

NCMMIS Prior Approvals: Dental & Orthodontic Participant User Guide

PREPARED FOR:

North Carolina Department of
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DHHS MES VMU

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CSRA



NC DEPARTMENT OF
**HEALTH AND
HUMAN SERVICES**

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**ATTENTION - THIS TRAINING IS INTENDED FOR COVERED ENTITIES
AND BUSINESS ASSOCIATES WHO ARE CONSIDERED TO BE
STAKEHOLDERS OF THE NCTRACKS APPLICATION.**

Document Revision History

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Table of Contents

1.0 Welcome	1
1.1 Course Overview	1
1.2 Course Objectives	1
1.3 Prerequisites	1
2.0 Prior Approval: Dental & Orthodontic	3
2.1 Introduction	3
2.2 Accessing the Prior Approval Entry Screen	4
2.3 Prior Approval Request Type	4
2.4 Base Information	5
2.5 Header Information Screen	5
2.5.1 Recipient Information	5
2.5.2 Billing Provider	6
2.5.3 Diagnosis Information	6
2.6 Detail Information	7
2.6.1 Basic Line Item Information	7
2.6.2 Health Care Services Delivery Information	8
2.6.3 Rendering Provider	8
2.6.4 Additional Tooth Information	9
2.7 Attachments	9
2.7.1 Dental and Orthodontic Attachment Types	11
2.8 Prior Approval Drafts	13
2.8.1 Save Draft Button	13
2.8.2 Draft Name	14
2.8.3 Saved Draft	14
2.8.4 Retrieve a PA Request Draft	15
2.9 Submitting PA Requests	15
2.9.1 Approval Entry Confirmation	16
2.10 Orthodontic Prior Approval Requests	18
2.10.1 Mailing Models for Orthodontic Cases	18
2.10.2 Uploading Models for Orthodontic Cases	18
2.10.3 Orthodontic Post-Treatment Summaries	18
2.10.4 Orthodontic Extensions	20
2.10.5 Orthodontic Terminations	21
2.10.6 Transfer Cases	23
2.10.7 PA Requests for EPSDT Services	27
2.10.8 PA Requests for Assistant Surgeon Fees	27
2.11 Updating a PA Request	27
2.12 Voiding a PA Request	27
3.0 Inquiries: Prior Approvals	29
3.1 Introduction	29
3.2 Accessing the Prior Approval Inquiry Screen	29
3.3 Base Information	29
3.4 Search Options	30
3.4.1 Approval Request List	30

3.4.2 Request Details	31
3.4.3 Void Successful Message	33
Addendum A. Help System	35

List of Exhibits

Exhibit 1. Prior Approval Process	3
Exhibit 2. Prior Approval Submission Process	3
Exhibit 3. NCTracks Provider Portal	4
Exhibit 4. Prior Approval Request Type – Dental	4
Exhibit 5. Base Information – Dental	5
Exhibit 6. Recipient Information – Dental	6
Exhibit 7. Billing Provider Selection	6
Exhibit 8. Diagnosis Information	7
Exhibit 9. Basic Line Item	7
Exhibit 10. Health Care Services Delivery Information	8
Exhibit 11. Rendering Provider	8
Exhibit 12. Additional Tooth Information	9
Exhibit 13. Attachments – Transmission Codes	10
Exhibit 14. Save Draft Button	13
Exhibit 15. Draft Name Window	14
Exhibit 16. Success Window	14
Exhibit 17. Retrieving a Draft	15
Exhibit 18. Submitting a PA Request	15
Exhibit 19. Approval Entry Complete – Dental	16
Exhibit 20. Cover Sheet	17
Exhibit 21. Orthodontic Post-Treatment Summary Form	19
Exhibit 22. Orthodontic Treatment Extension Request Form	21
Exhibit 23. Orthodontic Treatment Termination Form	22
Exhibit 24. AAO Transfer Form	26
Exhibit 25. NCTracks Provider Portal – Inquiry	29
Exhibit 26. Base Information	29
Exhibit 27. PA Inquiry	30
Exhibit 28. PA Inquiry: Results	31
Exhibit 29. PA Inquiry: Request Details	32
Exhibit 30. PA Inquiry: Void Message	33

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1.0 Welcome

1.1 COURSE OVERVIEW

Welcome to the Prior Approvals: Dental and Orthodontic training. This course shows authorized users how to electronically submit and inquire about Prior Approval (PA) requests for dental and orthodontic procedures.

1.2 COURSE OBJECTIVES

- Submit dental PA requests
- Inquire about dental PA requests
- Void a prior approval

1.3 PREREQUISITES

Before taking this course, it is recommended that the user first completes the following course:

- HIPAA Security & Privacy Training

NOTES:

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2.0 Prior Approval: Dental & Orthodontic

2.1 INTRODUCTION

Prior Approvals may be required for some dental and orthodontic procedures to verify medical necessity. Although submitting a PA request on paper remains an option, submitting requests via NCTracks speeds processing and approval and is now the preferred, recommended method for submitting PA requests. Prior Approvals are for medical approval only and must be obtained before rendering a procedure that requires prior approval. An approved PA request does not guarantee payment. The following illustration shows the four basic steps of the Prior Approval process.

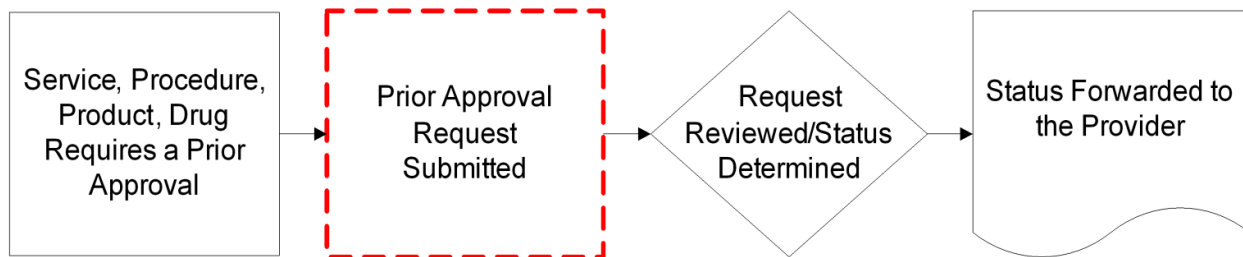


Exhibit 1. Prior Approval Process

Although the type of PA request determines the specific information needed for the PA adjudication, the steps for the submissions are the same across all requests, whether dental or orthodontic. Each PA request requires a payer type; health plan; prior approval type; base and header information (provider and recipient information); details specific to the service, procedure, or product; and information about attachments.

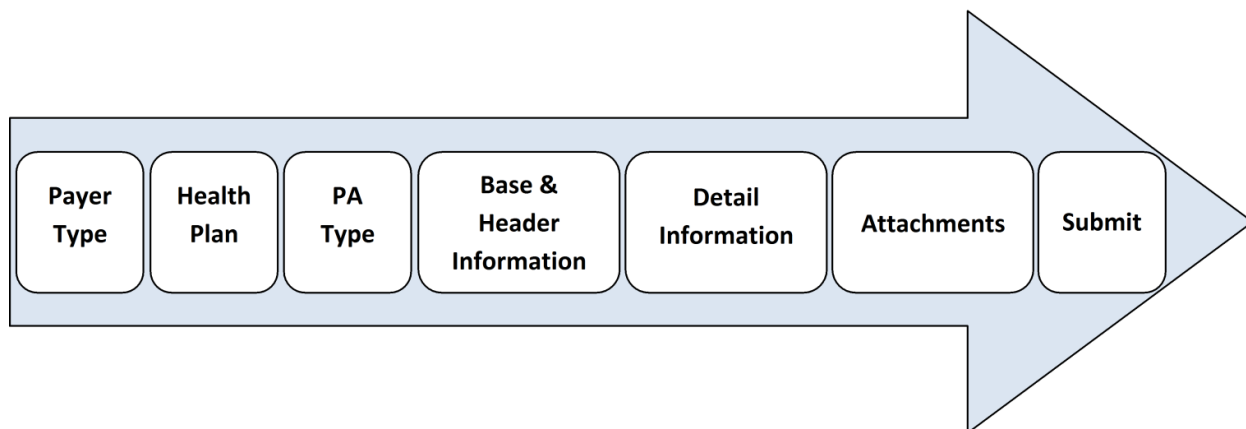


Exhibit 2. Prior Approval Submission Process

The Provider Portal is designed to navigate users through the submission process, which is the same for both dental and orthodontic requests. It also provides features such as drop-down list options, the ability to auto-populate fields, and the ability to select from a favorites list to reduce data entry and make the process efficient and easy to use.

2.2 ACCESSING THE PRIOR APPROVAL ENTRY SCREEN

NCTracks allows providers to electronically submit PA requests for procedures. From the Provider Portal, users can access the PA Entry screen to begin submitting a PA request.

