How to Enter a Dental or Orthodontic Prior Approval in NCTracks

Table of Contents

Table of Contents 1
Overview 1
Logging into the Provider Portal 2
Accessing the PA Entry Screens 3
Selecting the PA Type 4
Entering the Requesting/Rendering Provider Details 6
Entering the Recipient Information 6
Entering the Header Billing Provider Information 7
Entering the Diagnosis Information 8
Entering the PA Detail Information 9
Entering the Detail Line Rendering Provider Information 10
Entering Additional Tooth Information - Documenting Medical Necessity 11
Indicating Attachments and other Supporting Documents or Materials 11
Uploading Attachments to the PA Request 13
Submitting the PA Request 13
Faxing or Mailing a Prior Approval Request 15

Overview

Dental and orthodontic providers now have three ways to submit prior approvals for review in the NCTracks system. Prior approval requests may now be: 1) mailed, 2) faxed, or 3) uploaded onto the NC Tracks web portal.

The NCTracks web portal is the fastest method for sending a dental prior approval request. Once all of the recipient's documents have been uploaded into the portal via .jpeg, .pdf, or a word document, it is immediately placed into the queue for an analyst to review. Below are step by step instructions to assist providers in correctly submitting prior approval requests. This will minimize processing time for the prior approval.

- Orthodontic records claims for payment have been erroneously submitted for Prior Approval when it is a procedure that does not require prior approval. Orthodontic Records claims for payment need to be sent electronically to Claims, not Prior Approval.
- Orthodontic treatment for NC Health Choice recipients requires prior approval and the recipient must have a craniofacial defect in order for the recipient to meet criteria for the service.

Logging into the Provider Portal

1. Navigate to www.nctracks.nc.gov

2. The following page will display. Click the "**Providers"** tab at the top of the page.

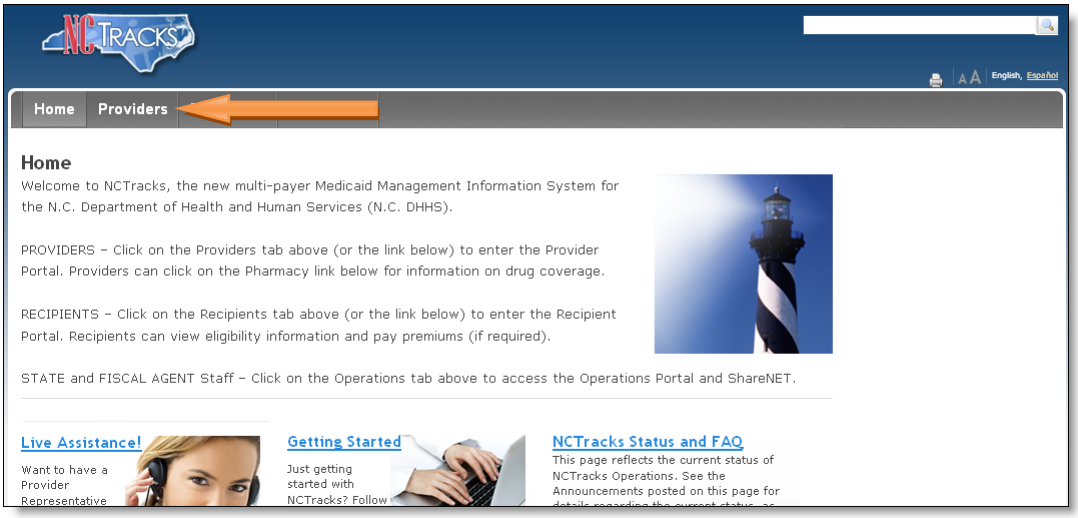


Figure 1: NCTracks Home

3. From the "**Providers"** page, click the "**NCTracks Secure Portal**" icon.

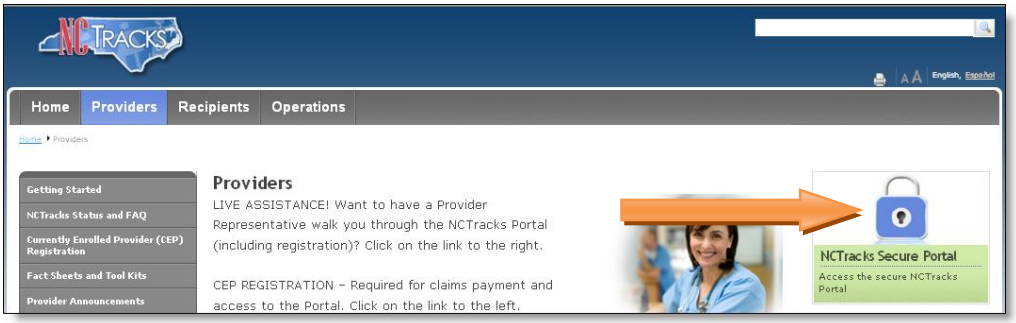


Figure 2: Providers Page

4. The following "**Provider Portal Login**" screen will display. Enter the NCID and password and click the "**Log in"** button.

