



## Orthodontic Continuation of Care (COC) Submission Process – Cypress Dental

Continuation of Care (COC) is required when **Cypress Dental does not have a history of the member's banding on file**, and the provider is requesting reimbursement for ongoing orthodontic treatment (e.g., monthly adjustments).

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### Step 1: Submit an ADA Claim Form

Providers must submit the most current version of the **ADA Claim Form** with the following information:

#### Service Line 1

- **Field 24 – Date of Service**
    - Must be on or after the member's effective date with Cypress Dental
  - **Field 29 – Procedure Code**
    - Enter "**D8999**" to indicate a Continuation of Care request
  - **Field 30 - Description**
    - Enter "Continuation of Care"
  - **Field 31 – Fee**
    - Monthly adjustment fee, if applicable
  - **Field 41 - Date Appliance Placed (MM/DD/YYYY)**
    - Enter the date an orthodontic appliance was originally placed
  - **Field 42 - Months of Treatment**
    - Enter the number of **months of treatment remaining**
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### Step 2: Submit the Claim

Mail the completed ADA Claim Form to:

Cypress Dental: Continuation of Care  
PO Box 1998  
Milwaukee, WI 53201

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#### Important Notes:

- **Primary Carrier EOB is not required**
- **D8999** is a **non-payable indicator code** used to flag the claim as Continuation of Care
- **Submit the D8999 claim first to establish Continuation of Care.** After it is processed, monthly adjustment claims using **D8670** can be submitted as services are rendered