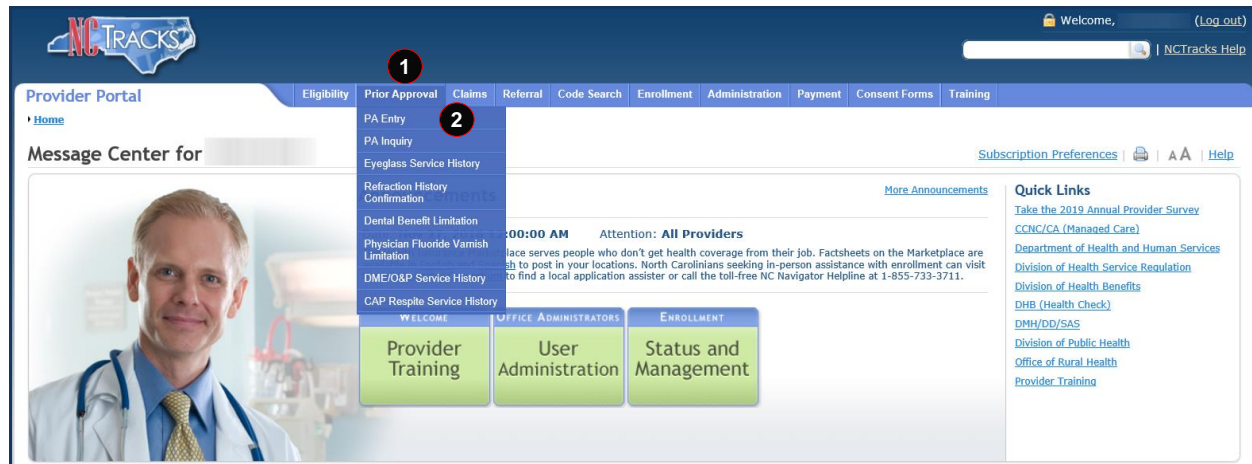


Exhibit 3. NCTracks Provider Portal

Step	Action
1	Hover over the Prior Approval tab.
2	Select PA Entry .

2.3 PRIOR APPROVAL REQUEST TYPE

The **Prior Approval Request Type** section prompts the user to select general information about the procedure. These selections help determine information needed for the submission and adjudication of the PA request.

Note: Please determine if the request is either dental or orthodontic. Submitting the incorrect request type will cause delays in processing the request.

The following steps will demonstrate submitting a dental PA request. The submission screens for an orthodontic request are identical; however, specific orthodontic PA request issues are covered in [Section 2.10](#).

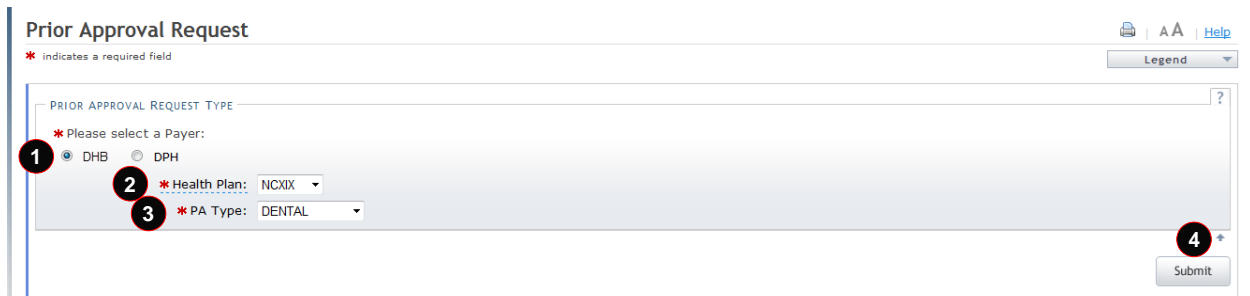


Exhibit 4. Prior Approval Request Type – Dental

Step	Action
1	Select the DHB radio button for Please select a Payer .
2	Select a health plan from the Health Plan drop-down list.

Step	Action
	Note: Hover over the health plan to see a description of the plan.
3	Select Dental or Orthodontic from the PA Type drop-down list.
4	Select the Submit button.

The Prior Approval Request screen opens.

2.4 BASE INFORMATION

The options available in the **Base Information** section are determined by the user's job responsibilities. The drop-down list options for the **Account Information**, **Group**, **NPI/Atypical ID**, **Locator Code**, and **Taxonomy Code** fields may vary based on the number of accounts to which the user is associated, the number of group associations within those accounts, the number of providers within those groups, the addresses where the providers are located, and the types of services (taxonomies) available at those locations.

Exhibit 5. Base Information – Dental

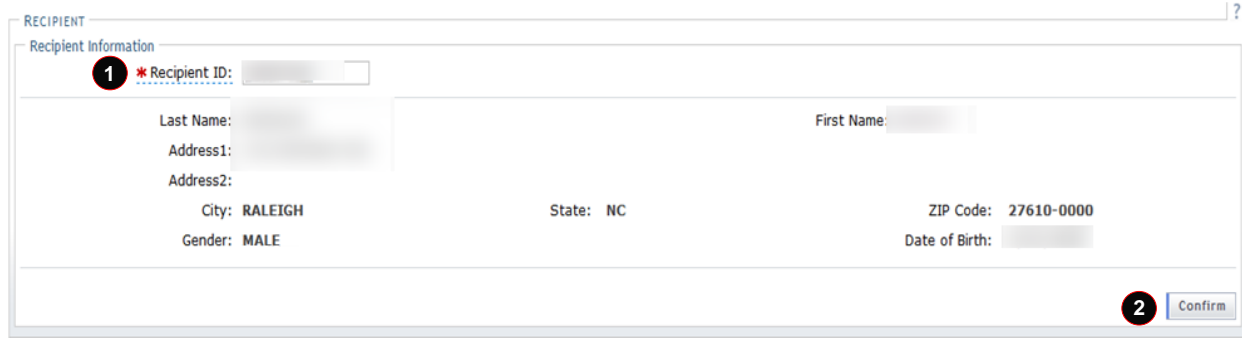
Step	Action
1	Under the Base Information section, if necessary, the user may need to select the appropriate Account Information ID and the Group. Select the account to which the user is associated from the Account Information drop-down list.
2	Select the group to which the user is associated from the Group drop-down list.
3	Select the NPI/Atypical ID for the provider or group from the NPI/Atypical ID drop-down list.
4	Select the address for the NPI/Atypical ID of the requesting provider from the Locator Code drop-down list. Note: Mailed communications, such as denial letters, will be sent to this address.
5	Select the taxonomy code related to the Locator Code from the Taxonomy Code drop-down list.

2.5 HEADER INFORMATION SCREEN

For dental and orthodontic PA requests, the Header Information screen focuses on the recipient and the billing provider. Diagnosis information is not necessary for dental or orthodontic PA requests.

2.5.1 Recipient Information

The first section of the Header Information screen is **Recipient**. The **Recipient Information** section automatically populates the recipient's demographic information when the user enters and confirms an eligible Recipient ID.


Exhibit 6. Recipient Information – Dental

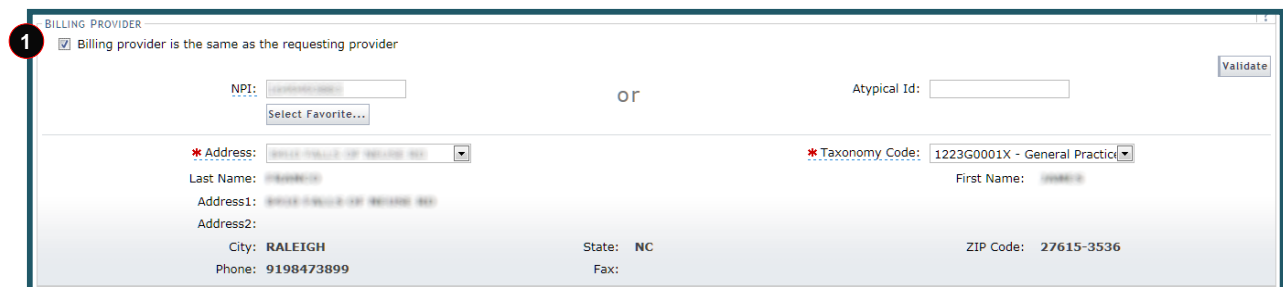
Step	Action
1	Enter an eligible Recipient ID in the Recipient ID field.
2	Select the Confirm button.

The recipient demographic information auto-populates.

2.5.2 Billing Provider

The **Billing Provider** section allows the user to indicate which provider is expected to submit a claim for the procedure.

Note: For dental and orthodontic PA requests, the requesting and billing providers should be the same.


Exhibit 7. Billing Provider Selection

Step	Action
1	Select (check) the Billing provider is the same as the requesting provider checkbox.