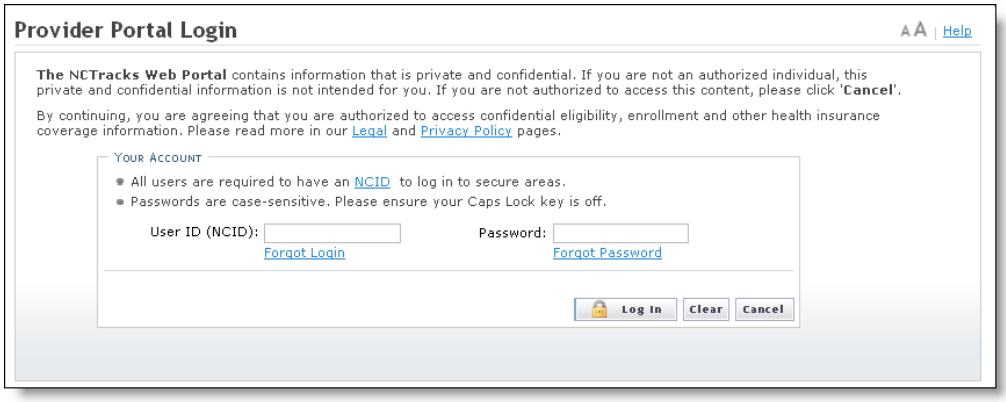


Figure 3: Provider Portal Login

Accessing the PA Entry Screens

5. The following "**Provider Portal"** home page will display. From the "**Prior Approval"** drop down menu, select "PA Entry".

Figure 4: Select PA Entry

Selecting the PA Type

6. The "**Prior Approval Request**" screen will display.

   6.1. Select the radio button for the payer. For Dental or Orthodontic PAs, this will always be DHB.

Figure 5: Selecting the Request Type

   6.2. Selecting the Payer will display the drop down menu option to select the plan. From the "Health Plan" drop down menu, select "NCXIX" for Medicaid or "NCXXI" for Health Choice (NCHC).

Figure 5: Selecting the Request Type

6.3. Selecting the health plan will display the “PA Type” drop down menu option. From the “PA Type” drop down menu, select either “Dental” or “Orthodontic”, depending on the type of request being submitted.

