



State of New Jersey  
Department of Human Services  
Division of Medical Assistance & Health Services

# NEWSLETTER

Volume 13 No. 44

June 2003

**TO:** Providers of Dental Services - **For Action**  
Health Maintenance Organizations - **For Information Only**

**SUBJECT:** **New Billing Procedures for Comprehensive Orthodontic Treatment**

**EFFECTIVE:** Claims with dates of service on or after **June 1, 2003**

**PURPOSE:** To notify providers of dental services of new fee-for-service (FFS) billing procedures and reimbursement for comprehensive orthodontic treatment. These changes do not reflect changes in Medicaid/NJ FamilyCare policy regarding reimbursement for orthodontic services.

**BACKGROUND:** Medicaid Transmittal 56-03-01, dated June 2003, notified providers of dental services of a decision by the NJ Division of Medical Assistance and Health Services (DMAHS) to adopt 2002 CDT revisions to the Dental Services Provider Manual. These revisions are consistent with accepted American Dental Association (ADA) procedure codes for calendar year 2002.

In order to continue DMAHS' current policy regarding Medicaid/NJ FamilyCare FFS coverage and reimbursement for comprehensive orthodontic treatment, the Division is implementing the use of enhanced procedure codes that incorporate the CDT procedure code D8080.

**ACTION:** **Effective for FFS dental claims with dates of service on or after June 1, 2003**, the enhanced CDT procedure codes and related reimbursement amounts listed shall be used to request reimbursement for comprehensive orthodontic treatment.

<u>Procedure Code</u>	<u>Description</u>	<u>Maximum Fee Allowance</u>	
		<u>S</u>	<u>NS</u>
D8080	Comprehensive Orthodontic Treatment <b>Note:</b> Adolescent dentition <b>Note:</b> This code is to be used for the placement of the comprehensive orthodontic appliance	\$493.00	\$493.00
D8080-22	Comprehensive orthodontic treatment <b>Note:</b> This code is to be used for the 1 <sup>st</sup> through the 24 <sup>th</sup> month of treatment <b>Note:</b> Billing to start on the day insertion of the appliance is completed <b>Note:</b> Billing is to be done per month	\$80.00	\$80.00
D8080-52	Comprehensive Orthodontic Treatment <b>Note:</b> This code is to be used for the 25 <sup>th</sup> through the 35 <sup>th</sup> month of treatment <b>Note:</b> Billing not to exceed 35 months <b>Note:</b> Billing is to be done per month	\$14.00	\$14.00

If you have any questions concerning this Newsletter, please contact the DMAHS Acting Dental Chief at 1-800-782-0181.

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