

Orthodontic Services

Blue Cross Blue Shield FEP Dental Class D Orthodontic

Orthodontic Services

D0340 2D cephalometric radiographic image – acquisition, measurement and analysis – *May be allowed if completed more than 3 months prior to the start of orthodontic treatment*

D0350 2D oral/facial photographic image obtained intra-orally or extra-orally – *May be allowed if completed more than 3 months prior to the start of orthodontic treatment*

D0470 Diagnostic casts – *May be allowed if completed more than 3 months prior to the start of orthodontic treatment*

D0801 3D intraoral surface scan – direct - *May be allowed if completed more than 3 months prior to the start of orthodontic treatment*

D0802 3D dental surface scan – indirect - *May be allowed if completed more than 3 months prior to the start of orthodontic treatment*

D7283 Placement of device to facilitate eruption of impacted tooth - *Covered 1 per lifetime*

D8010 Limited orthodontic treatment of the primary dentition

D8020 Limited orthodontic treatment of the transitional dentition

D8030 Limited orthodontic treatment of the adolescent dentition

D8040 Limited orthodontic treatment of the adult dentition

D8070 Comprehensive orthodontic treatment of the transitional dentition

D8080 Comprehensive orthodontic treatment of the adolescent dentition

D8090 Comprehensive orthodontic treatment of the adult dentition

D8210 Removable appliance therapy

D8220 Fixed appliance therapy

D8660 Pre-orthodontic treatment examination to monitor growth and development

D8670 Periodic orthodontic treatment visit (as part of contract) – *Monthly payments automatically made if orthodontic treatment plan is in place*

D8681 Removable orthodontic retainer adjustment