

ORTHODONTIC TRANSFERS

Office Receiving an Orthodontic Transfer

A Service Authorization is required to be submitted by the dental office receiving an orthodontic transfer. The following documentation/notes must be submitted with the Service Authorization requesting the transfer:

- Service Authorizations must include a note indicating “orthodontic transfer” in the notes section of the Service Authorization.
- Member records from the transferring dental office including radiographs or photographs.
- The orthodontic treatment plan which must include the estimated months of treatment remaining.

Office Sending an Orthodontic Transfer

Documentation is required to be submitted to North Dakota Medicaid by the current treating dental office when the patient transfers to another office or electively ends treatment for any reason. The following documentation from the treating dental office must be submitted to North Dakota Medicaid:

- Letter indicating the transfer of current patient receiving orthodontic service, the date of the transfer OR the date of the end of treatment, and the number of months treatment completed.
- This letter is required for patients transferring either TO another in-state provider or to an out-of-state provider.

Reimbursement for Orthodontic Transfers from *WITHIN* the State

North Dakota Medicaid will prorate the payment if another orthodontist becomes involved with the service due to the member relocating in-state or out-of-state while treatment is in progress. This process may include recouping (*from the current treating dental office*) a prorated percentage representing the uncompleted treatment of the original payment made to the current treating office. This process allows partial payment to be available to be made to the secondary orthodontist. A current Service Authorization must also be in place for the member’s orthodontic treatment.

Orthodontic Transfers from TO another state

North Dakota Medicaid will prorate payment by recouping a percentage (*from the current treating dental office*) which represents the uncompleted treatment of the original payment. This occurs when patients with a current Service Authorization in place are moving out-of-state and have not completed the entirety of their orthodontic treatment. The North Dakota Medicaid enrolled provider is required to send a letter indicating the number of months of treatment has been completed so payment may be adjusted accordingly.

Orthodontic Transfers FROM another state

North Dakota Medicaid will prorate payment if another orthodontist becomes involved with the orthodontic care of the North Dakota Medicaid member. Payment will be prorated based upon the number of months of orthodontic treatment remaining. A new Health Tracks screening form is not required for orthodontic transfers. The documentation submitted from the dental office will determine the prorated payment as it is based upon the treatment recommendations and months of remaining treatment.

Qualified Immigrants Eligible for Medicaid

A Qualified Immigrant is considered a new North Dakota Medicaid Eligible. Qualified Immigrants requiring orthodontic treatment are not considered an orthodontic transfer. For recipients under age 21, a Health Tracks Screening form dated within one year is required with the Service Authorization request for orthodontic treatment.