



Health Net Orthodontic Program

| Code | Description of services | Fees for services |
|---|---|-------------------|
| Orthodontic diagnostic records – beginning and final records | | |
| D0340 | Cephalometric film | \$75.00 |
| D0350 | Oral/Facial photographic images | \$55.00 |
| D0470 | Diagnostic casts | \$45.00 |
| Limited orthodontic treatment | | |
| D8010 | Limited orthodontic treatment of the primary dentition ¹ | \$500.00 |
| D8020 | Limited orthodontic treatment of the transitional dentition ² | \$500.00 |
| D8030 | Limited orthodontic treatment of the adolescent dentition ³ | \$500.00 |
| D8040 | Limited orthodontic treatment of the adult dentition ⁴ | \$500.00 |
| Interceptive orthodontic treatment | | |
| D8050 | Interceptive orthodontic treatment of the primary dentition | \$1,000.00 |
| D8060 | Interceptive orthodontic treatment of the transitional dentition | \$1,000.00 |
| Comprehensive orthodontic treatment | | |
| D8070 | Comprehensive orthodontic treatment of the transitional dentition | \$2,550.00 |
| D8080 | Comprehensive orthodontic treatment of the adolescent dentition | \$2,550.00 |
| D8090 | Comprehensive orthodontic treatment of the adult dentition | \$2,550.00 |
| Minor treatment to control harmful habits | | |
| D8210 | Removable appliance therapy | \$350.00 |
| D8220 | Fixed appliance therapy | \$350.00 |
| Other orthodontic services | | |
| D8660 | Pre-orthodontic treatment visit (<i>included with orthodontic treatment</i>) | \$0.00 |
| D8670 | Periodic orthodontic treatment visit (<i>included with orthodontic treatment</i>) | \$0.00 |
| D8680 | Orthodontic retention (removal of appliances, construction and placement of retainer(s)) – <i>included with orthodontic treatment</i> | \$175.00 |

(continued)

¹Primary dentition: Teeth developed and erupted first in order of time.

²Transitional dentition: The final phase of the transition from primary to adult teeth in which the deciduous molars and canines are in the process of shedding and the permanent successors are emerging.

³Adolescent dentition: The dentition that is present after the normal loss of primary teeth and prior to cessation of growth that would affect orthodontic treatment.

⁴Adult dentition: The dentition that is present after the cessation of growth that would affect orthodontic treatment.

Orthodontic exclusions

1. Replacement of lost or stolen orthodontic appliances.
2. Lost, stolen or broken appliances.
3. Orthodontic treatment started prior to member's effective date of coverage unless covered through an orthodontic takeover provision.
4. Extractions for orthodontic purposes (will not be applied if extraction is consistent with professionally recognized standards of dental practice or arises in the context of an emergency dental condition).
5. Treatment in progress at the time of eligibility.
6. Temporomandibular joint syndrome (TMJ) surgical orthodontics.
7. Myofunctional therapy.
8. Treatment of cleft palate.
9. Treatment of micrognathia.
10. Treatment of macroglossia.
11. Changes in orthodontic treatment necessitated by accident of any kind.
12. Orthodontic coverage is limited to 24 months of treatment, followed by 24 months of retention office visits.
13. Services provided after the 24th month of treatment and/or retention are the responsibility of the patient at a fee not to exceed \$130 per month.
14. In the event of termination, the patient is responsible for the usual fee of the treating dentist prorated over the remainder of treatment and/or retention.

**Treatment must be provided by Health Net-contracted orthodontic providers.
Any procedure not listed is available at the provider's usual and customary fee.**