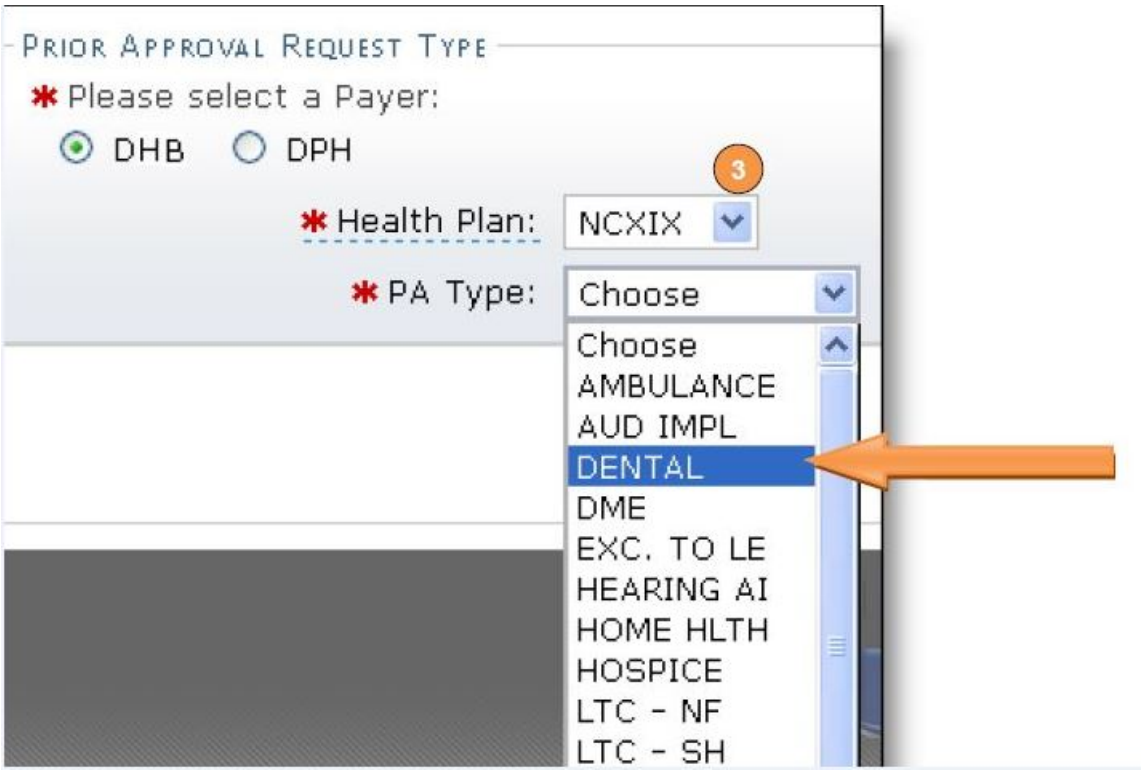


Figure 6: Selecting the PA Type

6.4. Click the “**Submit**” button on the lower right hand of the screen to continue.

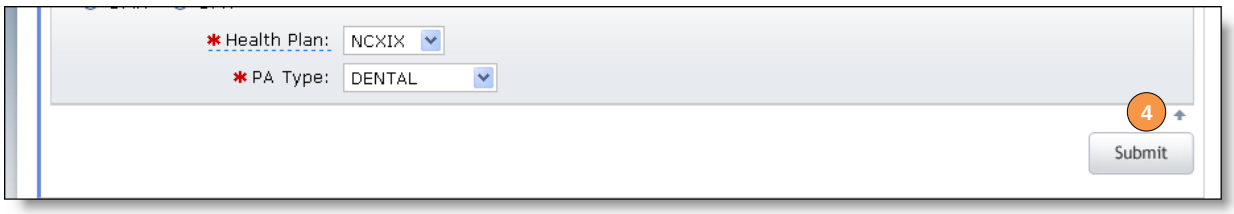


Figure 7: Click Submit

Entering the Requesting/Rendering Provider Details

7. The “PA Approval Request” screen will display.

   7.1. In the “Base Information” section, select the provider that is requesting the PA. The Requesting Provider may or may not be the Billing Provider.

	IMPORTANT: The “Address” and “Taxonomy” drop down menus will remain blank, until the NPI/Atypical Number is selected, as these options are linked to the NPI/Atypical Number. The fields must be selected in order.

- NPI/Atypical ID
- Address
- Taxonomy Code

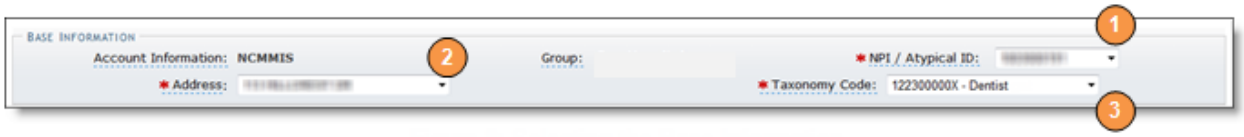


Figure 8: Selecting the Base Information

Entering the Recipient Information

   7.2. On the “**Header Information**” tab, under the “Recipient Information” section, enter the recipient ID in the “Submitted Recipient ID” field, and click the “**Confirm**” button.

Figure 9: Entering the Recipient ID

- If the recipient ID is recognized, the recipient's demographic information will automatically populate in the section.

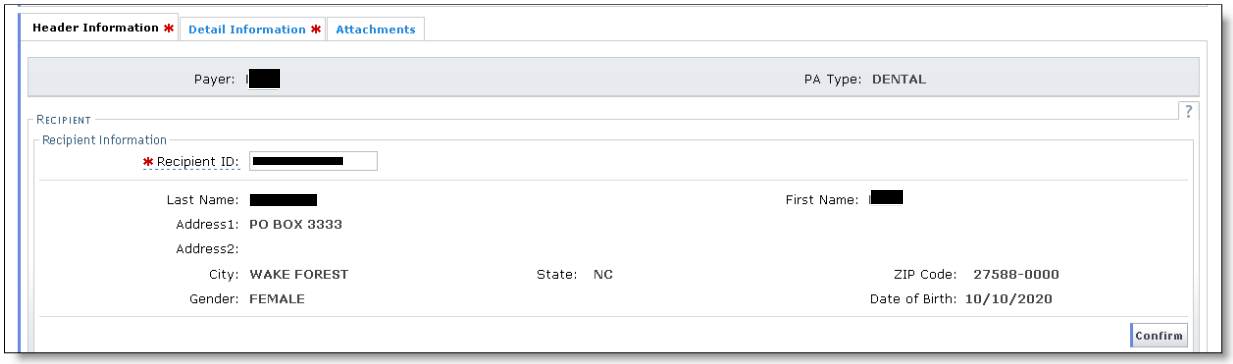


Figure 10: Recipient Info Auto Populates

- If the recipient ID is NOT recognized, the following error will display. Double check the recipient ID. If the recipient ID is accurate, the recipient may be new, and not yet recognized in the NCTracks database.

Figure 10: Recipient Info Not Recognized

Entering the Header Billing Provider Information

8. If the billing provider is the same as the requesting provider listed in the "Base Information" section above, select the check box to the left of "Same as Requesting Provider".

9. If the billing provider is different from the requesting provider, enter the following:

   9.1. In the "NPI" or "Atypical" fields, enter the applicable ID #.

   9.2. Click the "**Validate**" button.

	IMPORTANT: The "Address" and "Taxonomy" drop down menus will remain blank, until the NPI/Atypical Number is selected, as these options are linked to the NPI/Atypical Number. The fields must be selected in order.

9.3. From the “Address” drop-down menu, select the billing address.
9.4. From the **“**Taxonomy Code” drop down menu, select the appropriate taxonomy code.

