

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)