

**NORTH CAROLINA MEDICAID PROGRAM
ORTHODONTIC PRIOR APPROVAL EXTENTION REQUEST**



Note: When the orthodontic treatment exceeds the three-year approval period and the provider has not received payment for the 23 maintenance visits, submit electronically by uploading this request to the NCTracks Prior Approval Portal with procedure code D8670 as the requested service and indicate that the request is for a prior approval extension.

Date: _____

Recipient name: _____

Medicaid ID#: _____

Months in treatment: _____

Number of paid maintenance visits: _____

Estimated months needed to complete treatment: _____

Reason for extension: _____

Claims submitted after the prior approval expiration date will deny with EOB 00023 "SERVICE REQUIRES PRIOR APPROVAL." Until an extension request has been submitted in such cases, Medicaid or NCHC claims will deny.

Billing provider NPI:	
Billing provider name:	
Service location address:	
Service location phone:	

** If submitting by mail, submit a completed ADA Dental Claim Form with procedure code D8670 along with this Orthodontic Prior Approval Extension Request. Mail to:*

NCTracks Prior Approval Unit
ATTN: Orthodontic Review Board
PO Box 31188
Raleigh, NC 27622