

Standard Essential Health Benefit Orthodontic Review Form

SUBMIT: cephalometric image, panoramic image, 5-7 intraoral photographs, and standard review form.

Orthodontics: We Cover orthodontics used to help restore oral structures to health and function and to treat serious medical conditions such as: cleft palate and cleft lip; maxillary/mandibular micrognathia (underdeveloped upper or lower jaw); extreme mandibular prognathism; severe asymmetry (craniofacial anomalies); ankylosis of the temporomandibular joint; and other significant skeletal dysplasias.

Provider Name:

Patient Name:

Date:

Indicate an "X" if present

1. ☐ Cleft lip/palate deformity
2. ☐ Cranio-facial anomaly (attach narrative with description and condition)
3. ☐ Deep impinging over bite WHEN LOWER INCISORS ARE DESTROYING THE SOFT TISSUE OF THE PALATE.
4. ☐ Crossbite of the individual anterior teeth WHEN CLINICAL ATTACHMENT LOSS AND RECESSON OF THE GINGIVAL MARGIN ARE PRESENT
5. ☐ Severe traumatic deviation. (attach description of condition)
6. ☐ Crouzon's syndrome (attach description of condition)
7. ☐ Treacher-Collins syndrome (attach description of condition)
8. ☐ Pierre-Robin syndrome (attach description of condition)
9. ☐ Hemi-facial atrophy (attach description of condition)
10. ☐ Hemi-facial hypertrophy (attach description of condition)
11. ☐ Severe physically handicapping malocclusion (attach description of condition)