

**Local Code to National Code Crosswalk
Orthodontic and Cleft Palate Codes**

Local Code	PT	TOS	Local Code Description	HIPAA Code	PROMISE PT	PROMISE Specialty	PROMISE POS	Pricing Modifier	Informational Modifier	HIPAA Code Definition	MA Fee	Requires Prior Authorization or Program Exception
D8900	3	OD	Orthodontic exam and treatment plan	D8660	27	273, 283	11, 49			Pre-orthodontic treatment visit	\$35.00	No
X7500	3	CP	Initial screening, all diagnostic aids, appliances and active treatment, first quarter.	D8080	27	273, 283	11, 49			Comprehensive orthodontic treatment of the adolescent dentition (includes initial/ 1st quarter Periodic orthodontic treatment visit (as part of contract))	\$600.00	Effective 2/1/06
X7501	3	CP	Subsequent continuing treatment, each quarter to include appliances and all necessary adjustments.	D8670	27	273, 283	11, 49			Periodic orthodontic treatment visit (as part of contract)	\$250.00	Effective 2/1/06
X7502	3	CP	Retention year, when necessary to include appliances	D8680	27	273, 283	11, 49			Orthodontic retention (removal of appliances, construction and placement of retainer(s))	\$150.00	Effective 2/1/06
X7503	1	CP	Complete initial examination at diagnostic clinic (cleft palate) including all licensed staff.	D0160	31	All Spec	49			Detailed and extensive oral evaluation - problem focused, by report	\$120.00	No
X7503	3	CP	Complete initial examination at diagnostic clinic (cleft palate) including all licensed staff.	D0160	27	283	11, 49			Detailed and extensive oral evaluation - problem focused, by report	\$120.00	No
X7503	41	CP	Complete initial examination at diagnostic clinic (cleft palate) including all licensed staff.	D0160	19	190	49			Detailed and extensive oral evaluation - problem focused, by report	\$120.00	No
X7503	50	CP	Complete initial examination at diagnostic clinic (cleft palate) including all licensed staff.	D0160	17	173	49			Detailed and extensive oral evaluation - problem focused, by report	\$120.00	No
X7503	50	CP	Complete initial examination at diagnostic clinic (cleft palate) including all licensed staff.	D0160	21	212, 213	49			Detailed and extensive oral evaluation - problem focused, by report	\$120.00	No
X7503	50	CP	Complete initial examination at diagnostic clinic (cleft palate) including all licensed staff.	D0160	20	200	49			Detailed and extensive oral evaluation - problem focused, by report	\$120.00	No
X7504	1	CP	Re-examination at diagnostic clinic (cleft-palate) per clinician.	D0170	31	All Spec	49			Re-evaluation - limited, problem focused (Established patient; not post-operative visit)	\$25.00	No
X7504	3	CP	Re-examination at diagnostic clinic (cleft-palate) per clinician.	D0170	27	283	11, 49			Re-evaluation - limited, problem focused (Established patient; not post-operative visit)	\$25.00	No

**Local Code to National Code Crosswalk
Orthodontic and Cleft Palate Codes**

Local Code	PT	TOS	Local Code Description	HIPAA Code	PROMISE PT	PROMISE Specialty	PROMISE POS	Pricing Modifier	Informational Modifier	HIPAA Code Definition	MA Fee	Requires Prior Authorization or Program Exception
X7504	41	CP	Re-examination at diagnostic clinic (cleft-palate) per clinician.	D0170	19	190	49			Re-evaluation - limited, problem focused (Established patient; not post-operative visit)	\$25.00	No
X7504	50	CP	Re-examination at diagnostic clinic (cleft-palate) per clinician.	D0170	17	173	49			Re-evaluation - limited, problem focused (Established patient; not post-operative visit)	\$25.00	No
X7504	50	CP	Re-examination at diagnostic clinic (cleft-palate) per clinician.	D0170	21	212, 213	49			Re-evaluation - limited, problem focused (Established patient; not post-operative visit)	\$25.00	No
X7504	50	CP	Re-examination at diagnostic clinic (cleft-palate) per clinician.	D0170	20	200	49			Re-evaluation - limited, problem focused (Established patient; not post-operative visit)	\$25.00	No
Z8052	3	OD	Orthodontic initial year first quarter	D8080	27	273, 283	11, 49			Comprehensive orthodontic treatment of the adolescent dentition (includes initial/ 1st quarter Periodic orthodontic treatment visit (as part of contract))	\$600.00	yes
Z8053	3	OD	Orthodontic initial year second quarter	D8670	27	273, 283	11, 49			Periodic orthodontic treatment visit (as part of contract)	\$250.00	yes
Z8054	3	OD	Orthodontic treatment third quarter	D8670	27	273, 283	11, 49			Periodic orthodontic treatment visit (as part of contract)	\$250.00	yes
Z8055	3	OD	Orthodontic treatment fourth quarter	D8670	27	273, 283	11, 49			Periodic orthodontic treatment visit (as part of contract)	\$250.00	yes
Z8056	3	OD	Orthodontic treatment fifth quarter	D8670	27	273, 283	11, 49			Periodic orthodontic treatment visit (as part of contract)	\$250.00	yes
Z8057	3	OD	Orthodontic treatment sixth quarter	D8670	27	273, 283	11, 49			Periodic orthodontic treatment visit (as part of contract)	\$250.00	yes
Z8058	3	OD	Orthodontic treatment seventh quarter	D8670	27	273, 283	11, 49			Periodic orthodontic treatment visit (as part of contract)	\$250.00	yes
Z8059	3	OD	Orthodontic treatment eighth quarter	D8670	27	273, 283	11, 49			Periodic orthodontic treatment visit (as part of contract)	\$250.00	yes
Z8310	3	OD	Retention services following reduced active treatment, prior to the end of seventh quarter of treatment plan	D8680	27	273, 283	11, 49			Orthodontic retention (removal of appliances, construction and placement of retainer(s))	\$150.00	yes