2.5.3 Diagnosis Information

Diagnosis information is not required for dental and orthodontic PA submission.

DIAGNOSIS INFORMATION

Prognosis: Choose

Please enter up to 12 applicable diagnosis codes below

* Diagnosis Code	* Diagnosis Type	Date of Onset (mm/dd/yyyy)	Primary
Choose	Choose	mm/dd/yyyy	<input type="radio"/>

Add Clear

Notes:
 500 characters remaining

Next Submit

Exhibit 8. Diagnosis Information

2.6 DETAIL INFORMATION

The Detail Information tab allows the user to enter up to 30 procedures (detail lines) for each PA request. The screen includes the **Basic Line Item Information**, **Health Care Services Delivery Information**, and **Rendering Provider** sections.

2.6.1 Basic Line Item Information

The **Basic Line item Information** section allows the user to enter procedure codes, their code types, and information about the affected tooth, its location, and when the provider would like to perform the procedure.

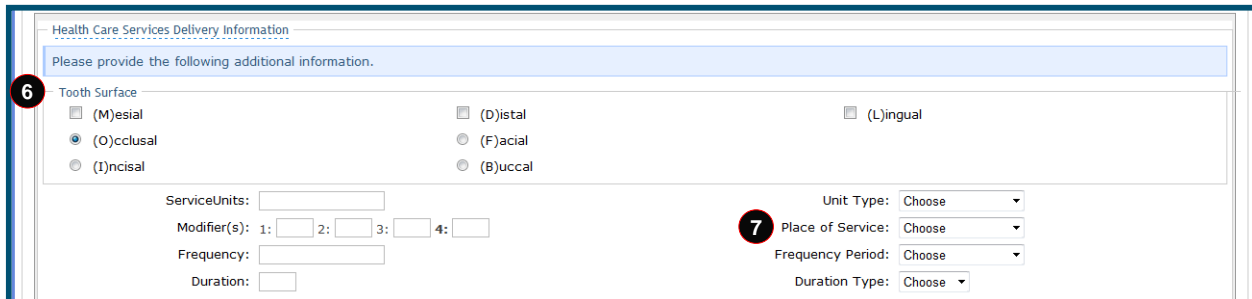
Line #	Proc Code	Code Type	Area of Cavity	Tooth	* Requested Begin Date
New	1	2 Choose	3 Choose	4 Choose	5 mm/dd/yyyy

Exhibit 9. Basic Line Item

Step	Action
1	Enter a complete ADA procedure code (which all begin with the letter 'D') in the Proc Code field.
2	Select ADA from the Code Type drop-down list.
3	Select the quadrant or arch indicator from the Area of Cavity drop-down list (if applicable to the selected procedure code).
4	Select the tooth number from the Tooth drop-down list (if applicable to the selected procedure code).
5	Enter/select the date the PA request will be submitted in the Requested Begin Date field.

2.6.2 Health Care Services Delivery Information

The **Tooth Surface** section allows the user to indicate additional information on the tooth. Under the **Health Care Services Delivery Information** section, the user can select a place of service field from the **Place of Service** drop-down list. Although not required, it is requested in order to assist the Division of Health Benefits (DHB) in its statistical analysis of service delivery. No other fields or drop-down lists in this section are necessary for dental or orthodontic PA requests.



Health Care Services Delivery Information

Please provide the following additional information.

6 Tooth Surface

☐ (M)esial ☐ (D)istal ☐ (L)ingual

☒ (O)ccclusal ☐ (F)acial

☐ (I)ncisal ☐ (B)uccal

ServiceUnits: Unit Type: Choose ▾

Modifier(s): 1: 2: 3: 4: **7** Place of Service: Choose ▾

Frequency: Frequency Period: Choose ▾

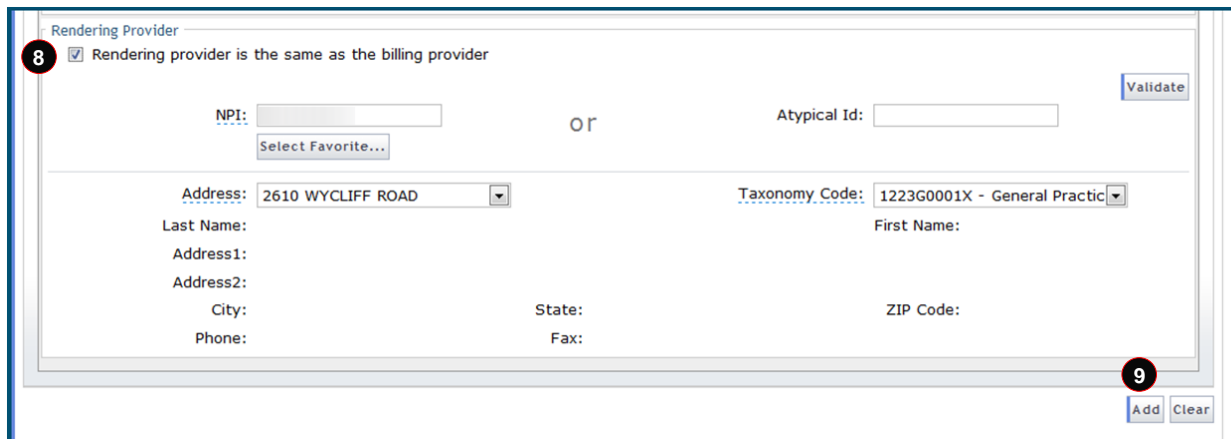
Duration: Duration Type: Choose ▾

Exhibit 10. Health Care Services Delivery Information

Step	Action
6	Select the area(s) of the tooth affected (if applicable to the selected procedure code) in the Tooth Surface section.
7	Select the place of service from the Place of Service drop-down list.

2.6.3 Rendering Provider

The **Rendering Provider** section allows the user to enter information on the provider who is expected to perform the procedure.



Rendering Provider

8 ☒ Rendering provider is the same as the billing provider Validate

NPI: or Atypical Id:

Select Favorite...

Address: 2610 WYCLIFF ROAD Taxonomy Code: 1223G0001X - General Practic

Last Name: First Name:

Address1:

Address2:

City: State: ZIP Code:

Phone: Fax:

9 Add Clear

Exhibit 11. Rendering Provider

Step	Action
8	Select (check) the Rendering provider is the same as the billing provider checkbox. If the rendering provider is not the billing provider, enter their NPI #, then select Validate .
9	The location Address and Taxonomy Code fill their respective fields. Select the Add button.

2.6.4 Additional Tooth Information

The **Additional Tooth Information** section allows the user to enter up to 250 characters of information that supports the medical necessity for the procedure. If this section does not accommodate the length of the explanation, consider using the Attachments screen described in [Section 2.7](#).

The user can select the **Next** button to navigate to the Attachments screen, regardless of whether notes are added to the **Additional Tooth Information** section.

Note: It is recommended that the user enter any relevant information in the **Documentation of Medical Necessity** field in order to best facilitate approval of the PA request.

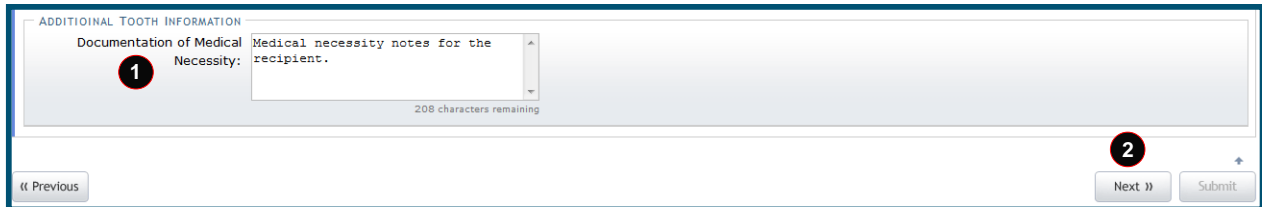


Exhibit 12. Additional Tooth Information

Step	Action
1	Additional Tooth Information: Enter the information that supports the medical necessity of the procedure in the Documentation of Medical Necessity text box.
2	Select the Next button.

2.7 ATTACHMENTS

The Attachments screen allows users to share information related to the PA request that has not been captured through the Header Information and Detail Information screens.

Approval Request attachments are not required for a PA request. However, NCTracks requires the question '**Does this Approval request have any attachments?**' to be answered. Select **Yes** to include attachments with the PA request, or select **No** if there are no attachments for the PA request.

Note: Regardless of whether the PA request has attachments, the user must navigate to the Attachments screen to submit the PA request.

NCTracks provides three transmission types to deliver attachments. The user must select the appropriate attachment type from the **Attachment Type** drop-down menu. The attachment type values available for selection when uploading a document are customized for the selected PA type, and that selected attachment type name displays in DocViewer for the corresponding document. Refer to [Section 2.7.1, Dental and Orthodontic Attachment Types](#) for a list of available attachment types.

