



**Date:** Dec. 27, 2024  
**To:** Coordinated care organizations (CCOs)  
**From:** David Inbody, CCO Operations director  
**Subject:** 2025 fee-for-service rates for handicapping malocclusion services

Effective Jan. 1, 2025, the Oregon Health Authority (OHA) has added D8070, D8090, D8091, D8680, and D8695 to the handicapping malocclusion (HM) treatment benefit. The fee-for-service (FFS) rates for HM benefit codes are as follows, effective Jan. 1, 2025:

Code	Description	Rate
<b>D8070</b>	Comprehensive orthodontic treatment of transitional dentition	\$2,895.20
<b>D8080</b>	Comprehensive orthodontic treatment of adolescent dentition	\$4,081.20
<b>D8090</b>	Comprehensive orthodontic treatment of adult dentition	\$4,081.20
<b>D8091</b>	Comprehensive orthodontic treatment with orthognatic surgery	\$4,081.20
<b>D8220</b>	Fixed appliance therapy	\$217.35
<b>D8660</b>	Pre-orthodontic treatment examination	\$285.66
<b>D8680</b>	Orthodontic retention (removal of appliacne, construction and placement of retainers(s))	\$300.15
<b>D8695</b>	Removal of fixed orthodontic appliances (for reasons other than completion of treatment)	\$148.01

As a reminder, CCO payments to providers for HM services are covered by the risk corridor described in the [2025 CCO contract](#). To qualify for the risk corridor, all orthodontic HM treatment for CCO members must follow OHA’s FFS reimbursement and prior authorization (PA) requirements. Risk corridor credit for CCO payment is limited to 120 percent of OHA’s FFS rates for covered orthodontic services; credit for CCO payment for D8660 (pre-orthodontic examination) is limited to 100 percent of the FFS rate.

**What should you do?**

Process claims from CCO providers for HM services consistent with FFS reimbursement effective Jan. 1, 2025. This includes:

- Using the billing codes above to adjudicate claims for these services.

- Requiring PA for codes D8070, D8080, D8090, and D8091.
- Making PA decisions consistent with OHA's [HM Benefit Guidance](#).
- Using a payment model consistent with the FFS model found in Oregon Administrative Rule [410-123-1260](#) such as paying for services in one lump sum at the beginning of each phase of treatment. Although alternative payment models are permitted, those considered in the HM risk corridor are subject to the reimbursement limits stated in the CCO contract.

## Questions?

- **Relating to a specific CCO:** Contact the [CCO](#).
- **Regarding fee-for-service (open card):** Contact Provider Services at 800-336-6016.

Thank you for your continued support of the Oregon Health Plan and the services you provide to our members.