

Orthodontic Continuation of Care

Molina Healthcare has created an orthodontic continuation of care process. This process should be used when the member has changed his or her provider mid-treatment or when the member has become eligible to be covered under the Molina Healthcare network mid-treatment.

In order to obtain the prior authorization for a continuation of care case, the provider will submit the prior authorization with the remaining D8670 and D8680 quantities needed for the case. On the claim form, **the provider will also include the D8999 code**. This code will “flag” the prior authorization and route the prior authorization to continuation of care review, rather than following the normal orthodontic prior authorization process.

A continuation of care orthodontic prior authorization must include:

- Claim form listing requested quantities of D8670 and D8680
- Claim form must include the D8999 code
- Completed Orthodontic Continuation of Care form
- Narrative from provider regarding the case

The prior authorization notification of approval or denial will follow the normal process for all other prior authorizations.

Questions?

Provider Services – (855) 322-4079
8 a.m. to 5 p.m., Monday to Friday
(MyCare Ohio available until 6 p.m.)

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Providing Orthodontic Continuation of Care

Orthodontic Continuation of Care

Provider should submit a prior authorization for D8999 and all applicable orthodontic codes when taking over a continuation of care orthodontic case. All documentation should be submitted to:

Molina Healthcare Authorizations
P.O. Box 2154
Milwaukee, WI 53201

Molina Healthcare requires the following information for the consideration of the prior authorization of continuation of care cases:

- Completed “Orthodontic Continuation of Care Form”—see appendix A. This must include the remaining reimbursement being requested by the new provider.
- Completed 2012 ADA Dental Claim Form listing D8999 and all applicable orthodontic codes.
- Narrative that includes: reason for leaving previous treating provider, previous provider contact information, additional treatment needed and the approximate amount of additional time needed for treatment.



Appendix A – Orthodontic Continuation of Care Form

Orthodontic Continuation of Care Request Form

Date: _____

Patient Name: _____

Member ID: _____

Member DOB: _____

Code(s) Requiring COC: _____

Current Provider Name: _____

Current Provider NPI#: _____

Banding Date: _____

Total Dollars Paid for Case to Date: _____

Remaining Visits: _____

Balance Requested for Remainder of Case: _____

Previous Carrier (if applicable): _____

Previous Provider Name: _____

Previous Provider Phone #: _____

Previous Provider Address : _____

Procedure:

- Complete this form and submit, along with required clinical documentation outlined in Provider Manual Continuation of Care section, as a prior authorization for code D8999 and all applicable orthodontic codes.
- All documentation should be submitted to:
Molina Healthcare Authorizations
P.O. Box 2154
Milwaukee, WI 53201
- The case will be reviewed by Molina Healthcare and approved or denied for the continuation of care. If approved, an approved reimbursement amount will be determined as well.

Required Documentation:

- This form completed.
- Completed 2012 ADA Dental Claim Form listing D8999 and all applicable orthodontic codes.
- Narrative that includes: reason for leaving previous treating provider, previous provider contact information, additional treatment needed and the approximate amount of additional time needed for treatment.