

**NORTH CAROLINA MEDICAID PROGRAM
ORTHODONTIC PRIOR APPROVAL EXTENSION 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 NUMBER:
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MONTHS IN TREATMENT:	NUMBER OF PAID MAINTENANCE VISITS:
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ESTIMATED MONTHS NEEDED TO COMPLETE TREATMENT:
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REMAINING TREATMENT OBJECTIVES:

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 claims will deny.

BILLING PROVIDER NPI:	
BILLING PROVIDER NAME:	
SERVICE LOCATION ADDRESS:	
SERVICE LOCATION PHONE:	