MO Orthodontic Continuation of Care Submission Form

Date: _____

MEMBER Name (First & Last):	Date of Birth:
Address:	City, State, Zip:
SSN of ID#:	Current Member Insurance Plan/Group#:
Initial Banding Date:	Member Insurance at time of Initial Banding:
Months of Active Treatment Completed:	Months of Active Treatment Remaining:

CHANGE IN PROVIDER AND/OR CHANGE IN MEMBER INSURANCE BETWEEN MEDICAID PLANS

☐ Member initiated treatment with a different Provider (non-affiliated) while covered by the same OR different **Medicaid** program/vendor.

Required for submission:

☐ Completed ADA form for preauthorization of CDT Code **D8999**.

☐ Copy of original Medicaid Prior Authorization for Comprehensive Orthodontic Treatment (Prior Authorization from Medicaid program/vendor for Comprehensive Orthodontic Treatment approved prior to initiation of orthodontic treatment).

*If required information above is cannot be provided, the case will be reviewed as outlined below.

CHANGE IN PROVIDER AND/OR CHANGE IN MEMBER INSURANCE FROM NON-MEDICAID TO MEDICAID

☐ Member initiated treatment while covered by a **NON-Medicaid** program/vendor (FFS or Commercial Insurance plan) OR Self-Pay and Member is now covered by a **Medicaid** program/vendor with the same OR different Provider.

Required for submission:

☐ Completed ADA form for preauthorization of CDT Code **D8999**.

☐ Diagnostic records (a copy of the original study models/OrthoCad equivalent and/or a complete set of diagnostic photographs and/or a panorex film). Progress records will be accepted if original records are not available. Documentation should demonstrate qualifying criteria for severe handicapping malocclusion.

CHANGES THAT DO NOT HAVE TO BE SUBMITTED FOR CONTINUATION OF CARE PREAUTHORIZATION

- *Changes between treating providers that are affiliated with the same group practice and changes between different affiliated practice locations. To ensure timely payment, please make sure that any claim is submitted with the correct Group (Billing) and Provider NPI information.*
- *Initiation of Comprehensive Orthodontic Treatment after completion of Interceptive or Limited Orthodontic Treatment (Phased treatment). Please submit a prior-authorization (with any required documentation per plan) with the correct ADA Code for Comprehensive Ortho (D8070-D8090)*