



**ILLINOIS TANF Medicaid Program
Temporary Assistance for Needy Families
LIBERTY Dental Plan**

**ORTHODONTIC TRANSITION OF CARE
ORTHODONTIC CONTINUATION OF CARE**

Effective July 1, 2014, the administration of the Illinois TANF Medicaid dental benefits transferred to LIBERTY Dental Plan for members enrolled with Meridian, Harmony and Family Health Network (CCA). LIBERTY provides Continuation of Care for orthodontic treatment that was pre-authorized by a previous carrier, when the treatment is in progress.

“Treatment in progress” means that the placement of fixed appliances (band/bond/brackets) has occurred.

In order for LIBERTY to continue payments for orthodontic care in progress, the treating orthodontist must send the following required information:

- ADA Claim form for the orthodontic services
- An Orthodontic Transition of Care Summary form (see attached form for sample)
- A copy of the claim/authorization (TAR) for treatment, and/or
 - A previous Evidence of Payment (EOP), or
 - Evidence of Benefits (EOB) statements from the previous carrier
- Documentation of the number of orthodontic treatment visits that have been rendered to date.
 - This can be done by providing EOB/EOPs for all payments received for all treatment visits, or
 - A printout from the previous carrier showing all the visits for which payment has been received, or
 - A copy of the orthodontic chart / treatment notes indicating the dates of the visits and treatment done on each visit.

Members or providers may download the Orthodontic Transition of Care Form at www.libertydentalplan.com.

Completed forms should be sent via mail or fax to:

LIBERTY Dental Plan
Attn: Transition of Care Claims
PO Box 401086
Las Vegas, Nevada 89140

Fax: (888) 401-1129
Attn: Claims – Ortho TOC

LIBERTY Dental Plan staff will verify patient eligibility and review the Orthodontic Transition of Care Form for completeness as well as the previously approved TAR, EOP and/or EOB statements from the previous plan to confirm that the treatment had been authorized by the previous plan. LIBERTY will then use the payment records or chart notes to determine the number of visits remaining on the benefit and the remaining fee owed to the orthodontic provider.

If necessary, LIBERTY will work directly with the treating orthodontist to obtain any further necessary supporting documentation.

LIBERTY will process the Orthodontic Transition of Care claim based on the information provided. The treating orthodontist will be notified and the remaining terms for remaining case payments will be noted in LIBERTY's data system for future processing. Submitted claims will be paid the residual net amount owing on the previous plan's agreement for treatment in progress as per Illinois Medicaid guidelines and requirements for orthodontic coverage.



**Illinois TANF Medicaid
Orthodontic Transition of Care Summary
Form**

Patient Name:

Subscriber/Insured's Name:

Subscriber/Insured's SSN/ID#:

Treating Orthodontist:

Orthodontist's LIBERTY Provider Number:

Address:

City:

State:

Zip:

Phone: () -

Fax: () -

Please provide the following information for the above named patient:

Original diagnosis/treatment plan (including # of months or # of treatment visits): _____

Date treatment initiated (banding/bonding) (mm/dd/yyyy): _____

Number of treatment visits ("activation" visits) rendered to date (not including band/bond visit): _____

Summary of treatment remaining for completion: _____

Estimated completion date (mm/dd/yyyy): _____

Number of expected remaining treatment ("activation") visits to complete treatment: _____

Original Contract Amount approved by Previous Carrier: \$ _____

Amount Paid by Previous Carrier: \$ _____

Remaining Balance financial obligation: \$ _____

Is there another insurance payment anticipated prior to LIBERTY Dental Plan's coverage effective date
(circle one) **YES** **NO**

If so, amount expected: \$ _____

Please fax or mail this Orthodontic Transition of Care Summary Form along with a copy of the previous carrier's authorization, Evidence of Payment (EOP) or Evidence of Benefit statements and/or chart notes showing all visits to:

**LIBERTY Dental Plan
Attn: Ortho Transition of Care Claims
PO Box 401086
Las Vegas, Nevada 89140**

**Fax: (888) 401-1129
Attn: Claims – Ortho TOC**