Note: Listing the documents in DocViewer by the selected attachment type name will prevent the user from having to open every document to find the specific information for which they are looking.

If the provider has the OrthoCAD intraoral scanner by iTero, 3D digital orthodontic model image files can be uploaded. These files will have a file extension of .3DM and the user must select DIGITALMOD for the attachment type.

Note: To upload 3D digital orthodontic model image files using the .3DM file extension, the provider must have the OrthoCAD intraoral scanner by iTero. If the provider has another type of digital scanner, the file might not be able to be uploaded depending on the file extension.

Plaster models can still be mailed if the provider does not have an iTero 3D image scanner in their office. When sending plaster models by mail, the user must select 'PLASTERMOD' as the attachment type and mail the models with the cover sheet.

To identify the various dental/orthodontic attachment types, refer to the Dental and Orthodontic Attachment Types lists in [Section 2.7.1](#).

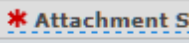
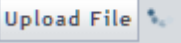
It is important that the user double-checks the file type when uploading digital models. The user will receive an error message if either of the following conditions occurs:

- The file being attached is a digital model but does not have the .3DM file extension.
- The file is not a digital model but does have the .3DM file extension.

In addition to selecting a transmission code for each attachment, the application requires an attachment control number to identify the attachment. Under the **Attachment Supplement** column, the application displays additional information needed for the selected transmission code.

Exhibit 13. Attachments – Transmission Codes

Step	Action
1	Answer the question ' Does this Approval request have any attachments? '. <ul style="list-style-type: none"> • If No is selected, select the Submit button to submit the PA request (see Step 7). • If Yes is selected, the Attachments section opens (proceed to Step 2).
2	Select the type of attachment that will accompany the PA request from the Attachment Type drop-down list. <p>Note: Select DIGITALMOD to upload a 3D digital orthodontic digital model image file.</p>
3	Select the delivery mode from the Transmission Code drop-down list. <ul style="list-style-type: none"> • Select Fax – The application provides a fax number to fax the attachment. • Select Mail – The application provides a mailing address to mail the attachment. • Select Upload – The application provides an Upload File button to allow the user to locate and add the attachment to the PA request. <p>Note: Uploaded attachments are limited to nine total items, with all items not to exceed 25 MB, total. If the user attempts to load a file larger than 25 MB, the spinning wheel icon may display indefinitely.</p>

Step	Action
	 Example: 
4	Enter a unique identifier for the attachment in the Attachment Control # field. (Ex. 1, 2, 3...)
5	Select the Upload File button to search for and select files to append to the PA request. Note: This button is available when Upload is selected as the Transmission Code.
6	Select the Add button (a paper clip icon appears to the left of appended attachments).
7	Select the Submit button to submit the PA request. Go to Section 2.9, Submitting PA Requests to view the Approval Entry Confirmation screen.

2.7.1 Dental and Orthodontic Attachment Types

There are multiple attachment types available for selection by a dentist or orthodontist when completing a PA request.

The following tables list available dental and orthodontic attachment types.

Dental Attachment Types

Short Description	Long Description
DIAG RPT	DIAGNOSTIC REPORT
FAM MED HX	FAMILY MEDICAL HISTORY DOCUMENT
OP NOTES	OPERATIVE NOTES
PATH RPT	PATHOLOGY REPORT
MED HX	PATIENT MEDICAL HISTORY DOCUMENT
PERIO CHRT	PERIODONTAL CHART
DEATH	DEATH NOTIFICATION
PHOTO	PHOTOGRAPHS
SURG PRED	ORTHOGNATHIC SURGICAL PREDICATIONS
LAB SLIP	DENTAL APPLIANCE LAB ORDERS
LAB BILL	DENTAL APPLIANCE LAB BILLS
VOID	VOIDED PA
OTHER	DOCUMENTATION THAT DOES NOT HAVE A CORRESPONDING LABEL
CHRT NOTES	PATIENT RECORD/CHART NOTES
PHYS LTR	PHYSICIAN LETTER
PROV REF	REFERRAL TO SPECIALIST
SUPP FORM	SUPPLEMENT TO DENTAL PA FORM (DHB6022)
FMX	FULL SERIES OF RADIOGRAPHS
PANO	PANORAMIC RADIOGRAPH
CEPH	CEPHALOMETRIC RADIOGRAPH
BITEWING	BITEWING RADIOGRAPH(S)
PA(S)	PERIAPICAL RADIOGRAPH(S)
CONE BEAM	CONE BEAM SCAN
OCCLUSAL	OCCLUSAL RADIOGRAPH(S)
PHOTOINTRA	PHOTOS- INTRAORAL
PHOTOEXTRA	PHOTOS- EXTRAORAL
TX PLAN	TREATMENT PLAN

Short Description	Long Description
TOOTH CHRT	TOOTH CHARTING (MISSING & PLANNED EXTRACTIONS)
CEPH TRACE	CEPHALOMETRIC TRACING
SUPPDATA	SUPPORT DATA FOR VERIFICATION
DIGITALMOD	DIGITAL ORTHODONTIC STUDY MODELS
PLASTERMOD	PLASTER/STONE ORTHODONTIC STUDY MODELS
SLEEP STDY	SLEEP STUDY
DSS LTR	DEPARTMENT OF SOCIAL SERVICES LETTER

Orthodontic Attachment Types

Short Description	Long Description
DIAG RPT	DIAGNOSTIC REPORT
FAM MED HX	FAMILY MEDICAL HISTORY DOCUMENT
OP NOTES	OPERATIVE NOTES
PATH RPT	PATHOLOGY REPORT
MED HX	PATIENT MEDICAL HISTORY DOCUMENT
PERIO CHRT	PERIODONTAL CHART
DEATH	DEATH NOTIFICATION
PHOTO	PHOTOGRAPHS
SURG PRED	ORTHOGNATHIC SURGICAL PREDICATIONS
PRE TX NAR	ORTHODONTIC PRE-TREATMENT NARRATIVE
LAB SLIP	DENTAL APPLIANCE LAB ORDERS
LAB BILL	DENTAL APPLIANCE LAB BILLS
VOID	VOIDED PA
OTHER	DOCUMENTATION THAT DOES NOT HAVE A CORRESPONDING LABEL
CHRT NOTES	PATIENT RECORD/CHART NOTES
PHYS LTR	PHYSICIAN LETTER
PROV REF	REFERRAL TO SPECIALIST
FMX	FULL SERIES OF RADIOGRAPHS
PANO	PANORAMIC RADIOGRAPH
CEPH	CEPHALOMETRIC RADIOGRAPH
BITEWING	BITEWING RADIOGRAPH(S)
PA(S)	PERIAPICAL RADIOGRAPH(S)
CONE BEAM	CONE BEAM SCAN
OCCLUSAL	OCCLUSAL RADIOGRAPH(S)
PHOTOINTRA	PHOTOS- INTRAORAL
PHOTOEXTRA	PHOTOS- EXTRAORAL
TX PLAN	TREATMENT PLAN
TOOTH CHRT	TOOTH CHARTING (MISSING & PLANNED EXTRACTIONS)
CEPH TRACE	CEPHALOMETRIC TRACING
SUPPDATA	SUPPORT DATA FOR VERIFICATION
DIGITALMOD	DIGITAL ORTHODONTIC STUDY MODELS
PLASTERMOD	PLASTER/STONE ORTHODONTIC STUDY MODELS
EXT REQ	ORTHODONTIC EXTENSION REQUEST
TERM REQ	ORTHODONTIC TERMINATION REQUEST

Short Description	Long Description
POST TX	ORTHODONTIC POST TREATMENT SUMMARY
AAO TRANS	ORTHODONTIC AAO TRANSFER FORM
SLEEP STDY	SLEEP STUDY
DSS LTR	DEPARTMENT OF SOCIAL SERVICES LETTER

2.8 PRIOR APPROVAL DRAFTS

In NCTracks, users have the ability to save a PA request as a draft if it has been started but is not ready to be submitted. As with any electronic document, users may want to save a PA request as a draft as they work through the screens or save a draft immediately prior to submitting the PA request.

2.8.1 Save Draft Button

At minimum, the Recipient ID is required before a PA request can be saved as a draft. Once that information is entered, the user should be able to save the PA request as a draft without encountering an error message.

Header Information | Detail Information | **Attachments**

Payer: DHB PA Type: DENTAL

APPROVAL REQUEST ATTACHMENTS
* Does this Approval request have any attachments?
☒ Yes ☐ No

Please enter up to 7 file attachments below not to exceed 24 megabyte total.

