 30, 2021.
- The total amount for D8070 to be reimbursed should be determined using the following rates: \$135.11 (maxillary adjustments) and \$125.38 (mandibular adjustments).
 - As an example, a claim with two maxillary adjustments should request \$270.22 and three would be \$405.33.
- Removal and retention claims for members banded before July 1, 2021, should be billed to the IME using code D8680. The date of service should also be prior to June 30, 2021.

Resources

View the new Orthodontic Administrative Guide on the [DHS website](#)¹ for more information.

If you have any questions, please contact the IME Provider Services Unit at 1-800-338-7909, or by email at imeproviderservices@dhs.state.ia.us.

¹ https://dhs.iowa.gov/sites/default/files/Ortho_Processing_Guide.pdf?072020211706