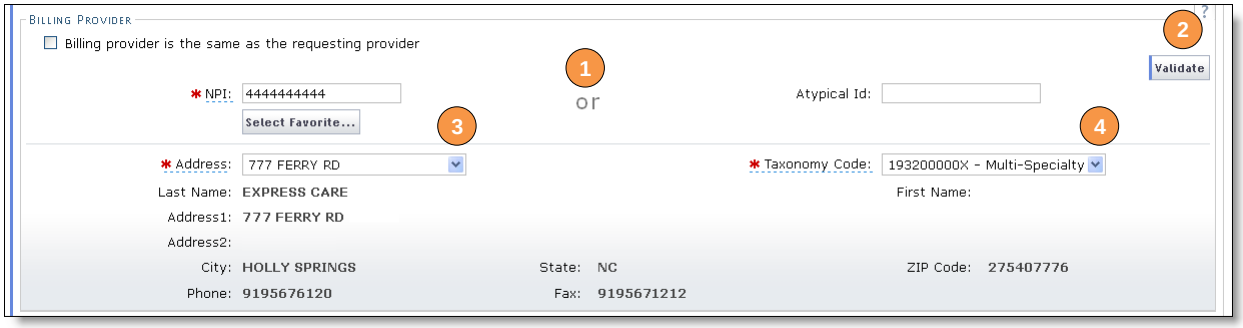


Figure 10: Entering Billing Provider Information

Entering the Diagnosis Information

<u>The diagnosis code is not required for this type of PA.</u> This is a known system issue that is currently being addressed. You may select any option from the drop-down menu and proceed with the PA entry. The drop-down selected will not be reviewed when the PA is processed and will not impact PA approval. If information is entered in the “Prognosis” field, the additional diagnosis information is required.

10. In the “Diagnosis” section, enter the following:
    - 10.1. Prognosis
    - 10.2. Diagnosis Code
    - 10.3. Diagnosis Type
    - 10.4. Date of Onset (mm/dd/yyyy)
    - 10.5. Primary
    - 10.6. Notes

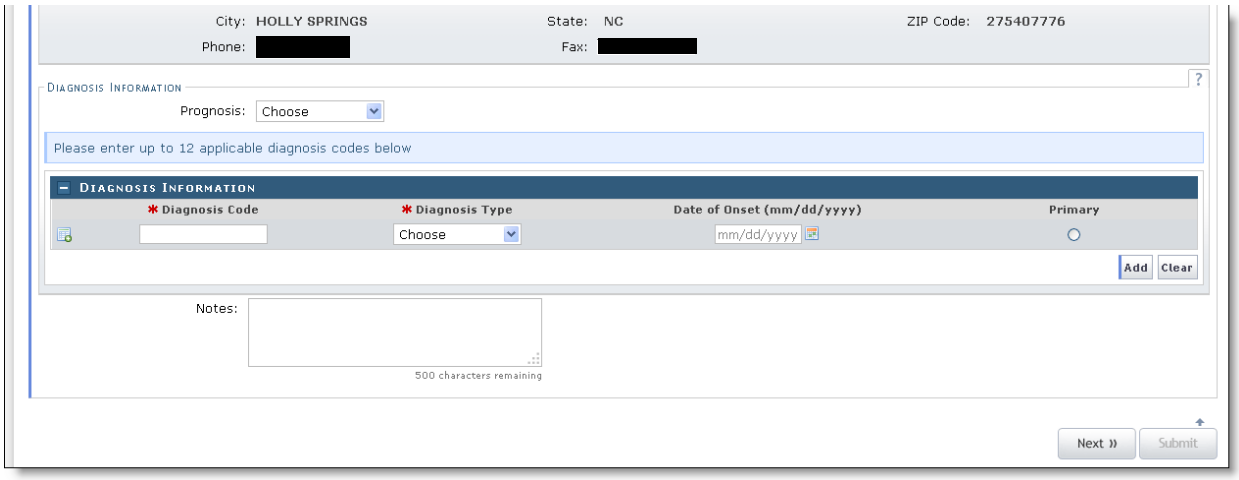


Figure 10: Diagnosis Information

Entering the PA Detail Information

11. Click the "**Detail Information**" tab to enter the Basic Line Item Information.

Figure 11: Select Detail Information Tab

12. Under the "Basic Line Item Information" section, enter the following:

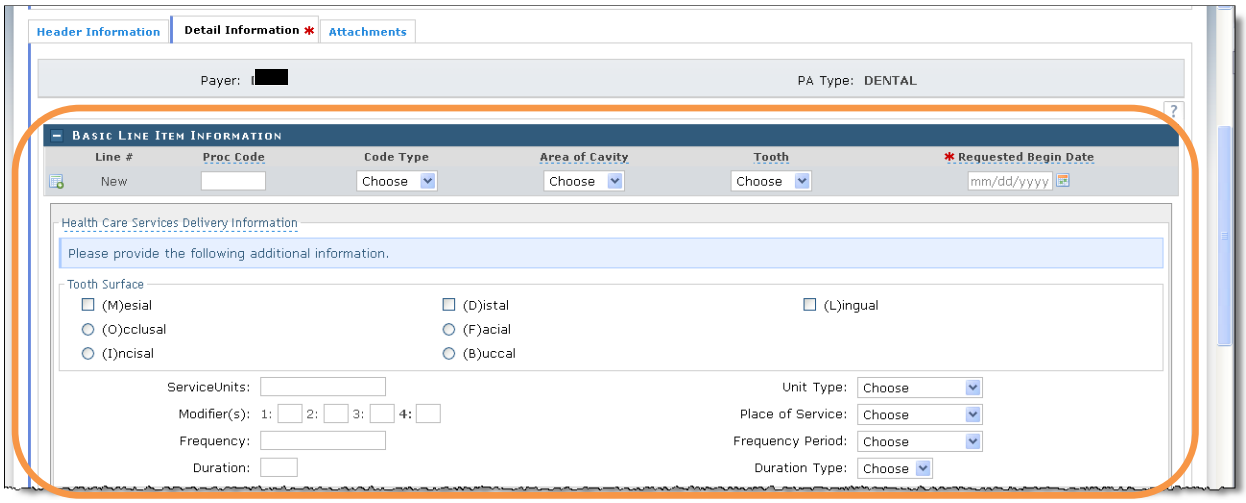


Figure 11: Enter Basic Line Item Information

12.1. Enter the procedure code: All dental codes start with the letter "D". If the letter is left out, the NC Tracks system will void the request as it is not a recognized code.