* Attachment Type	* Transmission Code	* Attachment Control #	Attachment Supplement
BITEWING	FAX	12345	855-710-1964
PLASTERMOD	MAIL	54321	PO Box 31188 Raleigh, NC. 27622
TOOTH CHRT	UPLOAD	1234321	Upload Example.jpg
Choose	Choose		

Add Clear

Previous Submit

1 Request Last Updated:
Save Draft Clear Page Cancel Request

Exhibit 14. Save Draft Button

Step	Action
1	Select the Save Draft button.

2.8.2 Draft Name

The application displays a window for the user to enter a name for the draft. As with attachments, create a name that will serve as a unique identifier.

Exhibit 15. Draft Name Window

Step	Action
2	Enter a unique identifier for the draft in the Draft Name field. Note: Record the draft name for future reference.
3	Select the OK button.

2.8.3 Saved Draft

When drafts are saved, the user will receive a pop-up window with the draft name and a message that the draft was saved successfully.

Exhibit 16. Success Window

Step	Action
4	Select the OK button (on the Message from web page window).

2.8.4 Retrieve a PA Request Draft

Draft PA requests are available in NCTracks for 30 days. If not retrieved within that timeframe, the PA request will be deleted and, if necessary, the user will need to regenerate the PA request for submission. Upon accessing the Prior Approval Request Type screen, locate the draft to be completed and submitted for approval.

Prior Approval Request

* Indicates a required field

Legend

PRIOR APPROVAL REQUEST TYPE

Record Type	Site	Draft Name	Last Updated	Added
Draft		12345-dd	2/13/2021 8:34 PM	2/13/2021 8:34 PM

* Please select a Payer:

☒ DHB ☐ DPH

Submit

Exhibit 17. Retrieving a Draft

Step	Action
1	Select the Draft Name .

2.9 SUBMITTING PA REQUESTS

Upon navigation to the Attachments screen, users will have access to the **Submit** button to submit the PA request. Selecting the **Submit** button allows the application to verify that all required fields have values. If a required field is missing a value, the application will prompt the user to complete the field before continuing with the submission.

Header Information | Detail Information | Attachments

Payer: DHB PA Type: DENTAL

APPROVAL REQUEST ATTACHMENTS

* Does this Approval request have any attachments?

☒ Yes ☐ No

Please enter up to 7 file attachments below not to exceed 24 megabyte total.

* Attachment Type	* Transmission Code	* Attachment Control #	Attachment Supplement
BITEWING	FAX	12345	855-710-1964
PLASTERMOD	MAIL	54321	PO Box 31188 Raleigh, NC. 27622
TOOTH CHRT	UPLOAD	1234321	Tooth Chart.jpg
Choose	Choose		

Add Clear

Previous

1 Submit

Request Last Updated:

Save Draft Clear Page Cancel Request

Exhibit 18. Submitting a PA Request

Step	Action
1	Select the Submit button.

2.9.1 Approval Entry Confirmation

When all required fields have values, the application automatically processes the PA request and displays the appropriate status on the Approval Entry Confirmation screen. This screen provides information that may be printed for the recipient's file, used for sending non-electronic attachments, and/or used for inquiring about the PA request's adjudication status.

inquire on status. Please save/print the [PDF version](#) of your request for your records. Please print the [Cover Sheet](#) for your mail attachment.'" data-bbox="120 186 875 310"/>

Exhibit 19. Approval Entry Complete – Dental

Name	Description
Confirmation #	Unique identifier for the PA request submission. Note: It is recommended that the user copy and paste or otherwise record the Confirmation # for use in future PA request inquiries.
Prior Approval #	Unique identifier for an approved PA request.
Status	Displays the status of the submission: <ul style="list-style-type: none"> Suspended: Displays when the PA Request has been received and is awaiting review. Pending: Displays when PA Request is awaiting additional review. Pend Alert 1: Displays when additional information has been requested from the provider. State Pend: This status is considered a non-final status. It is only applicable to Dental and Orthodontic PA types. Approved: Indicates once the PA has been reviewed, the Dental PA request has been approved. Denied: After careful review, the information provided does not meet the Dental PA criteria. Voided: Typically displays when a duplicate PA Request has been submitted or if the provider has voided the PA. (See Section 2.12 for further explanation.)
Inquire on status	Select the link to navigate to the PA Inquiry screen. Note: You cannot return to this screen, with its links to important documents, after selecting this link. View and save the PDF version of the PA request and the Cover Sheet for any attachments you mail or fax.
PDF version	Select the link to view a printable version of the PA request's details and confirmation number.
Cover Sheet	Select the link to print a cover sheet to fax with the attachments or mail with the additional information for the request. See Exhibit 20 for an example of a cover sheet. Note: The user must submit the cover sheet with all faxed and/or mailed attachments in order for the attachments to be evaluated during the PA request review process. The cover sheet link is not generated when requests include uploaded attachments only.

**NC DHHS Prior Approval
CSRA Health Services Attachment Review Cover
Sheet**

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:**CSRA
P.O. Box 31188
Raleigh, NC 27622**ETN:**Or, Fax attachment to:
855-710-1964**Reference Id:****NPI:** 1053400853**Atypical
Provider ID:
(If applicable)****Recipient ID:****Date:** 2/1/2021**Attachment Sticker:
(CSRA Use Only)**

CSRA Health Services Review Center | P.O. Box 31188 | Raleigh, NC 27622 | p + 1.800-688-6696 | f + 1.855-710-1964 | www.ncctracks.gov | DCP33.20210201.085449378.58172

Exhibit 20. Cover Sheet

2.10 ORTHODONTIC PRIOR APPROVAL REQUESTS

The submission screens of the PA Entry process covered in Sections 2.3 through 2.9 are identical for both dental and orthodontic PA requests. This section reviews instructions on specific scenarios related to orthodontic PA requests.

2.10.1 Mailing Models for Orthodontic Cases

Please follow these recommendations in order to ensure the safe arrival of models that are reviewable by CSRA Prior Approval staff:

- Must include the cover sheet generated if PA Request was submitted online.
- Send via traceable parcel service: FedEx, UPS, USPS Priority Mail, etc.
- All orthodontic records must be labeled with the provider's name and the recipient's name for proper handling and return.
- Do not occlude models. Each arch of the model must be wrapped separately in foam, bubble-plastic, or a similar padding, and packed in a sturdy corrugated reusable shipping box. Boxes must be sealed with heavy, reinforced paper tape or strapping tape.
- Do not pack models until they are completely dry to reduce chance of mold forming on models.
- Place as many models into one parcel as necessary.
- Include hard copies of radiographic films if they have not been uploaded via the portal.
- Include photographs if they have not been uploaded via the portal.
- All radiographs, models, and other parts of the orthodontic records must be of acceptable diagnostic quality or the case will be returned.
- All models must be properly trimmed.

2.10.2 Uploading Models for Orthodontic Cases

The user is able to upload/attach 3D digital orthodontic model image files to PA requests through the Provider Portal and store them as PA attachments.

To ensure the upload of models is received and reviewable by CSRA Prior Approval staff, you must make certain the following parameters are met:

- The OrthoCAD intraoral scanner is by iTero
Note: At this time, the OrthoCAD software is available free of cost. Hence, there are no additional purchasing or licensing costs for this product.
- DIGITALMOD has been selected as the attachment type
- The 3D digital model image file extension is .3DM
Note: When uploading the .3DM file, the user will receive an error if the selected Attachment Type is 'DIGITALMOD' but the file does not have the .3DM file extension OR the selected Attachment Type is not 'DIGITALMOD' but the file does have the .3DM file extension.


2.10.3 Orthodontic Post-Treatment Summaries

Upon case completion, the Orthodontic Post-Treatment Summary form should be submitted as an attachment to a new PA Entry. If fewer than 12 maintenance visits were paid, attach copies of the recipient's chart notes to facilitate the required records review to substantiate final claim payment. If it is determined that treatment was not "completed," but rather "terminated," the final payment will not be allowed.

The fillable Orthodontic Post-Treatment Summary form can be found on the NCTracks website at:

https://www.nctracks.nc.gov/content/dam/jcr:eb429566-1385-4483-b81d-33e1e4469ddd/0005_OrthoPostTx_f2_as.pdf

Exhibit 21 shows a sample of the form.

