

## Northeast Delta Dental Orthodontic Benefit

### Standard Payment Method and Procedures for Active Orthodontic Cases

#### Orthodontic treatment commenced while a patient is eligible for Orthodontic benefits (Coverage D):

The liability for Orthodontic cases is incurred on the date the initial bands, or segment thereof, or a device is placed in the patient's oral cavity. *Northeast Delta Dental will determine benefits for the case subject to the patient's continued eligibility.*

Once bands or orthodontic devices are placed in the patient's mouth the claim may be submitted for payment by the dental office. The first payment is 25% of total liability at the time of initial banding followed by monthly payments for the total treatment time, with a maximum of 24 total payments, subject to the patient's continued eligibility.

#### Example - Full Initial Case

Total Case Fee (Including records, retention, and post-treatment recall exams)	\$ 5,000.00
Total Approved Case Fee	\$ 5,000.00
Contract Maximum	\$ 2,000.00
Active Months in Treatment	36 months
Co-Payment %	50%
Northeast Delta Dental's Total Liability	\$ 2,000.00
Initial Payment	\$ 500.00 (\$ 2,000 x 25%)
Monthly Payments	\$ 65.21 (22 months)
Final Payment	\$ 65.38

#### Orthodontic treatment commenced prior to the patient being eligible for Orthodontic benefits (Coverage D):

Orthodontic cases in progress when a patient becomes eligible for Coverage D will be paid monthly for the remainder of treatment, from the date of the patient's eligibility, so long as the patient is still in active treatment. An initial claim form must be submitted to Northeast Delta Dental by the dental office.

#### Example - Prorated Case\*

Total Case Fee (Including records, retention, and post-treatment recall exams)	\$ 5,000.00
Total Approved Case Fee	\$ 5,000.00
Contract Maximum	\$ 2,000.00
Active Months in Treatment	36 months
Length of Active Treatment remaining**	8 months
Co-Payment %	50%
Northeast Delta Dental's Total Liability	\$ 555.55 (\$ 5,000/36 = \$ 138.89 X 8 = \$ 1,111.11 x 50% = \$ 555.55)
Monthly Payments	\$ 69.44 (7 months)
Final Payment	\$ 69.47

\* No proration for appliance therapy.

\*\* The estimate for remaining length of active treatment is based on the experience of similar past cases. In the few cases where the length of active treatment exceeds the estimated treatment time remaining, Northeast Delta Dental will, upon request, review the case for any additional payment that is determined.

## Recall and Retention Examinations

**Pre-treatment Recall Exam:** Prior to commencing active orthodontic treatment it may be necessary to evaluate the patient on a continued basis for a number of years. These pre-treatment exams and recall exams should be billed as they occur and will be paid as a diagnostic service, not subject to the orthodontic maximum.

**Retention Visits:** After active treatment has ceased, many patients enter a phase where the patient wears a retainer for a period of time. The fee for retention visits must be included in the Total Case Fee. These services should not be billed as separate items. For cases where a patient acquires orthodontic coverage while in retention, no orthodontic benefits are eligible to be paid by Northeast Delta Dental.

**Post-treatment Recall:** After a patient has successfully completed all orthodontic treatment, active and retention, one or more post-treatment recall visits may be established to verify the conclusion and whether additional orthodontic services are required. These services should not be billed as a separate item because they are included in the Total Case Fee. For cases, where a patient acquires orthodontic coverage following active treatment and while in retention and post-treatment recall, if necessary, no orthodontic benefit are eligible to be paid by Northeast Delta Dental.

For more information, please contact Northeast Delta Dental at 603-223-1234.