12.2. From the "Code Type" drop down menu, select the appropriate code type (ADA, HCPCS Procedure Code, or Rev Code).

12.3. From the "Area of Cavity" OR "Tooth" drop down menus, select either the area of the oral cavity OR the correct tooth number.

12.4. From the "Requested Begin Date" enter the requested Date of Service begin date (usually the date the request is being entered into the portal).

12.5. Under the "Health Care Service Delivery Information", locate the "Tooth Surface" section. Use this section to indicate the areas of the tooth affected.

12.6. In the "Service Units" field enter the quantity of service units.

12.7. From the "Unit Type" drop down menu, select type of Service Units (Days, Hours, Months, Units, or Visits). "Units" are the appropriate selection for dental and

orthodontic prior approval requests.

12.8. In the “Place of Service” field, choose the setting that the treatment will be rendered.

Please note that the additional fields (Modifier(s), Frequency, Frequency Period, Duration, and Duration Type) are **NOT** required for Dental PAs. You should leave these fields blank.

Entering the Detail Line Rendering Provider Information

13. If the rendering provider is the same as the **billing** provider listed in the “**Base Information**” section, select the check box to the left of “Rendering Provider is the same as the billing provider”.

14. If the rendering provider is different from the requesting provider, enter the following:

    14.1. In the provider’s NPI or Atypical Provider ID.
    14.2. Click the “Validate” button.

	IMPORTANT: The “Address” and “Taxonomy” drop down menus will remain blank, until the NPI/Atypical Number is selected, as these options are linked to the NPI/Atypical Number. The fields must be selected in order.

    14.3. From the “Address” drop-down menu, select the billing address.
    14.4. From the “Taxonomy Code” drop down menu, select the appropriate taxonomy code.

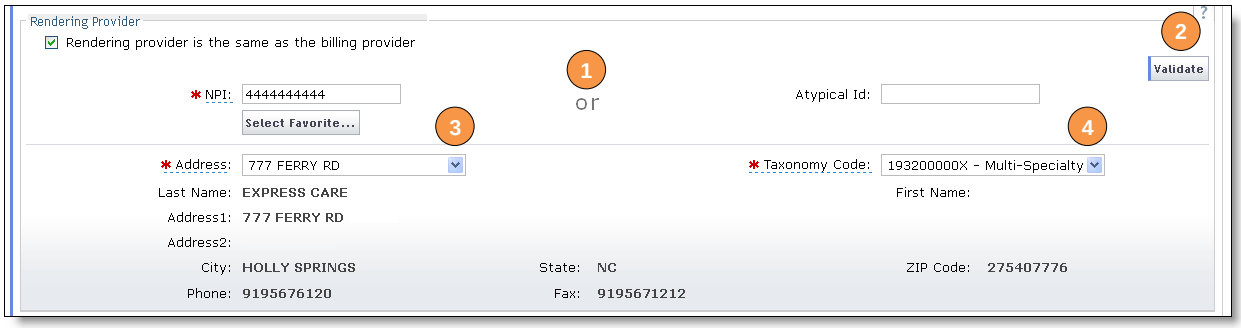


Figure 12: Enter Rendering Provider Information

Entering Additional Tooth Information - Documenting Medical Necessity

15. In the “Documentation of Medical Necessity” field, enter up to 250 characters of information that will support the medical necessity for the procedure. This includes, but is not limited to, information regarding missing teeth and/or teeth that need to be or will be extracted.

	IMPORTANT: This section is also used to provide details that supporting documentation will be mailed. If uploading digital images please include the recipient’s name and date the images were taken.

16. Click the “Add” button to add the detail line to the prior approval request. If there are any errors or missing information, a message will be displayed. If there is more than one detail line for the request, enter the information for the next detail line, beginning with step 12.
17. When you have finished adding detail lines, click the “Next’ button to continue to the “Attachments” tab.