NORTH CAROLINA MEDICAID PROGRAM ORTHODONTIC POST-TREATMENT SUMMARY		
<p>Note: Submit electronically by uploading the request to the NCTracks Prior Approval Portal with the procedure code D8680 as the requested service and indicate that the request is for the final orthodontic review and payment, if applicable. Attach this completed Orthodontic Post-Treatment Summary Form and final photographic images. If fewer than 12 maintenance visits were paid, attach a copy of the recipient's complete treatment notes from the initial visit through the delivery of retainers.</p>		
Date: _____		
Recipient name: _____	Medicaid ID: _____	
Date of debanding: _____	Retainers delivered:	
Number of paid maintenance visits: _____	Upper: <input type="radio"/> Yes <input type="radio"/> No	
Date retainers delivered: _____	Lower: <input type="radio"/> Yes <input type="radio"/> No	
Results obtained:	Assessment of recipient cooperation:	
<input type="radio"/> Excellent	<input type="radio"/> Excellent	
<input type="radio"/> Good	<input type="radio"/> Good	
<input type="radio"/> Fair	<input type="radio"/> Fair	
<input type="radio"/> Poor	<input type="radio"/> Poor	
Comments: _____		

<p>If it is determined that treatment was not "complete" but rather "terminated before treatment objectives were achieved," the final payment may be reduced or not allowed. This is based on individual case consideration and the circumstances surrounding the case.</p>		
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

DHB-0005 (Revised July 2020)

Exhibit 21. Orthodontic Post-Treatment Summary Form

2.10.4 Orthodontic Extensions

It is anticipated that the orthodontic treatment will be completed within 36 months. Providers shall submit an Orthodontic Treatment Extension Request whenever treatment extends beyond the initial 36 months approved.

To request an extension, submit the fillable Orthodontic Treatment Extension Request form as a new PA Entry. The form can be found on the NCTracks website at:

https://www.nctracks.nc.gov/content/dam/jcr:32c45db8-5347-47a6-9811-962c068637fb/0006_OrthoTxExt_f_a.pdf

Exhibit 22 shows a sample of the form.

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#:

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:	<input type="text"/>
Billing provider name:	<input type="text"/>
Service location address:	<input type="text"/>
Service location phone:	<input type="text"/>

** 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

DHB-0006 (Revised July 2020)

Exhibit 22. Orthodontic Treatment Extension Request Form

2.10.5 Orthodontic Terminations

Providers shall submit a fillable Orthodontic Treatment Termination Form as an attachment to a new PA entry when a case is terminated. Supporting documentation, such as when and how attempted contacts were made (such as information indicating telephone calls made, messages left with neighbors or friends, letters, etc.) must also be attached.

The form can be found on the NCTracks website at:

https://www.nctracks.nc.gov/content/dam/jcr:87cc719c-b0df-4c97-aaa5-4a5da70e0076/0007_OrthoTxTerm_f_a.pdf

Exhibit 23 shows a sample of the form.

NORTH CAROLINA MEDICAID PROGRAM ORTHODONTIC TREATMENT TERMINATION REQUEST		NC TRACKS
<p>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.</p>		
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: <input type="radio"/> Yes <input type="radio"/> No	
	Lower: <input type="radio"/> Yes <input type="radio"/> No	
Reason for termination:		
<input type="radio"/> recipient moved out of state	<input type="radio"/> recipient death	
<input type="radio"/> recipient joined the military	<input type="radio"/> recipient transferred to another provider	
<input type="radio"/> recipient non-compliance	(specify) _____	
<input type="radio"/> recipient removed appliances	<input type="radio"/> other	
<input type="radio"/> parent/guardian request removal	(specify) _____	
Comments: _____		

<p>If the recipient was only banded, Medicaid or NCHC 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 or NCHC will contact the provider to make arrangements for the refund.</p>		
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

DHB-0007 (Revised July 2020)

Exhibit 23. Orthodontic Treatment Termination Form

2.10.6 Transfer Cases

If the recipient moves and needs to be transferred to another provider, then an American Association of Orthodontists (AAO) Transfer Form must be submitted as part of a new PA entry. The recipient must be receiving orthodontic treatment that was approved by Medicaid or North Carolina Health Choice (NCHC) to be considered for continuation of treatment.

2.10.6.1 In-State Transfer Cases

An AAO Transfer Form (see the sample in **Exhibit 24**) or a copy of the original Medicaid or NCHC orthodontic approval marked 'VOID' is required.

Note: Providers are reminded that reimbursement for transfer cases is limited to the remaining number of periodic maintenance visits for that recipient.

2.10.6.2 Out-of-State Transfer Cases

The recipient must have been approved for comprehensive orthodontic treatment under the Medicaid program in their previous state of residence to be considered for continuation of treatment in North Carolina.

The following information is required for approval of out-of-state transfer cases:

- Orthodontic records indicating that the case is an “out-of-state transfer.” The records must include a narrative which includes:
 - The initial provider’s name and address
 - The recipient’s history status
 - The anticipated length of the remaining treatment
- If possible, a copy of the AAO Transfer Form or a copy of the orthodontic treatment records from the previous provider.
- Attach some proof of Medicaid eligibility in the previous state of residence (copy of the Medicaid card from the previous state or records from the previous provider that indicate Medicaid as the payer).

Note: Photos and models are helpful but not necessary.



**AAO TRANSFER FORM
PATIENT IN ACTIVE TREATMENT**

Date _____
To _____
From _____
Phone _____ Fax _____ Email: _____
Patient's name _____ Birth date _____ Sex _____
Social Security # _____ Phone _____
Responsible party _____ Relationship: _____
Home address _____ City _____ State/Province _____ Zip code _____

ANALYSIS (Including significant history & TMD) _____

PATIENT/PARENT CONCERNS RE: TX _____

SPECIAL HEALTH OR HISTORY CONCERNS _____

TREATMENT PLAN (Including chronology of treatment rendered) _____

TREATMENT PROGRESS (Including chronology of treatment rendered) _____

APPLIANCES

Fixed appliance:

Type _____ Manufacturer _____ Type of bracket: ☐ metal or ☐ non-metal Variations _____
Date bands and/or brackets placed: Max _____ Mand _____ Bonding Agent _____ Cementing Agent _____
Current archwire size and type: Max _____ Mand _____
Intraoral elastics: dates initiated, size and direction _____ Hours requested _____

Extraoral appliance:

Type _____ and dates initiated _____ Hours requested _____

Removable appliance:

Type and dates initiated _____ Hours requested _____

Clear tray appliance:

Manufacturer _____ Total trays _____ Trays delivered _____ Change interval _____
Case/Patient number _____

PATIENT COOPERATION

Oral hygiene _____ Headgear _____

Elastics _____ Clear trays _____
 Appointments _____ Broken appliances _____
 Patient's attitude toward treatment _____
 Suggestions for patient motivation _____

ACTIVE TX TIME ESTIMATES Original _____ Remaining _____ % of active treatment completed

RECOMMENDATIONS FOR CONTINUED TREATMENT _____

RECOMMENDATIONS FOR RETENTION _____

ADDITIONAL COMMENTS _____

FINANCIAL

Closed _____ Open End (Fixed) _____ Other _____

Fees: Active _____ Extras _____

Terms _____

Third party payment _____

Total charges before transfer _____

Total amount paid before transfer _____

Unpaid amount still owed transferring office _____

Balance of original quoted fee not yet charged _____ or overpaid at transfer _____

This patient/parent has been advised that orthodontic treatment fees vary widely throughout the country and the world and it is reasonable for them to expect that a transfer may increase treatment fees and may involve changes in payment policies. For most people who transfer during their orthodontic treatment, the total treatment cost is likely to increase.

AVAILABLE RECORDS FOR TRANSFER

Casts	Initial <input type="checkbox"/> Date _____	Progress <input type="checkbox"/> Date _____	Articulator type _____
Ceph	Initial <input type="checkbox"/> Date _____	Progress <input type="checkbox"/> Date _____	
Tracings	Initial <input type="checkbox"/> Date _____	Progress <input type="checkbox"/> Date _____	
Panoramic	Initial <input type="checkbox"/> Date _____	Progress <input type="checkbox"/> Date _____	
CBCT	Initial <input type="checkbox"/> Date _____	Progress <input type="checkbox"/> Date _____	
Intra-oral scan files	Initial <input type="checkbox"/> Date _____	Progress <input type="checkbox"/> Date _____	
Intraoral x-rays	Initial <input type="checkbox"/> Date _____	Progress <input type="checkbox"/> Date _____	
Facial photos	Initial <input type="checkbox"/> Date _____	Progress <input type="checkbox"/> Date _____	
Intraoral photos	Initial <input type="checkbox"/> Date _____	Progress <input type="checkbox"/> Date _____	

Check appropriate status of records:

Record duplicates sent upon request (may be an additional charge to patient) ☐ Yes ☐ No

Records enclosed ☐ Yes ☐ No Records sent under separate cover ☐ Yes ☐ No

Signature: _____ Date _____
 (Orthodontist)

REQUEST TO TRANSFER RECORDS TO NEW PROVIDER

When a patient moves, or, for other reasons, there is a necessity to change orthodontists during the course of ongoing orthodontic treatment, it is highly advantageous for all involved parties that the transfer be as prompt and convenient as possible. Of paramount importance is the identification of an orthodontist who will accept the patient and successfully complete the treatment.

The American Association of Orthodontists represents over ninety percent of the orthodontic specialists in the U.S. and Canada. Your current doctor is a member and will assist you in finding a qualified orthodontist.

