

**NORTH CAROLINA MEDICAID PROGRAM
ORTHODONTIC POST-TREATMENT SUMMARY**



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.

Date: _____

Recipient name: _____

Medicaid ID: _____

Date of debanding: _____

Retainers delivered:

Number of paid maintenance visits: _____

Upper: Yes No

Date retainers delivered: _____

Lower: Yes No

Results obtained:

- Excellent
- Good
- Fair
- Poor

Assessment of recipient cooperation:

- Excellent
- Good
- Fair
- Poor

Comments: _____

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.

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

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