

**NORTH CAROLINA MEDICAID PROGRAM
ORTHODONTIC TREATMENT TERMINATION REQUEST**



Note: Submit electronically in the NCTracks Prior Approval Portal with procedure code D8680 as the requested service and indicate the request is for termination of treatment. Attach this completed Orthodontic Treatment Termination Request Form and a copy of the recipient's treatment notes from the initial visit through the date of termination along with supporting documentation of when and how attempted contacts were made to the recipient. Attach final photographic images if deband was rendered.

Date: _____

Recipient name: _____

Medicaid ID #: _____

Date of termination: _____

Number of paid maintenance visits: _____

Date of debanding: _____

Date retainers delivered: _____

Months in treatment: _____

Retainers delivered:

Estimated months needed to complete treatment: _____

Upper: Yes No

Lower: Yes No

Reason for termination:

- | | |
|--|--|
| <input type="checkbox"/> recipient moved out of state | <input type="checkbox"/> recipient death |
| <input type="checkbox"/> recipient joined the military | <input type="checkbox"/> recipient transferred to another provider (specify) _____ |
| <input type="checkbox"/> recipient non-compliance | <input type="checkbox"/> other (specify) _____ |
| <input type="checkbox"/> recipient removed appliances | |
| <input type="checkbox"/> parent/guardian request removal | |

Comments: _____

If the recipient was only banded, Medicaid may require that a percentage of the banding fee be refunded to the program. This is based on individual case consideration and the circumstances surrounding case termination. In these cases, Medicaid will contact the provider to make arrangements for the refund.

| | |
|---------------------------|--|
| 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 D8680 along with the required documentation as stated above. Mail to:*

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