It is necessary that your records be transferred to assure that the receiving orthodontist is knowledgeable of your orthodontic condition(s), orthodontic treatment goals, the current treatment plan, and related financial arrangements. To facilitate the transfer of these records, it is necessary that you complete the following:

I authorize Dr. _____ to release all records of _____ (patient's name) for the purpose of continuation of treatment by Dr. _____ (new provider's name).

Signature: _____ Date _____
(Patient or Guardian)

Print Name _____

Relationship to Patient _____

Exhibit 24. AAO Transfer Form

2.10.7 PA Requests for EPSDT Services

Early and Periodic Screening, Diagnosis, and Treatment (EPSDT) is a federal Medicaid requirement that requires the state Medicaid agency to cover services, products, or procedures for Medicaid recipients under 21 years of age if the service is medically necessary health care.

PA requests for EPSDT services must include:

- Submission of documentation of medical necessity
- Why the user is requesting EPSDT service(s) that is outside of policy guidelines

Note: Using ADA procedure code D7999: Non-specific Dental Code will not be approved in an EPSDT services PA request (please use the actual ADA code for the requested service).

The following document and link provide more information on EPSDT service requests.

EPSDT provider page: <https://medicaid.ncdhhs.gov/providers/programs-and-services/medical/wellness-visits-and-diagnostic-and-treatment-services>

2.10.8 PA Requests for Assistant Surgeon Fees

Include the following in the **Documentation of Medical Necessity** field on the Detail Information tab:

- The statement “This is for an assistant surgeon.”
- The date of service (when the surgery was performed)
- The amount charged
- Operation notes
- The procedure codes for the procedures the assistant surgeon assisted

2.11 UPDATING A PA REQUEST

Providers can update a PA request by adding documentation.

2.12 VOIDING A PA REQUEST

The provider may need to void a prior approval for one of the following reasons:

- The recipient's treatment plan has changed significantly.
- The prior approval period has expired before the service could be rendered.
- The recipient wishes to have the service rendered by another provider.
- The PA request is a duplicate or conflicts with an existing PA request, in which case the duplicate or conflicting request must be voided.
- Providers can only void their own PAs. A provider cannot void another provider's PA. In such cases, the provider shall submit the PA request marked 'void' to the CSRA Prior Approval Unit or the recipient's new dentist. Indicate if one or all of the procedures should be voided.
- A provider can also void their own PA in the Provider Portal in NCTracks. In order to void a PA, a provider must perform an inquiry on the PA. See [Section 3.0](#).
- Contact the NCTracks Operations Contact Center to void a single line.

Methods to void a PA include (all require PA number, Recipient ID, and date of approval):

- If the same provider requesting the PA needs to void their own PA, then the provider can upload documentation with their new PA request that instructs Dental PA staff to void their previous approval or the provider can void the PA in the Provider Portal of NCTracks.
- If a different provider needs to void the previous approval, then that provider will need to provide the new current provider documentation to be uploaded to the current PA.

3.0 Inquiries: Prior Approvals

3.1 INTRODUCTION

NCTracks allows providers to conduct inquiries on PA requests where the provider is listed as the submitting, billing, and/or rendering provider.

3.2 ACCESSING THE PRIOR APPROVAL INQUIRY SCREEN

From the Provider Portal, users can access the PA Inquiry screen to search for a PA request.

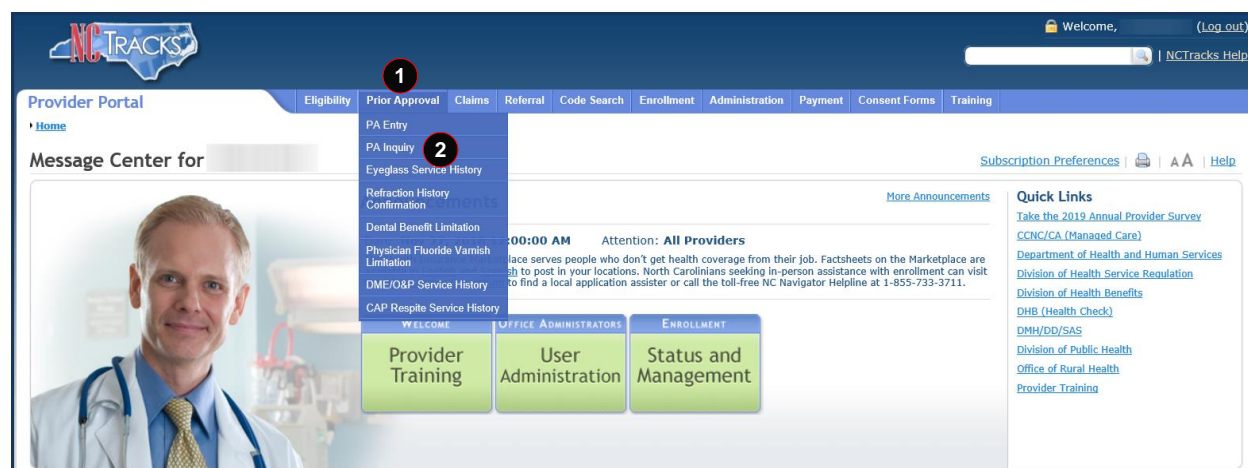


Exhibit 25. NCTracks Provider Portal – Inquiry

Step	Action
1	Hover over the Prior Approval tab.
2	Select PA Inquiry .

3.3 BASE INFORMATION

The options available in the **Base Information** section are determined by the user's job responsibilities. The drop-down list options for the **Account Information**, **Group**, and **NPI/Atypical ID** fields may vary by the number of accounts to which the user is associated, the number of group associations within those accounts, and the number of providers within those groups.

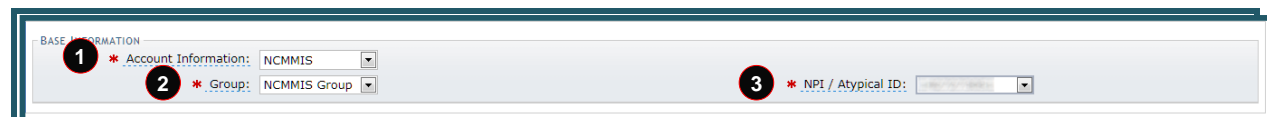


Exhibit 26. Base Information

Step	Action
1	Select the account to which the user is associated from the Account Information drop-down list.
2	Select the group to which the user is associated from the Group drop-down list.
3	Select the NPI/Atypical ID for the provider or group from the NPI/Atypical ID drop-down list.

3.4 SEARCH OPTIONS

NCTracks provides Search Options and Search Refinements options to allow users to conduct a broad or more specific PA request search.

The **Search Options** section allows users to search by entering one of three search criteria:

- Prior Approval # only
- Confirmation # only
- Recipient ID only

Note: The **Search Refinements** section of the screen can be used with the Recipient ID to search by more specific PA request attributes.

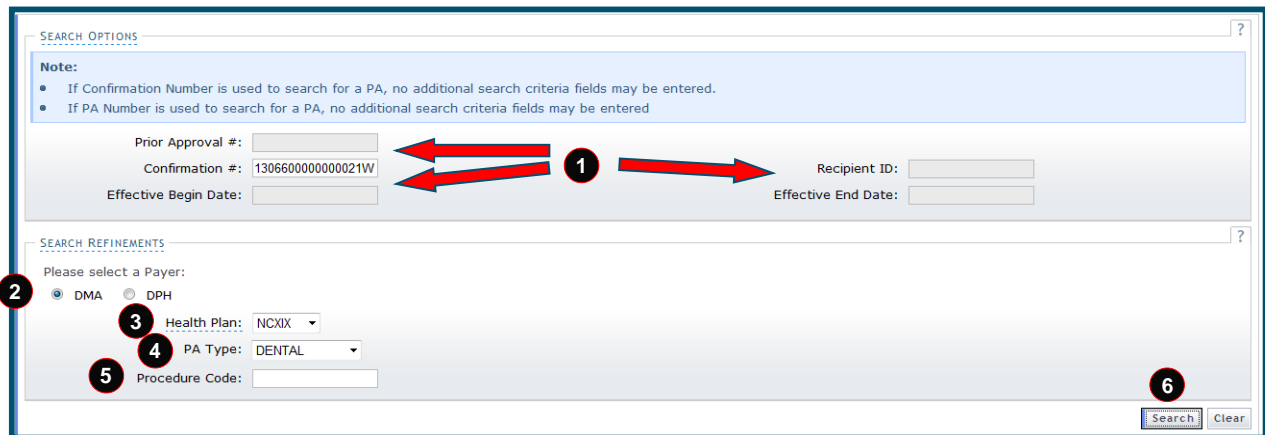


Exhibit 27. PA Inquiry

Step	Action
1	Enter one of the following search criteria: <ul style="list-style-type: none"> • Enter the unique identifier of an approved PA submission in the Prior Approval # field. • Enter the unique identifier of a submitted PA request in the Confirmation # field. • Enter the recipient's ID in the Recipient ID field.
2	Select the DHB radio button underneath Please select a Payer .
3	Select a health plan from the Health Plan drop-down list.
4	Select the Dental or Orthodontic PA Type from the PA Type drop-down list.
5	Enter the procedure code on the PA request in the Procedure Code field.
6	Select the Search button.

