



Texas RoundUp

Program Updates for Our Texas Dentists

Vol. 7 – June 2012

Dear Doctor,

We continue to receive prior authorization requests for **orthodontia continuation of care for transfer member cases** that are submitted incorrectly. Given the confusion, we have a step-by-step guide to help you better understand the process.

Please keep in mind that all transfer cases are reviewed on a case-by-case basis by a dental director. They will determine the final number of adjustments approved, which may differ from your request.

“ In Your Words

I wanted to thank you for all your hard work in helping us transition into the new system. You are always kind and service oriented. Thanks from all of my staff to you!



1

You may submit a request for an orthodontia transfer case in two ways

- **Electronic:** Please submit as “prior authorization request”
- **Paper (2006 ADA claim form or newer)** – Please check “Request for Predetermination/Preauthorization”

HEADER INFORMATION	
1. Type of Transaction (Mark all applicable boxes)	
<input type="checkbox"/> Statement of Actual Services	<input checked="" type="checkbox"/> Request for Predetermination/Preauthorization
<input type="checkbox"/> EPSDT/Title XIX	
2. Predetermination/Preauthorization Number	

2

Indicate that it's a transfer case

- **Electronic:** The word “transfer” must be placed in the “Optional Comments or Remarks” field
- **Paper:** The word “transfer” must be placed on Box 35 of the ADA claim form

35. Remarks	<i>Transfer</i>
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3

Complete the form

Option 1: Continuation of care case with current bracketing system in place

- Submit a D8999 for evaluation and records
- Submit one D8670 with the number of adjustments being requested (example: D8670 x 12)
- You may request up to five replacement brackets D8690

Option 2: Debanding and rebanding*

- Submit the applicable code for reband (D8010, D8020, D8050, D8060, D8070, D8080, D8090)
- Submit one D8670 with the number of adjustments being requested (example: D8670 x 12)

For both options, please do not enter multiple line items for the same code

** Please note that for cases that are approved to be rebanded, the deband is not a reimbursable procedure.*

4

Verify you have the necessary documentation

- COC form - complete as much of the information as possible
- Ortho evaluation (PANO, CEPH and diagnostic photographs or models)
- You may submit a narrative if you believe it will help substantiate the requested treatment plan or to identify any requested appliances

Reimbursable codes for transfer cases

<u>Codes</u>	<u>Fee</u>
D8010, D8020, D8050, D8060, D8070, D8080, D8090.....	\$697
D8670.....	\$63.73
D8690.....	\$19.60 (Max of five and only for cases where deband and reband is not requested)
D8680.....	\$697 (Code should only be submitted or authorization when the treatment is deemed complete)

Reimbursable codes that may accompany transfer cases

<u>Codes</u>	<u>Fee</u>
D8210 Removal appliance therapy.....	\$250
D8220 Fixed appliance therapy.....	\$250
D8691 Repair appliance.....	\$75
D8692 Replace lost or broken retainer.....	\$125
D8693 Rebonding, recementing or repairing fixed retainer.....	\$50

Please refer to the Office Reference Manual to verify benefit limitations.

We hope this serves as a useful guide. Thank you for your continued participation in our network.