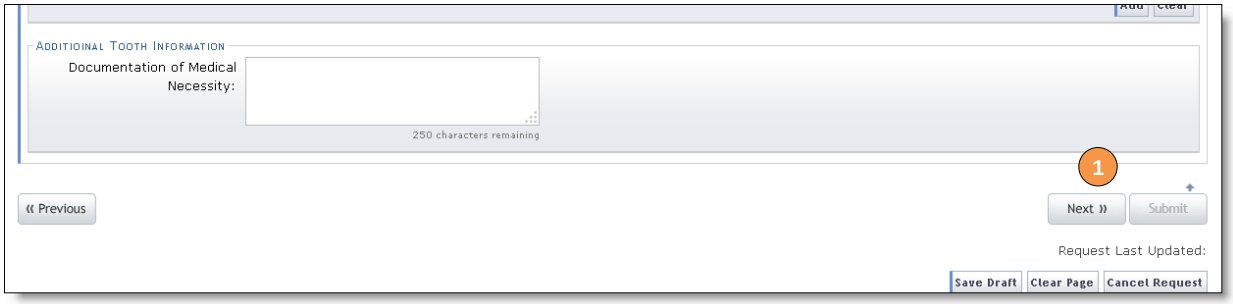


Figure 13: Documenting Medical Necessity

Indicating Attachments and other Supporting Documents or Materials

18. In the “Approval Request Attachments” section, select “Yes” if attachments will be submitted with the PA.

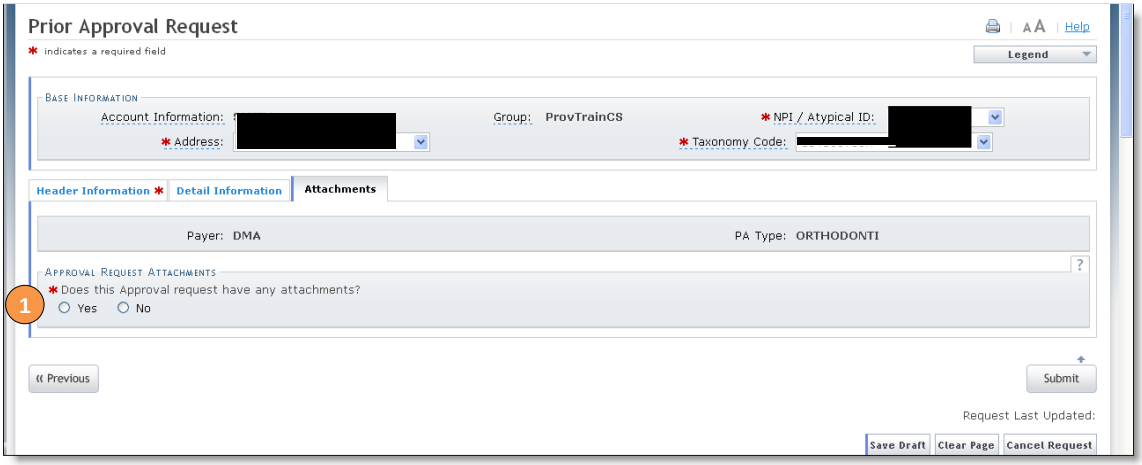


Figure 14: Indicating Attachments and Other Supporting Documentation or Materials

19. The “Attachments” section will display. Enter the following information:

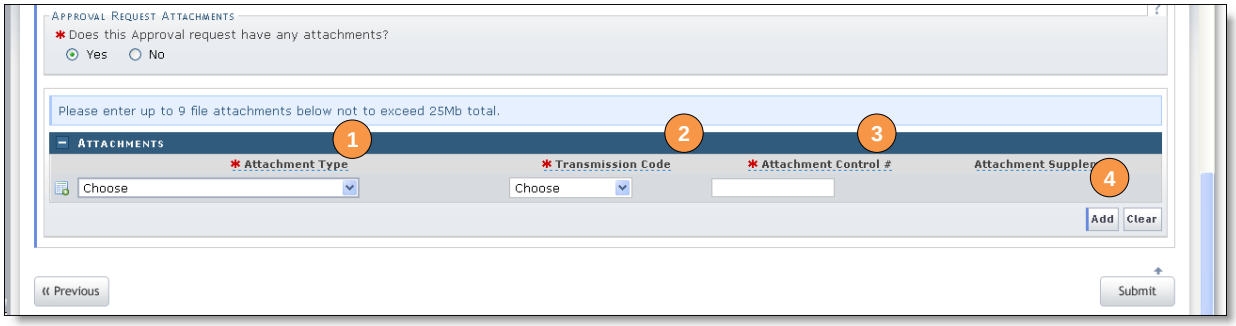


Figure 15: Adding Attachment Lines

19.1. From the “Attachment Type” drop down menu, select the type of Attachment.

- For Dental Models, select DENTALMOD
- For Periodontal Reports select PERIREP
- For Radiology Films or X-Rays, select RADFILM

19.2. The “Transmission Code” drop down menu is used to indicate how the attachments or supporting materials will be sent to NCTracks. The three choices are upload, fax, or mail. Select “Upload” or “Fax” when indicating that supporting documents. Select “Mail” to indicate materials, such as dental models or x-rays will be mailed to NCTracks.

When selecting FAX or MAIL, once you submit the online PA form, a Turn Around document will be generated via PDF.

	If faxing or mailing in supporting documentation rather than uploading, you must print out the cover sheet (Turn Around document). It is CRITICAL that you print this cover sheet and fax it with your additional documentation. This is how NCTracks knows which prior approval request to associate with the additional document. The Turn Around document (PDF) will ensure that the additional information is matched with the correct PA. If mailing, the mailing address is PO Box 31188 Raleigh NC 27622-1188. If faxing, the fax number is (855) 710-1964.

19.3. The “Attachment Control #” field, is used for your reference, to indicate and distinguish between various attachments that are attached to the PA. You may use any number/character combination.

19.4. Click the “Add” button to add each attachment.

Uploading Attachments to the PA Request

20. To upload an attachment file to the PA, reference the following steps:
    - 20.1. Select the Attachment Type.
    - 20.2. Select the Transmission code of “Upload”.
    - 20.3. Enter a Control #. This is a user-defined number to identify the attachment.
    - 20.4. Click the “Upload File” button.
    - 20.5. Press the “Add” button (a paper clip will appear to the left of appended attachments). All attachments must be in .jpeg, word, or .pdf format to be uploaded.

