

Determination Letters are sent to providers for each case MCNA Dental reviews for medical necessity. If medical necessity has been determined as met, the provider will receive an approval letter. If medical necessity has been determined as not met, MCNA Dental will send the provider a denial letter.

- Denial letter will include information stating that the case was determined not medically necessary and payment will no longer be made
- Denial letter will instruct the provider to continue the treatment and services through to completion, in accordance with the Texas Dental Practice Act
- Failure to complete treatment will result in a referral to the Texas State Board of Dental Examiners (TSBDE)

Transfer Cases - Case Before March 1, 2012

All transfer cases will be reviewed for medical necessity. Medical necessity will be determined on a case-by-case basis.

Once MCNA Dental is notified that a member is transferring to another provider, the member's DentalTrac™ record will be updated, prohibiting payment of orthodontic services to the current orthodontic provider.

MCNA Dental will direct the transfer provider to perform an orthodontic evaluation that includes:

- Panoramic x-ray
- Cephalometric x-ray
- Complete set of color diagnostic photographs in an eight-photo collage template
- Texas Medicaid and CHIP Orthodontic Transfer of Care Form and a complete treatment narrative including total treatment time
- Models (if requested by MCNA, or otherwise if the provider deems necessary)

Please submit the case and all records and documentation in their entirety. If the records and documentation are incomplete or not of diagnostic quality, the case will be denied. These records are not separately reimbursed. They are included in the comprehensive fee structure.

An incomplete Texas Medicaid and CHIP Orthodontic Transfer of Care Form or an incomplete (or not of diagnostic quality) record will result in denial of the case.

The Medicaid and CHIP Orthodontic Transfer of Care Form and treatment notes will be reviewed by MCNA orthodontic reviewers to identify cases that may require peer-to-peer clinical discussion on case duration and outcome.

The provider will bill MCNA Dental a claim using CDT Code D8999 and be reimbursed \$115.24 for the following components necessary to transfer cases: orthodontic evaluation, transfer form and treatment notes, panoramic x-ray, cephalometric x-ray, and color eight-photo collage template.

- D8999 will be paid once per member
- When billing D8670 in conjunction with D8999, the D8670 will be denied
- D8999 will be used to track transfer cases
- If a provider changes facilities and the member remains with the provider, D8999 is not payable as this does not constitute a transfer
- Separate, billable procedure codes for panoramic x-ray, and cephalometric x-ray billed on the same member by the same provider will not be paid

If the transfer provider requests to deband a completed orthodontic treatment, D8680 will be payable without pre-authorization by MCNA Dental. The following requirements apply:

- If MCNA has not received the approved TMHP pre-authorization and/or member claims history from HHSC, we must receive a copy of the paper TMHP pre-authorization or a TMHP Orthodontic Explanation of Payment (EOP) from the provider to pay D8680
- If the transfer provider's course of treatment is to deband a member with the intention of subsequent rebanding, then that provider must seek approval from MCNA by submitting a panoramic x-ray, cephalometric x-ray, models or a complete set of diagnostic photographs, and care progress report
- If the rebanding is approved by MCNA, then the debanding will not be a separately payable procedure; it is included in the approved case rate for the rebanding.

Rebanding will only be considered in extreme circumstances. Rebanding to use provider's current treatment system is not a valid reason and will not be accepted.

Bracket replacement, D8690, will be covered **for transfer cases only** with a maximum of five (5) claims for D8690 reimbursable at \$19.60 per bracket. It is reimbursable only when the provider is **not** approved to reband the member.

Bracket repositioning is at the provider's discretion and will not be separately reimbursed.

CDT codes D8670 and D8680 (2), for transfer cases, are payable at the MCNA Covered Services Fee Schedule, which is 100% of the Medicaid Fee Schedule.

Orthodontic Fee Schedule - Transfer Cases Only		
Code	Description	Fee
D8670	Periodic orthodontic treatment visit (as part of contract)	\$65.07
D8680	Orthodontic retention (for all cases banded after March 1, 2012) - Orthodontic retention (removal of appliances, construction, and placement of retainers)	\$290.55
D8690	Bracket Replacement (five (5) brackets ONLY)	\$19.11
D8999	Unspecified Orthodontic Procedure (Transfer Cases ONLY; please see specific use in narrative above)	\$112.36