

**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 NUMBER:
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DATE OF DEBANDING:	DATE RETAINERS DELIVERED:
NUMBER OF PAID MAINTENANCE VISITS:	UPPER RETAINER DELIVERED? YES NO
	LOWER RETAINER DELIVERED? YES NO

RESULTS OBTAINED: EXCELLENT GOOD FAIR POOR	ASSESSMENT OF RECIPIENT COOPERATION: EXCELLENT GOOD FAIR POOR
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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:	