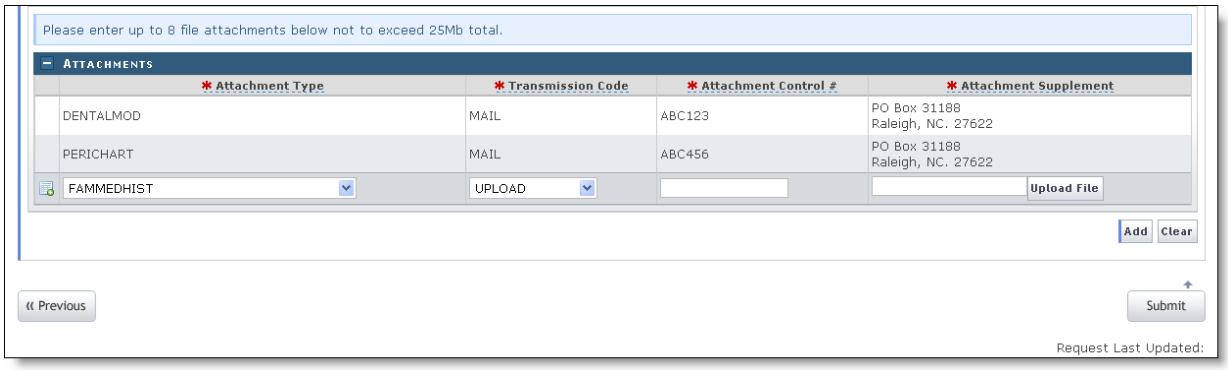


Figure 15: Uploading Attachments

Submitting the PA Request

21. To submit the PA, click the “Submit” button in the bottom right corner.

IMPORTANT: Continue to the next page for further instructions.

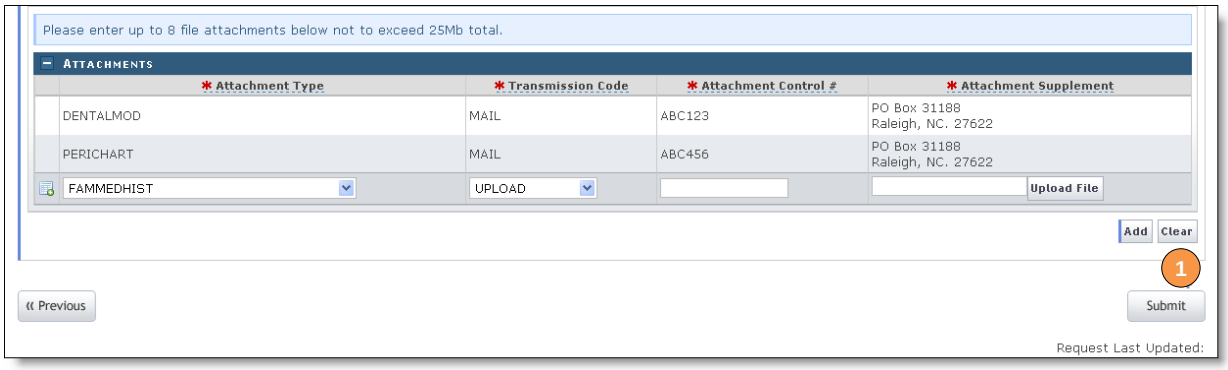


Figure 16: Submitting the PA

22. The following confirmation screen will display. The request will be in a Suspended status, which means that the prior approval request has been received by NCTracks and is waiting to be reviewed.

	IMPORTANT: If you are faxing or mailing supporting documentation or materials, you MUST print the Cover sheet and include it with your supporting documentation or materials.