3.4.1 Approval Request List

Upon submission of the search criteria, the application refreshes and displays the search results under the **Approval Request List** section.

The **Approval Request List** section displays the general information about the PA request.

Name	Description
Prior Approval #	The unique identifier of an approved PA request submission.
Confirmation #	The unique identifier of a submitted PA request.

Name	Description
PA Type	The category under which the PA request falls.
Recipient ID	The recipient's identification number.
Recipient	The recipient's first and last names.
Submission Date	The date the PA request was submitted.
Status	The state of the PA submission.
Effective Dates	The timeframe during which the procedures are expected to be performed.
Payer	The division listed as the payer for the procedures.

Selecting the **Confirmation #** link allows the user to access the details of the PA request.

APPROVAL REQUEST LIST								
Prior Approval #	Confirmation #	PA Type	Recipient ID	Recipient	Submission Date	Status	Effective Dates	Payer
	1306600000000021W	DENTAL			03/07/2013	SUSPENDED		DMA

1 results (displaying page 1 of 1) first prev 1 next last

Exhibit 28. PA Inquiry: Results

Step	Action
1	Select the Confirmation # link.

3.4.2 Request Details

Providers who submitted the request and/or are listed as billing or rendering provider can view the PA details.

Approval Status Inquiry

* indicates a required field

AA Help

Legend

HEADER INFORMATION			
Confirmation #:	Benefit Plan: MCAID	Health Plan: NCXIX	
Prior Approval #:	PA Type: ORTHODONTI		
Recipient:	Recipient ID:		
Billing Provider:	Billing Provider ID:		
Requesting Provider Name:	Requesting Provider ID:		
Submission Date: 10/28/2020	Status:		
Effective Begin Date:	Effective End Date:		
Payer: NC DHHS DIV OF HEALTH BENEFITS	# of Attachments: 0		
PA Documents: View Documents			

ATTACHMENTS		
Attachment Type	Attachment Control #	Transmission Code

3D MODEL IMAGES			
Attachment Type	Image	Entry Date	
DIGITALMOD	20 1	09/24/2020	
DIGITALMOD	20 2	09/24/2020	
DIGITALMOD	20 3	09/27/2020	

DIAGNOSIS INFORMATION			
Diagnosis Code	Diagnosis Type	Date of Onset (mm/dd/yyyy)	Primary

LINE ITEM 1	
Status: SUSPENDED	
Effective Begin Date:	Effective End Date
Rendering Provider Name:	Rendering Provider ID:
Units Allowed: 0.000	Units Used: 0.000
Amount Allowed: 0.00	Amount Used: 0.00
Procedure Code: D123	Maintenance of Service:
Modifier(s):	
Rate Amount Approved: 0.00	

PRIOR APPROVAL ATTACHMENT ?

* Would you like to attach additional files?

☐ Yes ☒ No

VOID PRIOR APPROVAL ?

Void Prior Approval 1

Previous

Exhibit 29. PA Inquiry: Request Details

Name	Description
Header Information	This section includes the Confirmation Number , Benefit Plan , Health Plan , Prior Approval # , PA Type , Recipient (name) , Recipient ID , Billing Provider , Billing Provider ID , Requesting Provider Name , Requesting Provider ID , Submission Date , Status , Effective Begin Date , Effective End Date , Payer , and # of Attachments fields.
Attachments	This section includes the Attachment Type , Attachment Control # , and Transmission Code fields.
3D Model Images	This section includes the Attachment Type , Image , and Entry Date .
Diagnosis Information	This section includes the Diagnosis Code , Date of Onset , and Primary (indicator) fields.
Line Item (1)	This section includes the Status , Effective Begin Date , Effective End Date , Rendering Provider Name , Rendering Provider ID , Units Allowed , Units Used , Amount Allowed , Amount Used , Procedure Code , and Modifier(s) fields.
Prior Approval Attachment	If additional documentation is required, then select Yes and attach the document to the PA.
Void Prior Approval	A PA with a header status of Suspended , To be denied , Pending , Pend AI 1 , Pend AI 2 , State_Pend , Approved , Reduced , or Modified Approved can be voided in the Provider Portal by the requesting provider.

Step	Action
1	Select the Void Prior Approval button.

3.4.3 Void Successful Message

A PA with a header status of Suspended, To be denied, Pending, Pend AI 1, Pend AI 2, State_Pend, Approved, Reduced, or Modified Approved can be voided in the Provider Portal by the requesting provider.

When a user is requesting to void a PA, the Requesting Provider's NPI must match the NPI on the PA record. To void, no claims can be paid against the PA; the used amount and used units must be equal to zero for each detail line.

For a PA set to void by the provider, all lines are set to the status of void; as a result, the PA header is set to void.

Exhibit 30. PA Inquiry: Void Message

Name	Description
Header	This section displays the message "Request to void PA successfully transmitted. Inquire on PA to confirm void status."

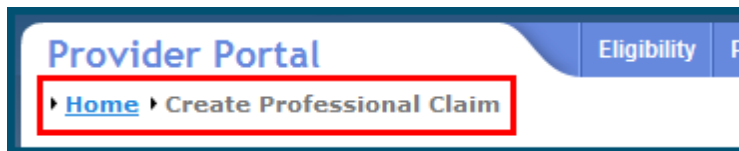
This Page Intentionally Left Blank

Addendum A. Help System

The major forms of help in the NCMMIS NCTracks system are as follows:

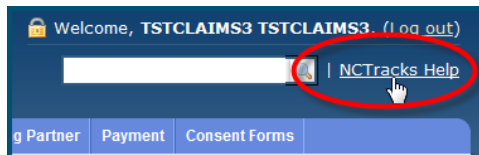
- Navigational breadcrumbs
- System-Level Help – Indicated by the “NCTracks Help” link on each screen
- Screen-Level Help – Indicated by the “Help” link above the Legend
- Legend
- Data/Section Group Help – Indicated by a question mark (?)
- Hover-over or Tooltip Help on form elements

Navigational Breadcrumb



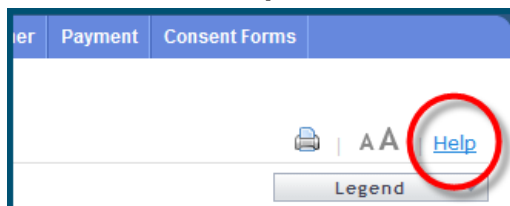
A breadcrumb trail is a navigational tool that shows the path of screens that the user has visited from the home screen. This breadcrumb consists of links so the user can return to specific screens on this path.

System-Level Help



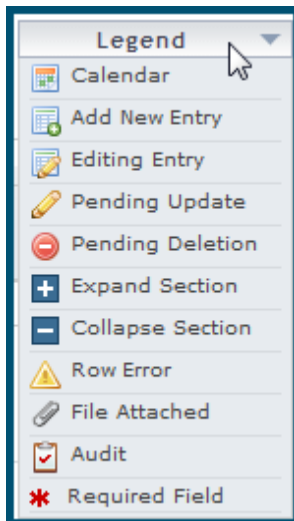
The System-Level Help link opens a new window with the complete table of contents for a given user's account privileges. The System-Level Help link, “NCTracks Help”, will display at the top right of any secure portal screen or web application form screen that contains Screen-Level and/or Data/Section Group Help.


Screen-Level Help



Screen-Level Help opens a modal window with all of the Data/Section Group help topics for the current screen. The Screen-Level Help link displays across from the screen title of any web application form screen.

Form Legend

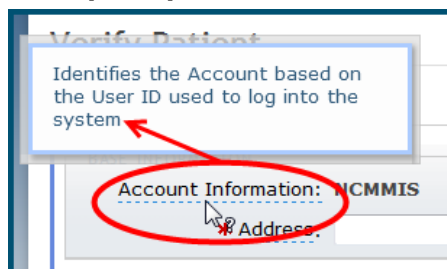


A legend of all helpful icons is presented on screens as needed to explain the relevant meanings. This helps the user become familiar with any new icon representations in context with the form or screen as it is used. Move the mouse over the Legend icon  to open the list.

Data / Section Group Help

Data/Section Group Help targets the same modal window as Screen-Level help, but also targets specific form information associated with the Help link that the user selected. Data/Section Group Help displays as a question mark (?).

Tooltip Help



Tooltip help is available via a popup box that appears slightly above the screen element when a user hovers the cursor over the element. Text with an available tooltip has a dashed underline.