GUARDIAN℠

DentalGuard

Orthodontic Fee Schedule and Guidelines

Code	Description	Max. Allowable Fee
D8660	**Pre-orthodontic treatment visit** Orthodontic evaluation and consultation Orthodontic treatment plan and records, including radiographs, study models and photos	$250.00
D8010/D8020 D8030/D8040	**Limited orthodontic treatment** including fabrication and insertion of any and all fixed appliances and periodic visits	$667.00
D8050/D8060	**Interceptive orthodontic treatment** including fabrication and insertion of any and all fixed appliances and periodic visits	$934.00
D8070/D8080 D8090	**Comprehensive orthodontic treatment** including fabrication and insertions of any and all fixed appliances and periodic visits	$2,668.00
D8999	**Unspecified orthodontic procedure, by report** Removable orthodontic appliance associated with limited, interceptive or comprehensive orthodontic treatment (excluding orthodontic retention appliances), per appliance	$275.00
D8670	**Periodic orthodontic treatment visit (as part of contract)** Additional monthly fee for comprehensive orthodontic treatment extending beyond twenty-four (24) months, up to thirty-six (36) months	$111.00
D8680	**Orthodontic retention** including any and all necessary fixed and removable initial appliances and related visits	$425.00

Orthodontic treatment included in the above listed fees:

- Treatment plan and records, including initial interim and final records.
- Limited orthodontic treatment, including fabrication and insertion of any and all fixed appliances and periodic visits.
- Interceptive orthodontic treatment, including fabrication and insertion of any and all fixed appliances and periodic visits.
- Comprehensive orthodontic treatment, including fabrication and insertion of any and all fixed appliances and periodic visits.
- Orthodontic retention, including any and all necessary fixed and removable initial appliances and related visits.
- Orthodontic treatment beyond twenty-four (24) months but not exceeding thirty-six (36) months, no additional fees can be charged.
- If a member has orthodontic treatment associated with orthognathic surgery (a non-covered procedure involving the surgical moving of teeth), the plan provides its standard orthodontic benefit. The member will be responsible for additional charges related to the orthognathic surgery and the complexity of the orthodontic treatment. The additional charge will be based on the participating orthodontic specialist dentist's reasonable and customary fees.
- If a covered member transfers from a non-participating orthodontist to a participating orthodontist after orthodontic treatment has begun, the new participating orthodontist should submit a pro-rated amount for the remaining treatment based upon the participating orthodontist's contracted fee.
- If a covered member transfers from a participating orthodontist to another participating orthodontist after orthodontic treatment has begun, the new participating orthodontist should submit a pro-rated amount for the remaining treatment based upon the new participating orthodontist's contracted fee.

Orthodontic treatment not included in the above listed fees:

- Any incremental charges for orthodontic appliances made with clear, ceramic, white, lingual brackets or other optional material.
- Procedures, appliances or devices to guide minor tooth movement or to correct harmful habits (may be covered under the member's standard dental plan).
- Re-treatment of orthodontic cases, or changes in orthodontic treatment necessitated by any kind of accident.
- Extractions performed solely to facilitate orthodontic treatment (may be covered under the member's standard dental plan).
- Orthognathic surgery (moving of teeth by surgical means) and associated incremental charges.
- If orthodontic treatment begins before the member is eligible for orthodontic benefits under this plan by a participating orthodontist, the member will be responsible for the orthodontist's fee as originally agreed upon. Plan benefits may be considered up to the member's orthodontic lifetime maximum.
- Replacement of lost or broken retainers.

The listing of codes on this Fee Schedule does not guarantee coverage. If a code is listed on this Fee Schedule and also on the DentalGuard General Fee Schedule applicable in your area, you will be paid based on the fee listed on this Fee Schedule.

Guardian reserves the right to apply comparable fee schedule amounts resulting from revisions to CDT.

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