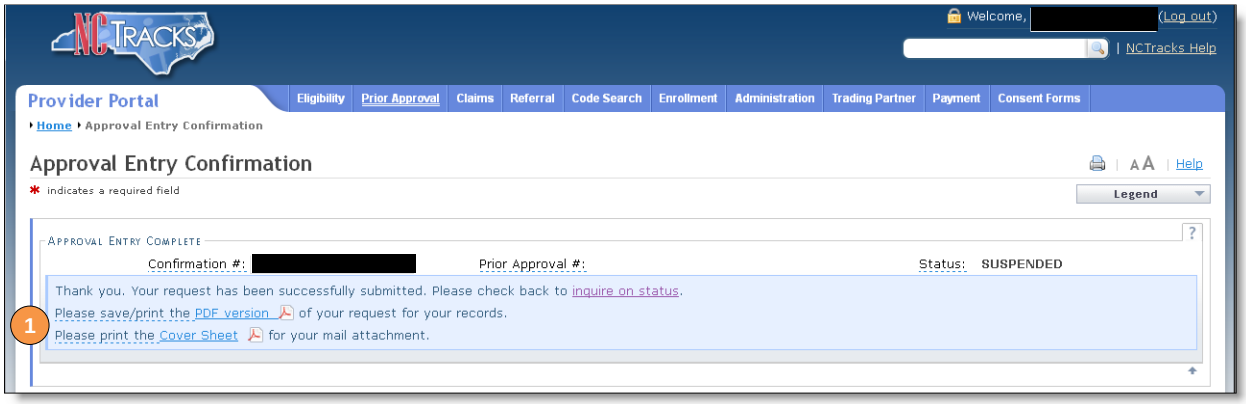
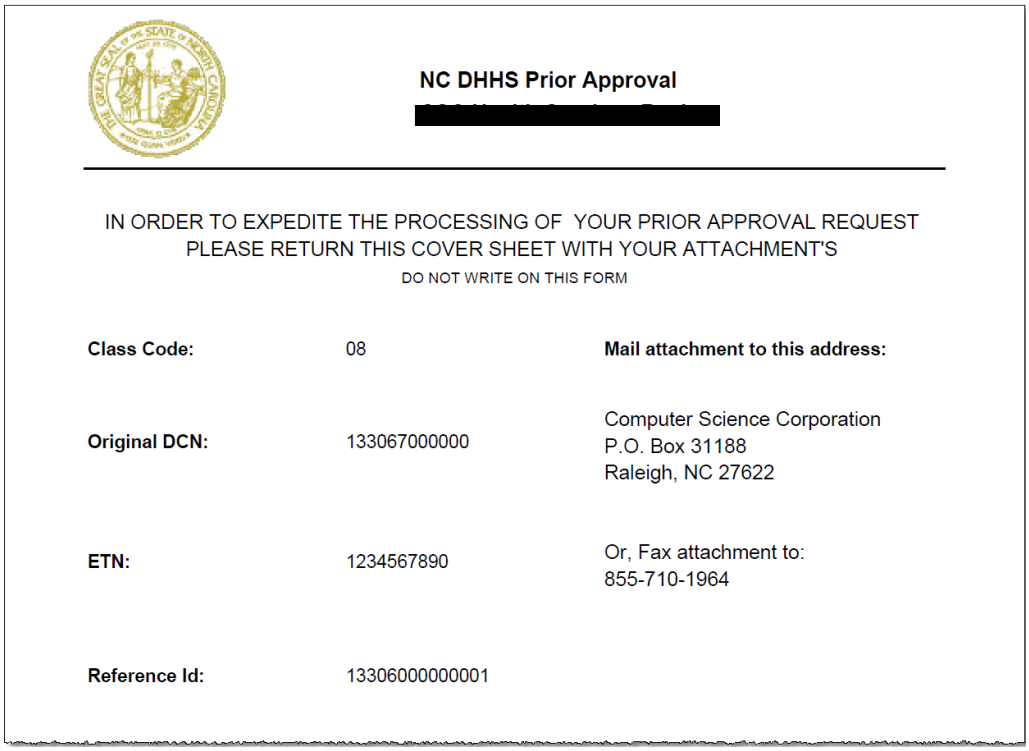


Figure 17: Confirmation Page

23. The following cover page (Turn Around document) will display.



NC DHHS Prior Approval

[redacted]

IN ORDER TO EXPEDITE THE PROCESSING OF YOUR PRIOR APPROVAL REQUEST
PLEASE RETURN THIS COVER SHEET WITH YOUR ATTACHMENT'S
DO NOT WRITE ON THIS FORM

Class Code:	08	**Mail attachment to this address:**
Original DCN:	133067000000	Computer Science Corporation P.O. Box 31188 Raleigh, NC 27622
ETN:	1234567890	Or, Fax attachment to: 855-710-1964
Reference Id:	13306000000001	

Figure 18: Confirmation Page

Faxing or Mailing a Prior Approval Request

The following are important points to remember when mailing or faxing the prior approval:

- Mailing address is: NC Tracks Operations Center, PO Box 31188, Raleigh, NC 27622-8009.
- The fax number for dental prior approval requests is: (855) 710-1965.
- Since the American Dental Association (ADA) claim form is universal, it is important that the correct health plan be indicated clearly on the form in BOX 3.
- If the health plan is entered incorrectly on the form or in the web portal, there is an edit that will prevent processing of the requests.

  For instance, if Medicaid is submitted as the health plan and the recipient is eligible for NC Health Choice (NCHC), the prior approval will be voided because the recipient does not have coverage under the health plan for which coverage was requested.
- NCHC program codes are MICJN, MICKN, MICLN, MICAN, and MICSN.
- MICNN is a NC Medicaid program code.
- When mailing or faxing an ADA form for NC Health Choice, you must:
  - Mail all NC Health Choice prior approval requests separate. Do not send them mixed with Medicaid prior approval requests
  - Write NC Health Choice Dental or NC Health Choice Orthodontics in BOX 3 on all mailed or faxed ADA claim forms
  - Label the mailing envelope - Attn: NC Health Choice Dental or NC Health Choice Orthodontics
  - Have a provider signature in BOX 53 on all mailed or faxed requests
- Lighten films prior to printing. Faxed or printed radiographs always appear darker after being scanned.
- Radiographs or digital images are required to be correctly mounted, labeled and dated.
- Original radiographs should be duplicated and the duplicate sent with the request – DO NOT SEND ORIGINAL RADIOGRAPHS.
- Orthodontic records claims for payment have been erroneously submitted for Prior Approval when it is a procedure that does not require prior approval. Orthodontic Records claims for payment need to be sent electronically to Claims, not Prior Approval.
- Orthodontic treatment for NC Health Choice recipients requires prior approval and the recipient must have a craniofacial defect in order for the recipient to meet criteria for the service.